

## NW ICM Unit Guide

**Hospital:** Royal Blackburn Hospital  
East Lancashire NHS Trust

**FICM Tutor and contact details:** Dr Justin C Roberts  
Justin.roberts@elht.nhs.uk

**Contact number for Unit:** 01254 735001

**Number of beds:** 20 – 24

**Name of consultants, roles and any specialist interests:**

<b>Name</b>	<b>Role</b>	<b>Specialist interest</b>
Dr M Atkinson	Consultant Anaesthetist & ICM	Tracheostomy Lead
Dr S Chukkumbotla	Consultant Anaesthetist & ICM	NIHR Portfolio Lead
Dr S Clarke	Consultant Anaesthetist & ICM FICM Tutor	Education, ECHO & Nutrition
Dr I Crossingham	Consultant Respiratory & ICM	NIV & Advanced Respiratory
Dr P Dean	Consultant Anaesthetist & ICM Clinical Director Trauma	Trauma
Dr S Gilligan	Consultant Anaesthetist & ICM Clinical Director ICU	
Dr A Krige	Consultant Anaesthetist & ICM Clinical Director R&D	Research
Dr H Makin	Consultant Anaesthetist & ICM	
Dr C Pilkington	Consultant Anaesthetist & ICM	Audit and Organ Donation
Dr J Roberts	Consultant Anaesthetist & ICM	Education
Dr D Sebastian	Consultant Anaesthetist & ICM	Governance
Dr R Shawcross	Consultant Anaesthetist & ICM	ICNARC
Dr I Stanley	Consultant Anaesthetist & ICM Deputy Medical Director	
Dr D Watson	Consultant Anaesthetist & ICM	Education, Appraisal

Dr J Watts	Consultant Anaesthetist & ICM Deputy Clinical Director	
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**Junior doctor shift patterns:**

Senior and junior rota (1:8) full shift rota

**Consultant shift pattern:**

2 Consultants cover the unit during the day throughout the week and weekend.  
1:15 24- hour Consultant cover.

**ICNARC case mix:**

Last year: 1634 admissions (Elective 32% and Emergency 68%)  
Unit mortality: 13%  
Unit SMR 0.98  
Mean APACHE 2: 14.6 (Range 0-47)

**Patient populations unique to unit (e.g. transplant, hepatobiliary, neuro, etc):**

Hepatobiliary  
Tertiary Vascular  
Tertiary maxillo-facial surgery

**FFICM exam practice (consultants willing to Viva):**

All Consultants within the department are willing and keen to offer VIVA practice. R Shawcross, M Atkinson and J Roberts have sat the exam prior to their CCT.

**Frequency and type of governance meetings:**

All unit mortalities, critical incidents, IR1, complaints and compliments are discussed weekly at the MDT and share to-care meeting.

Monthly clinical governance group meeting discussing any SUIs, IR1 trends etc.

Monthly governance meeting (Audit, new unit guidance and secondary mortality reviews are undertaken)

**Management opportunities:**

Senior trainees are encouraged to attend departmental and divisional meetings.

Numerous consultants have additional roles both within the trust (Deputy medical director) and out with the trust such as NICE and the GMC.

Trainees are encouraged to participate in various projects involving the development of business cases. Recent examples would be the acquisition of dexmedetomidine and a continuous EEG device.

The unit is keen for trainees to actively participate in quality improvement projects of their own or those currently being undertaken in the unit. Recent QI projects led by trainees have been awarded regional prizes.

**Unit teaching programme:**

Tuesday lunchtime meeting led by trainees and overseen by a Consultant.

Bi-monthly radiology teaching by a Consultant radiologist.

Opportunities for trainees to undertake teaching

- Foundation programme
- 3<sup>rd</sup> and 5<sup>th</sup> Year medical students (Clinical, SimMan and Classroom)
- American undergraduates
- Regional FRCA and FFICM course
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**Access to FICE accredited supervisors:**

None currently, however the unit is addressing this need.

**Rota master and contact details:**

[Helen.makin@elht.nhs.uk](mailto:Helen.makin@elht.nhs.uk)

**Other training opportunities available on the unit:**

RCR level 2 supervision in Thoracic Ultrasound available.

Sessions with a Consultant Radiologist can be organised to undertake an introduction to general ultrasound.

**Research opportunities:**

Active participation in the NIHR portfolio of studies – currently participating in BREATH (RCT of NIV vs invasive weaning strategies in those failing a spontaneous breathing trial) and TROPICAL (Troponin and ECG changes in the critically ill).

We will imminently be commencing recruitment to the REST trial, a trial of venous-venous ECCO<sub>2</sub> removal and ultra- low tidal volumes in those with severe respiratory failure.

Trainees are encouraged to undertake GCP training and aide in trial recruitment.

We are able to accommodate those who would like to undertake a research module of 3 months or greater, either of their own design/ development or partake in a study currently being undertaken.

**Advanced year trainees:**

Advanced ICM training unit with the trainee being supernumerary. Advanced ICM trainees are encouraged to undertake the Consultant role and participate 3<sup>rd</sup> on-calls.