

REGISTERED COMPANY NUMBER: 05933974 (England and Wales)
REGISTERED CHARITY NUMBER: 1128113

REPORT OF THE TRUSTEES AND
UNAUDITED FINANCIAL STATEMENTS FOR THE YEAR
ENDED 31 DECEMBER 2016
FOR
A P A G B I LIMITED

A P A G B I LIMITED

CONTENTS OF THE FINANCIAL STATEMENTS
for the Year Ended 31 DECEMBER 2016

	Page
Report of the Trustees	1 to 3
Independent Examiner's Report	4
Statement of Financial Activities	5
Statement of Financial Position	6
Notes to the Financial Statements	7 to 10

A P A G B I LIMITED

REPORT OF THE TRUSTEES **for the Year Ended 31 DECEMBER 2016**

The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 December 2016. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

OBJECTIVES AND ACTIVITIES

Objectives and aims

To further the study of the science and practice of paediatric anaesthesia, and the proper teaching thereof and towards this end:

Organise regular scientific meetings.

Promote original research in paediatric anaesthesia and encourage its presentation.

Provide expert advice to other professional bodies and interested parties on matters pertaining to paediatric anaesthesia.

Encourage national and international links with like-minded groups.

Collect and disseminate information regarding paediatric anaesthesia.

In shaping our objectives for the year and planning our activities, the trustees have considered the Charity Commission's guidance on public benefit.

Significant activities

During 2016 the Charity has held an Annual Scientific Meeting in Belfast, to educate members and other interested anaesthetists in paediatric anaesthesia and to spread information about good practice. This was also the forum for presentation of new research.

During the year various sub committees have been working to improve educational material, develop guidelines for better patient care and to develop links with the National Institute for Academic Anaesthesia (NIAA), which will enable grants for research to be available more readily. The Charity has also been able to advise other bodies about paediatric anaesthesia.

Grantmaking

There were no grants awarded during the year.

Volunteers

The Charity benefits greatly from the involvement and enthusiastic support of its many volunteers. In accordance with FRS 102 and the Charities SORP (FRS 102), the economic contribution of general volunteers is not recognised in the accounts.

ACHIEVEMENT AND PERFORMANCE

The Charity held a very successful and well attended scientific meeting. The Charity is developing new educational material for paediatric anaesthetists to improve the education of trainee doctors and for revalidation for consultants. There are a number of guidelines which have been presented and are being written up to promote evidence based best practice for members. There has been a number of times in which the opinion of the Charity has been sought for the NHS and other organisations.

FINANCIAL REVIEW

Financial position

The Charity's main source of income is membership subscriptions from its members which this year totalled £61,092 (2015 - £75,781) based on membership numbers of 1,072 (2015 - 1,003).

Reserves policy

It is the Trustees policy to operate at a surplus each year, wherever possible, and to use these reserves to make grants or donations as approved by the Council. At the year end the Charity held £466,536 in unrestricted funds.

FUTURE PLANS

The next annual scientific meeting will be held in Bristol in 2017.

APAGBI LIMITED

REPORT OF THE TRUSTEES **for the Year Ended 31 DECEMBER 2016**

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The charity is controlled by its governing document, a deed of trust, and constitutes a limited company, limited by guarantee, as defined by the Companies Act 2006.

Recruitment and appointment of new trustees

Elected Directors (Trustees) will be elected by postal ballot and be directors of APAGBI. All bar the Trainee Member shall be elected from the Full Members and Honorary Members of APAGBI. The Trainee Member will be elected from amongst the Trainees Members of APAGBI.

The Council will elect a President, a Secretary and a Treasurer, these will be known as "Special Office Holders". The President Elect, Immediate Past President, Immediate Past Secretary and Immediate Past Treasurer shall also be Special Office Holders. Special Office Holders shall also be Directors of APAGBI.

If an Elected Director is appointed a Special Office Holder, he shall cease to be an Elected Director, but remains a Director of the Company and an election for a replacement Elected Director will be held in accordance with Article 9.6 of the Articles of Association.

Organisational structure

The board of trustees together with co-opted members and a lay person form the council of the charity. The members of the council meet quarterly and have responsibility for all strategic decisions of the charity.

Induction and training of new trustees

There is currently no induction or training for trustees.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Company number

05933974 (England and Wales)

Registered Charity number

1128113

Registered office

21 Portland Place
London
W1B 1PY

Trustees

Dr R M Bingham	Immediate Past President	
Dr C Stack	President Elect	
Dr C Gildersleve	Honorary Secretary	
Dr A J Cranston	Treasurer	
Dr C Dryden	Home Member	- resigned 5.5.16
Prof A Wolf	President	
Dr J H Smith	Home Member	
Dr M Thomas	Home Member	
Dr E Jones	Trainee Member	- resigned 9.9.16
Dr S Bew	Home Member	
Dr S P Courtman	Home Member	
Prof W Habre	Overseas Member	
Dr K M Bartholomew	Home Member	- appointed 5.5.16
Dr N T Woodman	Trainee Member	- appointed 9.9.16

A P A G B I LIMITED

REPORT OF THE TRUSTEES
for the Year Ended 31 DECEMBER 2016

REFERENCE AND ADMINISTRATIVE DETAILS

Independent examiner

Martin Greig BA CA
Institute of Chartered Accountants of Scotland
Thomas Barrie & Co LLP
Atlantic House
1a Cadogan Street
Glasgow
G2 6QE

Approved by order of the board of trustees on 8 June 2017 and signed on its behalf by:

Dr A J Cranston - Trustee

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF
A P A G B I LIMITED

I report on the accounts for the year ended 31 December 2016 set out on pages five to ten.

Respective responsibilities of trustees and examiner

The charity's trustees (who are also the directors for the purposes of company law) are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year (under Section 144(2) of the Charities Act 2011 (the 2011 Act)) and that an independent examination is required.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- examine the accounts under Section 145 of the 2011 Act
- to follow the procedures laid down in the General Directions given by the Charity Commission (under Section 145(5)(b) of the 2011 Act); and
- to state whether particular matters have come to my attention.

Basis of the independent examiner's report

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statements below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

- (1) which gives me reasonable cause to believe that, in any material respect, the requirements
 - to keep accounting records in accordance with Section 386 and 387 of the Companies Act 2006; and
 - to prepare accounts which accord with the accounting records, comply with the accounting requirements of Sections 394 and 395 of the Companies Act 2006 and with the methods and principles of the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)

have not been met; or

- (2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Martin Greig BA CA
Institute of Chartered Accountants of Scotland
Thomas Barrie & Co LLP
Atlantic House
1a Cadogan Street
Glasgow
G2 6QE

8 June 2017

A P A G B I LIMITED

**STATEMENT OF FINANCIAL ACTIVITIES
(INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)
for the Year Ended 31 DECEMBER 2016**

		2016 Unrestricted fund £	2015 Total funds £
INCOME AND ENDOWMENTS FROM	Notes		
Donations and legacies		199,873	211,501
Investment income	2	2,425	2,842
Total		202,298	214,343
 EXPENDITURE ON			
Raising funds	3	118,671	135,989
Charitable activities			
Research		7,364	56,029
Other		57,749	43,165
Total		183,784	235,183
 NET INCOME/(EXPENDITURE)		18,514	(20,840)
 Other recognised gains/(losses)			
Gains/(losses) on revaluation of fixed assets		403	-
Net movement in funds		18,917	(20,840)
 RECONCILIATION OF FUNDS			
Total funds brought forward		447,619	468,459
 TOTAL FUNDS CARRIED FORWARD		466,536	447,619
 CONTINUING OPERATIONS			
All income and expenditure has arisen from continuing activities.			

The notes form part of these financial statements

A P A G B I LIMITED

STATEMENT OF FINANCIAL POSITION
AT 31 DECEMBER 2016

			2016 Unrestricted fund £	2015 Total funds £
	Notes	£		
FIXED ASSETS				
Investments	6		50,396	-
CURRENT ASSETS				
Debtors	7		16,070	24,282
Cash at bank			405,910	461,568
			<hr/> 421,980	<hr/> 485,850
CREDITORS				
Amounts falling due within one year	8		(5,840)	(38,231)
NET CURRENT ASSETS			<hr/> 416,140	<hr/> 447,619
TOTAL ASSETS LESS CURRENT LIABILITIES			466,536	447,619
NET ASSETS			<hr/> <hr/> 466,536	<hr/> <hr/> 447,619
FUNDS	9			
Unrestricted funds			466,536	447,619
TOTAL FUNDS			<hr/> <hr/> 466,536	<hr/> <hr/> 447,619

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2016.

The members have not required the charitable company to obtain an audit of its financial statements for the year ended 31 December 2016 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

- (a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- (b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

The financial statements were approved by the Board of Trustees on 8 June 2017 and were signed on its behalf by:

Dr A J Cranston -Trustee

The notes form part of these financial statements

A P A G B I LIMITED

NOTES TO THE FINANCIAL STATEMENTS for the Year Ended 31 DECEMBER 2016

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention with the exception of investments which are included at market value, as modified by the revaluation of certain assets.

The charity has taken advantage of the following disclosure exemption in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

2. INVESTMENT INCOME

	2016	2015
	£	£
Other fixed asset invest - FII	7	-
Deposit account interest	2,418	2,842
	<u>2,425</u>	<u>2,842</u>

3. RAISING FUNDS

Investment management costs

	2016	2015
	£	£
Portfolio management	14	-
	<u>14</u>	<u>-</u>

A P A G B I LIMITED

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
for the Year Ended 31 DECEMBER 2016

4. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2016 nor for the year ended 31 December 2015 .

Trustees' expenses

	2016	2015
	£	£
Trustees' expenses	16,875	14,937
	<u>16,875</u>	<u>14,937</u>

During the year fourteen trustees received reimbursement of expenses for travel and accommodation costs.

During the year the Charity received £1,110 in membership subscriptions from its Trustees.

5. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted fund £
INCOME AND ENDOWMENTS FROM	
Donations and legacies	211,501
Investment income	2,842
Total	<u>214,343</u>
 EXPENDITURE ON	
Raising funds	135,989
Charitable activities	
Research	56,029
Other	43,165
Total	<u>235,183</u>
 NET INCOME/(EXPENDITURE)	 <u>(20,840)</u>
 RECONCILIATION OF FUNDS	
Total funds brought forward	468,459
 TOTAL FUNDS CARRIED FORWARD	 <u><u>447,619</u></u>

A P A G B I LIMITED

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
for the Year Ended 31 DECEMBER 2016

6. FIXED ASSET INVESTMENTS

	Unlisted investments £
MARKET VALUE	
Additions	50,000
Revaluations	396
	<hr/>
At 31 December 2016	50,396
	<hr/>
 NET BOOK VALUE	
At 31 December 2016	50,396
	<hr/>
At 31 December 2015	-
	<hr/>

There were no investment assets outside the UK.

7. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2016	2015
	£	£
Other debtors	16,070	24,282
	<hr/>	<hr/>

8. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2016	2015
	£	£
Other creditors	32	32
Grants payable	-	31,100
Accrued expenses	5,808	7,099
	<hr/>	<hr/>
	5,840	38,231
	<hr/>	<hr/>

9. MOVEMENT IN FUNDS

	At 1.1.16	Net movement	At 31.12.16
	£	in funds	£
		£	
Unrestricted funds			
General fund	447,619	18,917	466,536
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	447,619	18,917	466,536
	<hr/>	<hr/>	<hr/>

A P A G B I LIMITED

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
for the Year Ended 31 DECEMBER 2016

9. MOVEMENT IN FUNDS - continued

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	202,298	(183,784)	403	18,917
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>202,298</u>	<u>(183,784)</u>	<u>403</u>	<u>18,917</u>

10. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 December 2016.



**Annual Report
of the
Association of Paediatric Anaesthetists
of Great Britain and Ireland**

2017

Contents:

Page 3	President's report
Page 9	Honorary Secretary's report
Page 12	Honorary Treasurer's report
Page 16	Professional Standards Committee report
Page 18	Education and Training Committee report
Page 20	Science Committee report
Page 22	Meetings Committee report
Page 23	Trainee representatives report
Page 25	ACSA and APA Peer Review report
Page 27	Linkman report
Page 29	Reports from associated organisations: AAGBI, PICS.
Page 32	National Reports
Page 35	Equipment and ISO update
Page 40	Appendix 1



President's report

The current Council 2016/17 comprises:

Professor Andrew Wolf (President and Chair)

Elected and Honorary members

Dr. Charles Stack (President Elect and incoming President for 2017)
Dr. Bob Bingham (Immediate past President, Chair Professional Standards)
Dr. Chris Gildersleve (Honorary Secretary and President Elect from 2017)
Dr. Alistair Cranston (Honorary Treasurer)
Dr. Mark Thomas (Chair Education and training committee)
Dr. Jon Smith (outgoing Chair Meetings Committee)
Dr. Simon Courtman (Webmaster, website lead)
Dr. Stephanie Bew (Lead Peer review)
Dr. Karen Bartholomew (incoming Chair Meetings Committee, PICS representative)
Dr. Natasha Woodman (Trainee representative)
Professor Walid Habre (Elected Overseas Representative)

Co-opted Members

Dr. Nirmala Soundarajan (Linkman lead)
Dr. Fidelma Kirby (Ireland representative)
Dr. Keith Baillie (Northern Ireland representative)
Dr. Carolyn Smith (Scotland representative)
Ms. Sara Payne (Lay Representative)
Dr. Thomas Engelhardt (incoming Chair Science Committee)
Dr. Suellen Walker (outgoing Chair Science Committee)
Dr. Russell Perkins (RCoA Representative, RCoA Council)
Dr. Upma Misra (AAGBI Representative, AAGBI Council)
Dr. Yamuna Thiru (PICS Representative, PICS Council)

Appointed Advisory non-Council Positions (not on Council)

Dr. Danielle Franklin QI Lead
Dr. Jill Mcfadzean Ethics Advisor
Dr. Harvey Livingstone Equipment

Changes to Council

In 2016/17 there have been several new appointments and a rearrangement of tasks and roles within Council. We welcomed Nirmala Soundarajan as the new linkman lead (replacing Karen Bartholomew), Natasha Woodman as trainee representative (replacing Elin Jones) and Russell Perkins as RCoA representative (replacing Richard Marks). We are most grateful to the time and effort the outgoing individuals have made to shape the APA over the last few years and streamline the efforts of our different organisations. Karen Bartholomew has re-energized the Linkman aspect of our work over the last few years leading to greater participation in information, feedback and educational meetings. She is now about to take on the task of Chair of the Meetings Committee. Jon Smith is stepping down after the Bristol 2017 ASM after chairing this Committee through three memorable meetings that saw a number of new and successful innovations. Similarly, Suellen Walker is handing over the Chair of the Scientific Committee after many years at the helm. As our leading UK academic she has brought the scientific aspects of our work on to a new footing through liaison with several successful grants, research and publications (see below). Tom Engelhardt has been gradually taking over the reins this year and we wish him well. Danielle Franklin joins as a co-opted member to develop quality improvement within UK paediatric anaesthesia and takes over from Sally Wilmshurst. Fidelma Kirby replaces Liam Claffey, who has been the Republic of Ireland representative on APA.

In 2017 Phil Arnold from Liverpool was elected to APA Council and will take up his position immediately after the Bristol ASM. Other changes to the Council tasks will take place in the coming year. Mark Thomas has been elected to take over the Honorary Treasurers post in 2018 and will shadow Alistair Cranston (our current treasurer) in the next year and Simon Courtman has been elected to take over the Honorary Secretary position from Chris Gildersleve in 2018.

I should like to make a special mention of Bob Bingham the immediate past President who, having served on Council as President, Treasurer and Chair of Professional Standards, demits after the current APA meeting. He has been a great role model and I have relied heavily on his calm balance and experience throughout my term of office. I will be handing over the Presidents position to Charles Stack at the end of the Bristol meeting, and Chris Gildersleve will become the President Elect for 2019. Best wishes to all in their new roles or new-found freedoms.

In 2016/17 we lost two of the leading lights in paediatric anaesthesia in the UK: Peter Morris (one of the founding members of the APA and a past president) and Roddie McNicol (past APA Council member and pioneer of local anaesthesia blocks in paediatrics). Both Peter and Roddie were strong, charismatic individuals who had a major influence on our profession. Obituaries have been posted on our website. They will be sorely missed.

Key Events May 2016/2017

Annual Scientific Meeting: Professional Conference Organisation

As the numbers and complexity of the annual scientific meeting has increased in recent years (multiple streams, larger numbers of delegates, workshops etc.), this has put an increasing workload on the local team and the meetings committee. In 2016 we looked at the possibility of engaging a professional conference organiser to take on the overall management, and we determined that the costs would be similar to our previous administrative costs. After putting out for bids and interviewing a shortlist of 3 companies, we unanimously chose INDEX communications to take on the conference management for Bristol 2017. This is a new venture for us and we have engaged INDEX for 2017 to see if it works well.

This year will therefore be a little bit different, hopefully in a good way both from scientific content and social functions. We used the feedback from delegates and APA members to guide these changes. With this in mind, Peter Mainprice the Director of INDEX communications has approached this event with a fresh pair of eyes, worked with us and suggested ways in which we can refresh our conference format to reflect the views of the membership. I hope this will be well received but we are very keen to listen to views and suggestions of what goes well and what could be adjusted from Bristol 2017. Please let us know!

Website Refurbishment and Content

The present website has served us well, but needs updating. After discussion and some research with costings a decision has been made at Council to use the current company to re-launch and refresh our site with improved functionality for users. The Education and Meetings Committees continue to develop and add new material. In addition, major developments are posted with information, guidance and links to the source literature. We hope these are valuable to the membership and wider paediatric community. The lectures from Belfast 2016 have been made available on the website along with several podcasts on current topics. Lectures from the training symposium and the Jackson Rees lecture have been checked for content and made available without password access, while the other lectures are now available to APA members.

Research

Focused Research has continued to be well supported by APA membership and funded through competitive grants. In 2015/16 two grants were funded through the NIAA and APA. These were for the multicentre study of neonatal anaesthesia practice (NECTARINE) and a second study on platelet function in infancy awarded to Dr. Dannie Seddon. The NECTARINE study data collection has been completed and we await the results. In the meantime several UK centres took part in the APRICOT study of critical events in paediatric anaesthesia practice, which has just been published in the Lancet Respiratory Medicine. In 2016/17 the efforts of the Scientific Committee have turned to outcomes in emergency laparotomy in children. We have been working in collaboration with Dr. Ramani Moonesinghe, Director of the Health Services Research Centre, and the British Association of Paediatric Surgeons to design a large national study looking at the perceived problem of variable outcomes from this work. A grant has been submitted to NIAA in the last few weeks and we are hoping that we will succeed in getting funds through our NIAA/ APA partnership to undertake this important study. Meanwhile, the Paediatric trainee network (PATRN) has been busy preparing their own national audit on unplanned admission after day care anaesthesia. This would be a first major trainee project and will use both PATRN members but also the Linkman network for data collection.

National and International Activities

2016/17 has seen a flurry of activity and work concerned with long-term cognitive development after neonatal and infant anaesthesia. The debate became more intense after the American Federal Drug Administration (FDA) released an advisory notice about infant anaesthesia with recommendations that were somewhat controversial. This triggered responses from around the world, largely moderating the views from the FDA. This prompted us, with an opportunity for APAGBI, AAGBI, the Royal College of Anaesthetists and the College of Anaesthetists of Ireland to produce joint guidance on this subject with practical issues relating to surgery and parental concerns. This is completed and is now up on the APA website with links to it from the other bodies. We have also updated the advice to Parents and Carers on this subject. My thanks to all the APA team members who put a lot of work to get agreement across all the groups in a

way that focuses on the real life practical issues. Incidentally, the FDA has just released a statement on the use of Tramadol in children, so I expect a new piece of work is looming.

Another major piece of work has been the review of Guidelines for the Provision of Paediatric Anaesthesia Services, which was completed earlier this year. This was a long a detailed process and my thanks go to all the paediatric anaesthetists both within and without the Council that took part in revising and developing this new set of guidelines. It provides a detailed standards framework on which services can be built and maintained. Again links to this can be found on RCoA and APA websites.

Our collaboration with the RCoA is also manifest in the development of a new Safeguarding resource for anaesthetists in a short film entitled "Protecting children in theatre". This project was part funded by the APA and we thank Dr. Alistair Cranston and Dr. Kathy Wilkinson in particular for their work in bringing this project to fruition. This film may be found on the RCoA website at:

<http://www.rcoa.ac.uk/safeguardingplus>

The RCoA continues to rollout the ACSA process and Simon Courtman and Bob Bingham have been involved throughout in advising on how paediatric anaesthesia fits into this. At its core we have maintained that any general hospital that undertakes paediatric anaesthesia will need to have appropriate provisions, skills, adjacencies etc. in order to safely manage anaesthesia in children. This has been accepted by RCoA and written into the ACSA process. It does leave us with some work to do on how our Peer Review process will work alongside ACSA, but there seems to still be an enthusiasm for the APA to continue with this work through 2017 and beyond.

The restructured Clinical Reference Groups have begun to meet again and the APA has ensured that paediatric anaesthesia is represented for this work. Glynn Williams (GOSH), who brings both the anaesthesia and pain perspectives to the working group, and Russell Evans (Oxford) are representing us on the Specialised Paediatric Surgery CRG. Jon Smith has continued his work on the Congenital Heart Services CRG and I represent anaesthesia on the Paediatric Intensive Care CRG. Additionally this year NHSE has commissioned a review of Paediatric Intensive Care and Specialised Paediatric Surgical Services. The finalised document will hopefully be put out to consultation in 2017 (but may drag on) and it will have major implications not only for specialised paediatric centres but also the smaller hospitals that are presented with difficult and often acute challenges in children. Central to the process is a gradual understanding that while competencies may be gained in training, they require nurture: without longer-term exposure, both competence and confidence across the disciplines wanes, particularly when the infrastructure and adjacencies to undertake the work is limited or even inadequate. Liam Brennan is on this working group representing the Medical Colleges and I am representing the RCoA, giving I hope, an adequate anaesthesia perspective. The documented work that the Linkmen group undertook to indicate the concerns of anaesthetists in peripheral hospitals has been valuable as source material for arguing the needs for establishment of properly funded and individualised networks of paediatric care across the UK.

Committees:

Meetings

The ASM in Belfast saw the first meeting in which lectures were recorded as a resource and reference. Summit Das, Jon Smith and Mark Thomas also introduced a number of podcasts outside the main program related to lecture content as an additional website resource. We would be grateful for feedback from this development: if it remains popular, then we will continue to organise this for the ASM and possibly extend this to

the Linkman meeting. The Belfast meeting had good attendance although bookings were often close to the meeting, making the final planning more complex. We have continued to hold the annual linkman meeting and after a few years when interest waned, it now appears to have a renewed popularity. As mentioned above we have moved to an independent conference organizer for the Bristol meeting, which should release the local team from some of the tasks. The change in organisational infrastructure will result in the ASM having a slightly different feel, but hopefully it will refresh the format. Again feedback is valuable and welcome to guide us in how we take this forward. While AAGBI are not now providing our conference support, they continue to be our administrative base for the APA. Annual Scientific Meeting planning is underway for Liverpool 2018 and Sheffield 2019.

Science

The Science Committee has continued with its work with research grants, reviews of important statements of publications and selected surveys on current topics. We have work to do in increasing knowledge and support for Quality Improvement initiatives and we hope this area of our work will expand under the direction of Danielle Franklin and Velu Guruswamy.

Education and Training

The committee has continued to innovate and expand the educational content available to members. The institution of “article watch” and “Hot topics” seems to be particularly popular. Mark Thomas managed to engage Marek Grazczynski (an anaesthetist who is now involved in IT projects) to provide video recording of the ASM. Marek had provided meeting video support to the recent ESPA Conferences, and when we met him last September he clearly understood our needs. We have asked him to return to support the recording of Bristol 2017.

Professional Standards

The ACSA process and the input from the Professional Standards Group have been mentioned above. We plan to continue with Peer Review visits as requested, two visits have been requested thus far in 2017. Stephanie Bew, who has wide experience in the Peer Review process, will move to this portfolio from Guidelines in June 2017 taking over from Peter Stoddart and Deborah Marsh who have jointly led this in recent years. We thank them for their considerable efforts during this time. Stephanie Bew has taken over the Guidelines brief from Colin Dryden after he demitted from Council. While some guidelines will continue to be developed and updated (thromboprophylaxis, updated PONV, MRI consent) the emphasis is more likely to move towards guidance and good practice points. This reflects the increasing difficulty of providing comprehensive evidence based systematic reviews and consensus statements within a reasonable time frame. With this in mind Stephanie has been working with Tom Engelhardt and other interested groups on trying to develop revised airway guidance for children. One of the key issues is the divergence between adult and paediatrics in difficult airway guidelines and the need to clarify these different approaches.

Major Consultations

(i) Children’s Surgical Forum and Royal College of Surgeons of England: Five-year strategy for improving local delivery of general paediatric surgery. This went out to Consultation in September 2016 and we suggested a number of amendments that reflected the required anaesthesia input into an evolved service.

(ii) National Agreed Clinical Pathways for management of Congenital Diaphragmatic Hernia Juliet Wolf-Barry from Leeds who has been involved on the MBBRACE experts groups is representing the APA on this work.

(iii) Perioperative Medicine Advisory Board. This is a new initiative from The RCoA with Professor Monty Mythen as chair. We were asked formally to put forward a paediatric representative and Simon Courtman has agreed to undertake this.

(iv) NICE Guidance: End of life care for infants, children and young people with life-limiting conditions (planning and management). Published at:
<https://www.nice.org.uk/guidance/ng61>

(v) NICE Quality Standards: End of life care for infants, children and young people. Topic engagement: <https://www.nice.org.uk/guidance/indevelopment/gid-qs10031>

(vi) NICE guideline: Specialist Neonatal Care, scoping workshop.

(viii) NICE Quality Standard: Transition from children's to adults' services Published at:
<https://www.nice.org.uk/guidance/qs140>

Administrative Issues

In the last year the database of members has been reviewed. This has allowed clearer and more accurate knowledge of membership in terms of numbers and our composition. This will hopefully make communication more efficient in the future.

We continue to liaise with Societies in Europe and beyond. Andrew Davidson (Melbourne) who is the current Editor in Chief of Pediatric Anesthesia has achieved good consensus on tentative plans for joint projects. Hopefully this will now develop in time to tangible results. Certainly, the GAS, APRICOT and NECTARINE projects have shown what we are able to achieve across national borders.

A review and revision of Standing Orders and Articles of the Association for the APA has been prepared by Chris Gildersleve and supported by Council. This is discussed below in the Honorary Secretary's report.

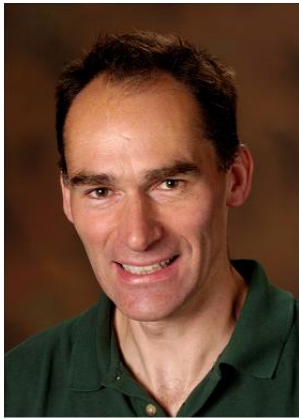


Professor Andrew R Wolf

President

Association of Paediatric Anaesthetists of Great Britain and Ireland

May 2017



Honorary Secretary's Report

Membership

Following our database cleanse in 2016 we are now able to report more accurately on the membership breakdown that in previous years. As of the 9th of May 2017 we have a total of 1072 members. This includes 21 new members and a loss of 14 members (1.5% of the total), who decided not to renew this year. A full breakdown of the membership categories and outstanding membership fees is enclosed below:

	Paid Members	£	Outstanding Members	£	Total Member Numbers
Full	537	£48,210	83	-£7,470	620
Trainee	167	£10,020	75	-£4,500	242
Affiliate	16	£960	4	-£240	20
Overseas	29	£2,610	29	-£2,610	58
Retired	86	£0	0	£0	86
Honorary	46	£0	0	£0	46
	881	£75,510	191	£14,820	1,072

Whilst the majority of renewals take place during March and April a number of Direct-debits are also scheduled for May so the picture is not yet complete. A total of 191 members have yet to renew for 2017/18, this is an almost identical situation to last year. The usual reminders will be sent out followed by exclusion of the lapsed members in August. A verbal report will be made to Council and the AGM in June. The need for an accurate indication of subscription income is vital to plan the activities of the Association and notes on this are to be found in the Honorary Treasurer's report.

Guidance on the Provision of Paediatric Anaesthesia Services (GPAS)

The 2017 GPAS (paediatric services) has now been published and is available on the RCoA website at:

<http://www.rcoa.ac.uk/node/25301>

This new iteration was developed using NICE nomenclature and represents a considerable revision both to the process and to the format. The APA formed the bulk

of the author group with Drs. Cranston, Bartholomew and myself, together with Dr. Jane Lockie.

The 2017 GPAS standards form the basis of the ACSA standards for anaesthetic department accreditation. This is discussed in more detail in the ACSA/Peer Review report by Simon Courtman.

Election to Council

Dr. Phil Arnold was elected unopposed to Council in November 2016. This is the second year in a row that we have had but a single nomination for Council and this worrying trend and the possible factors influencing this have been discussed at length in Council. However we are encouraged by number of nominations for the Trainee election in 2016 and also the recent response to the request for applications to the Education and Training Committee. We hope that with some of the groundwork put in by Council members at local level that there will be a bigger response to our call for nominations for the 2017 elections. 3 posts will be available on Council, commencing in May 2018. The election for these positions will take place in the autumn of this year and will be conducted as usual by the ERS, using an entirely electronic process.

Dr. Natasha Woodman was elected to Council in the summer of 2016, replacing Dr. Elin Jones as Trainee representative. This election process was notable as this was the first paperless APA election to be conducted.

We await the nomination from SPAN for the position of National Advisor for Scotland.

Tenures of Council members

Dr. Bob Bingham completes his term as Immediate Past President in June, drawing to a close a remarkable contribution to the APA in pretty much every position on Council. I wish to echo Professor Wolf's warm appreciation of Bob's work and wish him the very best for the future. His wise and experienced counsel will be sorely missed.

Dr. Jon Smith completes his term on Council this year. Jon has been a most valued member of Council, consistently providing sage advice and opinion on the array of material that passes through Council. He has provided excellent leadership in his role of Meetings Chair and has overseen the transition from the comfort of AAGBI organisation of the Annual Scientific Meeting to the wider commercial world with INDEX as our new PCO. While he leaves Council, he remains on the Meetings committee for a year to ensure a smooth transition to Karen Bartholomew, the incoming Meetings committee chair. He will also continue his work on the National Organ Donation Committee: Paediatric and Neonatal sub-group and to the Clinical Reference Group for Congenital Cardiac surgery. He is also a member of the working group for the AAGBI glossies on Cell Salvage and Jehovah's Witness and so will not be far from our thoughts for a few years to come. We thank him for his work on Council and wish him the very best for these ongoing endeavours.

Dr. Carolyn Smith also completes her term of office in June as National Advisor for Scotland. Carolyn has contributed hugely to the work of Council and has been a reliable source of information on activity in Scotland, providing a constant reminder of the difficulties associated with organising a paediatric service over a vast geographical area and using these lessons to inform our work with Networks in other areas of the UK and Ireland. Again we thank her for her contribution and look forward to working with her, as yet unnamed, successor.

Dr. Elin Jones reached the end of her successful tenure as Trainee Representative in September 2016 and Natasha Woodman has taken over this position and is forging ahead with work with PATRN, an audit of admission after day-case surgery, the Trainee handbook and the APA website re-launch. A considerable in-tray, built on the work that Elin put into the role and for which we are most grateful.

Dr. Richard Marks has demitted from RCoA Council and is replaced by Dr. Russell Perkins as the coopted member of Council representing the RCoA and we very much

look forward to continuing our productive relationship with the RCoA and thank Richard for his contribution to the work on Council during his tenure.

Articles of Association and Standing Orders review

We are mandated to review the Articles of Association and the Standing Orders every 2 years. At the 2016 AGM the motion to amend the voting rights of Affiliate Members was passed unanimously. Amendments to the Articles reflecting this change were the only changes necessary on this review. These changes have been approved by the APAGBI solicitor and are detailed here and in the notice of the AGM sent out to members. The amended Articles are:

2.1 Terminology "Qualifying members"

13.1

14.1 and

14.2

These changes need to be approved by members using a Special Resolution at the AGM; the detail of this resolution is contained within the AGM notice. The approved Articles must then be registered with Companies House and the Charity Commission within 15 days of approval.

The Standing Orders describe in practical terms how we run the Association according to the Articles. Council has conducted a thorough review of these to ensure that there is consistency in terminology and process throughout. In particular there have been changes to:

4. Meetings, to incorporate changes in the roles and responsibilities necessary with the engagement of a Professional Conference Organiser (PCO). And to:

10.13 APA Quality Improvement Lead, reflecting the appointment of this new advisor to Council.

The revised Articles and Standing Orders are available to read on the AGM page of the website:

<http://www.apagbi.org.uk/professionals/meetings/annual-general-meeting>

Consultations

The APA has contributed to numerous consultations during 2016/17. This is a core element of Council activity and requires a cohesive and sometimes quite time-limited response by Council on a range of important topics. Some of these are highlighted within the President's report, a complete list of consultations may be found in Appendix 1.

Meetings with other organisations

I have represented the APAGBI at range of meetings with organisations with whom we share a common interest during 2016 and 2017 and foremost amongst them is the Joint Liaison meeting between APAGBI, RCPCH, CSF and BAPS held twice annually at the RCPCH. Other meetings of significance are covered in the President's report.

*Chris Gildersleve
Honorary Secretary
May 2017*



Honorary Treasurer's report

I am pleased to report that the financial state of the Association continues to be a healthy one. Over the 2016 financial year we have continued to contain our running costs both in terms of secretarial and Council expenditure, partly this harkens back to the result of the 2012 review of our contract with AAGBI but also we have continued to streamline the way that Council and sub-committee meetings are organised with greater use of online and telephone meetings. However, income from subscriptions during 2016 was significantly less than recorded in the 2015 accounts. This is because our 2015 subscription income was over-recorded due to lapsed and unpaid subscriptions from 2014 being included again in the 2015 year. This year our auditors have made an adjustment to the figures to take this into account, informed by a major database cleanse that has been carried out over the last year. The 2016 ASM in Belfast was a financial success with a surplus of 20k. There was a small loss on the 2015 ASM but the 2 previous meetings in Cambridge and Leeds generated significant surpluses, more than offsetting the 2015 loss. This means that the accounts for the Association at year-end 2016 remain in a satisfactory state, and gives us the opportunity to pursue the activities that Council have set out as priorities for the Association.

The overall picture for 2016 is a surplus of £19,000 of income over expenditure, largely because of the surplus from the Belfast ASM. Currently we have total assets of over £465,000 and we remain on-track for the overall five-year plan of maintaining sufficient funds to pay for a meeting that is cancelled for reasons beyond our control, yet still being able to support and expand our core activities of education, website, research, peer review and guidelines. The Association's general activities have been run within our income from annual subscriptions, as has been the case in the previous 3 years.

The surplus from the Belfast ASM was £20,000. This was considerably greater than I had initially expected and I have to thank the local Belfast and AAGBI conference organisers for all their efforts in making the meeting a great success, both educationally and financially. The Linkman meeting in November made a modest loss of £350, despite some industry sponsorship. The meeting venue in Birmingham was more costly than the previous year in Manchester but we deliberately kept delegate costs low to encourage attendance, which was well received. The 2017 Linkman meeting will be in York and again we will subsidise delegate fees for this important forum.

The income from subscriptions in 2016 was reduced by £14,000 when compared with 2015. This does not represent a major reduction in membership but as indicated above

is the result of a necessary adjustment because of inaccurate membership lists in 2013-2015. The Association's charity bonds and accounts have yielded a modest amount in interest. We have, this year, invested £50,000 in a managed portfolio fund via the Charities Aid Foundation as I set out in last year's report. This is a medium to long-term investment that is yet to yield significant income.

The costs for running the Association have continued to be contained well for the fourth year running. We have streamlined many of the sub-committee meetings and increased use of teleconferences and a reduction in the number of face-to-face meetings have helped. Overall, Trustee expenses were higher than in 2015 by £2000. Secretarial and other AAGBI costs have been maintained at levels significantly lower than those in the years 2011 to 2013. In 2016 there was, however an increase of £5000 over last year's figure as a result of increased administrative costs and a one-off unexpectedly large amount of secretarial work involved in the management of the abstract management system we used for the Belfast ASM. We anticipate above inflation increases in the AAGBI cost for administration, secretarial support and room hire costs in 2017/18 but will continue to monitor and maintain costs wherever possible. We have been able to continue to run the core business of the Association on the income from annual subscriptions. This continues to be our aim, allowing us to fund many other projects that we believe to be of value to the membership.

Having made grants totaling £46,500 towards NIAA approved research projects in 2015 we did not make any major grants during 2016. Advice from NIAA is that larger, less frequent grants are likely to result in higher quality projects and so we intend to make a significant sum available in 2017 should a NIAA approved project prove suitable. As we did last year, we have helped to support a number of UK regional update meetings by meeting travel costs for out-of-region speakers and making funds available for trainee prizes. We have made some travel grants to allow APA members to participate in overseas meetings and we have continued to support the WFSA paediatric anaesthesia training scheme in East Africa.

I am proposing no increase in the annual membership subscription, at present £90 for full members and £60 for trainees, for 2017. Retired members pay no subscription, provided that they inform us that they have retired! We continue to have a lower subscription fee than that of many similar specialist societies.

Proposed financial plans for 2017:

Education and Training

Increased funding for new initiatives by the E/T Committee.

Continued support for Regional Update Meetings: APAGBI will consider requests for funding for specialist speakers and support for a trainee prize at regional meetings in GB and Ireland.

Video filming and editing of ASM lectures to allow these to be viewed via the APA website after the meeting. We have agreed a two-year contract with a provider at an annual cost of £12,000. The video and podcast recordings made at the 2016 ASM are available, free of cost to APA members via the website.

Website

Our website has been improved considerably over the past few years but is now in need of a major upgrade to improve functionality and user experience. We are in discussions with our website support company to implement this at an expected cost of approx. £14,000.

Research

Having made grant commitments of £47,000 via the NIAA 2015 rounds, we deferred contributions during 2016. Council has agreed to make up to £40,000 available for the 2017 round.

Members of the Paediatric Anaesthesia Trainee Research Network (PATRN) are engaged in a national project looking at unplanned admissions after day case surgery. An APA research grant application is expected to be made to support this project.

Audit/QI

Support for a National Paediatric Laparotomy Audit, along the lines of the NELA project is under consideration, although this may come via the NIAA process, as well as a number of smaller projects.

Annual Scientific Meeting

For a number of years, we have used the services of the AAGBI Events Team to help us organize and run the ASM. For the 2017 ASM in Bristol and beyond, we have secured the services of an independent conference organiser. Following a competitive tendering exercise, we will now be partnered with Index Conference Management Systems (ICMS). This change has come about partly to refresh some aspects of the meeting and partly because of a huge increase in quoted costs from AAGBI for their services. We look forward to working with Peter Mainprice and his team at ICMS and to some changes to the feel of the ASM. Although the service costs will be higher than in previous years they will be considerably lower than staying with AAGBI and, we hope, will result in some improvements.

Linkman Meeting

Delegate fees for the 2017 meeting in York will be kept to a minimum in line with the past 2 years and outstanding costs will be met by the APA.

Global Health/Charity

Following excellent reports of the success of the initiative, APAGBI Council has agreed an extension to the grant to the WFSA East Africa project for a further year.

Investments

In line with new financial compensation arrangements, I have reduced the amount we hold in interest bearing accounts to £75,000 for each account to protect our assets. As indicated at the 2015 ASM I have pursued options to invest some of our funds in a managed portfolio fund, rather than holding more in low interest investments. Following approval at the January 2016 Council meeting, I have now invested £50,000 in a managed portfolio fund provided via the Charities Aid Foundation. This is a defensive (low-risk) fund, but one that should, in the medium term, afford better returns than the exceptionally low rates we are getting from our other deposit bonds and accounts.

Expenses for APAGBI related activities

Travel and subsistence costs for members engaged in APAGBI activities will remain at current levels.

The 2016 unaudited accounts are available on the website to be viewed prior to the Annual General Meeting on 8th June. I will present the salient points at the meeting and ask that the accounts are approved, but hard copies will not be available.

I would like to record our thanks to Rebecca Batson and the Specialist Societies team at the AAGBI for their continued support and help.

If you change bank accounts or wish to resign from the Association please notify the administrator promptly as this saves us a great deal of time and money and allows us to keep our records up to date!

*Alistair Cranston
Honorary Treasurer
April 2017*



APAGBI Professional Standards Committee report

Guidelines

The PONV guidance that has been available for several years has been reviewed and a fully updated version was uploaded to the website at the end of last year.

Publication of the thromboprophylaxis guideline is imminent!

Many thanks to Stephanie Bew, who will be standing down as guidelines chair due to her new role (see below). A new Chair will be chosen at the next Council meeting.

Information

A further update on guidance for professionals on the use of general anaesthesia in infants and young children together with information for parents was uploaded to the website in April 2017.

A statement on the FDAs latest advice on the use of codeine and tramadol is being prepared and will be available soon.

Anaesthetic Clinical Services Accreditation (ACSA)

Simon Courtman has continued his work with RCoA on this subject. We have now obtained agreement in principle for the College to recognize information from an APA Peer Review as equal to ACSA review information thus avoiding the need to repeat the review process and making an APA Peer Review an excellent preparation for ACSA.

Peer review

Peer Review leads Debbie Marsh and Pete Stoddart stepped down last year. Many thanks to them for their hard work in keeping this process going.

Stephanie Bew has agreed to take over as Peer Review lead.

Peer Review is regarded as valuable process either standalone or as ACSA preparation, especially since the developments with ACSA outlined above. We are intending to continue to support the process and develop a defined link with RCoA, although without ourselves becoming an accrediting organisation as we regard our supportive role as paramount.

Linkman scheme

Nirmala Soundararajan took over from Karen Bartholomew as Linkman Lead after last year's AGM and she organized an excellent Linkman meeting in Birmingham last

November. She has also coordinated the Paediatric Anaesthesia Trainee Network (PATRN) survey on unplanned day-case admissions and is currently getting information on the use of the Certificate of Fitness for Honorary Practice and putting together the programme for this year's Linkman meeting in York on the 14th November.

ACCEA

The results from the 2016 round were available in December. The 2017 round opened on the 28th February and closed on the 27th April. An email to all members was circulated asking those seeking APAGBI support for the 2017 round to submit a CVQ by the 3rd April to allow time for ranking and collating of supporting citations. APAGBI will continue to support member's applications for these awards as long as the process continues.

Bob Bingham

Chair: Professional Standards Committee

May 2017



APAGBI Education and Training committee report

Personnel changes

It is with pleasure that I can announce that Mary Lane will be taking over as chair of our committee in June after the ASM in Bristol. Mary is an experienced educator who has lots of ideas for making the work of our merry band even more relevant and engaging so “watch this space”.

We have also recently advertised for two new members to join the committee since I will be moving on and Robin Sunderland moved on last year. If you missed the advert then please express your interest. Even if this time round you missed the boat we are keen to engage enthusiastic visionary individuals so please get in touch via Mark.thomas@gosh.nhs.uk.

Podcasts

Many thanks to Sumit Das for putting together 4 excellent podcasts from Belfast. You can subscribe to these on the APA podcast site in iTunes. The link is here: <https://itunes.apple.com/gb/podcast/apa-podcasts/id1195843284>

We will be repeating this process for Bristol so subscribe on the above link now to avoid missing out on the cumulative wisdom that will be imparted therein.

ASM videos

As you may be aware we are taking videos of the ASM. Those from Belfast are all posted on the APA TV website allowing members to watch the speakers with their synced slide sets. Again, we are repeating this for Bristol and starting to compile a nice library of subjects.

Why not consider playing one of the more popular ones (such as the Jackson Rees lecture on checklists by Prof. Kavanagh) at your department meeting?

The link is here: <http://www.apa.isi-science.com>

Hot topics

We continue to post these and get more than 100 responses per topic typically. The feedback is that members find these engaging and thought provoking and learn from the commentaries that accompany them. If you have any further suggestions for topics please let us know.

Trainee handbook

Natasha Woodman, our new trainee representative is updating the book so a new shiny PDF should be available before too long.

That is all for now. This is my last report as chair of the committee so I would like to thank everyone for their support and encouragement during my tenure.

Mark Thomas

Chair APA Education and Training committee

April 2017

APAGBI SCIENTIFIC COMMITTEE ANNUAL REPORT

1. Membership

The following constitute the APAGBI Scientific Committee:

Peter Brooks Chelsea & Westminster, London
Thomas Engelhardt, Royal Aberdeen Children's Hospital (Chair - January 2017)
Velu Guruswamy Leeds Teaching Hospital NHS Trust
David Mason John Radcliffe Hospital, Oxford
Suellen Walker, Great Ormond Street Hospital

2. Research Grants

The APAGBI provided £40,000 for research grant funding in 2017. Applications have been received and decisions will be taken end of June 2017 via the NIAA.

3. NECTARINE

Twenty centres completed recruitment in the UK for the Nectarine (NEonate-Children audiT of Anaesthesia pRactice IN Europe: UK participation in a European prospective multicentre audit of practice) study. This study was supported by a grant from the APAGBI over £27,619. Initial results are expected to be released end 2017.

The National Co-ordinators and APAGBI Scientific Committee acknowledge the significant amount of work required at each participating centre and wish to thank all Local investigators, Consultants and SpRs who assisted with data collection and entry.

4. APRICOT

The initial results of the Apricot (Anaesthesia PRactice In Children Observational Trial) have now been published:

Habre W, Disma N, Virag K, Becke K, Hansen TG, Jöhr M, Leva B, Morton NS, Vermeulen PM, Zielinska M, Boda K, Veyckemans F; APRICOT Group of the European Society of Anaesthesiology Clinical Trial Network. Incidence of severe critical events in paediatric anaesthesia (APRICOT): a prospective multicentre observational study in 261 hospitals in Europe. *Lancet Respir Med.* 2017;5: 412-425.

A total of 7052 patients from 43 centres were recruited in the UK – the highest single country contribution in this study. Initial analyses indicate a high standard of clinical paediatric anaesthesia practice in the UK. A detailed analysis for UK data is currently in progress and will be available via the National Coordinator (Neil Morton).

5. Surveys, Audits and QI

Surveys: A limited number of high quality surveys were circulated to the membership. David Mason assisting with this. A new link to the Education Committee "Hot Topic" is under development.

QI and audits: Velu Guruswamy is acting as the SciCom link with the newly appointed QI Lead Danielle Franklin

6. Anaesthesia and developing brain

A 'Joint Professional Guidance on the use of general anaesthesia in young children' was published on the APAGBI website. This guidance was endorsed by the APAGBI, the Royal College of Anaesthetists Association of Anaesthetists of Great Britain and Ireland and The College of Anaesthetists of Ireland.

7. Annual Scientific Meeting

(i) Bristol 2017: abstract submission / revision processes

Abstracts reviewed and highest ranking selected for oral presentation and poster prize sessions. The process was simplified following a change of software.

(ii) Liverpool 2018

Speaker suggestions included in preliminary program and discussed with the Meetings Committee.

8. HSRC (RCoA) collaboration

The APAGBI is now represented at the HSRC board (Thomas Engelhardt). Currently, 2 trainees undertake an HSRC fellowship (Amaki Sogbodjor and Ellie Walker) and develop a national paediatric emergency laparotomy audit.

9. Paediatric Anaesthesia Trainee Research Network

Trainee Representative: Natasha Woodman

The Scientific Committee wishes to acknowledge success of PATRN and work by its members. Peter Brooks is acting as the Scientific Committee Liaison with the Trainee Network. The project: 'Unplanned admissions after paediatric day case surgery' was supported and accepted for presentation at the ASM in Bristol.

Thomas Engelhardt

May 2017



APAGBI Meetings committee report

Jon Smith and Karen Bartholomew, May 2017.

Bristol 2017

As of the 8th of May we have 245 delegates for the main meeting, 70 for the pre meeting, 60 for the museum reception and 110 for the SSGB. Our target is 320 delegates. There will also be 28 faculty. The trade stands at 13 with an approximate income of £24,700. There were four late programme changes, one cancellation, one rescheduling and two substitutions.

The abstract process worked well this year. Next year we should aim to allow longer between acceptance and the beginning of the meeting for the processing of study leave applications. There are one or two tweaks to the system that we will add before next year, but these are minor.

The brochure is about to be finalized on the 11th of May.

Liverpool 2018

The venue will be St George's Hall, the Town Hall and Bluecoats. At the moment we are looking at a two-day meeting and there will be constraints on the use of St George's Hall concourse on the Friday afternoon. We still need to change/ refine the programme but Karen is getting great help from the LOC with this. With enough content we could use the Wednesday afternoon.

Sheffield 2019

The venue choice is still not settled, as there is no ideal place in the city. James Ellwood and Index are reviewing the choices again before making a final recommendation.

London 2020

Dan Taylor (from Guy's) and Index have reviewed venues for this. There is still a question as to whether this will be a joint meeting with ESPA and that has been taken account of in the selection of potential venues.

'Wash Up'

We intend to meet in early July to review the Bristol meeting, to look at finalising the Liverpool programme and discuss the future venues. The two centres who have bid to hold meetings are Cardiff and Newcastle. Index has views on venues for both locations.

JHS 10th May 2017



Trainee Representative's Report

Paediatric Anaesthesia Trainee Research Network (PATRN)

PATRN has gone from strength to strength over the last year. We welcomed 5 new committee members; Andrew Selman as Communication Lead, Sarah Greenway as New Project Liaison, Zoe Burton as Treasurer, Deborshi Sinha as IT lead and Emily Hatton-Wyatt as Secretary/Junior Trainee Representative. We also widened our reach significantly across the UK with over 100 PATRN representatives. We have recently completed phase 1 of Unplanned Day Case Admissions and a poster has been accepted at the APAGBI ASM in Bristol. This looked at the proportions of admissions retrospectively and has allowed us to plan a larger prospective phase 2 that we look forward to launching in the new academic year. PATRN has also received interest from several anaesthetists looking to lead their own national projects via our network. This was the original intention of PATRN and we look forward to facilitating the next project beyond Unplanned Admissions. As a relatively new network we have collaborated with the regional networks under the umbrella of RAFT. These regional networks have proved a gateway to many enthusiastic trainees and mentorship for the committee. We have applied a multimodal approach to our advertising, using the APA Facebook page, APA Twitter account, emails via the consultant linkmen and to all the trainees already on our database, and via Basecamp, the online platform used by RAFT to reach the regional networks.

PATRN is also excited to be involved with the NIAA's HSRC and APA on a project that focuses on perioperative care. We have provided a paragraph for their grant application describing what our involvement could be. We have also met with Amaki Sogbodjor, Ellie Walker (current NIAA fellows) and with Clare Skerritt, the lead for PSTRN (paediatric surgery trainees research network).

Article watch

Article watch publishes 10 interesting article summaries each quarter on the APA website under Education and Training for Professionals. Thank you to Victoria Ferrier, Beki Baytug and Baljit Phull who have completed 3 publications and will be handing over the reins to a new team.

Trainee Handbook

The APAGBI Trainee Handbook, guidance for those planning a career in Paediatric Anaesthesia was first published in July 2013. This is currently being updated and a new edition will hopefully be available in early 2018.

APA Hot Topics

We will run a Hot Topic later in the year looking at anaesthetic preference when faced with emergency front of neck access in a child.

*Dr. Natasha Woodman
Trainee representative
May 2017*



Report on RCoA Anaesthesia Clinical Services Accreditation (ACSA) for Children and Peer Review

Over the last year, considerable progress has been made in engaging with the RCOA and negotiating the best way to ensure that children's services are assessed and approved within the RCOA accreditation process. After several meetings with the RCOA team assigned to manage the ACSA process, we successfully presented the importance of having the assessment of children's anaesthetic services as an integral part of the core accreditation service, rather than a separate subspecialty ACSA process. This ensures that every hospital in the UK, who provides anaesthetic services for children, will be required to meet the new core ACSA process with the included paediatric standards (which are based on the RCOA GPAS standards). The inclusion of the children's standards into the ACSA took significant negotiation but has now been approved and is now in use in subsequent ACSA reviews. Over a third of hospitals in England have registered for ACSA.

With the RCOA ACSA being rolled out across the country, the APAGBI peer review process, which has been a greatly effective and successful process over the last 8 years, has required considerable thought as to ensure that it remains relevant and still able to accomplish its purpose to raise standards and share good practice. It has also been important to ensure that we avoid unnecessary duplication. After further discussion with the RCOA team, we have been able to negotiate an agreement that the APAGBI peer reviews will be recognised by the ACSA review teams. This means that if a department undergoes an APAGBI peer review, and is found to meet the standards found within ACSA during this, then this department will be recognised as having completed the paediatric elements of the core ACSA review and does not need to repeat the evidence collecting process. This is an important agreement, which benefits both the APAGBI peer review process and also supports the RCOA in trying to review departments with paediatric work. The next steps with the RCOA are to clarify some of the quality assurance elements of this arrangement.

The other great news is that Stephanie Bew has agreed to take on the lead role for the APAGBI peer review process. Stephanie has significant experience from participating in

reviews and will initially be concentrating on revamping all the paperwork to ensure the ACSA standards are captured plus a few other updates. We must thank Deborah Marsh and Pete Stoddart who have led this process for the last few years and given so much of their time.

Simon Courtman
May 2017



APAGBI Linkman Report

APAGBI Linkman Report

It has been a great year for the APA Linkman Scheme. With strong support from the APAGBI council, we had a well-attended APA Linkman Conference at Birmingham on 7th November 2016. We introduced a new trainee competition called the 'Linkman Prize' in 2016. We invited trainees to submit abstract relating to local initiatives aimed at maintaining team competencies for the stabilization of sick and injured children. Eleven submissions were received. Dr. Randa Ridway, a ST6 trainee from Leeds, won the Linkman prize for her submission on the NAT course (NAT = Neonatal Airway Training) and gave a short oral presentation at the APA Linkman Conference. Her presentation evoked a lot of interest and we received many subsequent enquiries about the NAT course. Judging by the enquiries about the NAT course and the results of last year's survey on training and confidence issues, infant intubation seems to be a particular issue for anaesthetists in non-specialist centres.

We have decided to make the 'Linkman Prize presentation' a recurring feature of the annual APA Linkman Conference and to open up this meeting to senior trainees. The theme for the 2017 Linkman Prize submissions is 'Improving Patient/Parent Experience'. We invite submissions on this subject - this will be a good opportunity to showcase your passion for children's services while providing an incentive for your trainees. We are offering a prize for the best entry and the winner will be invited to make an oral presentation at the APA Linkman Conference on 14th November 2017.

The prize is: One-day registration (day of choice) at the APAGBI ASM 2018 at Liverpool. **Anyone can make a submission/presentation. However, the prize is only for trainees.**

As you are all aware, the Paediatric Anaesthesia Trainee Research Network (PATRN) is a trainee initiative aimed at collaborative research and audit projects. Over the last six months, the APA's Linkman scheme has been a source of tremendous support for the PATRN project on 'Unplanned Day case admissions'. Phase 2 of this project is scheduled for autumn 2017. Thank you for encouraging your trainees to work with the PATRN and the APAGBI.

APA support for regional meetings and networks continues. More information about this can be found on the [Linkman page of the APA website](#). This page also contains a link to the 2016 certificate of Fitness for honorary practice. This is designed to encourage us to attend a regional paediatric centre to update our skills and CPD.

We have a great programme lined up for you at the **2017 APA Linkman Conference scheduled for 14th November 2017 at the York Railway Museum**. In the meantime, please do not hesitate to get in touch by contacting me on nimrajan@gmail.com

Nirmala Soundararajan
May 2017

Reports from Coopted organisations



Report to APAGBI Council May 2017

Author: Upma Misra

(Co-opted AAGBI Council member, Hon Mem. Sec elect & Managing editor Anaesthesia News)

Elections:

AAGBI Council elections are under way. Eight candidates for 3 posts. Officer posts for election of Honorary Secretary and President.

Working parties AAGBI

Guidelines recently published:

- AAGBI: Consent for anaesthesia 2017 (including 3 online appendices)
- SAS Handbook 3rd edition
- AAGBI: Pre-hospital anaesthesia 2017

Corrections published

- Safe vascular access 2016

In preparation for publication

- Best practice guidelines for total intravenous anaesthesia 2017

In consultation

The Anaesthesia team

Conferences

GAT 2017 is in Cardiff July 5-7th It's the 50th anniversary of GAT this year.

Annual congress 2017 is Liverpool Sept.27-29th

Safety

NHS Improvement recently held a stakeholders' meeting at which AAGBI was represented to provide input into a new reporting system that is to be set up to replace the current NRLS system.

Fatigue Project

- A statement was released on World Sleep Day (17 March 2017), <http://www.aagbi.org/news/aagbi-calls-change-culture-around-night-shift-working> that listed the aims of the project and why it is needed.
- A webpage has been created on the AAGBI website: <http://www.aagbi.org/professionals/wellbeing/fatigue> which gives the latest information on the project.
- There will be a Wellbeing stand throughout the GAT conference in Cardiff in July, which will showcase the fatigue project and its objectives.



PICS Annual report

As of September 2016 there has been a change at the helm of PICS. Peter-Marc Fortune is the new president; Jeff Perring is vice president and James Fraser secretary. Adrian Humphry has been appointed treasurer. Yvonne Heward has been the non-medical vice president for the past 2 years and is stepping down in June. Fiona Lynch will resume this position on return from maternity leave.

There are a number of key consultations ongoing including the review of paediatric intensive care services, high dependency care and ECMO standards. PICS is involved in these and several other areas including National Brain Stem Death testing forms with

NHSBT. Also ongoing is the work with NHS England on a national child mortality database and standardisation of practice relating to investigation of childhood mortality.

The annual conference was held in Southampton and was well attended. It was also financially profitable. The next conference is in October 2017 in Nottingham.

The PICS scientific group is very active and Barney Scholefield, who leads on this, is currently outlining rules for studies to determine if they qualify for PICS endorsement. The society is keen to promote and develop the academic career pathway in paediatric intensive care medicine.

Yvonne Heward in her role as nurse educator has been involved in the development of PIC nurse education programme. PICS is helping towards funding ANP annual conference in Bristol 2018.

The website is developing at a pace and is regularly updated and managed by Padmanabhan Ramnarayan. The website is frequently accessed by both members and non-members alike and now has a dedicated twitter feed. There is room for improvement in terms of running the membership database via the website and this is under review.

There is ongoing review of the PICM training curriculum, which comes under the auspices of PICM ISAC. Likely to result in paired down curriculum for paediatricians. The prevailing view from Council is that PICM training should require more than the current 6 months exposure to paediatric cardiac intensive care. The recent round of national grid applications resulted in a larger number of appointments, close to 90% filled. This is a significant upturn on recent years.

PICS is keen to promote its role, relevance and the benefits of membership to current and potential new members. As an organisation we need to show more clearly how we can aid and support members as they progress in the speciality of paediatric intensive care medicine. This applies both to medical and non-medical trainees as well as established health care professionals.

Dr. Yamuna Thiru

PICS council

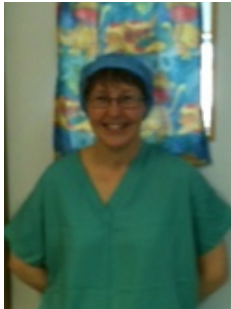
Co-opted representative on APA Council

April 2017

National reports

Annual Report from Scotland

Dr. Carolyn Smith
Edinburgh



SPAN

The spring AGM was held in Crieff Hydro hotel on the 21st of April.

An update on the problems surrounding the provision of General Surgery of Childhood by Mr. Atul Sabharwal (Consultant Paediatric Surgeon) kicked off the meeting. There were sessions on consent, skill retention including the remote and rural perspective, Apricot update and some interesting trainee presentations. The visiting speaker was Dr. Simon Courtman who presented the SWACA audit of Paediatric Laparotomy. Public transport links to the venue were poor but there was a reasonable attendance. All presentations will be put onto the website in the next few weeks.

The Span website has been revamped; lots of useful information, including a teaching package on Capnography use for Recovery staff and links to other relevant meetings. www.span.scot.nhs.uk

The provisional date for the **2018 spring meeting is 20th April**, venue to be decided.

PPTC

The annual Paediatric Pain Travelling Club meeting this year was held in The Central Hotel Glasgow on the 21st of April.

There were some interesting presentations including the assessment of sedation withdrawal, which highlighted how this problem is underreported and often difficult to diagnose; the use of intravenous lignocaine for pain; setting up a paediatric pain assessment training programme; interventional procedures for chronic pain and presentation of the draft guideline/SIGN for the treatment of Chronic Pain which is due to be published in the near future.

ESPA

Glasgow is hosting the ESPA meeting in September 2017.

MEPA/SIMULATION

The next MEPA course is the 21st June 2017 and the MEPA-FC (for Consultants) is the 11th May 2017.

More information available from: <https://scschf.org>

SCCSS

The SLWG chaired by Mr. Atul Subharwal has been heavily involved compiling a report on the future provision of General Surgery of Childhood in Scotland. Presentations at SPAN and more recently at the Surgical Forum meeting in Edinburgh on the 24th of

April; which brought together the great and the good of the surgical training programmes and the various surgical college presidents, were used to highlight the work of the group in trying to solve the growing crisis in provision of GSC. The report from the group will be sent to the next meeting of the NPF.

The concern is that many other Children's Surgical Services are also likely to come under threat in the near future.

Scottish Representative

A new Scottish representative will take up this post at the APA AGM in June when I demit office.

Thank you to all the members of the Council for their help, advice and support through what has been a varied and interesting four years.

Carolyn Smith

National Advisor for Scotland

April 2017

Annual Report from Wales

Dr. Chris Gildersleve

Cardiff

Paediatric Anaesthetists' Group of Wales (PAGW)

The 2016 Annual Scientific Meeting took place in November in Betws-y-Coed. This was our first visit to the north of the Principality for a number of years and was well received with a good turnout from local hospitals and in particular from the trainees on the Welsh programme. We have encouraged attendance and participation from trainees with an annual prize for presentation and this in part has helped to stimulate career planning for trainees in a friendly networking environment. The 2016 Trainee prize was won by Dr. James Farrant, at the time an interloper from his post CCT post in Sheffield, who will be returning soon to a consultant position in South Wales.

The 2017 meeting will take place in Cardiff, in conjunction with the autumn meeting of the Society of Anaesthetists of Wales (SAW) and the Junior Anaesthetists of Wales (JAW) on the 12th-13th October. Planning is ongoing and details will be posted on the SAW, JAW and APA websites in due course. The most up to date postings are currently to be found on the SAW website:

<https://www.anaesthetistswales.ac.uk/med/>

The President and Secretary remain Drs. Maggie Collingbourne and Felicity Howard, though with Felicity taking a maternity interlude Dr. Gill Dunn is taking the lead on the organisation of the 2017 meeting.

Progress on the development of a new PAGW website has been slow, and has reached a new level of urgency as the current site is no longer functional. PAGW committee members are working hard to resolve this problem though no date for a relaunch has been set.

MEPA (FC) continues to be a success with two successful courses run over the past year. The demand remains high reflecting in part the fears shared by many DGH anaesthetists regarding their vulnerability in a world of shrinking locations providing comprehensive paediatric services.

APA Annual Scientific Meeting

Cardiff has submitted a bid to host the ASM in 2020 or 2021. This currently awaits adjudication.

Chris Gildersleve

Cardiff

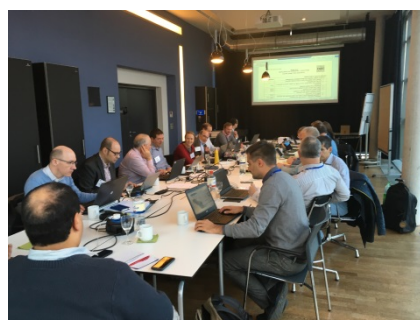
May 2017

ISO and equipment report

Dr. Harvey Livingstone

Report from the interim meeting the International Standards Organisation TC121 SC2, Lubeck Germany, 6-9th December 2016

In December 2016 I attended the interim meeting meeting of the International Standards Organization (ISO) committee TC/121, Sub-committee 2 (SC2) as part of the British delegation, acting as clinical expert and representative of the AAGBI and APAGBI. The meeting was hosted by Dräger at the MediaDocks facility in Lubeck, Germany. SC2 is responsible for standards pertaining to airways and related equipment.



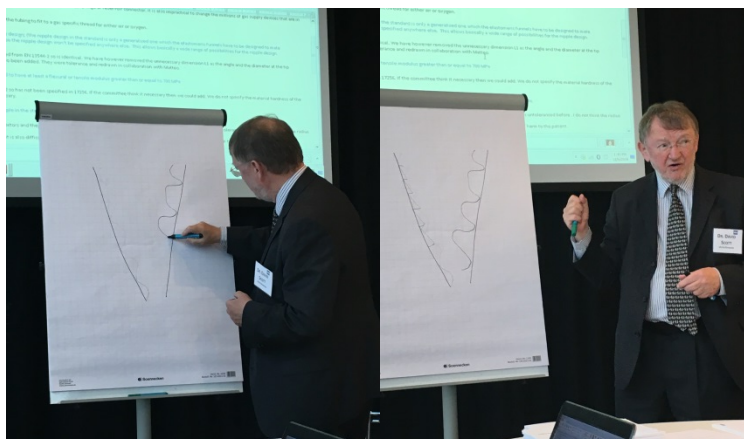
The meeting began as usual with a roll-call of delegates, general committee housekeeping and liaison reports.

With regards to small-bore connectors, the prototypes for the respiratory connector (80369-2) have been produced and are being tested. It is hoped that the standard will be ready by the end of 2017 or early 2018. It was pointed out the liquids are easier to contain than gas and there is some skepticism that the new connector will provide a gas tight seal. The standard for neuro-axial connectors (80369-6) has been published and should be adopted in the UK in April 2017.

NWIP ISO 17256 Anaesthetic and respiratory equipment - Respiratory Therapy tubing and connectors

The committee reviewed comments received on the draft standard for respiratory therapy tubing and connectors (ISO DIS 17526) as working group 6. This standard had to go back to the drawing board due to the delay in producing the standard for the respiratory gas connector as already mentioned. Discussions included:

- *The specified failure pressure for the tubing and disconnection pressures and forces for the connectors were discussed and agreed on at (640±10 KPa, 200 KPa and 50±1.5 N respectively. There was debate on the most appropriate test methods and how these relate to clinical practice, for example a confused patient pulling on their oxygen therapy tubing and what test force is appropriate to replicate this.*
- *The most appropriate connector for the machine (supply) end of the tubing as recommended by technical report prepared by the AGO1 group. The EN 13544-2 nipple ("fir-tree") connector continues to cause some consternation due to its loose specification of the elastomeric female part that fits onto the nipple and the great variation in the size and shape of the ridges on the nipple.*



Dr David Scott illustrating some nipple issues (EN-13544-2)

ISO/CD 19211 Automatic fire safety valves for use during oxygen therapy

This is a new standard in development for devices that stop the flow of oxygen along respiratory therapy tubing in the presence of fire. The committee (as working group 11) continued to review the great number of comments that were received, including going over the ground that has been covered previously (please refer to my report from the Chicago 2016 meeting) including the definition of these devices for standards purposes. The agreed terminology for such devices is FIRE ACTIVATED OXYGEN SHUT OFF DEVICE. This new standard will now move forward to a draft international standard (DIS).

ISO DIS 7376 - Laryngoscopes for Tracheal Intubation.

A task group within CH121/SC2 has been looking at this standard with a view to significantly updating it. The increase in the use of an LED source of illumination, 6v supply voltages, current vs voltage drive requirements and disposable handles incorporating lithium “button” batteries has resulted in the standard lagging behind the current technology. The current standard differentiates between conventional blades where the lamp is incorporated into the blade itself (with an electrical connection to the handle) and those where the blade incorporates a light guide and the source of illumination is in the handle, so called fibre-illuminated blades. These have non-compatible fittings. There are increasing numbers of products that are disposable and where the blade is non-detachable from the handle which are poorly categorised by the existing standard.



As per my previous reports, the possibility of a filament bulb on a conventional blade that requires a 3v supply exploding when used with a 6v handle remains contentious. While it can be replicated in the laboratory with a high current supply it remains to be seen if this is a significant risk in practice due to the

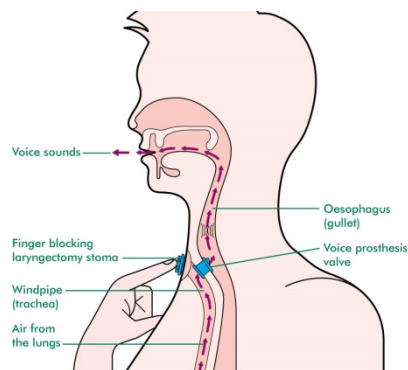
internal resistance of the batteries limiting the flow of current. The supply voltage for a conventional blade handle is not currently specified in the standard.

Suggestions made by the task group to address this include producing a new third design for the handle/blade connection specifically for 6v LED systems; removing blades that use a filament bulb entirely from the standards (by stipulating LED or other non-incandescent filament bulbs only) or limit the voltage supplied by a conventional type handle, for example to 3.5v maximum. The committee felt that as most laryngoscopes now use LED type bulbs the simplest solution was to specifically exclude incandescent filament bulbs from the revised standard. Existing products will still comply with the older version of the standard as that was applicable at the time they came to market but going forward the problem will eventually cease to exist. A complex technical discussion followed regarding the maximum power that a handle should provide in normal use, if this was design restrictive and what were the fail-safe conditions. A considerable amount of work will be required to re-write the standard and it will take some time.

It is worth noting that laryngoscopes with a mains powered light source, surgical and video laryngoscopes are not covered by this standard and a new standard for video-laryngoscopes is being considered as a new work item.

ISO/NP 21917 Voice prostheses (or tracheostomy valves) -- General requirements and test methods for the evaluation of physical characteristics

This is a new standard that has been proposed for devices that allow post laryngectomy patients to talk. These devices are essentially one way valves which allow the patient to pass air from the trachea into the pharynx to vocalise. No standard for such devices currently exist.



The standard will aim to ensure measurements and test methods of the devices performance (including opening pressure, leak rate, flow rate and pressure drop characteristics) are standardised so clinicians can compare devices with confidence. Other areas the standard will cover are terms and definitions, biological safety, markings and instructions for use. The German national standards institute has produced national standards for such devices, DIN 13200-1 and DIN 13200-2. The proposal for the new ISO standard has been accepted (by vote) and a call for experts has been made along with a convener for the working group.

Review of results for suction catheter Survey (ISO 8836)

When the standard for suction catheters was last revised in 2014, devices with a female connector on the catheter were removed from the standard to prevent mis-connections. However, a survey has revealed that a significant number of these products are still

being produced and used and there is significant demand for these products. As a result of this, the committee has resolved to amend the standards and re-introduce the specification for these devices. A call for experts has been made and the working group (WG05) will be re-formed.



Female connector suction catheter

Items for future work.

Proposed items for future work include standards for:

- ***Nasal cannulas/prongs***
- ***Face masks***
 - *It is suggested that the masks can be defined by the connector (eg, 15mm, R2 etc) which could be used to categorise their intended use and basic performance.*
- ***Airway cuff pressure monitoring & control devices***

A number of devices exist to measure or control the pressure in a cuff on an airway device, either as an additional stand-alone device or integrated into the airway device. Many manufacturers' instructions for use warn on cuff over inflation and a number of professional bodies suggest the use of measurement devices. No standards exist for such devices and their accuracy (if specified) is entirely at the manufacturer's specification.



Examples of airway cuff pressure indicators/measurement devices.

A working group will be established to look at this and I have been appointed as the convener.

Review of the Scope of the SC2 Committee.

The ISO has recently decreed that each subcommittee should have a formal documented scope to prevent repetition of work and give guidance on which is the most appropriate sub-committee to oversee each standard. The committee reviewed the scope of SC2 and where overlap with the other sub-committees exists. This can be complex, for example

where the standard for a device may specify requirements for an accessory which is already covered by its own standard that may well be produced by a different sub-committee. Much work is already done in joint working groups between the sub-committees and this will continue.

The proposed scope reads:

“Standardization of devices that connect to or are inserted into the airway of patients, including those devices that provide the interface between the patient and atmosphere or gas from a supply device.

Examples include tracheal and tracheostomy tubes, supralaryngeal and oropharyngeal airways, laryngoscopes, connectors, breathing system tubing, nebulizers, filters, HME's, suction catheters and fire-activated oxygen shut off devices”

Meeting close

The meeting concluded with the committee reviewing the resolutions of the meeting, which formalize many of the decisions as described in this report.

Future meetings are as follows:

- *May 2017 46th TC121 Meeting – Boston USA*
- *Dec 2017 Interim SC2 meeting – Location TBC*
- *May 2018 47th TC121 Meeting – Location TBC*

*Dr Harvey Livingstone
Consultant Paediatric Anaesthetist
Alder Hey Children's NHS Foundation Trust
December 2016*

Appendix 1

List of Consultations/Guidelines and documents in development involving APAGBI Council during 2016/17:

1. Children's Surgical Forum and Royal College of Surgeons of England: Five-year strategy for improving local delivery of general paediatric surgery.
2. National Agreed Clinical Pathways for management of Congenital Diaphragmatic Hernia
3. NICE Guideline: End of life care for infants, children and young people with life-limiting conditions: planning and management. Published at: <https://www.nice.org.uk/guidance/ng61>
4. NICE Quality Standards: End of life care for infants, children and young people. Topic engagement: <https://www.nice.org.uk/guidance/indevelopment/gid-qs10031>
5. NICE Guideline: Specialist Neonatal Care, scoping workshop. Attended by Dr. Mark Thomas.
6. NICE Quality Standard: Transition from children's to adults' services Published at: <https://www.nice.org.uk/guidance/qs140>
7. NICE Guideline: Head Injury: assessment and early management (4 year surveillance)
8. NICE Guideline: Child abuse and neglect. <https://www.nice.org.uk/guidance/indevelopment/gid-scwave0708>
9. NICE Quality Standard: IV fluid therapy in children and young people in hospital <https://www.nice.org.uk/guidance/qs131>
10. Guidance on the provision of paediatric anaesthesia services. RCoA. <http://www.rcoa.ac.uk/node/25301>
11. Commissioning guide: Tonsillectomy. ENTUK and RCS
12. Paediatric Traumatic cardiac arrest: Delphi guidance. In development.
13. SIVA/AAGBI. Guidance: Best practice for Total Intravenous Anaesthesia 2017.
14. Faculty of pain medicine: Best practice in the management of epidural analgesia in the hospital setting. <http://www.rcoa.ac.uk/node/639>
15. AAGBI/RCoA/BAREMA. Sustainable Anaesthetic Practice. Stakeholders summit meeting. Attended by Dr. Karen Bartholomew.
16. NICE technology appraisal: Nusinersen for treating spinal muscular atrophy ID1069
17. NICE guideline: Developmental follow-up of pre-term babies <https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0752/documents>
18. AAGBI glossy: MRI and anaesthesia
19. SIGN/Scottish Government. Management of Chronic pain in Children and Young people. A national clinical guideline.
20. AAGBI glossy: Day surgery (for children). In progress; Drs. Stephanie Bew and Karen Bartholomew
21. AAGBI glossies: Cell Salvage and Jehovah's Witness. In progress; Dr. Jon Smith
22. Faculty of Pain Medicine/RCoA. Guidance on competencies for Paediatric Pain Medicine.
23. NHS. IIHR. Health futures consultation.
24. NHS England. Proposals for Congenital Heart Disease Services.