

# The Faculty of Intensive Care Medicine

## ICM Unit Brief

### Part 1 Hospital Details

#### 1.1 Hospital name

Queen Alexandra Hospital

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

Queen Alexandra Hospital  
Southwick Hill Road  
Cosham  
Portsmouth  
PO6 3LY

#### 1.3 Hospital Telephone number

02392 286000

### Part 2 ICU Department contact details

#### 2.1 Direct telephone number to Department

02392 286189

#### 2.2 Faculty Tutor name

Dr Alexandra Belcher  
Dr Richard Clinton

#### 2.3 Faculty Tutor Email address

[alexandra.belcher@porthosp.nhs.uk](mailto:alexandra.belcher@porthosp.nhs.uk)  
[Richard.clinton@porthosp.nhs.uk](mailto:Richard.clinton@porthosp.nhs.uk)

### Part 3 Unit Structure

#### 3.1 Number of Beds

24

#### 3.2 Number of admissions

1400 per year

#### 3.3 Percentage of elective vs emergency admissions

25:75 elective vs emergency

#### 3.4 Overview of case mix within the unit

19 Level 3 equivalent beds, mixed general critical care unit  
Higher proportion of medicine vs. surgery than is typical in UK  
High APACHE II scores, mean around 20-21

### 3.5 Names of Consultants, roles and areas of interest

Name	Role (eg clinical lead, consultant)	Areas of Interest
Gordon Craig	FICM examiner (Anaesthetics)	Trauma. PHEM.
Kayode Adeniji	Faculty Tutor. Digital Medicine Clinical Lead. Respiratory High Care Lead Clinician (Respiratory)	CPET. Critical Care follow up and Rehab. Ventilatory support in neuromuscular disease.
Steve Mathieu	Divisional Director	FOAMed. ICS President. Organising committee for SOA and SMACC.
Paul Sadler	Wessex Dean. (Anaesthetics)	Patient safety. Mortality review. Medical education.
Sara Blakeley	Clinical Director. Tracheostomy lead. Deteriorating patient lead for CG50. Equipment lead.	Critical care Outreach. Trache outreach and education.
Matthew Williams	FFICM Board Member and examiner. Medical director for simulation. ACCP lead	Medical education. Simulation.
Dave Pogson	Research lead (Anaesthetics)	Research. Toxicology.
James McNicholas	M+M lead	Big data. Medical Mathematics.
Pete McQuillan	Governance lead. Transfusion committee member (Anaesthetics)	Physiology. Acid Base balance.
Nick Tarmey	Governance lead. (Anaesthetics)	Trauma. Governance.
Helen Peet	Foundation Programme Director, Assistant Director of Medical Education, Surgical High Care	Psychology of stress and resilience, effective debriefing FICE mentor. PINCER Co-Director.
Richard Clinton	Clinical lead for organ donation Echo lead (Anaesthetics)	FICE mentor. Care of the critically ill obstetric patient.
Jonathon Coates	ACCP lead (Emergency medicine)	FICE mentor. Lung Ultrasound mentor.
Alex Belcher	Faculty Tutor (Anaesthetics)	Matching Michigan and infection prevention. In situ simulation.
Dave Slessor	Junior Medical Rota Co-ordinator (Emergency medicine)	POCUS. Director Wessex Cadaveric Airway Course, Portsmouth Intensive Care ECHO&U/S Course.
Jonny Thevanayagam	Clinical Audit (Single speciality ICM)	FICE mentor. Machine. Learning. Outcome Data Analysis.
James Doyle	Regional Advisor, IT lead (Single speciality ICM)	Advanced Respiratory Support, ECMO. Education (Crit-IQ), AKI.

### 3.6 Details of research projects being undertaken within the unit

MARCH GENOMICC
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REMAP CAP  
UK-ROX  
SIGNET  
GLASSHEART (FINISHED RECRUITING NOW)  
EFFORT  
PHIND

### 3.7 How is the unit staffed?

The unit is divided into East and West sides both taking level 2 and 3 patients (i.e. not run as HDU and ICU)

Nursing staff: Staffed for 19 level 3 equivalent beds. Nurse in charge for each side to support the team

Consultant Level: Dedicated consultant cover 24/7. 2 consultants run the ICU every day of the year with one consultant covering the night currently as non resident weekdays and resident Friday-Sunday.

ACCPs: We currently have 5 qualified ACCPs as well as a further 3 due to finish training soon, and a further 3 to start training in September. They are able to support both the senior and junior tier of the medical rota.

Junior medical staff: We currently run a registrar rota staffed with trainees from ICM and anaesthesia training schemes as well as Fellows (SHO and Registrar) on stand alone posts. We are part of the medical training initiative, taking overseas trainees with an ICM background for their overseas experience. We are one of the Hampshire units that provide Respiratory Registrars with their ICM block experience. The SHO rota is staffed with trainees from Foundation, ACCS and IMT programmes as well as Acute Medicine registrars needing to complete their ICU training. We have also taken ED fellows for their ICM competencies.

Supernumerary: We take medical students from the University of Southampton.

**Part 4****Training****4.1 Details of training opportunities on the unit**

Consultant-led handover daily 0830

Consultant ward rounds

In-situ Simulation sessions for junior trainees

Nursing shadow shift for SHOs

Invited to follow up clinic

Invited to CPET sessions

Allocated and closely supported “acting up” weeks for senior trainees as well as acting up night shifts for those nearing completion of training in order to smooth the transition to consultant practise.

Monday, Wednesday, Friday – Microbiology round

Thursday – Radiology MDT teaching

Friday – Echo sessions (one on one training with FICE accredited echocardiographer/ICM Consultant mentor)

Opportunities for anaesthetic airway ‘taster’ sessions, sessions in bronchoscopy and thoracoscopy. Tracheostomy rounds.

Friday 1/2 day protected-time academic session including MDT session built into contracted hours

2 day induction programme which consistently is highly rated by trainees

We are very proud of our reputation of providing quality training and education on our ICU. We have structured our ward rounds and working day to optimise these opportunities

**4.2 Details of departmental teaching**

Departmental teaching every day at 1345 to cover essential training topics as well as topics of interest to the MDT

Friday teaching runs every Friday 1015-1430 divided into 3 sessions.

Core session aimed at junior tier to cover areas of all curricula

Middles session delivered by a trainee but supervised and facilitated by consultant. Incorporates case presentations/audit presentations/areas of interest. Trainees are encouraged to use these sessions to complete work based assessments

MDT session. Audit/M+M/review of incidents/research/professionalism/MDT presentations

The MDT training has also now incorporated a well-being focus with sessions on Pilates and mindfulness.

Journal club runs monthly in addition to the teaching programme

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

There are 6 sessions per year dedicated to the review of critical incidents

There are 6 sessions per year dedicated to M+M

There are further 3 sessions per year named “cake and quality” which ask the whole MDT to focus on a single governance question. Previous examples include (what makes us feel unsafe at work, how to put the fun back into work, learning from good practice)

There are a further 6 governance group meeting per year which trainees are welcome to attend

#### **4.4 Number of trainees on each tier of the rota**

SHO tier 13 trainees

Registrar tier 13

Combination of Deanery, Trust doctors (National and international)