

Royal Brompton and Harefield Hospitals

Job Profile

Consultant in Adult Cardiothoracic Anaesthesia and Critical Care

Royal Brompton Hospital

	Page
Description of the Trust	2-9
Job Description	10-17
Person Specification	18
Appendix One	19
Appendix A	20

A System of Care

On 1st February 2021 the Royal Brompton and Harefield Hospitals became part of Guy's and St Thomas' NHS Foundation Trust – a truly once-in a generation development. Together, we are taking our first steps towards our vision of creating a brand-new centre of excellence, which will be the global leader in the research into and treatment of heart and lung disease in patients from pre-birth to old age. We are developing some exciting plans and we want you to join us – so come and help to change the shape of healthcare for our heart and lung patients world-wide.

Working from two main sites, Royal Brompton Hospital in Chelsea, West London and Harefield Hospital near Uxbridge, we are the largest specialist heart and lung centre in the UK and among the largest in Europe.

Our experts are known throughout the world for their expertise, standard of care and research success.

Our specialist hospitals provide treatment for people with heart and lung disease, including rare and complex conditions. We carry out some of the most complicated surgery and offer some of the most sophisticated treatment that is available anywhere in the world.

Among their many achievements, experts at Royal Brompton and Harefield Hospitals:

- pioneered intricate heart surgery for new-born infants born with a congenital heart disease
- performed the first successful heart and lung transplant in Britain
- implanted the first coronary stent.

Royal Brompton & Harefield Hospital's *Part of Guy's and St Thomas' NHS Foundation Trust* is an internationally renowned centre for heart and lung services. Our brand identity is strong and clear: delivering the best clinical care and the best research for patients with heart and lung disease.

Heart and Lung diseases are the world's biggest killers and our experts care for patients who come from across the UK and overseas, not only from our local areas.

Our integrated approach to caring for patients from the womb, through childhood, adolescence and into adulthood and old age has been replicated around the world and has gained the Trust an international reputation as a leader in heart and lung diagnosis, treatment, and research. Research programmes play a vital role at both our hospitals. This is because the most talented medical experts are rarely content with using tried and tested methods to treat their patients. The opportunity to influence the course of modern medicine by developing new treatments is a prospect that attracts them to specialist centres, where research opportunities are a fundamental part of delivering patient care. As well as travelling internationally to lecture and share their knowledge, our clinicians hold prominent positions on influential boards, committees, institutions and professional associations.

Our closest academic partners are the National Heart and Lung Institute in the Faculty of Medicine Imperial College London and, the Harefield Heart Science Centre. Furthermore, we have active collaborations with hospital and universities across the UK, for example the with Liverpool Heart and Chest Hospital in the Joint Institute for Cardiovascular Medicine and Science. Over the past two years, we have been working towards a closer collaborative model of cardiovascular health delivery with our colleagues from St Thomas' Hospital and King's Health Partners. Congenital Heart Disease, including its adult component are centrally placed in this collaboration.

Over the years our experts have been responsible for several major medical breakthroughs – discovering the genetic mutations responsible for the heart condition dilated cardiomyopathy, founding the largest centre for the development of new treatments for cystic fibrosis in Europe and pioneering heart surgery for new-born infants.

Our hospitals do not operate in a vacuum; fully integrated networks of care exist with partner organisations and many of our clinicians have joint appointments with neighbouring trusts.

Our experts promote the principle of 'shared care' through an expanding system of consultant-delivered outreach clinics, at which they see patients at over 30 hospitals across the South East, covering Essex, Sussex, Surrey, Hertfordshire, and Middlesex. This system allows patients to benefit from specialist expertise in their local environment, with inpatient care at our hospitals as needed.

1.0 Clinical Group mission, values and approach.

Our mission is to be the UK's leading specialist centre for heart and lung disease. We will achieve this mission through a strategy of focused growth in aspects of heart and lung treatment, such as congenital heart disease, arrhythmia, heart failure and advanced lung diseases.

Our Approach

- The continual development of leading-edge services through clinical refinement and research
- The effective and efficient delivery of core specialist treatment
- The transition of appropriate routine services to other centres to release capacity for new interventions

Remaining an autonomous specialist organisation is central to preserving and building our strong clinical and organisational record. However, we are equally convinced of the importance of effective partnerships particularly with major academic bodies to ensure a continuing pipeline of innovations to develop future treatments.

Our Values

At the core of any organisation are its values; belief systems that are reflected in thought and behaviour.

We have three core patient-facing values and four others that support them.

Our three core values are:

- **We care**
We believe our patients deserve the best possible specialist treatment for their heart and lung condition in a clean, safe place.
- **We respect**
We believe that patients should be treated with respect, dignity and courtesy and they should be well informed and involved in decisions about their care.
- **We are inclusive**
We believe in making sure that our specialist services can be used by everyone who needs them, and we will act on any comments and suggestions that can help us improve the care we offer.

And the following values support us in achieving them:

- **We believe in our staff**

We believe our staff should feel valued and proud of their work and know that we will attract and keep the best people by understanding and supporting them.

- **We are responsible**

We believe in being open about where our money goes, and in making our hospitals environmentally sustainable.

- **We discover**

We believe it is our duty to find and develop new treatments for heart and lung disease, both for today's patients and for future generations.

- **We share our knowledge**

We believe in sharing what we know through teaching, so that what we learn can help patients everywhere.

1.1 Performance and achievements in 2019/2020

- **Our experts in 2019/20:**

<p>Cared for more than 216,000 patients in our outpatient clinics</p>	<p>Cared for nearly 40,000 patients on all our wards</p>	<p>Maintained one of the fastest 'arrival to treatment' times for UK heart attack patients – 23 minutes compared with a national average of 56 minutes</p>
<p>Launched Rainbow badges showing that the Trust offers more open, non-judgmental and inclusive care for patients and their families and friends who identify as LGBT+</p>	<p>Received a 96% recommendation score in the annual Friends and Family Test</p>	
	<p>Reported an average 18-week referral to treatment time (RTT) of 93% exceeding the national target</p>	<p>Introduced sunflower lanyards which, when worn discreetly, indicate to staff that wearers have a hidden disability and may require additional support or assistance</p>
<p>Built on our Day of Surgery pilot scheme with 70% cardiac surgery patients admitted on the day of surgery, up from 3-4% when the pilot started</p>	<p>Produced 886 peer-reviewed publications, with our academic partners, strengthening the Trust's position as a leading centre for cardiovascular, critical care and respiratory research</p>	<p>Recruited over 2,300 patients onto over 100 research programmes that will contribute towards better patient care and outcomes</p>
<p>Improved our communication to patients with the introduction of digital appointment letters and text reminders</p>		<p>Improved our environmental responsibility by reducing our carbon emissions by 9% and our energy consumption by 2.7%</p>

1.2 Range of Services

The Clinical Group provides first-rate clinical services and exceptional research output.

We have an outstanding Research and Development pedigree; with over 500 active research projects across 10 R&D programmes. Every one of these programmes has been consistently given the top rating by the NHS R&D Directorate. The table below illustrates the inter-relationship between our R&D activity and clinical services.

Several of our clinical services have been formally designated as national services by the Department of Health: Heart and Lung transplantation, Ventricular Assist Devices (LVAD), Pulmonary Hypertension and Primary Ciliary Dyskinesia.

Research Programmes		Clinical Services
Congenital Heart Disease	↔	Adult Congenital Heart Disease Pulmonary Hypertension Paediatric Respiratory Paediatric Congenital Heart Disease Foetal medicine Primary Ciliary Dyskinesia
Chronic Coronary Heart Disease and Atheroma	↔	Acquired Heart Disease
Failing Heart	↔	Heart Failure Heart & Lung Transplant
Critical Care	↔	Critical Care relating to Heart and Lung
Chronic Respiratory Failure	↔	Chronic Obstructive Pulmonary Disease Sleep Ventilation Pulmonary Rehabilitation Lung Volume Reduction
Lung Cancer	↔	Lung and Upper GI cancer services
Severe Respiratory Disease	↔	Interstitial Lung Disease Acute Lung Injury Asthma & Allergy
Occupational and Environmental Medicine	↔	Occupational Lung Disease
Chronic Suppurative Lung Disease	↔	Paediatric and Adult Cystic Fibrosis Non – CF Bronchiectasis Aspergillosis Mycobacterial Infections

1.3 Organisation

The Trust Board is constituted as follows:

Non Executive Members	Executive Members
Baroness Sally Morgan (Chair)	Chief Executive, Dr Ian Abbs
Mr Simon Friend (Deputy Chair)	Lawrence Tallon, Deputy Chief Executive
Dr Felicity Harvey, CBE	Avey Bhatia, Chief Nurse and Vice President of the Florence Nightingale Foundation
Royal Brompton and Harefield Clinical Group	
Dr Richard Grocott-Mason, Managing Director	Ms Jan McGuinness, Chief Operating Officer,
Dr Mark Mason, Medical Director	Mr Nicholas Hunt, Executive Director
Mrs Joy Godden, Director of Nursing and Governance	Mr Robert Craig, Director of Development and Partnerships
Mr Richard Guest, Chief Financial Officer	Mrs Lis Allen, Director of Human Resources (HR)

The Royal Brompton and Harefield Clinical Group Board is a formal sub-committee of the Guy's and St Thomas' NHS Foundation Trust Board, with delegated responsibilities and decision-making rights for the strategic and operational running of its services. These are set out in the Guy's and St Thomas' Scheme of Delegation, and the Trust's Standing Financial Instructions provide the delegation limits with regard to financial decisions.

The Guy's and St Thomas' NHS Foundation Trust Board of Directors holds legal accountability for the Trust including all aspects of the Royal Brompton and Harefield Clinical Group. The Royal Brompton and Harefield Clinical Group Board provides assurance to the Guy's and St Thomas' NHS Foundation Trust Board of Directors on the overall operational, quality and safety and financial performance of Royal Brompton and Harefield Hospitals, and on the development and delivery of the Trust's strategy for its heart and lung services.

The Clinical Divisions are: Heart (RBH incorporating Cardiology Radiology and Cardiac Surgery), Harefield (incorporating Cardiology, Transplant, Radiology, Respiratory and Cardiac and Thoracic Surgery), RBH Lung (incorporating Respiratory Medicine, Radiology and Lung Surgery); and Directorates of Paediatrics, Anaesthesia and Critical Care, Laboratory Medicine, Pharmacy and Rehabilitation and Therapies.

Non-clinical directorates are: Human Resources, Finance, Patient Services, Estates & Facilities, Communications and Public Affairs and Business Development & Commissioning.

1.4 Harefield Hospital Site

Harefield Hospital (HH) is a regional centre for cardiology and cardiothoracic surgery, and an international centre for adult heart and heart-lung transplantation. It is one of a small number of UK cardiac centres assisting in development of implantable mechanical ventricular assist devices in the management of end-stage heart failure. It also provides a primary intervention service for acute coronary syndromes to selected Trusts and the London Ambulance Service, in outer West London and the Home Counties. It has approximately 1,185 staff, 180 beds with 5 operating theatres, and 4

catheter laboratories.

1.5 Royal Brompton Hospital Site

The Royal Brompton Hospital (RBH) is a specialist cardiothoracic centre specialising in diseases of the heart and lung, with services for adults (Cardiology, Cardiothoracic Surgery, Radiology, and Thoracic Medicine) and Paediatrics. It has approximately 2,081 staff, 296 beds, 6 operating theatres, 5 catheter laboratories, a private patients' ward and extensive imaging facilities. The hospital has recently opened the Cardiovascular Biomedical Research Unit (BRU) in partnership with Imperial College London. This facility offers a CMR scanner, catheter lab and echocardiography suite for research purposes, as well as state of the art genetic analysis facilities.

A Respiratory Biomedical Research Unit was opened on the RBH site in 2010 offering extensive research facilities for lung disease. Following public consultation, it was agreed that inpatient paediatric surgery and investigations should consolidate at the Royal Brompton Hospital.

1.6 Clinical Governance and Quality

The Clinical Group has an extensive programme of clinical governance and quality led by Mrs Joy Godden, Director of Clinical Governance and Nursing and Dr Mark Mason, Medical Director. The programme is delivered through the organisation's systems and processes for monitoring and improving services, including sections for:

- Clinical audit and information
- Clinical risk management
- Research and development office
- Infection prevention and control
- Patient feedback
- Clinical Quality and Improvement

Consultant appraisals form an integral part of the process with each consultant undertaking annual appraisal with their line manager. There is also a programme of mandatory training undertaken by all staff.

1.7 Regulation

The Clinical Group was inspected by the Care Quality Commission during Autumn 2018 and the inspection report was published in February 2019. Overall, the Trust was rated by the CQC as 'Good'. Within this rating, Harefield Hospital was rated as 'Good' and the Royal Brompton Hospital as 'Good' and identified several areas of outstanding practice.

1.8 Research and Development - King's Health Partners-Cardiovascular

Cardiovascular research and clinical services (KHP Cardiovascular) are considered a "peak of excellence" across King's Health Partners (KHP) and the partners are embarked on a transformation of service delivery and the integration of research and education to revolutionise cardiovascular prevention and care.

KHP Cardiovascular builds upon more than 8 years of collaboration through the Cardiovascular Clinical-Academic group (CAG), which brings together the clinical cardiovascular services of Guy's & St Thomas' NHS Foundation Trust together with the Royal Brompton and Harefield Hospital and King's College Hospital NHS Foundation Trust and the academic Cardiovascular Medicine and Sciences School of the

university, King's College London (see <https://www.kcl.ac.uk/scms>). The overall vision is to integrate clinical services, teaching and research across these groups in a world-class centre that delivers excellent outcomes and innovative research-based advances for patients.

The current phase of the KHP Cardiovascular development consists of closer collaborative working and clinical-academic integration of the existing groups, and the strengthening of the population network within which we deliver services. In practice, this means increasingly working as a single clinical and operational team, providing a seamless service to patients across KHP, faster research and innovation translation, and new educational programmes.

The ultimate aim is the development of a new clinical academic hub within a purpose-built facility at the St Thomas' site.

1.9 Mentorship

All new Consultants at the Royal Brompton and Harefield Hospitals will be provided a detailed and focussed Trust and Departmental Induction upon their arrival. As part of the local induction, a Professional and Management Mentor will be allocated, with whom the appointee will meet for regular meetings.

ROYAL BROMPTON AND HAREFIELD HOSPITALS

Royal Brompton Hospital

JOB DESCRIPTION

1. Post

This post is a replacement post; it is a whole time Consultant in Adult Cardiothoracic Anaesthesia and Critical Care.

2. Location

This is a Trust appointment, and the main base will be at Royal Brompton Hospital, Chelsea, London, SW3 6NP. The post holder may also be required to work at Harefield site on an intermittent basis, or more regularly in due course by mutual arrangement. Additionally, the post holder may be required to work at any of the GSTT sites and any associated sites as required.

3. Accountability

- 3.1 In respect of the Consultant contract, the post holder will be professionally accountable to the Divisional Director of the Royal Brompton Heart Division, through the Director of Anaesthesia and the site and cross-site Directors of Critical Care who are responsible for appraisal of the post holder and managerially accountable through the Medical Director to the Chief Executive. At an operational level, the post holder will report to the Director of Anaesthesia and the clinical leads in critical care.
- 3.2 The post holder will have professional responsibility to the Medical Director and Director of Research and Development for clinical governance and research undertaken within the hospital.

4. Professional and Clinical Duties of the Post

- 4.1 The post is full time, with a provisional job plan outlined in appendix A. This clinical role is divided between Critical Care and adult Anaesthesia.
- 4.2 The post holder will provide clinical services in Anaesthesia and Critical Care in accordance with clinical and legal requirements and in keeping with the international role of the Trust.
- 4.3 The post holder will also be expected to contribute to the adult anaesthesia and critical care on call rotas but only after considerable orientation and dependent upon previous experience.
- 4.4 This clinical role is split between attending theatre and catheter laboratory clinical anaesthesia and peri-operative assessment and working clinical duties within the critical care service as part of a team-based approach.
- 4.5 An additional role or contribution would be seen as a major advantage. This could take the form of an interest and role in an aspect of echocardiography, research, education and training etc.

5. Clinical Responsibilities

- 5.1 To work within the Anaesthesia and Critical Care teams to provide clinical services.
- 5.2 To contribute to the out of hours on call service for adult anaesthesia and critical care dependent upon previous experience.
- 5.3 To participate in Clinical Governance, Audit and Quality Improvement initiatives within the Division of Critical Care and Anaesthesia.

6. Professional Responsibilities

- 6.1 To seek and maintain professional qualifications.
- 6.2 To maintain current knowledge of Anaesthesia and Perioperative and Critical Care and to participate in a recognised programme of continuing medical education and professional development.
- 6.3 To set and maintain high professional standards.

Other roles within the post

The successful candidate will have the opportunity and will be encouraged to develop additional roles such as research, audit, teaching and training depending on their individual requirements.

7. Anaesthetic and Intensive Care staffing at Royal Brompton Hospital

AICU Consultants (RBH)

Dr Stéphane Ledot (AICU & ECMO clinical lead)

Dr Jo Alcada (Locum)

Dr James Doyle (Faculty tutor)

Dr Francisca Caetano

Dr Benjamin Garfield

Dr Maurizio Passariello

Dr Brij Patel (research lead)

Professor Susanna Price (peri-procedural echocardiography lead)

Dr Suveer Singh

AICU Consultants (cross-site)

Dr Donna Hall

Dr Clara Hernandez Caballero

Dr Nick Lees

Dr Alex Rosenberg

EICU/EHCU Consultants

Dr Sarah Trenfield (**EICU/EHCU Clinical Lead**, Anaesthesia/TOE)
Dr Arshad Ghori (Lead Anaesthesia, TOE)
Dr Kate Good (Anaesthesia)
Mr Richard Trimlett (Cardiothoracic surgery /ECMO)
Dr Shahana Uddin (ICM/Trauma/Kings)
Dr Caterina Vlachou (Deputy lead EICU/Anaesthesia/TOE)

Department of Anaesthesia

Dr Sarah Trenfield (**Director of Anaesthesia**)
Dr Arshad Ghori (TOE)
Dr D Alexander (Chairperson, Dept of Anaesthesia)
Dr Paolo Bianchi (ECMO)
Dr TC AW (TOE) (Paed)
Dr Francesco Del Sindaco (TOE)
Dr Amira EL Khateeb (Paeds)
Dr Kate Fogg (Deputy Clinical lead, Anaesthesia)
Dr S Jaggar (Paed)
Dr B Keogh (Paed)
Dr S Mele (Paed on sabbatical)
Dr Tom Pickworth (TOE)
Dr Rudi Stenz (TOE) (Paed)
Dr Jonny Weale (Paeds)
Dr Nicky Zimble

Critical Care Trainee Staff

9 Senior Clinical Fellows
5 Specialist Registrars in ICM
3 ACCPs
13 Internal Medicine Trainees

Anaesthetic Trainee Staff

9 specialist registrars from Imperial, St George's, GSTT Schools of Anaesthesia
2 Deanery funded Clinical Fellows.

8. Activity of the Department

Critical Care

Approximately 3300 patients per year are admitted through our critical care services and since December 2011 the Trust has been contracted, with four other hospital providers to supply a national adult respiratory ECMO service to patients with reversible severe acute respiratory failure. This service includes retrieval (including on ECMO) of patients, in addition we have developed a successful VV ECMO programme.

The critical care services also care for patients from all the hospital's clinical specialities and is run by a consultant led team from cardiothoracic surgery/anaesthesia and ICM backgrounds.

AICU

The Adult Intensive Care Unit comprises 18 beds and is situated on level 3 of the Sydney Street Building of the Royal Brompton Hospital in close proximity to 6 operating theatres, 5 catheter labs and a 10 bedded theatre recovery unit. Approximately 40% of patients to AICU are patients following cardiac (including adult congenital heart disease) or thoracic surgery and the remainder from cardiology, respiratory medicine and the VV and VA ECMO Services. Approximately 150 ventilated patients per year are transferred directly from other intensive care units for investigation and treatment.

EICU/EHCU

Elizabeth ICU/HDU is an 18 bedded adult unit situated on level 5 of the Sydney Street Building. The unit has physical capacity to increase to 26 beds, Currently the unit has flexible Level 2/3 capabilities and offers invasive ventilation as well as mechanical circulatory support (IABP/Impella).

Anaesthetics

The department provides consultant delivered cardiothoracic anaesthesia for adult and paediatric cardiothoracic patients. There are 6 operating theatres (including 1 hybrid), 5 catheter labs, MRI and CT scanners and adult and paediatric critical care units. There is a 10-bedded postoperative recovery unit adjacent to the operating theatres and catheter lab complex providing level 2 and level 3 care. There are separate adult and paediatric On-Call rotas. The Royal Brompton and Harefield Hospital provides the West London emergency aortic dissection service (alternate weeks).

9. Research and Audit Responsibilities

- 9.1 Royal Brompton and Harefield Hospitals undertake research of the highest quality in heart and lung disease, which is of relevance to patient care and public policy. Further information about the research activities in the Trust can be found on <http://www.rbht.nhs.uk/research>
- 9.2 No research project can commence until it has been properly costed and agreed by both the Research Office and an appropriate Clinical Director, nor, for a project involving patients, without Ethics Committee approval.
- 9.3 The post holder will be expected to actively conduct/ participate in audits related to both clinical and non-clinical aspect of the work and participate in Hospital audit programmes, including mortality meetings.

10. Teaching

- 10.1 Apart from informally teaching junior staff working directly with him/her, the post holder will be expected to make a positive contribution to postgraduate medical education within the organisation and undertake teaching of and support for junior doctors as necessary.

11. Managerial and Administrative Responsibilities

- 11.1 To participate in Clinical Audit programme and Clinical Governance.
- 11.2 To assist in the management of junior and research medical staff and of technical staff

according to Trust policies and in line with the requirements of the clinical service.

- 11.3 To maintain effective communication and working relationships with medical, scientific, management, technical and nursing staff, as required for performing the responsibilities of this post. This includes electronic communication within the department, the Trust, and with national and international colleagues.

12. Office Accommodation and Secretarial Support

- 12.1 Office accommodation and secretarial support will be provided.
- 12.2 Computer and IT support will be available.

13.0 Staff Appraisal & Revalidation

- 13.1 The Trust approach is based on the principle that appraisal and revalidation is an essential part of good practice in managing people. It enables the organisation to ensure employees are able to assist in meeting organisational aims through the process of managing performance and identification of development needs. It also gives staff the opportunity to discuss their performance and development needs with their manager and ensures that they are clear about what they are trying to achieve both in their current role and for the future.
- 13.2 The organisation therefore has a basic requirement of such good practice, which can be audited to ensure that it is achieved. This standard is outline below:

Managers will meet with staff they directly manage, at least once per year on a formal basis, with informal progress reviews at least every six months.

A record of the discussions will be made using the online Appraisal Software.

There is a clear and current agreement about the job plan the employee is expected to do covering the purpose, aims, responsibilities and tasks. Every member of staff will have work-based objectives which link to organisational standards and the business plan of their directorate/department.

- 13.3 Every employee should have a Personal Development Plan (PDP) outlining short and long-term learning and development aims and actions to meet these. The Head of Department, who will also ensure fairness and consistency, will appropriately monitor appraisal to ensure all staff in their area are having an appraisal. The Human Resource department will be responsible for monitoring compliance across the Trust.

All staff who carry out appraisal will be given support and training as required.

14. Conditions of Service

- 14.1 The post is covered by the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales 2003).
- 14.2 The post is for 10 programmed activities and will be paid according to the current Consultant salary scale depending on seniority from £84,559 to £114,003.

- 14.3 The post will also attract an On-Call availability supplement as per the rate set out in the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales 2003).
- 14.4 A London Weighting allowance is payable at the rate of £2,162 per annum.
- 14.5 The annual leave year will run from 1st April to the succeeding 31st March. Arrangements for taking annual leave should be discussed and agreed at least six weeks in advance. Any annual leave to be carried over is subject to the General Council Conditions of Service (sect. 1, para 10-14)
- 14.6 The successful applicant will be required to reside not more than 10 miles from The Royal Brompton Hospital, unless otherwise agreed with the Trust Board. For On-Call commitment, the post holder is expected to be communicable via phone or pager at all times and is able to reach the hospital within 1 hour of being called.
- 14.7 As a whole-time Consultant, the post holder has the right to engage in private practice but will be subject to the provisions governing the relationship between NHS work, private practice and fee-paying services set out in the terms and conditions of employment – Consultants (England) 2003. Any arrangements must also conform to the Trusts Standing Financial Instructions, and the guidance set out in the department of Health paper "The Management of Private Practice in England and Wales" (March 1986).

15. Conditions of Appointment

- 15.1 The appointment will be made in accordance with the National Health Service (Appointment of Consultants) Regulations 2005.
- 15.2 Full registration of the General Medical Council will be required, as will inclusion, or eligibility for inclusion, on the specialist register of the General Medical Council.
- 15.3 The Trust Board will indemnify the post holder for all National Health Service work undertaken as part of the contract of employment. Adequate defence cover as appropriate should be taken out by the post holder to provide cover for any work undertaken outside the scope of the indemnity scheme.
- 15.4 Due to the nature of the work of this post it is exempt from the provisions of Section 4(2) of the Rehabilitation of Offender Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemption Order 1986). Applicants are therefore not entitled to withhold information about convictions including those, which are for other purposes spent under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust.

16. Additional Information

16.1 Confidentiality

During the course of your employment you may have access to, see or hear information of a confidential nature and you are required not to disclose such information, particularly that relating to patients and staff.

16.2 Data Protection

In order to comply with the Data Protection Act 1998, you must not at any time use personal data held by the Trust for any unauthorised purpose or disclose such as data to a third party.

You must not make any disclosure to any unauthorised person or use any confidential information relating to the business affairs of the Trust, unless expressly authorised to do so by the Trust.

16.3 Health and safety

You must co-operate with management in discharging its responsibilities under the Health and Safety at Work Act 1974 and take reasonable health and safety of yourself and others and ensure the agreed safety procedures are carried out to maintain a safe environment for patients, employees and visitors.

16.4 Diversity

You are at all times required to carry out your responsibilities with due regard to the Trust's diversity policy and to ensure that staff receive equal treatment throughout their employment with the Trust.

16.5 Risk management

All staff have a responsibility to report all clinical and non-clinical accidents or incidents promptly and, when requested, to co-operate with any investigation undertaken.

16.6 Conflict of interests

You may not without the consent of the Trust engage in any outside employment. In accordance with the Trust's conflict of interest policy, you must declare to your manager all private interests, which could potentially result in personal gain as a consequence of your employment in the Trust. Interests that might appear to be in conflict should also be declared to your manager.

In addition, the NHS Code of Conduct and Standards of Business Conduct for NHS Staff (HSG 93/5) requires you to declare all situations where you or a close relative or associate has a controlling interest in a business (such as a private company, public organisation or other NHS voluntary organisation) or in any activity which may compete for any NHS contracts to supply goods or services to the Trust. You must therefore register such interests with the Trust, either on appointment or subsequently whenever such interests are gained. You should not engage in such interests without the written consent of the Trust, which will not be unreasonably withheld. It is your responsibility to ensure that you are not placed in a position that may give rise to a conflict between your private interest and your NHS duties.

16.7 Code of Conduct for Professionally Qualified Staff

All staff are required to work in accordance with their professional group's code of conduct (e.g. NMC, GMC, DoH Code of Conduct for Senior Managers).

16.8 Disclosure and Barring Service checks (DBS).

Any applicant who is short-listed for this post will be asked to complete a disclosure form as the post-holder will be required to have contact with vulnerable adults or persons under the age of 18. The successful candidate will be subject to a criminal record check from the

Disclosure and Barring Service prior to the appointment being confirmed. The disclosure will include details of cautions, reprimands, and final warnings, as well as convictions if applicable.

16.9 The Trust operates a no-smoking policy.

Note:

The above description is not exhaustive and may be altered to meet the changing needs of the post and of the directorate. The post holder will be expected to be flexible and to co-operate in accordance with the changing requirements of the directorate and of the Trust.

FURTHER INFORMATION

Applicants are encouraged to view the Department and discuss the post.

Further information can be obtained from:

Dr Sarah Trenfield

Director of Anaesthesia & Lead for EICU/EHCU.
s.trenfield@rbht.nhs.uk

Dr Stéphane Ledot

Lead AICU/ECMO. s.ledot@rbht.nhs.uk

PERSON SPECIFICATION

Job Title: Consultant in Adult Cardiothoracic Anaesthesia and Critical Care

Department: Anaesthesia and Critical Care

Date: April 2021

CRITERION	D / E	Assessed by A / I / R
Qualifications/Training		
Full GMC registration	E	A/I
Specialist registration in Anaesthesia or within 6 months of eligibility at interview	D	A/I
FRCA or equivalent	E	A/I
Specialist registration in Intensive Care Medicine or within 6 months	D	A/I
Basic transoesophageal echocardiography training	E	A/I
UK, European or American Qualification in transoesophageal echocardiography	D	A/I
Higher degree (MD, PhD or equivalent)	D	A/I
Experience		
Adult cardiothoracic anaesthesia and cardiothoracic critical care	E	A/I
Care of patients receiving extracorporeal support	D	A/I
Trained in transport of critically ill patients with severe respiratory failure	D	A/I
Trained in all aspects of adult ECMO	D	A/I
Skills, Knowledge and Abilities		
Good interpersonal and communications skills in line with the Trust's Core Behaviours (see appendix one)	E	I/R
Technical and clinical skills required for Adult Critical Care and Anaesthesia	E	I/R
Evidence of active involvement in governance and audit	E	A/I
Understanding needs of service development	D	A/I
Other		
Experience and track record in education, training, teaching	D	A/I

KEY: E = Essential D = Desirable A = Application I = Interview R = References Appendix One
Core behaviours for all Trust staff

All staff will commit to:

- Act with honesty and integrity at all times
- Demonstrate respect for others and value diversity
- Focus on the patient and internal and external customer at all times
- Make an active contribution to developing the service
- Learn from and share experience and knowledge
- Keep others informed of issues of importance and relevance
- Consciously review mistakes and successes to improve performance
- Act as ambassadors for their directorate and the Trust
- Be aware of the impact of their own behaviour on others
- Be discreet and aware of issues requiring confidentiality

In addition, all managers and supervisors will:

- Value and recognise the ideas and contributions of all team members
- Coach individuals and teams to perform to the best of their ability
- Delegate work to develop individuals in their roles and realise their potential
- Give ongoing feedback on performance, and effectively manage poor performance
- Provide support and guidance to all team members
- Encourage their team to achieve work/personal life balance
- Actively listen to comments/challenges and respond constructively
- Lead by example, setting high standards
- Ensure that there are sufficient resources for their team and rebalance priorities accordingly
- Provide a safe working environment

Appendix A:

Provisional Job Plan

Timetable – 10 PA's

This is essentially flexible with an increase in PA's on mutual agreement

<i>WEEKS</i>	<i>MON</i>		<i>TUE</i>		<i>WED</i>		<i>THU</i>		<i>FRI</i>		<i>SAT</i>		<i>SUN</i>		<i>ONCALL</i>	
1 & 5	SPA	2.67	THORACIC LIST	2.83					CARDIAC LIST	2.83					1.25	
2 & 6	SPA	2.67	THORACIC LIST	2.83					FLEXI LIST	2.83					1.25	
3 & 7	SPA	2.67	THORACIC LIST	2.83					CARDIAC LIST	2.83					1.25	
4	CRIT CARE	2.5	CRIT CARE	2.5	CRIT CARE	2.5	CRIT CARE	2.5							1.25	
8									CRIT CARE	2.5	CRIT CARE	3	CRIT CARE	3		
		2.315		2.435		0.313		0.313		2.435		0.38		0.38	1.25	9.81

Note –

- This timetable is a proposed programme and may be modified in discussion with the Clinical Directors of Critical Care and Anaesthesia

On-Call availability supplement

Agreed On-Call rota (e.g. 1 in 5)

1 in 6

Agreed category:

Category A

On-Call supplement

5%