

The Faculty of Intensive Care Medicine

ICM Unit Brief

Part 1 Hospital Details

1.1 Hospital name

Addenbrooke's Hospital, Cambridge (John Farman ICU)

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

John Farman ICU
Box 17
Addenbrooke's Hospital
Hills Road
Cambridge
CB2 0QQ

1.3 Hospital Telephone number

01223 245151

Part 2 ICU Department contact details

2.1 Direct telephone number to Department

01223 217494

2.2 Faculty Tutor name

Dr Stephen Ford

2.3 Faculty Tutor Email address

stephen.ford6@nhs.net

Part 3 Unit Structure

3.1 Number of Beds

32

3.2 Number of admissions

1442 in 2021-2022

3.3 Percentage of elective vs emergency admissions

15% elective admissions (includes transplants)

3.4 Overview of case mix within the unit

The John Farman Unit is a tertiary adult ICU accepting specialist and general admissions from Cambridge and East Anglia. We are the regional ICU for hepatology, nephrology and vasculitis, intestinal failure, haematology and oncology; hepatobiliary surgery, vascular surgery, and upper gastrointestinal surgery. It is also a centre for CAR-T cell therapy.

We are the national centre for adult multivisceral transplantation and one of seven UK centres for liver transplantation. All the liver and multivisceral transplant patients come to our ICU post-operatively.

The ICU doctors provide the medical component of the Rapid Response Team (RRT), which reviews deteriorating adult patients and leads the cardiac arrest team. The hospital has one of the lowest hospital cardiac arrest rates in the country.

We have strong links with the East Anglian Critical Care Transfer Service, which provides medical escorts for critically ill adults throughout the region.

Some specialist care provided elsewhere in the region: tertiary cardiothoracics and ECMO (managed at Royal Papworth); neurosciences and trauma (managed on NCCU at Addenbrooke's).

3.5 Names of Consultants, roles and areas of interest

Name	Role	Areas of Interest
Dr James Varley	Consultant in ICM & anaesthesia; speciality lead	Vascular access, clinical governance
Dr Peter Bradley	Consultant in ICM & anaesthesia	Education, vascular access
Dr Andrew Conway Morris	MRC Clinician Scientist; Honorary consultant	Biology of critical illness; ESICM infection group chair
Dr Peter Featherstone	Consultant in ICM & anaesthesia	History of critical care & anaesthesia; education
Dr Stephen Ford	Consultant in ICM & anaesthesia	FICM Tutor, resuscitation committee
Dr Milena Georgieva	Consultant in ICM & anaesthesia	Echocardiography; regional lead for ACCS training; follow-up clinic
Dr Iain Goodhart	Consultant in ICM & anaesthesia	Director for CUH virtual ward; undergraduate training
Dr Christopher Hall	Consultant in ICM & anaesthesia	Echocardiography; education
Dr Andrew Johnston	Consultant in ICM & anaesthesia	Vascular access
Dr Meike Keil	Consultant in ICM & anaesthesia	Education; portfolio research studies
Dr Razeen Mahroof	Consultant in ICM & anaesthesia	Clinical governance
Dr Jonathan Martin	Consultant in ICM & anaesthesia	Director of Simulation Centre
Dr Vilas Navapurkar	Consultant in ICM & anaesthesia	Point of care molecular diagnostics
Dr Kamal Patel	Consultant in ICM & acute medicine	TPD for acute medicine
Dr Jacobus Preller	Consultant in ICM & acute medicine	Global Health: intensive care in LMIC; delirium & risk prediction.
Dr Susan Stevenson	Consultant in ICM & anaesthesia	Echocardiography
Professor Charlotte Summers	Professor of ICM; Honorary consultant	Biology of critical illness; academic training; research
Dr Monica Trivedi	Consultant in ICM & anaesthesia	Lead for Rapid Response Team and follow-up clinic

3.6 Details of research projects being undertaken within the unit

Portfolio studies:

- GENOMICC study – the genetics of mortality in critical illness
- BIORESOURCE- Establishing a sampling framework from which people, with and without health conditions, can be selected on the basis of their genotype and/or phenotype to be invited for

research studies

- REMAP-CAP- Randomized, Embedded, Multifactorial Adaptive Platform trial for Community Acquired Pneumonia
- MOASAICC – an evaluation of sodium bicarbonate in acute kidney injury
- A2B study – comparison of alpha-2 agonists vs propofol-based sedation regimes
- MARCH – mucoactives in acute respiratory failure
- UK-ROX – randomised trial of two different oxygen supplementation strategies

We have dedicated ICU research nurses supporting research delivery and strengthening research culture locally. All our doctors are encouraged to complete Good Clinical Practice and study specific training and be research active by incorporating research into their everyday practice.

3.7 How is the unit staffed?

Daytime consultant staffing: there are three ICM consultants allocated to the ICU who are resident until 7.30pm. There is a separate, dedicated consultant for RRT & admissions.

Night time staffing: dedicated on-call consultant for ICU and RRT, resident until 10pm.

Doctors (registrar and IMT/ ACCS grades) work a mixture of short days (until 5pm); long days (until 9pm); and night shifts. The rota is compliant with BMA/ Department of Health rules and GPICS-2 standards. Overnight there are two registrar-grades and two IMT-grades for the ICU, plus a dedicated registrar/ high fellow for the Rapid Response Team.

The unit has dedicated physiotherapy and pharmacy teams (including consultants), occupational therapists, psychologists, speech therapists and dieticians, in addition to a diverse and hard-working group of over 100 nurses.

Part 4 Training

4.1 Details of training opportunities on the unit

We offer excellent exposure and training in Intensive Care in a highly complex patient cohort. Opportunities exist to develop skills in bronchoscopy, echocardiography, POCUS and percutaneous tracheostomy insertion. We can also provide secondment to the vascular access unit for training in advanced vascular access.

All junior doctors are encouraged to develop their skills in audit, education and research, and are welcome to deliver training at the CUH simulation centre.

4.2 Details of departmental teaching

We have a weekly departmental teaching programme with a mixture of consultant and junior doctor-led teaching sessions.

Bespoke, blended learning modules are provided on the HEEoE Bridge platform

Echocardiography and POCUS mentoring is offered on an individual basis.

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

Bimonthly mortality and morbidity meetings (shared twice a year with our sister unit, NCCU).
Bimonthly clinical governance meetings, to which senior trainees are invited.

4.4 Number of trainees on each tier of the rota

Foundation tier – 3 doctors

Junior tier (IMT, ACCS, junior fellows) – 12 doctors

Higher tier (ST3+ ICM, anaesthetics, acute medicine, higher fellows) – 21 doctors