

The Faculty of Intensive Care Medicine

ICM Unit Brief

Part 1 Hospital Details

1.1 Hospital name

Countess of Chester NHS Foundation Trust

1.2 Full address (you **must** include postcode)

Countess of Chester NHS Foundation Trust,
Countess of Chester Health Park,
Liverpool Road,
Chester
CH2 1UL

1.3 Hospital Telephone number

01244 365000

Part 2 ICU Department contact details

2.1 Direct telephone number to Department

01244 365461

2.2 Faculty Tutor name

Dr Rebecca Gale

2.3 Faculty Tutor Email address

r.gale@nhs.net

Part 3 Unit Structure

3.1 Number of Beds

15 (7 level 3, 8 level 2)

3.2 Number of admissions

800 admissions/year

3.3 Percentage of elective vs emergency admissions

Adult ICU with a mix of elective surgical (30%) and urgent surgical (21%) and medical patients (49%).

3.4 Overview of case mix within the unit

Mean APACHE 2 =14, 30% of our patients are ventilated.
The hospital is the SMART centre (South of the Mersey Arterial Centre), a tertiary vascular unit, meaning the ICU receives vascular patients including emergency AAA repair, urgent revascularisation surgery, patients receiving thrombolysis as well as patients undergoing endovascular aortic repair (EVAR) and carotid endarterectomy (CEA).
The hospital is also a trauma unit and we admit trauma patients with injuries who do not require specialist intervention.

3.5 Names of Consultants, roles and areas of interest

Name	Role (eg clinical lead, consultant)/ Areas of interest
Dr Eoin Young	Consultant, Lead Clinician FICE mentor Educational Supervisor, Equipment Lead, Cerner implementation lead
Dr Lawrence Wilson	Consultant, Governance lead, Educational Supervisor, Renal Lead
Dr Kate Tizard	Consultant, Clinical Lead- Organ Donation Recruitment lead FICE mentor, Educational Supervisor.
Dr Santokh Singh	Consultant, Follow up clinic lead, Educational Supervisor to medical students.
Dr Lyndsay Cheater	Consultant, Educational Supervisor, Foundation program director
Dr Simon Ridler	Consultant, Lead for Anaesthesia Educational Supervisor Governance Lead
Dr Nicole Robin	Consultant, ICNARC Lead, Junior doctor rota Lead, FICE mentor Educational Supervisor.
Dr Mary Cardwell	Consultant, FICE mentor Mortality and Morbidity lead Lead for Paediatric Critical Care Educational Supervisor
Dr Rebecca Gale	Consultant, FICM tutor Tracheostomy Lead FICE mentor, Educational Supervisor.
Dr Pete Bamford	Consultant Research Lead, Educational Supervisor
Dr Dave Whitmore	Consultant Audit Lead, Echo lead & FICE mentor Consultant rota-master

	Outreach lead, Educational supervisor
Dr Richard Hay	Consultant, FICE mentor, Transfer lead, Educational supervisor.

3.6 Details of research projects being undertaken within the unit

The ICU is actively involved in research. In 2022/23 the unit has been actively involved in the following trials:
A2B A randomised, parallel-group, allocation concealed, controlled, open phase 3 pragmatic clinical and cost-effectiveness trial To determine whether the a2-agonists are clinically and cost-effective in mechanically ventilated ICU patients compared with usual care

REMAP-CAP An international randomised, embedded, multifactorial, adaptive platform trial for community acquired pneumonia

GENOMICCs A study looking into the genetics of mortality in critical care to further understanding of the genetics causing susceptibility to infections, sepsis and other forms of critical illness.

UKROX A large scale UK trial to see whether use of a lower oxygen saturation target may lead to better outcomes compared to usual approach in patients on ventilators.

MOSAICC Multi centre evaluation of use of sodium bicarbonate in acute kidney injury in critical care to see if use of bicarbonate is clinically effective or cost effective in these patients.

SIGNET A single blinded, randomised controlled trial to evaluate the benefits of a single dose of simvastatin in potential organ donors declared dead by neurological criteria on outcomes in organ recipients.

3.7 How is the unit staffed

Normal medical staffing:

Consultant level – 2 consultants on ICU for 10 hours every weekday. One consultant on call after hours. At weekends 2 consultants in mornings with one consultant on call consultant overnight.

Airway ICU doctor – Anaesthetic trainee (ST3-7, or CT2 anaesthetist on ICU block) or SASG. Works 12.5 hour shift on days or nights on ICU. Receives referrals for ICU, as well as being on the cardiac arrest team and trauma team.

Non-airway ICU doctor- ICU junior fellow/ F2/ ACCS/ IMT tier –Works short days (8-5), long days (12.5 hours) or night shifts.

Part 4

Training

4.1 Details of training opportunities on the unit

- Induction programme, including tracheostomy training, and GCP for research involvement.
- ICU consultant ward rounds twice a day, as well as daily consultant microbiology ward round. Supervision of ICU procedures and management of critically unwell patients receiving advanced monitoring and organ support with appropriate WPBAs. Opportunity for more senior trainees to lead ward rounds.
- Monthly M&M meetings, weekly anaesthetic & ICU departmental teaching, ICU follow up clinic once a month.
- Simulation training and transfer training.
- Teaching on ALERT/AIMs courses

4.2 Details of departmental teaching days

- Weekly ICU teaching/ journal club covering curriculum
- ICU F2's have weekly afternoon of hospital Foundation doctor teaching
- ICU trainees welcomed to anaesthetic weekly teaching/ journal club meetings/ departmental & whole hospital educational half days (Rolling half days)

4.3 Details of clinical governance meetings and / or M & M

- Monthly multidisciplinary M&M meetings
- Monthly ICU Consultant business meetings

Non-airway tier – 9-person rota
Airway tier – 8-person rota