

The Faculty of Intensive Care Medicine

ICM Unit Brief

Part 1 Hospital Details

1.1 Hospital name

Queen Elizabeth University Hospital

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

1345 Govan Rd
Govan
Glasgow
G51 4TF

1.3 Hospital Telephone number

0141 201 1100

Part 2 ICU Department contact details

2.1 Direct telephone number to Department

0141 452 3081

2.2 Faculty Tutor name

Pamela Doherty and Bob Docking

2.3 Faculty Tutor Email address

Pamela.Doherty2@ggc.scot.nhs.uk
Robert.Docking@ggc.scot.nhs.uk

Part 3 Unit Structure

3.1 Number of Beds

22 level 3, 28 level 2

3.2 Number of admissions

2458 admissions in 2022, with 863 to the L3 units

3.3 Percentage of elective vs emergency admissions

Elective cases comprise about 3% of ICU admissions and 30% of HDU admissions

3.4 Overview of case mix within the unit

Varied case mix including numerous surgical and medical specialties:

- Trauma – The QE is the Major Trauma Centre for the West of Scotland including Orthoplastics
- Surgical – upper and lower GI, regional vascular centre, complex urological cancer surgery, renal transplant, regional ENT Cancer. Robotic surgery offered for wide range of cases.
- Interventional Radiology – high volume centre for hybrid vascular/trauma cases
- Medical – QEUH houses the regional Infectious Diseases unit, regional CF and long term ventilation units and regional renal centre, as well as Bone Marrow Transplant and CAR-T programme

Name	Role (eg clinical lead, consultant)	Areas of Interest
Andrew Mackay	Clinical Director ICM & Anaesthesia	Medical Management and Leadership Medical Education Widening Access (Supporting IMG and Refugee Doctors)
Peter Stenhouse	Lead Clinician, SICSAG Audit Co-Lead ICM & Anaesthesia	National Audit Education
Richard Appleton	ICM & Anaesthesia	Teaching Simulation EOL care
Katherine McDowall	WOS ICM Regional Advisor ICM & Anaesthesia	Teaching Simulation
Catriona MacNeil	FICM examiner WOS ICM TPD ICM & Anaesthesia	Teaching Simulation EOL care
Mo Al-Haddad	Honorary Professor, University of Glasgow National Associate Postgraduate Dean for IMGs Programme director for Critical Care MSc ICM & Anaesthesia	Education and Training International Medical Graduates FUSIC heart mentor
Russell Allan	Simulation Lead Quality Improvement co-lead SICSAG audit co-lead ICM & Acute Medicine	Education including mastery technique Simulation MHDU
Sandy Binning	ICM & Anaesthesia	Healthcare Management Research Major trauma
Andrew Cadamy	Undergraduate training lead, Associate Medical Director ScotSTAR EMRS consultant ICM & Anaesthesia	FUSIC heart supervisor and BSE level 2 accredited Prehospital medicine, transfer medicine Medical education
Susan Daisley	ICM & Emergency Medicine	Simulation
Alan Davidson	Nutrition Lead ICM & Anaesthesia	Research Nutrition
Pam Dean	ICM & Anaesthesia	National Education Lead CLOD, FUSIC heart mentor
Robert Docking	Clinical Governance Lead FICM Faculty Tutor FICM Deputy Lead Recruitment ICM & Anaesthesia	Patient safety Severe Respiratory Failure Education MHDU
Pam Doherty	FICM Faculty Tutor ICM & Anaesthesia	Education Patient safety Appraisal
John Gardner	Clinical information system lead ICM & Anaesthesia	Healthcare informatics POCUS
Robert Hart	MSc faculty member M&M lead Quality Improvement co-lead ICM & Anaesthesia	Systems thinking/human factors Healthcare safety QI
Mark Henderson	Lead for Clinical Fellows CLOD ICM & Anaesthesia	Healthcare Law, FUSIC heart mentor Organ Donation
Gregor Imrie	Lead for foundation doctors Senior trainee rota co-ordinator ICM & Anaesthesia	Teaching
Chris Lochrin	Equipment Lead Transfer Lead Co-lead QE CCM ICM & Anaesthesia	Major trauma. Critical Care transfer Education
Andrew McGuire	MSc Faculty	Nutrition

	ICM & Anaesthesia	Education
Johnny Millar	ICM Senior Clinical Research Fellow, University of Edinburgh	Research Extracorporeal support Severe Respiratory Failure
Finbar O'Sullivan	Trauma Lead ICM and Anaesthesia	Trauma, simulation, toxicology FUSIC lung, abdomen, DVT vascular supervisor FUSIC heart mentor
Sarah Ramsay	RCOA council member ICM & Anaesthesia	Education Sustainability
Malcolm Sim	Professor University of Glasgow Research Lead Programme Director for Critical Care MSc ICM & Anaesthesia	Research Education
Laura Strachan	Consultant lead for AACP training Clinical lead Unscheduled Care Quality Improvement Co-Lead ICM & Anaesthesia	Post intensive care syndrome QI FUSIC heart mentor
Chris Wright	Liaison/lead for oncology/haematology in ICU ICM & Acute Medicine	Severe respiratory failure Critical illness in onc/haem patients and post stem cell/CAR-T Therapy MHDU Research
Duncan Young	Weekly Meeting Lead MSc Faculty ICM & Anaesthesia	Meetings Education

3.6 Details of research projects being undertaken within the unit

Current research studies in which the unit is participating:

- Flow veRsus OxygeNaTion In acutE ReSpiRatory failure (FRONTIERS):
- A2B (alpha 2 agonists for sedation to produce better outcomes)
- SIGNET (Simvastatin during care after diagnosis of death using neurological criteria)
- AEROGEN nebuliser study
- REMAPCAP (Randomised embedded multi-factorial, adaptive platform trial for community acquired pneumonia)
- RECOVERY (Randomised evaluation of COVID-19 therapy)
- CONNECT

Upcoming:

- EIT band
- TRAITS

Completed/ recent studies:

- The Diagnostic use of Metabolomics for the Early Recognition of Sepsis:

3.7 How is the unit staffed

Consultants

Five consultants cover critical care for each 24 hour period Monday to Friday

- 1 Referrals 0800 -2000 and Nightshift 1st on-call consultant
2. Critical Care unit 2 (mixed unit)
3. Critical Care unit 3 (mixed Unit)
4. Critical Care unit 4 (mixed unit)
5. SHDU units 1 and 6 consultant.

In addition there is a separate rota for MHDU with ICM input from several consultants

At weekends the role of referrals consultant is shared between the other 4 team members

Trainees

A two-tier rota is in operation.

First tier is staffed by junior medical staff who are working towards gaining a sign off for a stage 1 ICU block as part of the anaesthetic, ICM or ACCS curricula. These doctors may or may not have previous airway experience. Those on the junior tier will always be on shift with a more experienced doctor who is airway competent.

The second tier is staffed by medical staff who are airway competent and are either completing a second stage 1 block in CT3, or who are working towards stage 2 blocks or higher.

There is a 3rd doctor on each shift who is part of our clinical fellow rota. We also have FY doctors and physicians in training from a range of backgrounds who contribute to the rota.

In addition, a trainee in Stage 3 ICM training is often attached to the unit and works an on-call rota agreed with the TPD.

ACCPs –There is an ACCP on each shift who works alongside the above – they are trained for line insertion, cardiac arrest calls and intra-hospital transfers.

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

The unit encompasses three mixed L2/L3 units and two surgical L2 units along with a Medical HDU (9 beds; 1000 admissions pa). These are staffed by Critical Care Consultants and trainees at more senior stages will be encouraged to gain experience in L2 care. The above case mix provides exposure to specialty conditions not accessible in other units in Scotland. The development of the QEUH as a trauma centre has further increased the range of conditions presenting to the QE.

All mixed units provide the full range of organ support, with access to modern ultrasound, bronchoscopes, echo and cardiac output monitoring. CRRT and IHD can be provided. About 25% of the Consultant body perform tracheostomies and can support learning in this area.

There are many areas of interest within the Consultant body including research, quality improvement, echo skills, prehospital and transfer medicine, teaching and simulation skill development. We have a busy programme of undergraduate and post-graduate teaching. We have experience of supporting trainees wishing to undertake special skills years in the above areas.

We run several courses and meetings covering a diverse range of topics.

4.2 Details of departmental teaching days

Weekly teaching as part of rolling programme, including simulation sessions. Aim is to cover basics but also bring in a range of external speakers to cover topics of relevance to ICM. This session is factored into training hours and attendance is expected. Senior trainees will lead some of these sessions.

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

- Thursday pm is the day of the unit meeting which includes clinical governance, QI, journal club, research and other presentations.
- Weekly review of all deaths and discharges, using a standardised method. Cases benefiting from more detailed review identified. These cases are then presented at an extended quarterly meeting.

4.4 Number of trainees on each tier of the rota

There are 5 WTE equivalents on each rota tier.

On both tiers trainees work a compliant full shift rota with an equal spread of shifts between days and nights. It is expected that a trainee works a maximum of 4 consecutive shifts. If there are additional shifts to be covered, support will be provided from the general anaesthetic rota to ensure the ICU rota remains compliant. In addition to clinical work, each trainee is allocated hours to attend the weekly clinical governance meeting and teaching as well as Educational Development Time.