



## **Appointment of Clinical Fellow Higher (ST6+) in Paediatric Retrieval (PaNDR)**

**Post Reference No. 180-CFH-4784**

**Medical Staffing Department**

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Cambridge University Hospitals NHS Foundation Trust  
Cambridge Biomedical Campus  
Hills Road, Cambridge  
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## **The Department of Paediatric and Neonatal Decision Support and Retrieval Service**

The Paediatric and Neonatal Decision Support and Retrieval Service for the East of England (PaNDR) is an accredited RCPCH service for national grid training. This is one of several posts to support the newly developed service and have an exceptional experience in paediatric retrieval. PaNDR Service is co-located with the existing Neonatal Service based on site at Addenbrookes Hospital, Rosie Site.

The Paediatric arm of PaNDR comprises 8 Paediatric Intensive Care and Paediatric Anaesthetic Consultants and 9 full-time Specialty Retrieval Registrar/Fellow Posts working alongside highly experienced Paediatric Retrieval Nurses. There is also several management and administration staff including the associated Emergency Bed Finding Service (EBS).

The team will use their own new-brand purpose-built ambulances with dedicated Ambulance Technicians and State-Of-the-Art equipment. PaNDR is a Consultant-led service with Consultant involvement in all aspects of service delivery.

This post is appealing to trainees in Paediatrics, Paediatric Intensive Care, Paediatric Emergency Medicine, Emergency Medicine, Anaesthetics, and Intensive Care Medicine who want to have a bespoke experience in Acute Paediatrics in a tertiary stand-alone retrieval service before seeking their first Consultant post. International Fellows who seek similar exposure are welcome to apply and encouraged to discuss the post with the link Consultant.

The Emergency Department (ED) at Cambridge University Hospitals NHS Foundation Trust is the biggest in the region seeing over 100,000 patients a year with a tertiary Paediatric Emergency Service as well. The hospital is the Trauma Centre for the East of England region covering a wide geographical population and 15 other district hospitals. Addenbrooke's is also the regional Neurosurgical Centre.

The Paediatric Department at Addenbrooke's is housed in the main hospital building. In-patient care is carried out on 3 wards, C3 looking after the infants and small children, C2 dealing with Oncology and General Paediatrics, D2 being mainly for surgical and neurological cases, and day cases are seen on F3.

Although there is no Cardiac Surgery or ECMO at Addenbrooke's Hospital, all other forms of cardiovascular, respiratory, and renal support are undertaken on PICU (Paediatric Intensive Care Unit), including high frequency ventilation, nitric oxide, haemofiltration and intracranial pressure monitoring. There is also a strong link with the neighbouring Royal Papworth Hospital NHS Foundation Trust that is one of the leading hospitals in Cardiovascular Medicine and Lung Transplant.

Relationships between the PaNDR and Anaesthetic departments are strong and there is an excellent spirit of cooperation, with airway and IV access training opportunities in the anaesthetic department.

## Staffing: NHS and Academic

The present medical staff establishment comprises:

<b>NHS Consultants</b>	<b>Specialty</b>
Dr J Arthur	PaNDR, Neonatology
Dr T Austin	Neonatology Neonatal Neurology and Research
Dr K Beardsall	Neonatology and Research
Dr G Belteki	Neonatology
Dr M Bohatschek	Neonatology
Dr S Broster	Neonatology, PaNDR
Dr R Chaudhary	Neonatology, (PaNDR Clinical Lead)
Dr A D'Amore	Neonatology, Neurodevelopment, Clinical Director Paediatric Critical Care
Dr L Harrington	PaNDR, Neonatology,
Dr S Hoodbhoy	Neonatology, Neonatal Nutrition,
Dr S Job	Neonatology, Paediatric Cardiology
Dr W Kelsall	Neonatology, Paediatric Cardiology
Dr C MacDougall	Neonatology
Dr S O'Hare	Neonatology, Neonatal Lead for PaNDR
Dr R Pinnamaneni	Neonatology
Dr G Rajendran	Neonatology, PaNDR
Dr H Wong	Neonatology

### PaNDR PIC Consultants

<b>NHS Consultants</b>	<b>Specialty</b>
Dr O Hosheh	PaNDR & Paediatric Intensive Care, Paediatric Lead for PaNDR
Dr R Parameswaran Pillai	PaNDR & Paediatric Intensive Care
Dr B Lothian	PaNDR & Paediatric Intensive Care (Locum)
Dr K O'Malley	PaNDR (Locum)
Dr S Reid	PaNDR & Paediatric Anaesthesia
Dr J Valle Ortiz	PaNDR & Paediatric Intensive Care
Dr J Pickard	PaNDR & Paediatric Intensive Care

### Paediatric Intensive Care Consultants

<b>NHS Consultants</b>	<b>Specialty</b>
Dr S Agrawal	Paediatric Intensive Care Medicine
Dr D Inwald	Paediatric Intensive Care Medicine
Dr R Kayani	Paediatric Intensive Care Medicine
Dr G Neelegowda	Paediatric Intensive Care Medicine (Locum)
Dr R O'Donnell	Paediatric Intensive Care Medicine, Clinical Lead PICU
Dr N Pathan	Paediatric Intensive Care Medicine, Research Lead
Dr C Kanaris	Paediatric Intensive Care Medicine

<b>Other Medical Staff</b>	
Core clinical fellows NICU	4
ANNP's- NICU	2
Higher Clinical Fellows- NICU	3
<b>Trainee Medical Staff</b>	
Specialty Registrars ST4-8 (Neonatology)	11
Specialty Registrars ST2-3 (Neonatology)	9
Specialty Registrars PaNDR	2

Higher clinical Fellows PaNDR	5
ANNP PaNDR	1

### Paediatric Consultants

NHS Consultants	Specialty
Dr D McShane	Paediatrics Respiratory Medicine, Clinical Director
Dr W Kozłowska	Paediatrics Respiratory Medicine
Dr T Polychronakis	Paediatrics Respiratory Medicine, Specialty Lead
Dr L Selby	Paediatrics Respiratory Medicine
Dr A Parker	Paediatric Neurologist, Specialty Lead
Dr G Ambegaonkar	Paediatric Neurologist
Dr M Chitre	Paediatric Neurologist
Dr P Harijan	Paediatric Neurologist
Dr D Krishnakumar	Paediatric Neurologist
Dr A Maw	Paediatric Neurologist,
Dr M Gattens	Paediatric Haematologist
Dr E Dickens	Paediatric Haematologist, Specialty Lead
Dr G Barnard	Paediatric Oncologist
Dr S Behjati	Paediatric Oncologist
Dr C Burns	Paediatric Oncologist
Dr M Murray	Paediatric Oncologist
Dr J Nicholson	Paediatric Oncologist
Dr J Tan	Paediatric Oncology, Specialty Doctor
Dr P Sartori	Paediatric Palliative Care Medicine
Dr R Heuschkel	Paediatric Gastroenterologist, Specialty Lead
Dr F Torrente	Paediatric Gastroenterologist
Dr C Salvestrini	Paediatric Gastroenterologist
Dr M Zilbauer	Paediatric Gastroenterologist
Dr P Bale	Paediatric Rheumatologist
Dr K Armon	Paediatric Rheumatologist, Specialty Lead
Dr E Hendriks	Paediatric Endocrinology
Dr M Marcovecchio	Paediatric Endocrinology
Dr A Thankamony	Paediatric Endocrinology, Specialty Lead
Dr S Walton-Betancourth	Paediatric Endocrinology
Dr C O'Sullivan	Paediatric Immunology

### Academic Department of Paediatrics

Dr K Beardsall	Neonatology, Research
Dr S Behjati	Paediatric Oncology
Dr A Clark	Clinical Immunology and Allergy
Dr E Hendriks	Paediatric Endocrinology
Dr L Marcovecchio	Paediatric Endocrinology
Dr M Murray	Paediatric Oncology
Dr N Pathan	Paediatric Intensive Care Medicine
Prof K Ong	Paediatric Endocrinology
Prof D Rowitch	Head of Department
Dr M Zilbauer	Paediatric Gastroenterology

**Community Paediatrics (managed by the South Cambridgeshire Primary Care Trust)**

Dr J Taylor	Service Lead, Consultant Community Paediatrician
Dr R Bower	Consultant Community Paediatrician
Dr K Burton	Consultant Community Paediatrician
Dr A Sansome	Consultant Community Paediatrician
Dr D Vickers	Consultant Community Paediatrician
Dr A Walters	Consultant Community Paediatrician

**Paediatric Associate Specialists**

Dr A Wong	Paediatric Oncologist
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**Supporting specialties within the hospital include several Paediatric Surgeons:**

Mr A Aslam	Paediatric Surgery
Mrs C Jackson	Paediatric Surgery
Mr S Farrell	Paediatric Surgery
Miss G Malakounides	Paediatric Surgery, Specialty Lead
Ms A Long	Paediatric Surgery
Ms M Bisharat	Urology/General
Mr N Featherstone	Urology/General
Mr A Rehm	Orthopaedic
Mr M Latimer	Orthopaedic
Miss E Ashby	Orthopaedic
Miss K Stohr	Orthopaedic
Mr T Ahmad	Cleft and Plastic Surgery
Ms K Moar	Cleft and Plastic Surgery, Divisional Director
Ms L Treharne	Cleft and Plastic Surgery
Miss B Muthusamy	Ophthalmology
Ms L Allen	Ophthalmology
Ms E Novitskaya	Ophthalmology
Mr J Somner	Ophthalmology
Mr I Jalloh	Neurosurgery
Mr T Santarius	Neurosurgery
Mr M Garnett	Neurosurgery
Miss K Holland	Neurosurgery
Mr P Jani	ENT
Miss J Bewick	ENT
Mr N Jonas	ENT

<b>Other Medical Staff</b>	
Clinical Fellows	5 (1 General, 1 Oncology, 3 PICU)
<b>Trainee Medical Staff</b>	
Clinical Lecturers (StR)	3
Specialty Registrars ST4-8 (PICU)	5
Specialty Registrars ST4-8 (Paediatrics)	9 (National Grid Posts x3)
Specialty Registrars ST1-3 (Paediatrics)	7
GP VTS	2
Foundation House Officer 2's	4

## Duties of this post

The post holder will primarily work at PaNDR base. As a fellow in the Paediatric Retrieval Service, you will be responsible for taking the medical lead for paediatric transfers working alongside the Consultant team. There is a robust sign-off process in place and trainees/fellows are always encouraged to discuss their clinical needs and comfort zones with the on-duty consultant. This is an excellent opportunity to work on leadership and communication skills in an acute environment. Clinical and administrative duties will be equivalent to those working as Specialty Registrars.

The team ethos is to deliver a safe transfer service for critically ill paediatric patients. As part of this team, duties include taking referral calls, providing advice, leading the team in the referring hospital and stabilisation of the critically ill child for transfer to the receiving unit.

Post holders will gain extensive experience in Paediatric Intensive Care skills including intubation, central line insertion, and ventilation. They will be encouraged to attend theatre lists to maintain expertise in key transfer skills including oral and nasal intubations.

Each post holder will have an allocated clinical supervisor on PaNDR and will be encouraged to follow the PICS-ATG Transport Passport curriculum as per the RCPCH PICM Retrieval competencies and keep a transport logbook.

### Rota Commitment on PaNDR:

The post holder will work a full shift rota. The Retrieval Service operate 24 hrs a day 7 days a week with 3 shifts 08:00- 20:00, 11:00 – 23:00, 20:00-08:00 with consultant support and supervision on every shift. The rota is approved in terms of New Deal and European working time directive (EWTD). Hours are regularly monitored, and the Trust is committed to implementing the EWTD. All members of the rota are expected to cooperate with their peers and be flexible to allow the system to work effectively.

### Provisional Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	PaNDR Handover Kit and Ambulance check	PaNDR Handover 5-min Teaching (Paediatric)  Once a month PaNDR Governance meeting  Once a month PaNDR service M&M	PaNDR Handover 5-min Teaching (Neonatal)  Simulation Teaching	PaNDR Handover 5-min Teaching (Paediatric)	PaNDR Handover 5-min Teaching (Neonatal)
PM	Paediatric Clinical Meeting	PICU Meeting	Hospital Grand Round	Bamboo session every 3 <sup>rd</sup> Thursday of the month	Governance Meeting

## **Departmental/Local induction**

There is a service specific induction for the Retrieval Service. The induction is delivered by the PaNDR Consultants and Senior Nursing Team.

The Local induction includes clinical, operational, logistical and equipment specific requirements to deliver a safe transfer service. Fellows will initially be accompanied by a consultant to ensure the fellow is fully supported in acquiring clinical competencies. Fellows will also be accompanied by a consultant on further shifts should the clinical condition of the child requires.

## **Educational Opportunities**

The Retrieval Fellows will have access to all the educational opportunities including the paediatric departmental teaching as well as dedicated retrieval focussed teaching (i.e. simulation on retrieval, outreach meetings, The Ultrasound-guided vascular access course, CACTUS, and the excellent monthly Bamboo sessions). There are planned teaching sessions for all levels of staff during the week within the Retrieval Service, including a daily teaching handover at 08:00 every morning.

There is a comprehensive teaching package available to Trainees with the Retrieval team covering core aspects of the sub-specialty, including respiratory, cardiac, surgical, infection and complex airways. These planned teaching sessions will cover the PICS-ATG Transport Passport Curriculum and PICM Retrieval competencies as set put by RCPCH. These will include a combination of face-to-face, online and simulation teaching sessions apart from regular governance meetings.

In line with the PICS-ATG Transport curriculum which has RCPCH PICM-ISAC approval, PaNDR Retrieval Fellows will have opportunities to undertake SLEs to demonstrate their competence and will be required to keep a logbook.

These include:

- (ePaed Mini-CEX) Paediatric Mini Clinical Evaluation
- Paediatric Case-based Discussion (ePaed Cbd)
- Directly Observed Procedure/Assessment of Performance (DOP/AoP)
- Acute Care Assessment Tool (ACAT)
- Discussion of Correspondence (DOC)
- Clinical Leadership Assessment Skills (LEADER)
- Handover Assessment Tool (HAT)
- Paediatric Multi Source Feedback (ePaed MSF)

The Service will also ensure Fellows have the opportunity to undertake the RCPCH START assessment at the appropriate time.

Cambridge University Health Partners, the academic health sciences centre, in conjunction with the Institute of Continuing Education at The University of Cambridge are pleased to offer a one

year Postgraduate Certificate in Clinical Medicine to all clinicians employed in Cambridge. Further details and registration: [www.ice.cam.ac.uk/ClinMed](http://www.ice.cam.ac.uk/ClinMed)

## **Study and Research**

You are eligible for up to 30 days study leave per annum pro-rata in agreement with your Clinical Lead. Study leave allowance is £300 per annum, pro-rata.

Addenbrooke's has an outstanding reputation for research. Major research centres on site within the hospital include the Brain Repair Unit, the Brain Cognition Centre (MRC), the Dunn Nutrition Unit, a Clinical Investigation Unit sponsored by GlaxoSmithKline and an MRC/Wellcome funded Experimental Medicine Research Institute. Building work for a large Oncology Centre (MRC/CRC) has started, and other major projects are at a planning stage.

Addenbrooke's Trust and Medical School have a clearly stated research portfolio. The major priorities for research within the Trust include Neurosciences, Genetics, Endocrinology and Metabolism and Oncology. Many other areas for research are clearly well established, but major developments may be easier to support within these areas.

## **Arrangements for Leave**

The annual leave entitlement for a full-time Clinical Fellow is based on a standard working week of five days:

- a. On first appointment to the NHS: 27 days
- b. After five years' completed NHS service: 32 days.

Arrangements for booking leave are departmental and will be confirmed as part of local induction.

All leave must be arranged through the middle grade rota coordinator. All leave is covered internally and specialist registrars are obliged to work together to ensure the level of junior cover is adequate to maintain appropriate standards.

## Person Specification

Entry Criteria	Essential	Desirable
<b>Qualifications</b>	MBBS or equivalent qualification MRCPCH or an equivalent qualification Full Registration and a Licence to Practice with the General Medical Council at the time of commencement	ETC/ATLS Course APLS/EPLS/PALS
<b>Experience</b>	<p><b>For Paediatricians:</b> Previous experience of at least 12 months in a PICU and/or retrieval service and/or PEM</p> <p><b>For anaesthetists:</b> Two years experience of Anaesthesia</p> <p><b>For Adult Medicine/ED Candidates:</b> Two years experience of Accident and Emergency  <b>or</b>            Two years experience in adult based Intensive Care Medicine</p> <p>Logbook indicating validated experience of appropriate range and number of clinical procedures</p> <p>To be eligible for appointment at the ST6+ level within this role you are required to have completed Specialty Registrar or equivalent training to ST6 level passing the associated competencies (Higher CF).</p>	Experience in Neonatology and/or Paediatric intensive Care Medicine for non-paediatricians Transport of critically ill neonates and/or paediatric patients Audit and research experience
<b>Skills / Ability / Knowledge</b>	Able to carry out neonatal and paediatric resuscitation and emergency intubation The ability to participate in under and postgraduate teaching programme Good organisation Ability to organise own learning and time	Computer skills including Microsoft word and Outlook
<b>Qualities / Attributes</b>	Ability to work as part of a team Ability to keep good medical records and communicate with other hospital departments and primary care	Ability to undertake research projects and audit Show interest in investigative, audit and research work outside immediate clinical responsibility

Entry Criteria	Essential	Desirable
	Ability to understand and communicate with patients and colleagues	
<b>Language Requirements</b>	<p>The applicant must demonstrate skills in listening, reading, writing and speaking in English that enable effective communication about medical topics with patients and colleagues, as set out in the GMC's Good Medical Practice (2014)</p> <p>If the Primary Medical Qualification including clinical contact was not carried out using English, applicants must either:</p> <ul style="list-style-type: none"> <li>• Have an academic IELTS score of at least 7.5 in each domain and overall, or demonstrate equivalence by providing evidence of English language skills.</li> <li style="text-align: center;">or</li> <li>• Complete the Occupational English Test (OET) and achieve grade B in each of the four domains tested in the OET to meet the GMC's requirements</li> </ul>	Able to communicate to professionally and effectively with health care professionals and parents

## General Information

### Cambridge University Hospitals NHS Foundation Trust (CUH) in profile

We are one of the largest and best known acute hospital trusts in the country. The 'local' hospital for our community, delivering care through Addenbrooke's and the Rosie, CUH is also a leading regional and national centre for specialist treatment.

The hospital fulfils a number of important functions; its three main core activities are clinical care, research and teaching. It is the local hospital for people living in the Cambridge area, providing emergency, surgical, medical and maternity care but as well as delivering care, it is also:

- A leading national centre for specialist treatment for rare or complex conditions such as organ transplantation, cancer, neurosciences and paediatrics. (For further information about clinical services [www.cuh.nhs.uk/services-0](http://www.cuh.nhs.uk/services-0))
- A government-designed biomedical research centre and part of the National Institute for Health Research (NIHR)
- One of six academic health science centres in the UK
- A university teaching hospital with a worldwide reputation
- A partner in the development of the Cambridge Biomedical Campus.

Our vision is to improve people's quality of life through innovative and sustainable healthcare.

Our **CUH Together** Strategy has been developed with staff, patients and partners. Patients are central to everything we do and we want to ensure that CUH is an exciting and supportive place to work. Our vision is to improve people's quality of life through innovative and sustainable healthcare. We will deliver our vision in a way that is consistent with our values of **Together – Safe | Kind | Excellent**, and the associated behaviours that define how we care for our patients and work with our colleagues and partners.

Our strategy has four key priorities:

- Improving patient journeys
- Working with our communities
- Strengthening the organisation
- Contributing nationally and internationally

We share our site with a range of other organisations including the University Clinical School, the National Blood Authority, and laboratories funded by the Medical Research Council (MRC), the Wellcome Trust and Glaxo SmithKline, University of Cambridge Hutchison/Cancer Research UK (CRUK) Cancer Centre and The Medical Research Council's facility to house the Laboratory of Molecular Biology. The Royal Papworth Hospital relocated to the Campus in April 2019 and a new global R&D Centre and Corporate HQ for AstraZeneca opened in 2021.

In December 2018 it was announced that The Cambridge Children's Hospital will be added to the campus with enabling work beginning this year and main building work due to commence in 2026. The Children's Hospital vision is to treat the whole child, not just the illness or condition.

The children's hospital project will be delivered through an innovative joint proposal between ourselves, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), providing mental health services and the University of Cambridge, providing world-leading academic research. We are acutely aware that this hospital needs to provide support to develop and strengthen paediatrics across the whole region and we will be working with our networks to build a shared vision for this. The partnership is pioneering the full integration of physical and inpatient mental healthcare in the same setting, alongside ground breaking genomic science and mind and body mental health research to find new ways of preventing and detecting childhood diseases. The

hospital will provide a permanent and sustainable home for CPFT's inpatient children and young people's mental health services currently provided on the Ida Darwin site in Cambridge.

In addition, the Cambridge Cancer Research Hospital (CCRH) will be a new, purpose-built, specialist cancer research hospital. The new building will include additional beds that are needed to accommodate increasing numbers of patients and more single rooms that are suitable for novel therapies and reduce the risk of hospital-acquired infections. It will also deliver additional capacity for day treatment and clinical trials and an expanded emergency assessment unit for cancer patients. Specifically, it will include wards for Oncology, Haematology, Bone Marrow Transplant and a Young Adult Cancer ward, an outpatient department and diagnostic suites, day units for Oncology and Haematology and a Breast Unit. Groundworks are beginning in 2024 with main building work due to commence in 2025.

For us at CUH, being based at the heart of the Cambridge Biomedical Campus means we are perfectly situated to make the most of the opportunities that are arising. We pride ourselves on the teamwork, energy and commitment of our excellent staff – they are our most important assets. Recognising this, we have taken a positive approach to supporting them in their work through schemes to help work-life balance, improvements in the working environment and initiatives to make it easier for staff to explore new career opportunities and develop professionally and personally.

## **Cambridge University Hospitals - Board of Directors**

### **Chair and Chief Executive:**

Dr Mike More – Chair  
Roland Sinker – Chief Executive  
Nicola Ayton – Deputy Chief Executive

### **Non-Executive Directors:**

Daniel Abrams  
Dr Annette Doherty  
Professor Ian Jacobs  
Ali Layne-Smith  
Professor Patrick H Maxwell  
Dr James Morrow  
Rohan Sivanandan  
Professor Sharon Peacock

### **Executive Directors:**

Dr Sue Broster – Director of Innovation, Digital and Improvement  
Mike Keech – Chief Finance Officer  
Jon Scott – Interim Chief Operating Officer  
Dr Ashley Shaw – Medical Director  
Claire Stoneham – Director of Strategy and Major Projects  
Lorraine Szeremeta – Chief Nurse  
Ian Walker – Director of Corporate Affairs  
David Wherrett – Director of Workforce

## **Cambridge University Hospitals NHS Foundation Trust in detail**

Last year 57,626 men, women and children were treated as inpatients, 137,827 people attended accident and emergency, and there were 862,874 visits to outpatient clinics (2022/2023 figures). CUH medical staff hold clinics in 14 different regional hospitals so that patients do not have to travel to Cambridge. Nearly 100 of our Consultants hold some form of joint appointment with a dozen neighbouring hospitals.

CUH is a teaching hospital for medical undergraduates and postgraduates, nurses and students in other clinical professions and has a variety of initiatives to encourage life-long learning'. Many training schemes are in place in our National Vocational Qualification Centre, Postgraduate Medical Education Centre and Learning Centre. Training schemes include cadet schemes in nursing, office technology, science, modern apprenticeships in clinical engineering and supporting training placements for biomedical scientists.

CUH has:

- Around 12,700 staff of which approx. 2,500 are medical and dental staff
- 5,445 births per year
- 198,721 admissions including inpatients, day cases and births (2022/2023 figures)

During the 2022/23 year we saw a slight increase in total admissions of 1.67% compared to the same period in 2021/22. This was the net result of an increase in day cases and in-patient elective admissions offset against lower maternity and emergency admissions (for under 85's) in addition to a lower number of births. During 2022/23 the Trust continued to manage high levels of infectious illness including COVID and Respiratory syncytial virus (RSV), with influenza levels rising significantly during December 2022. There were high levels of occupancy across the period.

### **Addenbrooke's history**

Addenbrooke's was one of the first provincial, voluntary hospitals in England. The Hospital opened its doors in 1766 with 20 beds and 11 patients. Dr John Addenbrooke, a fellow and former Bursar of one of the Cambridge Colleges, left just over £4500 in his will "to hire and fit up, purchase or erect a small, physical hospital in the town of Cambridge for poor people".

In 1540, two centuries before Addenbrooke's was founded, the Regius Professorship of Physic in the University of Cambridge was founded by Henry VIII. Medical training on a modest scale developed at Addenbrooke's during the late 1700s, and in 1837 (the year of Queen Victoria's accession to the throne) the hospital became a recognised school of medicine.

Addenbrooke's grew rapidly during the 19th and early 20th centuries, as medical science developed. By the 1950s, the hospital was having difficulty accommodating the expansion generated by the introduction of the National Health Service. In 1959, building began on a new 66-acre site south of Cambridge, and the first phase of the Hospital was opened by Her Majesty the Queen in May 1962. Work continued to provide the majority of Addenbrooke's as we know it today, with a fully-fledged Clinical School being established in 1976.

### **History**

- 1766 Addenbrooke's Hospital was opened in Trumpington Street
- 1847 The first general anaesthetic using ether at Addenbrooke's was carried out two weeks after it was first used in the USA
- 1918 Addenbrooke's welcomed its first female medical student
- 1962 New site on Hills Road was officially opened by the Queen
- 1966 The first kidney transplant in the NHS was carried out at Douglas House Renal Unit
- 1968 Professor Sir Roy Calne carried out the first liver transplant in the NHS
- 1975 The first open heart surgery was carried out at Addenbrooke's
- 1981 Addenbrooke's first whole body scanner opened by Prince of Wales
- 1983 The Rosie Hospital was opened on the Addenbrooke's Campus
- 1984 Last patient left the 'old' Addenbrooke's Hospital site in Trumpington Street
- 1992 Addenbrooke's NHS Trust formed
- 1995 MRC Cambridge Centre for Brain repair opened by Duke of Edinburgh
- 2004 Addenbrooke's Hospital becomes a Foundation Hospital as is known as- Addenbrooke's Hospital Cambridge University Hospitals NHS Foundation Trust

- National Centre for pancreatic surgery was opened
- 2006 Addenbrooke's Hospital was named one of five National Institute for Health Research comprehensive biomedical research centres
- 2007 New European headquarters for Cancer Research UK based on the campus were opened by the Queen
- 2009 CUH and local partners in clinical care, education and research became one of the government's new academic health science centres, forming an alliance called Cambridge University Health Partners
- 2009 CUH was named by Dr Foster as one of the country's best performing trusts for patient safety
- 2012 CUH is now the designated level 1 Major Trauma Centre for the East of England region
- 2014 Our new electronic patient record system (EPIC) was implemented at CUH making us the first hospital in the UK to go paperless
- 2019 The Royal Papworth Hospital was opened by Queen Elizabeth II
- 2021 Global R&D Centre and Corporate HQ for AstraZeneca opened
- 2023 Cambridge Movement Surgical Hub opened

### **Positioning for the future**

Cambridgeshire is one of the fastest growing counties in the UK and it is estimated that the number of people over 45 years of age will rise by 55% over the next 20 years, and the county will see the continued expansion of research, business and high-tech industries.

Planning is already well advanced for additional capacity to meet this growing local demand. But it is not just a matter of providing extra beds and recruiting extra staff. The hospital needs to ensure high standards of patient care by supporting training and education for staff, and work closely with NHS partners and others to ensure that care is tailored to the needs and expectations of users. This is likely to involve developing some alternatives to hospital-based care. Another challenge will be to ensure that improvements in clinical facilities keep up with the rapid pace of research investment, and that processes and governance support this growing research activity, some of which involves sensitive ethical, legal and social issues.

CUH contributes to the economic strength of the greater Cambridge area as a major employer and, with our research partners, to the biotechnology sector. As a public benefit corporation, the new NHS Foundation Trust will work in partnership with other local bodies, primarily local authorities and education providers, to support sustainable economic development in the locality.

### **Research and development**

Cambridge medical research enjoys a world-wide reputation. More organisations and more individuals continue to be attracted to the city; working alongside each other they have created one of the richest pools of clinical and scientific knowledge and expertise not only in the country but in the world. At CUH this is reflected in clinical teams working in the hospital alongside world-class scientists from a wealth of internationally renowned organisations such as the Medical Research Council (MRC) which shares the hospital campus. Doctors and scientists collaborate across disciplines and specialties and it is this co-existence of experience and expertise that fosters translational research – turning basic science into new drugs and new therapies giving patients innovative and excellent care.

With the University of Cambridge, CUH is a partner in the National Institute for Health Research (NIHR) Cambridge Biomedical Research Centre (CBRC). This partnership uses our combined strengths in biomedical science – the science that forms the basis of medicine including scientific laboratory-based knowledge and understanding – and translates them into clinical research. Established in 2007 the centre was recently awarded funding of £114.5m for 2012 to 2017. It was judged by the international selection panel as to have an outstanding breadth of world-leading investigators and represented the UK's primary academic resource in biomedical research.

Outstanding facilities for research exist in Addenbrooke's Clinical Research Facility (ACRC) which includes the Wellcome Trust Clinical Research Facility and the Clinical Investigation Ward. For example the CIW includes a research endoscopy suite and area dedicated to intravenous treatment including cancer chemotherapies.

### **University of Cambridge School of Medicine**

The University of Cambridge School of Clinical Medicine is a major centre for biomedical research and education of world leading quality. In the most recent University Funding Council Research Selectivity Exercise Cambridge shared the highest score for any Medical School in the country. Whilst the University of Cambridge has granted medical degrees since at least 1363, the university could not offer undergraduate clinical education until the Clinical School was formally established in 1975 with purpose built accommodation at Addenbrooke's. In addition to these facilities comprising lecture theatres, seminar rooms and first class medical library, a postgraduate education centre was opened in the Clinical School building in 1980. The most recent HEFC teaching quality assessment of the undergraduate clinical education judged the learning facilities and the teaching in the clinical school to be of the highest quality.

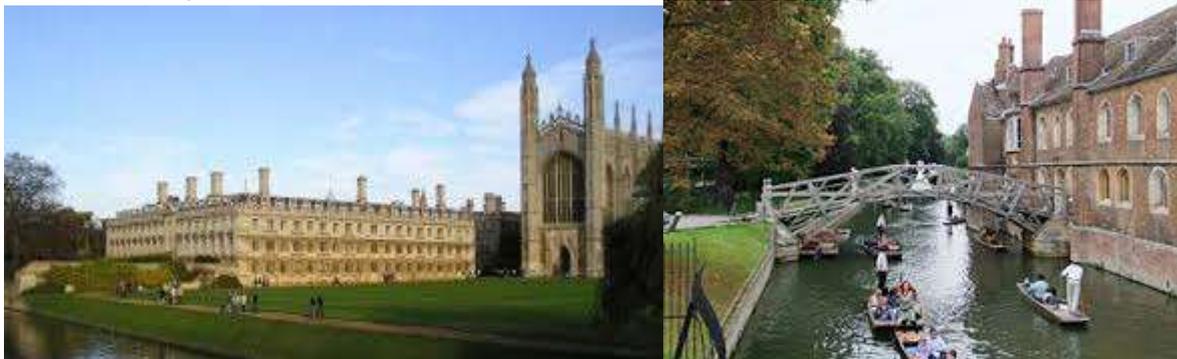
Cambridge University Health Partners, the academic health sciences centre, in conjunction with the Institute of Continuing Education at The University of Cambridge are pleased to offer a one year Postgraduate Certificate in Clinical Medicine to all clinicians employed in Cambridge. Further details and registration: <http://www.ice.cam.ac.uk/mst-clinical-medicine>

### **General Information**

Cambridge is a city in the East of England, home to the University of Cambridge and one of the fastest growing technology hubs in the UK. The Arts Theatre within Cambridge is thriving and there are many musical activities to enjoy. The Fitzwilliam Museum is world famous. For those with children of school age, there is a full range of public and private education institutions covering all age groups. Cambridge is also served by the national motorway network and regular train services to London King's Cross or London Liverpool Street have a journey time of less than one hour.

Within CUH, the main concourse offers shopping facilities; an advice centre; cafés; clothes boutique; financial advisory services; Marks and Spencer Simply Food; newsagent; The Body Shop; gift shop and on site solicitors . There is a Food Court which offers "fast-food", as well as conventional options 24 hours a day. In addition the Frank Lee Leisure and Fitness club provides comprehensive facilities for swimming, racquet sports, a multi-sports hall, a floodlit outdoor multi-sports facility, gym and bar facilities.

The Cambridge University Postgraduate Medical Centre has catering facilities as well as the library, lecture theatres and seminar rooms. Within the University of Cambridge, there is an unrivalled range of educational facilities, diverse cultural, sporting and other leisure activities.



# Our Trust values and behaviours

Values	Behaviours	Love to see	Expect to see	Don't want to see
<b>Safe</b> I never walk past, I always speak up	<b>Safety</b>	Shares lessons learned to help others to improve safety.	Always follows agreed safety and wellbeing procedures. Learns from mistakes and asks for help if they need it.	Shows a lack of focus on safety and wellbeing in their day-to-day work.
	<b>Raising concerns</b>	Encourages others to raise concerns about safety or attitude.	Speaks up every time standards on safety, care or dignity are not met. Welcomes feedback.	Keeps concerns to themselves, and rejects feedback about their own behaviour.
	<b>Communication</b>	Seeks ways to enhance understanding of information being communicated to meet people's needs.	Keeps people informed and gives clear explanations in ways people can understand.	Doesn't give people the information they need. Uses jargon inappropriately.
	<b>Teamwork</b>	Encourage others to contribute and demonstrates better ways of working within and across teams.	Works as part of a team. Co-operates and communicates with colleagues. Values other people's views.	Excludes others and works in isolation.
	<b>Reassuringly professional</b>	Is constantly aware that what they say and do affects how safe other people feel.	Is calm, patient and puts people at ease. Takes pride in their own appearance and our environment.	Passes on their negativity/stress. Is critical of other teams or colleagues in front of others. Displays unprofessional appearance.
<b>Kind</b> I always take care of the people around me	<b>Welcoming</b>	Goes out of their way to make people feel welcome.	Is polite, friendly, makes eye contact, smiles where appropriate and introduces themselves. 'Hello my name is...'	Ignores or avoids people. Is rude or abrupt, appears unapproachable/moody.
	<b>Respectful</b>	Applies a broader understanding of the diverse needs of patients/colleagues. Supports others to be themselves.	Treats everyone as an equal and valued individual. Acts to protect people's dignity.	Ignores people's feelings or pain. Makes people feel bullied, belittled or judged.
	<b>Helpful</b>	Thinks about the needs of others. Goes the 'extra mile' for other people.	Is attentive and compassionate, helps people who need help, or finds someone who can. Never walks by.	Makes people feel like a burden: 'It's not my patient / job / problem'.
	<b>Listen</b>	Makes time to listen to people even when busy.	Listens to people in an attentive and responsive manner.	Disinterested, dismissive or talks over people.
	<b>Appreciate</b>	Goes out of their way to make people feel valued for their efforts and achievements.	Encourages people's efforts. Notices when people live up to our values, says thank you.	Doesn't notice or appreciate people's efforts.
<b>Excellent</b> I'm always looking for a better way	<b>Aiming high</b>	Their positive attitude inspires others to achieve the highest levels of quality.	Always aims to achieve the best results.	Accepts mediocrity or moans without looking for solutions.
	<b>Improving</b>	Helps others to find creative solutions to problems and shares good practice.	Suggests ideas for better ways of doing things and looks for opportunities to learn.	Resists change: 'we've always done it this way'.
	<b>Responsible</b>	Shows enthusiasm and energy to achieve excellent results.	Takes responsibility and has a positive attitude.	Avoids responsibility. Blames or criticises others.
	<b>Timely</b>	Always respects the value of other people's time.	Is on time, efficient, organised and tidy. Apologises and explains if people are kept waiting.	Misses deadlines or keeps people waiting, without explanation/apology.
	<b>Makes connections</b>	Helps others to understand how services connect.	Thinks beyond their own job and team to make things easier for people.	Focuses on their own department needs to the detriment of the people they serve.

Together-**Safe** | **Kind** | **Excellent**

## General Conditions of Appointment

1. This appointment shall be governed by the **Terms and Conditions of Service for Clinical Fellows at Cambridge University Hospitals 2018**, as amended from time to time, and adhere to Trusts policies and procedures as appropriate.
2. All matters relating to patient's health and personal affairs and matters of a commercial interest to the Trust are strictly confidential and under no circumstances is such information to be divulged to any unauthorised person. Breach of Trust policy may result in disciplinary action in accordance with the Trust's disciplinary procedure. A summary of the Trust's Confidentiality Policy, Data Protection and IM & T Security Policy are provided in the Staff Handbook.
3. Cambridge University Hospitals NHS Foundation Trust is committed to a policy of Equal Opportunities in Employment. A summary is detailed in the staff handbook. Any act of discrimination or harassment against staff, patients, service users or other members of the public will be subject to disciplinary proceedings which could include dismissal.
4. As an employee of a Trust, you are expected to develop the IT skills necessary to support the tasks included in your post. You will therefore be required to undertake any necessary training to support this. As a user of Trust computer facilities you must comply with the Trust's IM & T Security Policy at all times.
5. You are normally covered by the NHS Hospital and Community Health Services indemnity against claims of medical negligence. However, in certain circumstances (especially in services for which you receive a separate fee) you may not be covered by the indemnity. The Health Departments therefore advise that you maintain membership of your medical defence organisation.
6. The Trust will ensure compliance with the Health and Safety at Work Act 1974.
7. The post is based on a whole time appointment calculated on an average of 40 hours work per week; the salary for this appointment at ST6+ is £63,152 per annum (April 2023 figures). This is a fixed nodal pay point and does not increase incrementally.
8. In addition weekend and on-call allowances will be paid where appropriate for agreed hours of duty within the working pattern.
9. This post is superannuable and you will be subject to the NHS Superannuation Scheme unless you chose to opt out.
10. The successful candidate will be expected to complete a medical questionnaire and attend the Cambridge Centre for Occupational Health at Addenbrooke's for clearance of the form.
11. The Trust requires the successful candidate to have and maintain registration and a license to practice with the General Medical Council and to fulfill the duties and responsibilities of a doctor as set out by the GMC.
12. With the Terms of DHSS Circular (HC) (88) – Protection of Children – applicants are required when applying for this post to disclose any record of convictions, bind-over orders or cautions. The Trust is committed to carefully screening all applicants who will work with children and you will be expected to undertake a 'disclosure' check.

The appointment is exempt from the provisions of Section 4(2) of the Rehabilitation of

Offenders Act 1974 by virtue of the Rehabilitation Act 1974 (Exemptions) Order 1975. Applicants are not entitled therefore to withhold information about convictions which for other purposes are "spent" under the provision of the Act, and in the event of employing any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered in relation to an application for positions to which the Order applies.

13. The appointment is conditional upon the following being received prior to the commencement of employment; full occupational health clearance, satisfactory references, evidence of GMC/GDC registration, immigration status and all medical qualification.
14. This post is not recognised for training.
15. Removal expenses will be available to successful applicants within the limits of the Trust policy.

