



# Job Description and Person Specification



## Job Description

|                                 |   |
|---------------------------------|---|
| <b>Job Title</b>                | Consultant Paediatric Anaesthetist  |
| <b>Department</b>               | Anaesthetics  |
| <b>Division</b>                 | Perioperative   |
| <b>Location / Hospital Site</b> | Royal Alexandra Children's Hospital/Royal Sussex County/Princess Royal and must be prepared to travel to all sites within the Trust |
| <b>Pay scale</b>                | £93,666-£126,281  |
| <b>Basic Hours</b>              | 10PA  |
| <b>Responsible to</b>           | Dr Sophie Morris, Perioperative Clinical Director   |
| <b>Accountable to</b>           | Dr Steve Drage, Chief of Service for Surgery  |

## Role Summary

### Consultant anaesthetist

We are looking for an outstanding anaesthetist to join our team looking after paediatric patients from pre-term neonates to teenagers, working in a fantastic area of the country. Our anaesthetic department is dynamic and has an excellent reputation for teaching, research and innovation for the benefit of our population. The successful applicants will have the opportunity to hone and expand their clinical skills in addition to developing services within University Hospitals Sussex and our partner organisations.

This post has arisen due to the retirement of a colleague. The successful applicant would work primarily at the Royal Alexandra Children's Hospital but there will also be opportunities to work with adult patients at the Princess Royal (Haywards Heath), Lewes Victoria Hospital and Royal Sussex County Hospital (Brighton) sites. The latter hospital is the site of the ongoing 3Ts redevelopment (Tertiary, Trauma and Teaching), which has recently seen the completion of the Louisa Martindale Building, which boasts state-of-the-art operating theatres, teaching and rest facilities, many with stunning sea views.

### Children's Services:

The Royal Alexandra Children's Hospital, known locally as the 'Alex', is the main children's hospital for the South East Coast region. Opened in 2007, it is a purpose-built facility designed by children, for children and has won several major awards.

It brings together paediatric services at UHSx East and provides a first class environment for a range of specialised services for children and young people from across the region, alongside more general services for our local population. Some paediatric services are currently provided across other UHSx East sites, including at the Royal Sussex County Hospital and the Sussex Eye Hospital

## Royal Alexandra Childrens Hospital:

- Day-case unit
- Inpatient surgical unit
- A dedicated theatre suite (3 theatres) undertaking work including: General and neonatal, Orthopaedics, ENT and Maxillo-Facial surgery
- Paediatric Ophthalmology (undertaken at the Sussex Eye Hospital)
- Paediatric Oncology unit
- Inpatient medical unit
- Critical care unit
- Children's Emergency Department
- Dedicated outpatient suite
- The Academic Department of Paediatrics and research suite
- Paediatric radiology suite

## The Trevor Mann Baby Unit

The Alex is closely linked with the neonatal service based at the Trevor Mann Baby Unit (TMBU), RSCH and the Special Care Baby Unit, PRH. This is a regional neonatal intensive care unit providing 17 intensive care and high dependency cots and 18 special care cots. The service hosts the Sussex Neonatal Transport Team. Together, the Alex and TMBU provide the regional neonatal surgical service.

The Kent, Surrey and Sussex Paediatric Simulation Centre, located in the Alex, leads a regional programme of paediatric simulation training in collaboration with Health Education England.

## Departmental Facilities and Workload

### Departmental Facilities:

The Department of Anaesthesia is part of the Directorate of Perioperative and Critical Care, which also includes Theatres, Day Surgery, Preoperative Assessment, and SSD. The Directorate is headed by a Clinical Director, a Lead Nurse, and a Clinical Services Manager.

Whilst the Trust now includes sites in Worthing and Chichester, this post holder will be expected to contribute to the delivery of services based at the Royal Alexandra Children's Hospital, the Royal Sussex County Hospital in Brighton, the Princess Royal Hospital Haywards Heath and their associated satellite units as follows:

### 1. THE REX BINNING DEPARTMENT OF ANAESTHETICS, BRIGHTON

The Rex Binning Department of Anaesthetics is based at the Royal Sussex County Hospital (RSCH). There are multi-purpose anaesthesia offices within the neurosurgical theatre complex and adjacent to main theatres for hot desking and meetings, administrative staff have an office in the nearby St Marys Hall.

### Royal Sussex County Hospital - 527 beds (of which 51 maternity)

Most of the work takes place in:

- The Main theatre suite (8 theatres)
- The Obstetric Unit with 1 designated theatre
- The Cardiac Centre (2 theatres and 8 HDU beds)
- The Neurosurgery Centre in the Louisa Martindale Building (currently 2 theatres and interventional radiology)

Other anaesthetic activity takes place in: RSCH X-ray Department, including CT/MRI and Radio-Frequency Ablation; at Sussex Eye Hospital (adjacent); and at Victoria Hospital, Lewes (7 miles).

## **2. THE ANAESTHETIC DEPARTMENT AT THE PRINCESS ROYAL HOSPITAL, HAYWARDS HEATH**

The department consists of a suite of offices and seminar room that adjoins the Princess Royal Hospital theatre complex.

### **The Princess Royal Hospital – 237 beds (of which 32 are maternity)**

Most of the work takes place in:

- The Main theatre suite (5 theatres)
- The Intensive Therapy Unit (up to 2/3 Level 3 beds and 3/4 Level 2 beds)
- The Obstetric Unit with 1 designated theatre
- The Imaging department

The Princess Royal Hospital is a district general hospital with a 24-hour Accident and Emergency Department, Coronary Care Unit and Medical Assessment Unit. Elective surgery and limited emergency surgery is performed in general surgery, orthopaedics, gynaecology, urology, ENT, and dental surgery.

### **Hurstwood Park Day Surgery (Breast and ENT)**

A day ward with a 2-theatre complex and recovery. This adjoins PRH by a linking corridor.

### **Sussex Orthopaedic Treatment Centre**

A 4-theatre suite with recovery area, inpatient and day case beds

### **Departmental Activity:**

University Hospital Sussex (East) is a large and busy department, providing anaesthesia and perioperative care to a wide range of patients across the full breadth of specialities. The neurosurgical, paediatric, and cardiac anaesthetic workload is undertaken by the respective subspecialty groups, with the bulk of the remainder covered by the generalist anaesthetists.

Our department is actively involved in many large QI projects such as PQIP and NELA. The Trust quality improvement initiative, Patient First (PFIS) is a successful framework that has been rolled out not only within our organisation, but to other Trusts around the country. The post holder would be expected to help embed this within the perioperative directorate at all sites and engage with the implementation of Trust and departmental objectives for quality improvement work. We are looking for a motivated individual to bring fresh ideas to drive our department and the care it provides to our patients forward, and with proven experience of successful projects to demonstrate this.

The department has an active research presence led by a group of enthusiastic and motivated consultants and coordinated via the Sussex Perioperative Research Team which meets regularly to discuss projects. We are keen to expand this departmental research portfolio, and individuals with an interest in undertaking and leading original research would be welcome.

The theatre template is defined around a rolling two-week timetable. Each job plan has an average one or more sessions every week nominated as 'flexible'. Flexible sessions are usually fixed in time, but flexible in-year sessions may be job planned by mutual agreement.

The SPA activity undertaken by the post holder will be reviewed after 3 months in post in line with current trust guidance and additional SPA time up to 2PAs in total will be provided by mutual agreement. Each half day session is 5 hours (1.25 PA). A full job plan review will be undertaken 6 months after appointment.

The post holder will have an opportunity to teach both undergraduates and postgraduates, including formal teaching roles in addition to theatre-based teaching.

When appointed to the Trust Consultants will be expected to be able to work from any Trust site.

## Staffing of the Department

The medical staff of the Department consists of 65 substantive consultants, 2 Associate Specialists, 38 Training posts, 2 Research Fellows and 6 Clinical Fellows. In addition, consultants from Intensive Care Medicine do some anaesthetics within their job plans.

The Consultant Anaesthetists (including specialty interests) are:

|                         |  |
|-------------------------|--|
| Dr Susie Abiks          | General and Upper GI Anaesthesia   |
| Dr Peter Anderson       | ICU and Head of KSS Specialty School of Anaesthesia                        |
| Dr David Bacon          | Neuroanaesthesia, CPEX Lead  |
| Dr Fiona Baldwin        | ICU  |
| Dr Cas Barrera          | ICU  |
| Dr Abhik Bhattacharjee  | General, Spinal and Trauma Anaesthesia                                     |
| Dr Peter Bauer          | Elective Orthopaedic Anaesthesia   |
| Dr Lynne Campbell       | General and Obstetric Anaesthesia  |
| Dr Chris Carey          | Neuroanaesthesia, Associate Postgraduate Dean HEE KSS, RCoA Council Member |
| Dr Abhijoy Chakladar    | General, Obstetric and Vascular Anaesthesia, College Tutor                 |
| Dr Natasha Clunies-Ross | Paediatric Anaesthesia   |
| Dr Jim Cooper           | General and Day surgery  |
| Dr Alexa Curtis         | ICU  |
| Dr Mimi Das             | General and Vascular Anaesthesia   |
| Dr Cally Dean           | General, Head & Neck and Obstetric Anaesthesia                             |
| Dr Maddie Debus         | General. Obstetric and Ophthalmic Anaesthesia                              |
| Dr Steve Drage          | ICU, Chief of Surgery  |
| Dr Leon Dryden          | Cardiac Anaesthesia  |
| Dr Emily Duckham        | General, Obstetric   |
| Dr Adam Eddie           | General  |

|                       |   |
|-----------------------|---|
| Dr Julia Ely          | General, Obstetric and Trauma Anaesthesia, Lead for QSPE        |
| Dr Simon Finn         | General and Trauma Anaesthesia, Simulation                      |
| Dr Vanessa Fludder    | General, Obstetric and Vascular Anaesthesia                     |
| Dr Cristina Fumagalli | Neuro and Obstetric Anaesthesia                                 |
| Dr Anne Garner        | Neuroanaesthesia, Lead for iMRI                                 |
| Dr Julie George       | Neuroanaesthesia, CPEX  |
| Dr Sarah Hardy        | General and Vascular Anaesthesia, KSS TPD                       |
| Dr Mark Harper        | General and Vascular Anaesthesia                                |
| Dr Orla Harvey        | General and Upper GI Anaesthesia                                |
| Dr Andrew Hill        | Lead for Cardiac Anaesthesia                                    |
| Dr Rakhee Hindocha    | ICU   |
| Dr Sarah Hodge        | General and Regional Anaesthesia                                |
| Dr Kat Hunter         | General and Trauma  |
| Dr Nevil Hutchinson   | Cardiac Anaesthesia   |
| Dr Claire Jones       | General, Obstetric and Ophthalmic Anaesthesia, ACSA Lead        |
| Dr Kate Kanga         | General, lead for Perioperative Assessment                      |
| Dr Bill Kavanagh      | Paediatric Anaesthesia  |
|                       |   |
| Dr James Keogh        | Lead for Paediatric Anaesthesia                                 |
| Dr John Kilic         | ICU   |
| Dr Hannah King        | General, Obstetric and Ophthalmic Anaesthesia                   |
| Dr Rob Kong           | Cardiac Anaesthesia   |
| Dr Balazs Kovacs      | General and Elective Orthopaedic/Regional Anaesthesia           |
| Dr Peter Larcombe     | Neuroanaesthesia  |
| Dr Emma Lillie        | Paediatric Anaesthesia  |
| Dr Ian Littlejohn     | Neuroanaesthesia  |
| Dr Marco Maccario     | Cardiac Anaesthesia   |
| Dr Rupert Mason       | General   |
| Dr Abby Medniuk       | General, College Tutor  |
|                       |   |
| Dr Duncan McDonald    | Paediatric Anaesthesia  |
| Dr Amit Mishra        | Paediatric Anaesthesia  |
| Dr Roisin Monteiro    | General and Obstetric Anaesthesia                               |
| Dr Sophie Morris      | General, Obstetric Anaesthesia, Perioperative Clinical Director |
| Dr Tom Mount          | General Anaesthesia, CPEX, Lead Generalist                      |
| Dr Ashok Narayanasamy | Cardiac Anaesthesia   |
| Dr Richard Newton     | Paediatric Anaesthesia  |
| Dr Carrie Nicholas    | Neuroanaesthesia, Neuroanaesthesia ACSA Lead                    |
| Dr John Pateman       | General, Obstetric and Spinal Anaesthesia                       |
| Dr Mark Paul          | Obstetric, Head & Neck Anaesthesia, Departmental Chair          |
| Dr Toni Perello       | General, Regional and Vascular Anaesthesia,                     |
| Dr Claire Phillips    | ICU   |
| Dr John Porter        | ICU and Neuroanaesthesia  |
| Dr Romesh Rasanayagam | General, Obstetric and Head & Neck Anaesthesia                  |
| Dr Kate Regan         | General   |
| Dr Helen Rehill       | Neuroanaesthesia  |
| Dr Neal Reynolds      | General and Trauma  |
| Dr Guy Sanders        | General and Trauma  |
| Dr Alison Schulte     | General, Trauma and Vascular Anaesthesia                        |
| Dr Phil Sherrard      | General and Obstetric Anaesthesia, Perioperative Medicine       |
| Dr Paul Smith         | Paediatric Anaesthesia, College Tutor                           |
| Dr Kate Solan         | Paediatric Anaesthesia  |
| Dr Richard Stoddart   | General, Vascular and Regional Anaesthesia                      |
| Dr Sandeep Sudan      | General and Head & Neck Anaesthesia                             |
| Dr Anita Sugavanam    | General and Vascular Anaesthesia, Perioperative Medicine        |

|                       |  |
|-----------------------|--|
| Dr Chris Swaine       | General, Colorectal and Vascular Anaesthesia               |
| Dr Steph Tilston      | General and Trauma Anaesthesia. Trauma Lead.               |
| Dr Martin Urban       | General and Elective Orthopaedic/Regional Anaesthesia      |
| Dr Renee Van der Most | ICU  |
| Dr Philippa Webb      | Neuroanaesthesia   |
| Dr Peter Westhead     | General and Trauma Anaesthesia. Head of KSS Trauma Network |
| Dr Stuart White       | General, Trauma and Orthopaedic Anaesthesia                |
| Dr Paul Whitney       | Neuroanaesthesia Lead                                      |
| Dr Georgina Wilson    | General, Vascular  |
| Dr Kyne Woodsford     | General  |
| Dr James Yassin       | ICU, Intensive Care Lead                                   |

The Acute Pain Team of the Anaesthetic Department consists of a Senior Clinical Nurse Specialist and several Nurse Specialists. They provide advice and interventions during daytime hours 5 days per week and are in the process of expanding the service to cover weekends.

The administrative and secretarial staff of the Department consists of 1 Administration Manager and 3.9 WTE Administrators.

The combined anaesthetic department of the historical Brighton and Sussex Universities Hospital Trust has bases on 2 sites for adult anaesthesia. Cross site working commenced following the reconfiguration of services in 2005 when large amounts of elective surgery moved to PRH hospital and the nearby independent treatment centre. Most consultants do sessions at all sites. Flexible clinical sessions in daytime may be worked at either PRH or RSCH depending on the cross-site week to week requirement. Clinically and administratively, this remains separate from the departments at Worthing and St Richards, though educational and non-clinical collaboration is encouraged and developing.

Current Department Management:

| Name           | Job Title              |
|----------------|------------------------|
| Stephen Drage  | Chief of Service       |
| Sophie Morris  | Clinical Director      |
| Paul Silvester | Director of Operations |
| Tom Osbourne   | Directorate Manager    |

## Main Duties and Responsibilities

The clinical duties of the post include the following:

### Clinical Governance:

The appointee is expected to be committed to the improvement of quality of clinical care and to participate in incident reporting, risk management and Clinical Unit Governance Meetings.

### Appraisal:

The appointee is expected to compile an annual portfolio with evidence of continuing professional development in accordance with the Trust's appraisal process. He/she will be expected to participate in annual appraisal by the designated consultant and to produce a personal development plan that is aligned to priorities within their clinical service which will be shared with the Medical Director and Chief Executive. The appraisal process will also be part of the information used to revalidate Consultants by the GMC.

#### **Audit:**

The appointee will be expected to actively participate in audit including all relevant audits set out in the Trust's Audit Plan. S/he will be expected to initiate and supervise audit projects related to his/her sub-speciality interest. S/he will liaise with the audit speciality Lead Consultant.

#### **Research:**

Research and Development is fundamental to patient safety. Research and development activities are an important use of supporting professional activities (SPA) time. Any time within job plans allocated to R&D should be evidenced in terms of agreed high quality outputs and linking to personal objectives around appraisal.

#### **Continuous Professional Development/Continuous Medical Education:**

Taking study leave is a necessary part of Continuing Medical Education/CPD. Application for study leave must be submitted six weeks prior to the dates requested. There is a study/professional leave entitlement of 36 DCC sessions over any three-year period. Study leave is agreed by the Clinical Lead or Clinical Director and should be linked to the individual's personal development plan. Evidence of CME participation will become part of the postholder's portfolio. The candidate currently will have an allowance of a maximum of £700 per year for study leave expenses. Visits to other hospitals/working with colleagues is encouraged and supported as an important part of CPD.

#### **Teaching:**

The post holder will be expected to participate in clinical teaching of undergraduate and junior medical staff within their Supporting Professional Activities as required by the Clinical Unit. If there is a specific interest or need, a more extensive teaching role can be developed within the Clinical Unit structure and under the direction of the Specialty College Tutor. The Brighton and Sussex Medical School, which opened in 2003, presents opportunities for participation in undergraduate education. There will also be opportunities for Senior Lecturer posts, in some specialities, to be offered in the future.

### **Learning and Development**

- Attend mandatory training updates as required.
- Undertake training as necessary in line with the development of the post and as agreed with the line manager as part of the personal development process.
- Achieve and demonstrate agreed standards of personal and professional development within agreed timescales.
- Identify own learning needs and jointly plan training requirements with your line manager



- Participate in the Trust's appraisal process to discuss how your role will help deliver the best possible care to our patients and help to deliver any changes in service.

### **ON CALL ROTA:**

The successful candidate will initially join colleagues to support the paediatric consultant on call rota 1:8 Category A based at RACH. The remuneration for on call will be based on the last diary card exercise of the group and is currently 1 PA.

The post holder accepts that they will also perform duties in occasional emergencies and unforeseen circumstances at the request of the appropriate consultant, in consultation, where practicable, with their colleagues, both senior and junior. While it has been agreed between the professions that they will perform such duties, the Secretary of State stresses that additional commitments arising under this sub-section are exceptions and you should not be required to undertake work of this kind for prolonged periods or on a regular basis.

### **Learning and Development**

- Attend mandatory training updates as required.
- Undertake training as necessary in line with the development of the post and as agreed with the line manager as part of the personal development process.
- Achieve and demonstrate agreed standards of personal and professional development within agreed timescales.
- Identify own learning needs and jointly plan training requirements with your line manager
- Participate in the Trust's appraisal process to discuss how your role will help deliver the best possible care to our patients and help to deliver any changes in service.

### **Provisional Timetable**

The job plan will initially be based on 10 PAs (to include 8 DCC PAs and 2 SPAs) and will allow for flexible working and time-shifting. It is anticipated that patient related administration would be performed within the confines of DCC PAs.

1 SPA is for CPD (168 hours per year) includes job planning, appraisal, mandatory training, consultant meetings, clinical governance such as NICE guideline reviews, national audits, GIRFT and patient safety such as incident investigation, coroner participation, learning from deaths and ward teaching. The additional SPA is at the discretion of the Clinical Director and part of team job planning. This must be defined with agreed outputs. Examples: education - SPA (for HEE and non-HEE doctors); leadership roles (at all levels); research; service development etc

The post will be predominately based at the Royal Alexandra Children's hospital, although there will be opportunities to work at other sites in the trust by mutual agreement with the department.

The following draft timetable is intended to show the Trust's expectation of the post. Adjustments may be required in consultation with the appointee, clinical and executive colleagues. In particular, a change may be appropriate after consultation to allow the

development of a special interest held by the successful candidate or to fulfil the changing needs of the department.

The numbers indicate the week on a rolling 4-week rota. Theatre sessions run 8am – 1pm and 1pm – 6pm and are remunerated at 1.25PA per session/2.5PA per day.

| Day       |          | Site     | Location<br>(Ward / Site) |
|-----------|----------|----------|---------------------------|
| Monday    | Week 1/3 |          | Non-working               |
|           | Week 2/4 |          | Non-working               |
| Tuesday   | Week 1/3 |          | SPA                       |
|           | Week 2/4 | RACH     | General Surgery           |
| Wednesday | Week 1/3 | RSCH/PRH | Flexible Adult list       |
|           | Week 2/4 |          | SPA                       |
| Thursday  | Week 1/3 | RACH     | ENT/Trauma                |
|           | Week 2/4 | RACH     | ENT/General surgery       |
| Friday    | Week 1/3 | RACH     | Flexi                     |
|           | Week 2/4 | RACH     | Flexi                     |

This job description is an outline of the role and responsibilities. From time to time due to the needs of the service, we may ask you to flexibly undertake other duties that are consistent with your role and banding, including project work, internal job rotation and absence cover.

## Visiting Arrangements

Applicants are invited to visit the hospital or to phone via hospital switchboard on 01273 696955 ex 64307 for informal discussion by arrangement with:

Dr Sophie Morris – Clinical Director: [sophie.morris7@nhs.net](mailto:sophie.morris7@nhs.net)

Dr James Keogh – Lead Paediatric Anaesthetist: [james.keogh@nhs.net](mailto:james.keogh@nhs.net)

## Wellbeing

The department is committed to the wellbeing of its clinicians. Informal or formal mentoring is available to new colleagues, and the department Chair is an experienced consultant available to all colleagues for advice and support outside of the formal Directorate leadership structure.

We pride ourselves on being a welcoming, supportive and friendly department and have regular clinically based and social gatherings.

For those that need it, more formal support is also available via the Trust HELP service and trained mentors within the department who can signpost to external services as required.

## Person Specification

| Requirements                          | Level required   | How assessed                      | Level required  | How assessed |
|---------------------------------------|--|-----------------------------------|---|--------------|
|                                       | Essential  |                                   | Desirable   |              |
| <b>Experience/Qualifications</b>      | <ul style="list-style-type: none"> <li>Basic medical degree</li> <li>FRCA or appropriate specialist qualification</li> <li>Full GMC Registration with a licence to practice</li> <li>CCT in Anaesthesia or equivalent (equivalence must be confirmed by GMC by date of AAC)</li> <li>Entry onto the GMC Specialist Register or eligibility for entry within 6 months of the date of the AAC</li> </ul>   | AF<br>AF<br>AF<br>AF              | <ul style="list-style-type: none"> <li>Higher Degree related to anaesthesia</li> </ul>  | AF           |
| <b>Clinical Skills and Experience</b> | <ul style="list-style-type: none"> <li>Advanced training in Paediatric Anaesthesia</li> <li>Delivering safe and effective perioperative anaesthetic care to paediatric patients undergoing surgical procedures.</li> <li>Proven history of leading perioperative QI projects</li> <li>Understanding of clinical risk management</li> <li>An ability to communicate well with patients and staff</li> <li>Evidence of having undertaken own development to improve understanding of equalities issues.</li> </ul> | AF/I<br>AF/I<br>AF/I<br>AF/I<br>I | <ul style="list-style-type: none"> <li>Experience of perioperative care of neonates</li> <li>Experience of delivering sedation to children</li> </ul> | AF/I<br>AF/I |
| <b>Knowledge</b>                      | <ul style="list-style-type: none"> <li>Appropriate level of clinical knowledge / up to date</li> <li>Knowledge and use of evidence-based practice</li> </ul>   | I<br>I                            | <ul style="list-style-type: none"> <li>IT skills</li> <li>Breadth of experience in and outside specialty</li> </ul>                                   | I<br>AF/I    |
| <b>Organisation and Planning</b>      | <ul style="list-style-type: none"> <li>Able to organise oneself and prioritise clinical need.</li> <li>Experience and ability to work in multi-professional teams.</li> <li>Understanding of: NHS / Clinical governance / Resource constraints</li> </ul>  | I<br>AF/I<br>AF/I                 | <ul style="list-style-type: none"> <li>Evidence of managerial skills: Achievements / Course attended</li> </ul>                                       | AF           |

|                              |   |  |   |                |
|------------------------------|---|--|---|----------------|
| <b>Teaching Skills</b>       | <ul style="list-style-type: none"> <li>Evidence of an interest and commitment to teaching</li> </ul>  | AF/I   | <ul style="list-style-type: none"> <li>Recognised teaching qualification</li> </ul>                                     | AF             |
| <b>Academic and Research</b> | <ul style="list-style-type: none"> <li>Understanding of the principles of research</li> <li>Evidence of participation in audit and quality improvement</li> </ul>   | I<br>AF/I  | <ul style="list-style-type: none"> <li>Research experience</li> <li>Publications</li> <li>Prizes and honours</li> </ul> | AF<br>AF<br>AF |
| <b>Career Progression</b>    | <ul style="list-style-type: none"> <li>Appropriate progression of career to date</li> </ul>   | AF/I   |   |                |
| <b>Personal Attributes</b>   | <ul style="list-style-type: none"> <li>Evidence of: Good communication skills both oral and written</li> <li>Decisiveness/accountability</li> <li>Excellent and effective interpersonal skills</li> <li>Non-judgemental approach to patients</li> <li>Flexibility</li> <li>Resilience</li> <li>Thoroughness</li> <li>Initiative/drive/enthusiasm</li> <li>Probity</li> <li>Leadership skills</li> <li>Evidence of logical thinking/ problem solving/ decision-making</li> </ul> | AF/I<br><br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I |   |                |
| <b>Behaviours and Values</b> | <ul style="list-style-type: none"> <li>Demonstrates behaviours and attitudes that support the Trust's mission and value</li> </ul>  | I  |   |                |
| <b>Presentation Skills</b>   | <ul style="list-style-type: none"> <li>Effective, confident presentation ability</li> </ul>   | I  |   |                |
| <b>Additional</b>            | <ul style="list-style-type: none"> <li>Good references from relevant sources</li> </ul>   | I  |   |                |

Application form (AF)  
Selection interview (I)  
Assessment (A)

## Main Conditions of Service

The post is covered by the National Terms and Conditions for Consultants (England) 2003 with the exception of those variances that are outlined in your contract.

The basic salary will be based on the Terms and Conditions for Consultants (England) 2003 and will increase in accordance with the provisions of Schedule 15.

It should be noted that the Secretary of State is not prepared to hear Paragraph 190 appeals against unfair termination of employment in respect of any new medical or dental appointments in Trusts, and this rule applies to these posts.

The appointees will be required to reside not more than ten road miles or 30 minutes travelling time from the base hospital unless specific approval is given to a greater distance.

Removal and associated expenses are not reimbursed to the post holder.

The appointment will be subject to passing a medical examination satisfactorily prior to commencing duties.

University Hospitals Sussex NHS Foundation Trust operates a No Smoking Policy, to which all staff must adhere.

In the event of a major incident or civil unrest all University Hospitals Sussex NHS Foundation Trust employees will be expected to report for duty on notification. All Trust employees are also expected to play an active part in training for and in preparation of a major incident or civil unrest.

It is mandatory to attend hospital induction programmes and sessions specific to each clinical area at the start of the post.

The post holder should ensure confidentiality at all times. Employees of the Trust must not without prior permission disclose any information regarding patients or staff obtained during the course of employment, except to authorised bodies or individuals acting in an official capacity. Failure to adhere to this instruction will be regarded as serious misconduct and may lead to disciplinary action. The General Data Protection Regulation (GDPR) may render an individual liable for prosecution in the event of unauthorised disclosure of information.

The Trust is responsible for ensuring that the service provided for patients in its care meets the highest standards. Equally it is responsible for ensuring that staff do not abuse their official position for personal gain or to benefit their family and friends. Staff members are not allowed to further their private interests in the course of their NHS duties.

The appointee is expected to compile an annual portfolio with evidence of continuing professional development in accordance with the Trust's appraisal process. The appointee will be expected to participate in annual appraisal by the designated consultant and to produce a personal development plan that is aligned to priorities within their clinical service which will be shared with the Medical Director and Chief Executive.

At no time should the post holder work outside their defined level of competence. If the post holder has concerns regarding this they should immediately discuss this with their Manager / Supervisor / Consultant. The post holder has the responsibility to inform those supervising their duties if they are not competent to perform a duty.

The Trust is responsible for ensuring that everyone involved in the delivery of NHS care has the required level of English language competence to enable them to effectively carry out their role, deliver safe care and enhance patient experience. Effective communication is a two way process which develops and cements relationships, keeps people informed and reduces the likelihood of errors and mistakes.

The Trust expects you to be able to develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations, this is in accordance with Level 4 of the Knowledge & Skills Framework and in compliance with Article 53 of the European Directive 2005/36/EC.

## **Conditions of Appointment**

The post will be offered subject to the following:

- Satisfactory references (3 years) of which one must be from the most recent employer

- One satisfactory reference from most recent Designated Body
- Current GMC/GDC registration with licence to practice
- On the Specialist Register (or within six months at time of interview)
- Evidence of the right to take up paid employment in the UK
- Occupational Health clearance, including medical examination if required
- Enhanced Disclosure and Barring Service clearance
- The Trust expects all Medical and Dental staff to work within the guidelines of the GMC 'Guide to Good Medical Practice' which can be viewed on the GMC website

## Recognition, Training and Medical Education

All posts will be subject to stringent recording of educational content, clinical activity and experience. The maintenance of good logbooks and learning portfolios is a requirement of each post. Study leave will be provided in accordance with current guidelines.

PGME hold a wide variety of courses, tutorials and seminars with local and visiting speakers which are organised by the specialty departments for clinical staff of all disciplines.

The successful applicant will be expected to take an active role in both postgraduate and undergraduate teaching, and in the training of clinical staff as appropriate.

The successful candidate will be encouraged to utilise the full quota of study leave to pursue their Continued Medical Education.

The department and unit are involved in a number of audits, and the post holder is encouraged to either participate in these audits or start new ones.

## Mentoring

The Trust has a mentoring scheme for consultants, involving a consultant external to the department mentoring the new post holder in a pastoral sense.

## Our Trust

We provide care for 1.8 million patients, covering a geographical area of approximately 3,800km<sup>2</sup>. This includes all of Sussex for trauma; Brighton and Hove, Mid and East Sussex for cancer and neurosurgery; and district general acute services for Brighton and Hove, West and Mid Sussex, extending into East Sussex.

We operate across five main hospital sites:

- Princess Royal Hospital in Haywards Heath
- Royal Sussex County Hospital in Brighton
- St Richard's Hospital in Chichester
- Southlands Hospital in Shoreham-by-Sea
- Worthing Hospital in the centre of Worthing

NB: The Brighton campus includes the Royal Alexandra Children's Hospital and the Sussex Eye Hospital.

In addition to our five hospital sites, we provide services from other locations including:

- Bexhill Haemodialysis Satellite Unit

- Bognor War Memorial Hospital
- Brighton General Hospital
- Crawley Hospital
- Hove Polyclinic
- Lewes Victoria Hospital
- Newhaven Ward
- The Park Centre for Breast Care
- Worthing Dialysis Satellite Unit
- Various Health Centres, GP surgeries and Sexual Health Clinics

Our four acute hospital sites in Brighton, Chichester, Haywards Heath and Worthing offer many of the same services for their local populations including acute medicine, general surgery, 24 hour A&E, maternity services, intensive care and orthopaedics. Paediatric and neonatal care is provided at Brighton, Chichester and Worthing.

The specialised and tertiary services provided at the Royal Sussex County Hospital in Brighton include neurosciences, arterial vascular surgery, neonatal, paediatrics, cardiac, cancer, renal, infectious diseases and HIV medicine. It is also the major trauma centre for Sussex and the South East.

In Chichester, we operate a purpose-built NHS Treatment Centre on site which offers safe, fast, pre-booked day and short stay surgery and diagnostic procedures.

In Worthing, our Breast Care Centre is equipped with the latest digital diagnostic equipment, which enables the provision of a much-improved breast screening and symptomatic service to women in a warm and welcoming, purpose-built environment.

Southlands Hospital specialises in day-case procedures, ophthalmology care and outpatient appointments and services provided from Brighton General Hospital include dermatology, physiotherapy and outpatient appointments.

## Mission and values

The mission of University Hospitals Sussex – what we are striving to achieve – is to provide:

***“excellent care every time”***

All our efforts to do this put the interests of our patients first and foremost, and are underpinned by our values:

- Compassion
- Communication
- Teamwork
- Respect
- Professionalism
- Inclusion

These values were selected by our staff, patients and public when we were talking about the merger and the sort of organisation we want University Hospitals Sussex to be.

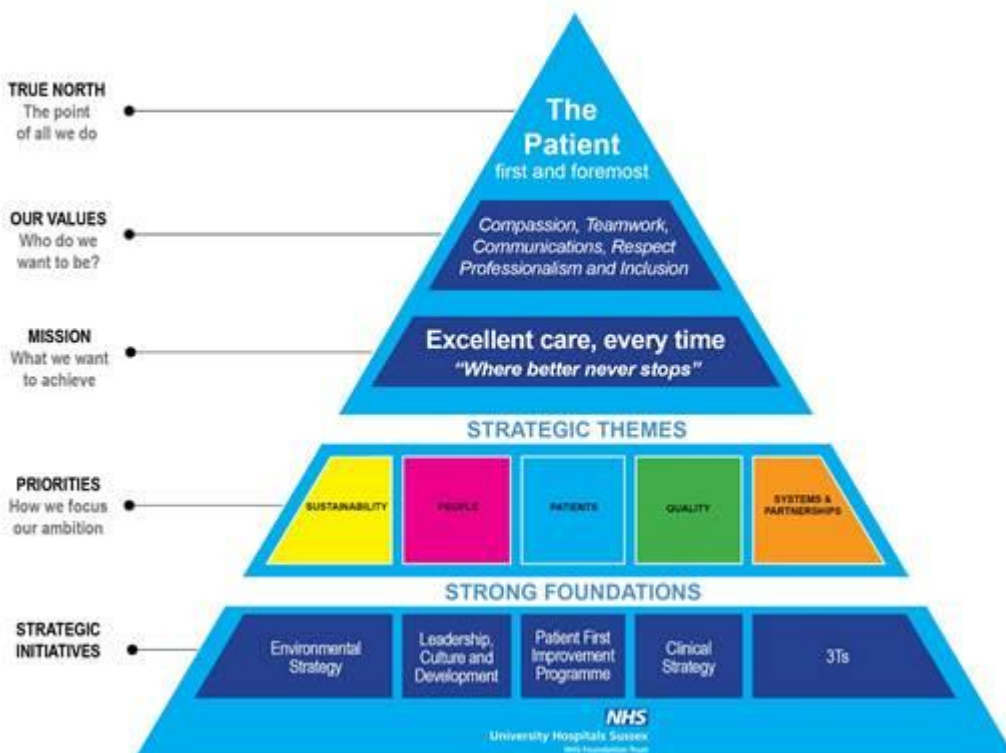
Our mission and values are extremely important to us and we expect everyone who works at University Hospitals Sussex in any capacity to share and uphold them.



## Patient First

- Patient First is our Trust-wide approach to improving the quality of care for patients and to build and embed a culture where staff can be confident that their views matter and will be heard.
- The aim is to empower all staff to lead change, raise issues, concerns, identify and implement areas for improvement within the workplace and find solutions collectively as part of a team.
- Staff will be equipped with skills to identify improvement opportunities and supported to see those through
- It encourages all staff to be innovative and drive forward quality improvement and positive changes in their areas.
- The philosophy behind this is centred on:
  - Standardisation, system redesign and the improvement of patient pathways to eliminate error and waste and improve quality
  - The patient being at the heart of every element of change
  - Embedding cultural change across the organisation, where everyone is passionate about delivering exceptional quality every time and “where better never stops”.
  - Continuous improvement of our services through small steps of change
  - Constantly testing the patient pathway to see how we can develop
  - Encouraging frontline staff to lead the redesign processes
  - Equal voices for all
  - Engagement of staff is a big factor in job performance.
  - Good engagement leads to improved quality, mortality and safety measures

 Patient First triangle





## Equality, Diversity and Inclusion

Inclusion and respect are core values at UHSussex, and we are committed to diversity and equality. This means treating colleagues and patients with professionalism, ensuring everyone feels welcome and included, valuing different backgrounds and experiences, and challenging inequalities.

Having all our staff feel safe, supported, included and valued will lead to better care and outcomes for our patients – our True North Objective.

All staff have a duty to report any behaviours which contravene this to their managers.

## Brighton and Sussex Medical School

The School is an equal partnership between the Universities of Sussex and Brighton together with NHS organisations throughout the South East Region. The arrangements for the School's governance reflect this approach and students are awarded joint degrees of both Universities.

The school is fully committed to the principles of Tomorrow's Doctors; we endorse the value of medical education in a multi-professional context, and promote the highest possible standards in our teaching, clinical practice, and research (both fundamental and applied).

BSMS admit approximately 135 students annually to their BM BS degree course. BSMS has proved exceptionally popular and in recent admissions rounds have continued to achieve one of the highest application rates of any UK medical school. Students spend their first two years primarily on the universities' campuses at Falmer; thereafter the focus shifts to the associated teaching hospitals and community settings in Brighton and the surrounding area. We have purpose-built teaching facilities in all areas.

The curriculum emphasises early clinical involvement, a broad range of experience and a firm foundation in basic science. A wide range of teaching and learning approaches are employed tailored to the particular circumstances; we are not committed to a single method of delivery. Feedback from the National Student Survey has demonstrated an exceptionally high level of student satisfaction, with BSMS being consistently among the top 10 performing medical schools in the country with scores of over 90%.

The research undertaken at BSMS aims to make a genuine contribution to the evidence and science underpinning clinical practice, and to benefit people and patients in their health and wellbeing. We expect our key domains of research strength to be recognised on the international stage and these are represented by the new departments of Global Health and Infection (including HIV and sexual health) and of Neuroscience (including mental health and neurology). We have made significant investments in research infrastructure, including a world-class Clinical Imaging Sciences Centre (CISC) housing a 3T and 1.5T MRI and a PET-CT scanner and a Clinical Investigation & Research Unit (CIRU) dedicated to patient-orientated research and early clinical trials.

## Research and Teaching

Sussex is a progressive university delivering innovative thought and action, with a worldwide reputation for excellence in research and discovery. Its distinctive approach leads to the development of high quality new research which crosses traditional boundaries, benefits and enriches society, and influences policy at international, regional and national levels. Sussex research has a positive impact on people's lives. In the Times Higher Education World

University Rankings 2016 Sussex was ranked 23<sup>rd</sup> in the UK and 140<sup>th</sup> in the world for research influence.

The results of the government-commissioned [Research Excellence Framework](#) (REF) in 2014 show that over 75% of research activity at Sussex is categorised as 'world leading' (4\*, 28%) or 'internationally excellent' (3\*, 48%) in terms of originality, significance and rigour, whilst 98% of research activity at Sussex is categorised as either 'world-leading', 'internationally excellent' or 'internationally recognised'.

The University of Brighton has a long and distinguished history of applied research. This serves to sustain and nourish its mission to help form professional and vocational careers. Ultimately, the university aims to transform the lives and experiences of people and their environments with research that matters. In the REF2014, 92% of its research was judged to be world-leading or internationally excellent in terms of the impact it makes, putting it in the top 25% for the sector.

BSMS made a major contribution to its host universities' submissions in the most recent Research Excellence Framework (REF2014). The majority of BSMS staff who were submitted contributed to Psychology, Psychiatry and Neuroscience, and Biological Sciences at the University of Sussex, both ranked 10th, or the joint submission with the University of Brighton (Allied Health Professionals, Dentistry, Nursing and Pharmacy – ranked 27th). A smaller number of academics were submitted with Sociology and English at Sussex.

## **Risk Management/Health and Safety**

The jobholder has a responsibility to themselves and others in relation to managing risk, health and safety and will be required to work within the policies and procedures laid down by the Trust. All staff have a responsibility to access occupational health, other staff support services and/or any relevant others in times of need and advice.

## **Infection Control**

Infection prevention and control is an essential aspect of patient care. All post holders have a personal obligation to act to reduce Healthcare Associated Infections (HCAIs). They must attend mandatory training in infection prevention and control and be compliant with all measures required by the Trust to reduce HCAIs. Post holders must be familiar with the Trust's Infection Control Policies, including those that apply to their duties, such as Hand Decontamination Policy, The Dress Code and Personal Protective Equipment Policy. Post holders who have clinical responsibilities must incorporate into their clinical activities up-to-date evidence that supports safe infection control practices and procedures, for example the use of aseptic techniques and the safe disposal of sharps.

## **Safeguarding Children and Vulnerable Adults**

As an NHS employee you have a statutory duty to safeguard and promote the welfare of adults at risk of harm or abuse under Section 42 – 48 of The Care Act 2014. In addition “all doctors will, whatever their role, take appropriate action to raise and act on concerns about patient care, dignity and safety” (Raising and Acting on Concerns About Patient Safety 2012 GMC)

All staff and volunteers working within UHS are required to undertake the appropriate level of statutory safeguarding adults training:

- Level 1: All Non-clinical staff (3 yearly update)
- Level 2: All clinical staff working with adults (3 yearly update)
- Level 3: All clinical staff working with adults who are in a permanent senior post e.g. Consultants (3 yearly update)

The specific level of safeguarding training is addressed in the Safeguarding Adults: Intercollegiate Document 2016

As a NHS employee you have a statutory duty and responsibility to safeguard and promote the welfare of children under section 11 of the Children Act 2004. In addition “All doctors, including doctors who treat adult patients, must consider the needs of children and young people, promote their well-being and good health and where possible, prevent abuse and neglect.” (Protecting Children and Young People: the responsibilities of all doctors, GMC 2012)

The total UHS workforce requires some level of statutory safeguarding children training.

- Level 1 (All non clinical staff) requires 3 yearly update
- Level 2 (All clinical staff who see adults) requires 3 yearly update
- Level 3 (All clinical staff who see children) requires annual update

The specific level of safeguarding training is addressed in the intercollegiate document 2015 & the UHS safeguarding training strategy.

## Confidentiality

As an employee of this Trust you may gain privileged knowledge of a highly confidential nature relating to private affairs, diagnosis and treatment of patients, information affecting members of the public, personal matters concerning staff, commercial confidences of third parties, and details of items under consideration by this Trust. Such information should not be divulged or passed to any unauthorised person or persons, and the requirements of the Trust's Code of Conduct for Employees in Respect of Confidentiality, a copy of which is available from your Head of Department, must be adhered to with particular regard to the responsibilities of individuals and the Trust under appropriate legislation, notably the Data Protection Act.

Failure to comply with this requirement may constitute gross misconduct under the Trust's Disciplinary Policy which may lead to summary dismissal.

## Flexibility Statement

This job description is not inflexible but is an outline and account of the role and responsibilities. Other duties may be required to be performed from time to time in line with the jobholder's grade, experience and job role. The job description and person specification may be reviewed on an ongoing basis and at the time of the employee's appraisal, in accordance with the changing needs of the department and the organisation. Any significant changes that are proposed will be discussed fully and agreed with the post holder in advance.

As an employee of this Trust you may gain privileged knowledge of a highly confidential nature relating to private affairs, diagnosis and treatment of patients, information affecting members of the public, personal matters concerning staff, commercial confidences of third parties, and details of items under consideration by this Trust. Such information should not be divulged or passed to any unauthorised person or persons, and the requirements of the Trust's Code of Conduct for Employees in Respect of Confidentiality, a copy of which is available from your Head of Department, must be adhered to with particular regard to the responsibilities of individuals and the Trust under appropriate legislation, notably the Data Protection Act.

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