

Yorkshire Intensive Care Conference 2025



Welcome

Dear Colleagues,

It's an absolute pleasure to welcome you back to Yorkshire Wildlife Park for our 4th year! With your support, what started as an educational and wellbeing initiative during the Covid-19 pandemic has continued to grow, expand and develop. Whether you are attending from Yorkshire & The Humber, or from further afield, it's a pleasure to have you here. We are also incredibly excited to welcome our largest audience to date to the conference!

Once again, we are extremely proud to share our programme, and would like to extend our heartfelt thanks to all of our speakers who have travelled from across the region, the country and internationally to share their invaluable expertise, experience and insights. We hope that the diverse range of topics that we will be covering reflects the broad, intricate and exciting world of Intensive Care Medicine, and that everyone here today will come away with valuable knowledge and inspiration to apply to their daily practice.

As the conference has grown, so too have the challenges of organising the event. We would like to say a huge thank you to our faculty tutors, and the entire ICM community in the region. We would particularly like to thank our head of school Dr Raj Sandhu, and training programme directors Dr James Morgan and Dr Kris Bachmüller for their constant support. We would also like to once again thank Dr Phil Jackson for his unwavering contribution since the inception of the conference.

We will always do our best to keep costs for our audience as low as possible. We would simply not be able to run the conference and keep ticket prices where they are without the incredibly generous contributions of our sponsors. Please visit their stalls, and show them a very warm welcome!

Thank you for being part of the Yorkshire Intensive Care Conference – we hope you enjoy what we have in store for you!

The YICC committee

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The Aerogen Story - a leader in vibrating mesh nebuliser technology.

Headquartered in Galway, Ireland, Aerogen is a world leader in acute care

aerosol drug delivery. With over 25 years of experience, 300 international patents and associated with over 200 clinical papers and publications, Aerogen technology has been used to treat 20 million patients in 75 countries worldwide.¹ Based on pioneering vibrating mesh technology, the Aerogen Solo vibrating mesh nebuliser has become the gold standard for respiratory patient care across the hospital from the emergency department to intensive care.

The company continues to leverage its expertise, research, technologies and partnerships to make the greatest possible difference to patient outcomes. airway products.

Hamilton Medical

Since 1983, Hamilton Medical has been at the forefront of medical technology, focusing on innovative ventilation solutions for critical

The logo for Hamilton Medical features the word "HAMILTON" in a bold, blue, sans-serif font. The letter "O" is replaced by a circular emblem containing a stylized, cursive signature. Below "HAMILTON" is the word "MEDICAL" in a similar bold, blue, sans-serif font. The entire logo is set against a light blue rectangular background.

care patients. As a leading manufacturer of ventilators worldwide, we serve various patient needs across multiple settings. Our core mission extends beyond technology; we strive to improve the daily routines of healthcare professionals, enabling them to work more efficiently. With a strong commitment to quality, we equip those on the front lines with essential tools and offer extensive training and educational support.

Sedana Medical



We are proud to introduce inhaled sedation to intensive care, a paradigm shift in the care of critically ill patients. It enables faster recovery and facilitates

important aftercare after ventilator treatment.

Inhaled sedation has been shown to provide several benefits compared to intravenous sedation. Since there is minimal metabolism, the elimination of inhaled sedatives takes place almost exclusively through the airways. Clearance is therefore achieved rapidly, independent of liver or renal function and the depth of sedation is easy to control. Inhaled sedation enables a rapid and more predictable awakening, reduced need for opioids, and recovery from sedation is fast.

Through the results obtained in the pivotal study with Sedaconda (isoflurane) and Sedaconda ACD, we have laid the foundation for inhaled sedation in intensive care. By this, we have also taken a major step closer to our vision - to make inhaled sedation a standard therapy in intensive care.

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Teleflex is a global provider of medical technologies that enhance clinical benefits, improve patient and provider safety, and reduce total procedural costs. We primarily design, develop, manufacture, and supply single-use medical devices used by hospitals and healthcare providers for diagnostic and

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Teleflex, A Global Provider of Medical Technologies, Dedicated to Improving the Health & Quality of People's Lives.

AOP Health

The AOP Health Group is the European pioneer for integrated therapies for rare diseases and critical care. AOP Health in the UK covers three therapeutic areas: HematoOncology, Cardiology & Pulmonology, and Critical Care.



Since 1996, the AOP Health Group has been dedicated to developing innovative solutions to address unmet medical needs, particularly in the fields of rare diseases and intensive care medicine. The group has established itself internationally as a pioneer in integrated therapy solutions and operates worldwide through subsidiaries, representations, and a strong network of partners.

The group's vision is to be the most trusted company for integrated therapies for rare diseases and critical care in Europe. Its mission is to transform the patient's experience with passion, know-how and dedication. To bring this mission to life, AOP Health actively collaborates with stakeholders in the UK healthcare system. In this context, partnerships within the pharmaceutical and healthcare industry play a key role in developing and delivering solutions for patients, particularly in the field of rare diseases.

B. Braun



B. Braun Melsungen AG was established in 1839 and is now a leading European corporation with a worldwide presence in the field of medical care. It employs over 56,000 employees in 64 countries

and supplies products for anaesthesia, intensive medicine, cardiology, extra corporeal blood treatment and surgery, as well as services for hospitals, general practitioners and the homecare sector.

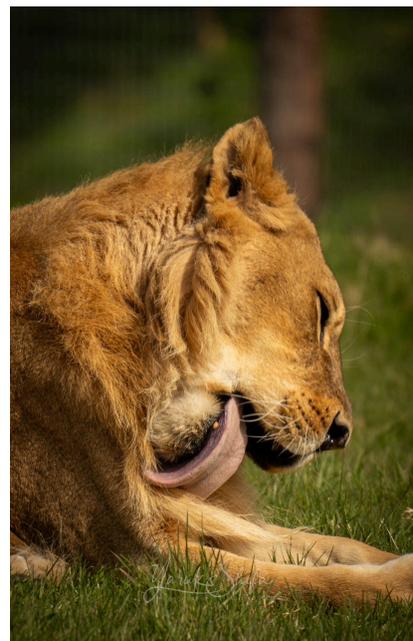
At B Braun Medical UK, our work is guided by a clear focus on our customers and their everyday responsibilities. For them, we develop, produce, and supply high-quality and safe medical products. Our digitally enhanced **Automated Infusion Systems** help to optimise workflows and increase comfort for both patients and healthcare workers across all infusion therapies.

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Our central digital administration platform for infusion pumps sets a new benchmark in connectivity and cyber security - delivering seamless therapy documentation and smart provision of infusion programming. We also have a dedicated data source for continuous quality improvements and product-firmware updates without manual intervention.

Additionally, we provide continuous support and education throughout the life of our products. Our fully managed service offering is designed to provide support every step of the way from pre-introduction product familiarisation, implementation and ongoing best practice clinical education, tailored to specific requirements.

B Braun work closely with our customers, empowering them to deliver the highest levels of safer patient outcomes for all products and therapies.



Programme

08:30 – 09:00 Welcome, Breakfast, Introduction

SESSION 1

09:15 – 10:15 Exertional Heat Illness In The Climate Crisis - Too Hot To Exercise?
Dr Ross Hemingway OBE

10:15 – 10:45 Maternal Critical Care

Dr Brian Wilkinson

10:45 – 11:45 Break with poster presentations

SESSION 2

- 11:45 – 12:00 The Power Of Digitisation: Transforming Quality Improvement In Critical Care
Dr Andrew Chamberlain
- 12:00 – 13:00 Fatigue - Lessons From Aviation
Wg Cdr Phil Lucas
- 13:00 - 14:15 Lunch with time to explore the Park

SESSION 3

- 14:15 – 15:00 Toxicology In ICU
Dr Aravindan Veiraiah
- 15:00 – 15:30 Trainee oral presentations
- 15:30 – 15:50 Break and Refreshments
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SESSION 4

- 15:50 – 16:50 **INSPIRE 22: A Combined Military-Civilian Research Expedition
To The South Pole**
- Dr Roger Alcock**
- 16:50 – 17:30 **CPR...DNACPR: A Patient's Perspective On ICU Recovery**
- Rebecca Langley**
- 17:30 – 17:45 **Prizes and Close**
- 18:00 **Post Conference Dinner**

Speakers

Exertional Heat Illness In The Climate Crisis - Too Hot To Exercise?

Dr Ross Hemingway OBE

Dr Ross Hemingway is a sports medicine physician at the Commando Training Centre Royal Marines, where military recruits complete one of the longest and most arduous infantry training courses in NATO.

As a former Royal Navy Medical Officer, he deployed extensively across the globe in support of the Royal Marines. This included operations and training exercises in hostile and extreme environments, where his interest thermophysiology originated.

Ross has extensive experience in managing amateur, elite and tactical athletes with exertional collapse. He is a national expert in the prevention, acute management, and rehabilitation of patients with exertional heat illness (EHI). He is passionate about reducing the morbidity and mortality associated with EHI. He is currently researching novel risk factors in EHI and the use of real-time physiological monitoring in the early identification of EHI.

He is a founding member of the UK Heat Illness Advisory Group and is the lead author for the the UK National Consensus Faculty of Pre-Hospital Care guidelines on EHI.

Ross is an Honorary Senior lecturer in Sports Medicine at Exeter University and Immediate Care and Match Day Doctor for the Gallagher Premiership Rugby and Rugby Football Union Internationals.

Ross was awarded the OBE in the 2023 King's New Year's Honours List 'For services to the Royal Marines'.



Maternal Critical Care

Dr Brian Wilkinson



Brian is an Intensive Care Medicine Consultant in Bradford where he also has a regular commitment to Obstetric Anaesthesia. He has a keen interest in both Enhanced Maternity Care within the Labour Ward and Maternal Critical Care

The Power Of Digitisation: Transforming Quality Improvement In Critical Care

Dr Andrew Chamberlain

I am passionate about harnessing the power of digital tools to drive quality improvement in critical care, pushing the limits of what can be achieved. As the clinical lead for the critical care's clinical information system, I play a pivotal role in improving the accuracy of national audit submissions to ICNARC and ICCQIP, while also developing in-house data analytics to support real-time decision-making and local QI initiatives. This work helps to shape the digital transformation of critical care services across the Trust, with a focus on empowering teams through better data and smarter tools. I am also a mentor on a university-led data apprenticeship programme, supporting the next generation of healthcare data professionals.



I hope to share practical insights into how digitisation can be a powerful force for improvement, collaboration, and better patient care.

Fatigue: Lessons From Aviation

Wg Cdr Phil Lucas



Wg Cdr Phil Lucas works at the RAF Centre of Aerospace Medicine. Currently a GP, he was originally a Hercules pilot before studying medicine. Deeply involved in both the theoretical and practical teaching of Aerospace Medicine to doctors and aircrew alike, he also works in formulating medical policy to determine fitness to fly. He also is clinical lead for the RAF Mountain Rescue Service and volunteers as a BASICS doctor in the South West.

Toxicology In ICU

Dr Aravindan Veiraiah

Dr Veiraiah is the director of the National Poisons Information Service Edinburgh, and a consultant in acute medicine and toxicology at the Royal Infirmary of Edinburgh. He is a Scottish quality and safety Fellow. He has a key role in maintaining and editing Toxbase, the online clinical resource provided by the NPIS; providing clinical toxicology care directly to patients in a dedicated poisons ward, as well as in ED and ICU, and also part of the 24/7 NPIS telephone enquiry service. He collaborates with public health authorities in the management of evolving poisons scenarios, e.g. in the case of glycerol and lead.



INSPIRE 22: A Combined Military-Civilian Research Expedition To The South Pole

Dr Roger Alcock



Roger's career combines UK Emergency Medicine practice, humanitarian Global Emergency Care and medical care in austere environments with expedition, TV, film and ultramarathon medical support experience in all 7 continents.

He currently works as an Emergency Medicine Specialist for an international NGO. He maintains a part-time clinical role as a consultant in Adult and Paediatric Emergency Medicine in Scotland. He is a Research Steering Group member for PERUKI - Paediatric Emergency Research UK and Ireland.

He has completed two seasons as a doctor in Antarctica supporting activities and expeditions across the continent. As part of the INSPIRE 22 team he skied the 930km Messner Route to the South Pole, while researching the effects of extreme physiological stress on metabolism and human performance which can ultimately inform the clinical management of critically unwell patients.

CPR...DNACPR: A Patient's Perspective On ICU Recovery

Rebecca Langley

Rebecca was diagnosed with stage 3 bowel cancer at the age of 30. She underwent surgery leaving her with a permanent ileostomy. Following her first chemotherapy treatment she suffered a series of four cardiac arrests.

Rebecca uses her enjoyment of sport to help her in her recovery; completing her first ever triathlon a year after her surgery (10 months after her ICU stay), and ran her first ever half marathon sixteen months after ICU. (After which she was interviewed for ITV national news).

After her initial recovery, Rebecca has got a DNACPR, Advanced Directive and ReSPECT form. She is passionate about talking about end-of-life planning, and was on a Radio 4 programme 'Do Not Resuscitate'. She is keen to show that it isn't a negative to complete such documents, while living life to the max.

She is keen to share her experience of being a patient, and a young woman with a stoma, to help others going through similar journeys.



Oral & Poster Presentations

Trainee Oral Presentations

Pulmonary HSV Reactivation Is Associated With Prolonged Antibiotic usage In A Cohort Of Ventilated Patients Requiring Bronchoscopy

Vicky Lowden, J Baxter, M Ankcorn, C Evans, J Wigfull

Management Of Severe Anorexia Nervosa In The Intensive Care unit

Jonathan Gough, Jennifer Wood, Diaeddin Sagar

Training In Pleural Procedures Amongst Intensive Care Medicine Trainees

Rebecca Hartshorn, Emad Abugassa, Ahmed Atewah, Diaeddin Sagar

Prize Poster Presentations

Percutaneous Tracheostomy Practices Across Yorkshire Intensive Care units

Georgina Paw, Joseph Carter

Enhancing Care In Maternal Cardiac Arrest: Resuscitative Hysterotomy

Rhona Martin, Chris I'Anson, Rebecca Lathey

Improving The Provision Of Nasogastric Nutritional Support To Critical Care Patients

Jessica Hartley

A Quality Improvement Project To Improve Intubation Form Completion For Early Identification Of Difficult Airways

Yuan Wen Ooi, Susan Tanser

From Trauma To Triumph: A Case-Based Approach to ICU Pain Management and Rehabilitation

Ceejay Ochukpue, Ike Igwebuike, Sarah Dawson, Alan Race

Poster presentations

A Chemistry Experiment Gone Wrong

Louis Kelly, Chloe Start, Christopher Sheppard

Evaluating The Impact Of Nasogastric Tube Bridles On Tube Dislodgement Rates In An Intensive Care unit: A Quality Improvement Project

Shruthi Mankal, Giles Nicholes, Rebecca Mairs

A Case To Stretch Your Knowledge

Chloe Start, Nicholas Yu

Evaluating Whether There Is A Role For Slow Continuous ultrafiltration In The ICU At Bradford Royal Infirmary

Rachel Peacock, Vei Lynn Tay, Tom Lawton

Referrals To Critical Care: An Analysis In A District general Hospital

Sarah Ahmad, T Perkins, S Marsh

Implementation Of A Professional Nurse Advocate Service To Improve Well-Being On A Critical Care unit

Stephen Claydon

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The New Generation of Premium Tracheostomy Tubes

Added Benefits in Your Tracheostomy Care

The Rüsch TracFlex product line includes a range of armoured tubes made of thermosensitive PVC.

Sophisticated designs and flexible material assist in providing comfort for patients, while the flexible inner cannula system and distinct colour-code feature facilitate easy maintenance, helping to increase efficacy and safety.

For individual patient care we offer a broad range of accessories.

- Smooth action adjustable fixation flange to assist in tube placement & daily care activities.

Fast Facts

Highly flexible

with spiral armouring

for single patient use

sterile, latex-free,
DEHP-free

thermosensitive

Benefits



The Clinician

Adjustable flange design is particularly useful when treating patients with unusual anatomy.



Your Institution

Tracheostomy tube is Single Patient use.



The Patient

Sophisticated designs and flexible material, assists in providing comfort for the patient.

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QR Code to learn more

References
Global market presence in 75+ countries worldwide
†1. Aerogen Data on File

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AOP Health is the European pioneer for integrated therapies for rare diseases and critical care.

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