



SCTS

Society for Cardiothoracic Surgery
in Great Britain and Ireland

Executive Committee Report

Nursing and allied health professional subcommittee

Officer Name: Amanda Walthew

Dates of Meetings of Subcommittee: January 2026/ June 2026.

Other Meetings Attended: Annual meeting March 2026.

A. Matters for Consideration by the Executive Committee

- Can previous subcommittee members reapply for a different subcommittee position?

-We did appoint a research lead, however as discussed in our previous meeting this was put on hold due to a possible conflict of interest as they had just taken a new role within industry.

This is still ongoing, and our research leads are involved. Also awaiting approval from the applicant's side-Getinge's Ethics & Compliance Team. He has asked-If he becomes involved in research leading to the development of new tools, devices, or commercial products, there could be a perceived conflict within the medical technology industry (e.g. research leading to the development of new vessel harvesting device or kit that may have commercial implications)?

B. Matters for Information

We have vacancies for a physiotherapy lead/ Education co-lead and pharmacy lead, please share with your teams and encourage people to apply.

Positive NAHP attendance and feedback received from the annual meeting.

SCTS Represented at Joint Cardiology and Genomics Conference-Rosalie Magboo and Nisha Bhudia represented the SCTS at the Joint Cardiology and Genomics Conference held in London on 15 May 2026, alongside representatives from 11 other organisations. The event was organised by the South-East Genomics Medicine Service. The conference aimed to

provide foundational knowledge in cardiovascular genomics and explore its practical applications in everyday clinical practice through a case study-based approach. Rosalie and Nisha presented a case study of Marfan syndrome patient with multiple aorto-vascular surgery. The programme brought together professionals from across healthcare disciplines to discuss developments in genomics and their growing role in cardiology/cardiac surgery services.

Research- forthcoming project- The SCTS NAHP-Led Research Group is launching a National Ambulatory Chest Drain Audit to develop a standardised care pathway for patients discharged with ambulatory chest drains following lung resection surgery. This national collaborative project will evaluate variation in current practice, improve patient safety, reduce hospital length of stay, and inform SCTS-endorsed best practice guidance. Participating thoracic centres have been asked to nominate a local lead and submit retrospective data using a standardised dataset during the audit period. Guidance on methodology, governance, data submission, and timeline will be provided during project setup. The audit is scheduled to commence in August 2026.

Perfusion-There will be a National Rollout of Minimally Invasive Cardiac Surgery (MICS) ERACS. Therefore, perfusion teams will need to be trained. Concerns have been expressed as most cannulas used for these procedures are supplied by one company. They are manufactured and in the United States of America, supply of these can sometimes be an issue now so could be problematic going forward.

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