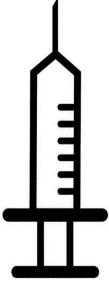


Y  C C

# Yorkshire Intensive Care Conference 2026



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## Welcome

Dear Colleagues,

It is with great pleasure that we welcome you to our 5th anniversary, and our first ever 2 day conference!

It is hard to believe that 5 years have passed since the very first Yorkshire Intensive Care Conference in 2021. Thankfully debates about whether delegates would have to wear masks, or if the conference would become a 'super-spreader event' taking out the ICU workforce for the region, are now a distant memory. Whilst these concerns have faded, it has been incredible to watch as support for the conference has consistently grown, to the point we are now able to celebrate this milestone with a two day event, with speakers and delegates attending from across the region, the country and the world. We would like to extend our sincere thanks to everyone who has been part of the journey to this point. This is your conference, and we hope to do you proud.

We would particularly like to thank our speakers for 2026, who have lent their time and expertise to deliver an incredible range of fascinating and insightful talks. The combined knowledge and experience contained within the programme this year is phenomenal, and it is a privilege to host such an incredible line up.

As always, this event would not be possible without our sponsors. It is only via their generous partnership that we are able to keep ticket prices as low as we can, in turn ensuring the conference is as accessible as possible to the entire ICM community. Please do say hi during breaks, and don't forget to complete your bingo card!

We would also like to extend our gratitude to the Yorkshire & Humber School of ICM for their continued support of the conference, and as always to our exceptional venue: The Yorkshire Wildlife Park. In particular we would like to thank Matthew Zaremba, who has been an absolute cornerstone of the event for the last 5 years.

We hope you enjoy the conference!

The YICC committee

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## Sponsors

We would like to say a huge thank you to our sponsors for supporting the Yorkshire Intensive Care Conference 2026:

### Hamilton Medical



Since 1983, Hamilton Medical has been at the forefront of medical technology, focusing on innovative ventilation solutions for critical care patients. As a leading manufacturer of ventilators worldwide, we serve various patient needs across multiple settings. Our core mission extends beyond technology; we strive to improve the daily routines of healthcare professionals, enabling them to work more efficiently. With a strong commitment to quality, we equip those on the front lines with essential tools and offer extensive training and educational support.

### Fresenius

As a global leader in dialysis and extracorporeal therapies, Fresenius Medical Care champion therapy and machine development to ensure our patients receive the right treatment at the right time. Nowhere is this commitment to research and development more evident than in Critical Care. Fresenius Medical Care's Ci-Ca® therapy, and the multiFiltratePRO, have been designed with the user in mind. Efficient workflows and enhanced safety features, coupled with ready to use calcium chloride and citrate solutions, allows the user to deliver maximum treatment efficiency whilst at the same time reducing nursing interventions, freeing nurses to do what they do best, care for patients.



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At Fresenius Medical Care, we understand that CRRT is just one of the many therapies an ICU clinician needs to provide, so we designed a machine that has a minimal impact on your workload, delivering the treatment as prescribed, whilst working as efficiently as possible. Fresenius Medical Care are your partners in care, a global company that specialises in renal replacement therapy, be it HD, PD, or CRRT -Fresenius Medical Care can offer you support, infrastructure, flexibility and the solution to your service's needs.

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## ICU Medical



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broad portfolio of tracheostomy, respiratory, breathing circuits, ventilation and speciality airway products.

## Sedana Medical

Sedana Medical is a Swedish MedTech and pharmaceuticals company founded in 2005, with the mission of making inhaled sedation standard therapy in intensive care. Its proprietary solution, the Sedaconda® system,



is designed to address unmet needs in intensive care by providing more predictable awakenings, faster recovery and reduced use of opioids. The introduction of inhaled sedation in the ICU is an alternative to the traditional management of critically ill patients. The Sedaconda system can improve clinical outcomes by offering a more controlled sedation, independent of liver or kidney function, supporting improved aftercare following ventilation treatment.

## Teleflex



Teleflex is a global provider of medical technologies that enhance clinical benefits, improve patient and provider safety, and reduce total procedural costs. We

primarily design, develop, manufacture, and supply single-use medical devices used by hospitals and healthcare providers for diagnostic and therapeutic procedures. We are home to industry-leading brands, with solutions in the fields of Anaesthesia, Vascular Access, Interventional Cardiology and Radiology, Emergency Medicine, Surgical, and Urology.

Teleflex, A Global Provider of Medical Technologies, Dedicated to Improving the Health & Quality of People's Lives.

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## Linet

LINET UK is part of LINET Group, a leading manufacturer of advanced hospital beds and furniture, supporting healthcare professionals with innovative solutions that enhance patient care and streamline clinical workflows. Our extensive product portfolio serves acute, long-term, and specialist care settings, with a focus on safety, ergonomics, and efficiency.

As a total service provider, LINET offers end-to-end support, from product selection and training to fleet management and technical servicing. LINET, Designed to help you care.

## Aerogen

**Aerogen**<sup>®</sup> The Aerogen Story - a leader in vibrating mesh nebuliser technology.

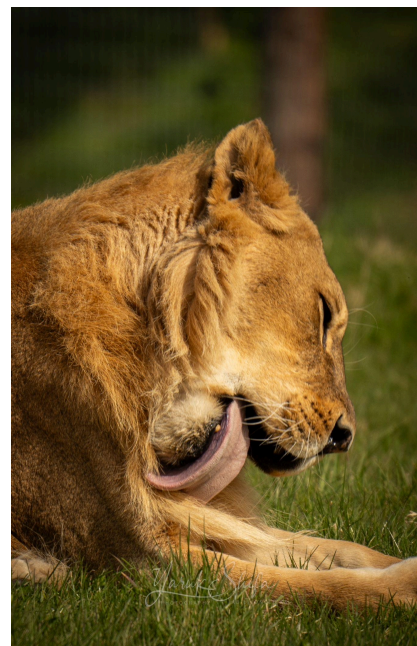
Headquartered in Galway, Ireland, Aerogen is a world leader in acute care aerosol drug delivery. With over 25 years of experience, 300 international patents and associated with over 200 clinical papers and publications, Aerogen technology has been used to treat 20 million patients in 75 countries worldwide.<sup>1</sup> Based on pioneering vibrating mesh technology, the Aerogen Solo vibrating mesh nebuliser has become the gold standard for respiratory patient care across the hospital from the emergency department to intensive care.

The company continues to leverage its expertise, research, technologies and partnerships to make the greatest possible difference to patient outcomes.

airway products.

## Nihon Kohden

Founded in 1951, Nihon Kohden is a global leader in electronic medical equipment. We provide innovative solutions that support earlier diagnosis, streamlined workflows, and better patient outcomes. Our technologies are trusted by hospitals, emergency services, and clinical teams worldwide - helping healthcare professionals deliver safe and effective care. "Improving Healthcare with Advanced Technology" is not just our mission - it's what drives everything we do.



## Programme

Thursday 14<sup>th</sup> May

08:15 – 08:45 Registration & Breakfast  
08:45 – 09:00 Welcome

### SESSION 1: The Future Is Here

09:00 – 09:50 Cardiac Arrest: Changing The Conversation

Dr Toby Edmunds

09:50 – 10:30 Advances In Organ Donation: The Rise Of The Machines  
Mr Stephanos Pericleous

10:30 – 11:00 Break with poster presentations

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## SESSION 2: Research

11:00 – 11:30 Trainee Oral Presentations

11:30 – 12:15 ICU's Most Lethal Literature: Top Papers To Die For In 2025-26  
Dr Jonny Wilkinson

12:15 - 14:00 Lunch with time to explore the Park

## SESSION 3: Disease X (part one)

14:00 – 15:00 Disease X: Moving From Pandemic Failure To Pandemic Readiness  
Kate Kelland

15:00 – 15:30 Break

## SESSION 4: Broadening Horizons: Colleges And Cars

15:30 – 16:15 What Is The Future Of ICM In The Modern NHS?  
Dr Danny Brydon

16:15 – 17:00 Speed, Strategy, and Survival: Lessons from Motorsport Medicine  
Dr Clare Morden

18:00 Meet At Main Entrance For Conference BBQ

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Friday 15<sup>th</sup> May

08:15 – 08:45 Registration & Breakfast

08:45 – 09:00 Welcome

SESSION 5: Extreme Physiology

09:00 – 09:45 Xtreme Environment Physiology: Learning From Edge Cases  
Prof Mike Grocott

09:45 – 10:30 Flying Fast Jets: Pushing Human Physiology To The Limits  
Prof David Newman AM

10:30 – 11:15 Break with poster presentations

SESSION 6: Major Incidents

11:15 – 12:00 Major & Complex Incidents: What's Changing & Can We Be Ready?

Prof Simon Carley

12:00 – 12:45 Can We Ever Really Plan For A Burns Mass Casualty Disaster?  
Mr Niall Martin

12:45 - 14:15 Lunch with time to explore the Park

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## SESSION 7: Supporting Our Staff And Our Patients

14:15 – 15:00      Moral Injury, PTSD and Complex PTSD

Prof Dominic Murphy

15:00 – 16:00      Psychological Support During And After An ICU Admission

Paul Wood & Dr Nate Shearman

16:00 – 16:15      Prizes & Close, With Time To Explore The Park



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# Speakers

## Cardiac Arrest: Changing The Conversation

Dr Toby Edmunds

Dr Christopher (Toby) Edmunds is a Consultant in Emergency Medicine, Intensive Care Medicine, and Pre-hospital Emergency Medicine at Peterborough City Hospital and Magpas, as well as a Consultant in Transfer Medicine with the regional transfer service. He holds FRCEM, FFICM, and FIMC (RCSEd), and DipMM, is experienced in a wide range of clinical environments.

His clinical interests include advanced resuscitation, major trauma, pre-hospital emergency anaesthesia, point-of-care ultrasound (POCUS), and complex transfer medicine. He is actively involved in research on cardiogenic shock in collaboration with Papworth, alongside a broader portfolio that involves education and research.

He is Joint Clinical Lead for Critical Care and Chief Clinical Information Officer, with a focus on governance, patient safety, and system improvement. An Associate Honorary Professor at the University of East Anglia, he is an examiner for the Faculty of Pre-Hospital Care and has published widely in pre-hospital and critical care medicine.



## Advances In Organ Donation: The Rise Of The Machines

Mr Stephanos Pericleous



I am currently a Consultant Surgeon and a member of the Hepatopancreatobiliary and Sarcoma Surgery team, the Advanced Abdominal Organ Retrieval team, and the Liver Transplantation team at the Royal Free Hospital. My expertise includes the management of a wide range of general surgical conditions as well as diseases affecting the liver and pancreas. This encompasses abdominal wall hernias, gallstone disease, primary and secondary malignancies of the liver and biliary tree, pancreatic cancer, gallbladder cancer, and retroperitoneal sarcomas. My practice also includes liver transplantation and most forms of machine perfusion: HOPE, NMP, and NRP. I am an honorary lecturer at University College London Medical School.

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I graduated from University College London Medical School and completed general surgical training across the London Deanery. My post-CCT fellowships in HPB and Liver Transplantation Surgery were at the Royal Free and the Royal Marsden Hospitals. I completed research at Barts and The London Medical School and at Imperial College London on the proteomic analysis of cholangiocarcinoma, culminating in a Doctorate in Medicine awarded by the University of London.

## ICU's Most Lethal Literature: Top Papers To Die For In 2025-26

Dr Jonny Wilkinson

Jonny is a Consultant in Intensive Care and Anaesthesia in Northampton, where he spends his days intubating, cannulating, scanning anything that doesn't run away fast enough, and occasionally letting patients breathe on their own with awake regional anaesthesia.

He is an elected council member with the Intensive Care Society and also became a National Lead for FUSIC. He's an editor for the Journal of the Intensive Care Society, proving he can multitask between trying to save lives and fix typos. He is the Editor-in-Chief of the Oxford Handbook of Thoracic Anaesthesia, demonstrating he can wrangle an entire specialty into a pocket-sized book without losing his sense of humour. Jonny is the so called 'brains' behind [www.criticalcarenorthampton.com](http://www.criticalcarenorthampton.com) (the go-to spot for critical care nerds), and a founder of the "Turning the Tide" IV fluid safety group (basically the national equivalent of telling everyone to stop drowning patients in saline). As Trust IV fluid lead, he's on a one-man mission to make sure we stop treating patients like wilting houseplants.



Jonny runs the ICSCast podcast (where he interviews people far more interesting than himself) and chips in on the Critical Care Commute team, because why have one podcast addiction when you can have two?

Locally, he leads POCUS at Northampton University Hospitals, turning every ward round into an impromptu ultrasound masterclass. When he's not doing all that, he's probably thinking about the next scan... or coffee

Catch him in the breaks, where he'll either be banging on about his other part time passion (DJ'ing Drum and Bass), or trying to scan delegates' coffee cups for hidden pathology.

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## Disease X: Moving From Pandemic Failure To Pandemic Readiness

Kate Kelland



Kate Kelland is an author, former award-winning health and science journalist and now Chief Scientific Writer at the Coalition for Epidemic Preparedness Innovations (CEPI). Until mid-2021, Kate was a global health correspondent for Reuters, where she won multiple national and international journalism awards over a 27-year reporting career.

When she joined CEPI in August 2021, Kate embarked on writing a book about pandemic preparedness and control. That book, *DISEASE X - The 100 Days Mission to End Pandemics*, was published in hardback in the UK in February 2023 and is now available internationally in a softback edition.

## What Is The Future Of ICM In The Modern NHS?

Dr Danny Bryden

Danny finished her roles as a Consultant in Intensive Care Medicine in Sheffield and Dean of FICM at the end of October 2025. Her other previous professional activities have included secondment to NHS Resolution as an Assessment and Intervention Advisor, an Associate Postgraduate Dean for HEE Yorkshire and Humber, an Associate for the GMC and National Critical Care Tutor for the Royal College of Surgeons of England alongside work for the Home Office, NICE and the Parliamentary Health Service Ombudsman.



She remains a Trustee of the Academy of Medical Royal Colleges and is excited to see the formal establishment of the College of ICM on 1 July 2026. Her talk will focus on the role of intensive care services within healthcare at present and possible future changes.

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## Motorsport And Trackside Medicine

### Dr Clare Morden



Dr Clare Morden is a Consultant in Intensive Care and Emergency Medicine with over 19 years of experience working across both the NHS and resource-limited healthcare settings. She currently serves as Clinical Lead for Governance, Trauma, and Non-Invasive Ventilation at Salisbury NHS Foundation Trust, and is also Clinical Lead for Organ Donation at NHS England for Salisbury.

Alongside her hospital career, Dr Morden has built an extensive and distinguished portfolio in Motorsport Medicine, with 18 years of trackside experience. She began as a track doctor before progressing to Chief Medical Officer at Brands Hatch, a role she held for five years. Her experience spans elite international series including Formula 1, the British Touring Car Championship (BTCC), Deutsche Tourenwagen Masters (DTM), and the British Superbike Championship (BSB).

Dr Morden joined Formula E in Season 5 as an Extrication Doctor and has since advanced to the role of Medical Director, contributing to the ongoing development and leadership of medical operations within the championship. In addition, she has served as Medical Services Director for Extreme E and Extreme H, where she oversaw the coordination and delivery of pre-hospital care across remote and austere environments, managing diverse international medical teams.

Passionate about education and mentorship, Dr Morden is an Ambassador for the FIA Girls on Track programme and the founder of the Young European Resuscitation Council, reflecting her commitment to inspiring and developing the next generation of medical professionals.

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## Xtreme Environment Physiology: Learning From Edge Cases

Prof Mike Grocott

Mike Grocott is the Professor of Anaesthesia and Critical Care Medicine at the University of Southampton, director of the NIHR Southampton Biomedical Research Centre (2022–28) and an NIHR Senior Investigator (reappointed 2022).

Mike leads the *Xtreme Everest Oxygen Research Consortium* and co-leads the *Fit-4-Surgery* research collaboration. He has authored/co-authored more than 450 scientific manuscripts and been awarded more than £65 million in grant funding.

He is an adjunct professor of Anesthesiology at Duke University School of Medicine in North Carolina (USA) and honorary professor at UCL.



## Flying Fast Jets: Pushing Human Physiology To The Limits

Prof David Newman AM



Professor David Newman AM is Visiting Professor of Aerospace Medicine at King's College London, and an internationally recognised aviation medicine specialist. He served 13 years in the Royal Australian Air Force, including 3 years in support of tactical fighter operations, an exchange posting to the RAF and 2 years as the Chief Instructor at the RAAF Institute of Aviation Medicine, where he was responsible for the training of all Australian Defence Force aircrew and medical officers in aviation medicine.

He has taught thousands of civilian and military doctors, pilots, and accident investigators around the world in aerospace medicine and human factors. He is an authority on the effects of G force in pilots, having published extensive research on G-related issues, including his two textbooks: “Flying Fast Jets” and “High G Flight.” He has also been an expert consultant to 27 accident investigations in 4 countries involving a range of aircraft types from light aircraft through to commercial jet airliners, and in 2020 he was a member of the expert review panel for a UK inquiry into G-related cognitive impairment.

He is a qualified USAF Flight Surgeon, and a pilot with flying experience in a range of civilian and military aircraft including the F/A-18 Hornet, the Hawk T1 and the Harrier. He is a Fellow of the Aerospace Medical Association, and the current Editor-in-Chief of the *Aerospace Medicine and Human Performance* journal. In recognition of his extensive and significant contributions to aerospace medicine, Professor Newman was admitted to Honorary Fellowship of the Royal Aeronautical Society in 2020, and in 2023 was appointed a Member of the Order of Australia (AM) for significant service to aerospace medicine.

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## Major & Complex Incidents: What's Changing & Can We Be Ready?

Prof Simon Carley

Professor Simon Carley FRCEM, MPhil, MD, PhD is a Consultant in Adult and Paediatric Emergency Medicine at Manchester NHS Foundation Trust and a Major Trauma Consultant at Manchester Royal Infirmary. He is also a Consultant in Enhanced Pre-Hospital Care with the North West Air Ambulance, a BASICS doctor with the North West Pre-Hospital Critical Care Charity, and a MERIT doctor with the North West Ambulance Service.



Simon is Dean of the Royal College of Emergency Medicine and Professor at the Manchester Academic Health Sciences Centre (University of Manchester), as well as Visiting Professor at Manchester Metropolitan University. His academic work spans emergency medicine, diagnostics, clinical decision-making and medical education. He has authored more than 140 peer-reviewed papers with over 14,000 citations and an h-index of 40.

He is co-founder of the BestBets evidence-based medicine resource, lead editor of the internationally recognised St Emlyn's emergency medicine education platform, and co-developer of the MSc in Emergency Medicine at Manchester Metropolitan University. Through blogs, podcasts and conference speaking, he has contributed widely to global emergency medicine education and digital learning. He is active on social media as @EMManchester.

## Can We Ever Really Plan For A Burns Mass Casualty Disaster?

Mr Niall Martin



Mr Martin qualified from King's College School of Medicine and Dentistry in 1999. His interest in trauma surgery and burns developed soon after. After completion of his basic surgical training, he undertook a postgraduate degree in burns modelling and protection at the Defence Science and Technology Laboratory, which included additional research into hypotensive resuscitation following blast and ballistic injury. He subsequently completed his higher surgical training and was awarded a CCT in Plastic Surgery in 2014. During this time, he also completed postgraduate degrees in Forensic Anthropology and Medical Education. He is a fellow of the Royal College of Surgeons of England and Faculty for a number of their education based courses. He regularly teaches on a number of other courses.

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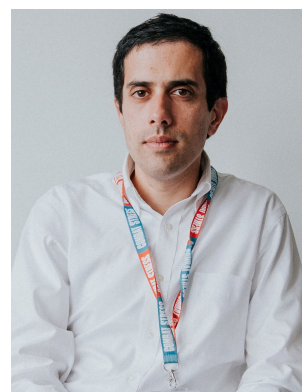
Mr Martin has been commissioned in the Defence Medical Services for more than twenty years and has operational experience. He was appointed as a lecturer in surgery (burns) for the Academic Department of Military Surgery and Trauma at the Royal Centre for Defence Medicine in 2016. His current research interest is focussed on burn care in austere environments but with a keen interest in fire scene investigation and the forensic analysis of burn wounds and patterns. He also pursues a number of additional research interests.

Mr Martin is currently the Trauma Unit Director at Chelsea and Westminster Hospital along with his other duties.

## Moral Injury, PTSD and CPTSD

*Prof Dominic Murphy*

Professor Murphy is an academic consultant clinical psychologist, having completed both a PhD in Health Psychology and a Doctorate in Clinical Psychology. He is an expert in the field of psychological trauma and has extensive experience of caring for, and conducting research with, traumatised populations. Dominic leads the Combat Stress Centre for Applied Military Health Research, is the President of the European Society for Traumatic Stress Studies, past president of the UK Psychological Trauma Society, co-Director of the KCMHR at King's College London. Dominic has focused on translational research to improve the outcomes for those affected by trauma and is widely published with over 250 scientific papers and reports.



## Psychological Support During And After An ICU Admission

*Paul Wood & Dr Nate Shearman*



Paul was an ICU patient of Pinderfields Hospital (2022-2023). He is currently Patient Lead for the Regional Peer Support Group at St James' Hospital in Leeds, member of the Every Voice Matters patient experience group for Mid Yorkshire Teaching NHS Trust, and Chairman of the Stuart Road Surgery Patient Committee. He is also involved with 8 research studies into ICU care and recovery with various UK Universities. Paul is a retired Pub Landlord with a deep passion for improving the treatment and aftercare of past and future ICU patients.

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Nate is an HCPC Registered Clinical Psychologist and EMDR Europe Accredited Practitioner who works for the NHS and within academia. Within the NHS, Nate supports adults (including family members) with the effects of critical illness, injury, death, hospital admission and treatments. He has worked within Critical Care since 2020. Within academia, he oversees and supports the development of Trainee Clinical Psychologists on a professional doctorate programme. Nate also has an independent practice and, as part of this, he is currently supporting a randomised controlled trial of a coaching programme for medical students.



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# Oral & Poster Presentations

## Trainee Oral Presentations

*A Green Future: Reducing the Environmental Impact of ABG Sampling in Critical Care*

Dr Courtney Johnson, Dr Sophie Lawton, Dr Kabir Nepal, Dr Lauren Langham, Dr Harkaram Sethi

*Survival from Seizure Related Out-of-Hospital Cardiac Arrest Despite Extreme Metabolic Acidosis: A Case Report*

Dr Emma Williamson, Dr Ben Chandler, Dr Rob Ferguson

*Caring for the Carers: Embedding Reflective Practice to Improve ICU Staff Wellbeing*

Dr Milly Newham, Ms Kerry Smith

## Prize Poster Presentations

*Implementing an Integrated Rehabilitation Care Plan in Critical Care: Early Findings from a Tertiary ICU*

Dr Susie Hart, Dr Paul Parker, Dr Pete Campbell, Dr Pumali Gunasekera

*EXACT Q1: Evaluating exogenous sodium Administration to Critical care patients*

Dr Benjamin Hofland-Ward, Dr Matt Powell

*Improving access to critical care guidelines using a mobile application*

Dr Anna Nakamura, Dr Ellen Bradshaw, Dr Matt Needham

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## Poster presentations

Survival Following Extreme Metformin Overdose with Profound Lactic Acidosis Managed with Early CRRT

Dr Matthew Smith, Dr Philippa Simpson, Dr Hayley Kemp

Standardised Grab Trays and Procedural Guides to Reduce Time Delays and Equipment Omission in ICU

Dr Matthew Smith, Dr Chloe Start, Dr Sarah Marsh

Improving Compliance with Critical Care LoCSSIP Documentation: A Two-Stage Audit at Pindermfields General Hospital

Dr R Darby, Dr R Rusnak, Dr H Waheed

Assessing the Safety of unused Central Venous Catheter Lumens - a Quality Improvement Project

Dr Thomas Hardwick, Dr Rowan Hall, Dr Laura Coles

Critical Care Communication Course

Dr Lewis Holt, Dr Mike Kitchen

What does critical care offer high risk emergency general surgery patients?

An audit of ICU admission and post-operative outcomes in emergency general surgery patients with NELA mortality risk >5% at a district general hospital.

Dr Oliver Guest, Dr Aaron Corp, Mr Ahmed Boalot, Mr Arin Saha

Calcium Channel Blocker Overdose: A case report

Dr Adedolapo Adejumo

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with spiral armouring

for single patient use

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thermosensitive

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**Your Institution**  
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**The Patient**  
Sophisticated designs and flexible material, assists in providing comfort for the patient.

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Facilitates **bronchodilation** for respiratory support<sup>1,2</sup>



Offers **anti-epileptic effect** for status epilepticus<sup>2</sup>



**Antihypertensive** effects secondary to peripheral vasodilation<sup>2</sup>



**The only ICU sedative** that is eliminated independently of liver and kidney metabolism<sup>3-6\*</sup>

Further information can be found at [www.sedanamedical.com](http://www.sedanamedical.com)

\* Isoflurane elimination is via exhalation, avoiding metabolism and reducing the risk of toxicity and accumulation. As isoflurane is not affected by organ metabolism, there is no delayed recovery.

References: 1. Mandocheda JR, McNeil JS, Amin SD, et al. Drug Discov Today Dis Models. 2015;15:43–50. 2. Eger EI 2nd. Br J Anaesth. 1984;56 Suppl 1:715–99S. 3. Jabaudon M, Constantin JM. BJA Educ. 2024;24(3):77–80. 4. Kharasch ED. Anesth Analg. 1995;81(6 Suppl):S27–S38. 5. Mazze RL, Cousins MJ, Barr GA. Anesthesiology. 1974;40(6):536–542. 6. Holaday DA, Fiserova-Bergerova V, Latta IP, et al. Anesthesiology. 1975;43(3):325–332.

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