THE LEEDS TEACHING HOSPITALS NHS TRUST

DEPARTMENT OF Obstetrics and Gynaecology

JOB DESCRIPTION

CONSULTANT Obstetrician

1. BACKGROUND

Leeds Teaching Hospitals is one of the largest teaching hospital trusts in Europe, with access to leading clinical expertise and medical technology. We care for people from all over the country as well as the 780,000 residents of Leeds itself. The Trust has a budget of £1 billion. Our 15,000 staff ensure that every year we see and treat 1,500,000 people in our 2,000 beds or out-patient settings, comprising 100,000 day cases, 125,000 in-patients, 200,000 A&E visits and 1,050,000 out-patient appointments. We operate from 7 hospitals on 5 sites—all linked by the same vision, philosophy and culture to be the best for specialist and integrated care.

Our vision is based on The Leeds Way, which is a clear statement of who we are and what we believe, founded on values of working that were put forward by our own staff. Our values are to be:

- Patient-centred
- Fair
- Collaborative
- Accountable
- Empowered

We believe that by being true to these values, we will consistently achieve and continuously improve our results in relation to our goals, which are to be:

1. The best for patient safety, quality and experience
2. The best place to work
3. A centre of excellence for specialist services, education, research and innovation
4. Hospitals that offer seamless, integrated care
5. Financially sustainable

In relation to this post, the post is a new post. The successful applicant will have fantastic opportunities to help further develop obstetric services in Leeds. We need an enthusiastic individual to join our team to support developments in the clinical service, in research and in education of our trainees and midwives.

2. OBJECTIVES OF THE POST

The objectives of this post will be to make a full contribution to the delivery of general obstetric services including on call and participation in the Delivery Suite “hot week” rota. The post will add flexibility to the current obstetric service enabling us to provide consultant led clinics five days a week including during times of leave or absence of colleagues for other reasons. The post will provide clinical leadership in the outpatient services, particular antenatal day unit and will oversee and drive developments in these area. Ideally the successful applicant should have obstetric scanning skills to enable them to deliver optimal care as a Consultant Obstetrician in the 21st century. (See page 10 for more details about the post and department)
3. REQUIREMENTS OF THE POST

3.1 Service Delivery

General
The Trust expects consultants to deliver clinical service as agreed with commissioners and other stakeholders. This will include:

- meeting the objectives of the post (see above)
- continuously improving the quality and efficiency of personal and team practice
- working with other staff and teams to ensure that the various criteria for service delivery are met, such as
  - achieving the best clinical outcomes within the resources available
  - waiting times
  - infection control standards

Consultants in LTHT are line managed by their specialty Lead Clinician working in conjunction with a Business Manager. This specialty team is then managed alongside a number of other specialties in a Clinical Service (or Support) Unit (CSU) led by a Clinical Director as the responsible person, and supported by a full time General Manager and a full time Head of Nursing.

The Clinical Director and their team report operationally to the Deputy Chief Executive / Chief Nurse (Deputy CEO / CN). The Clinical Director will work closely with the Deputy CEO / CN team which includes the Medical Director for Operations, Nurse Director for Operations, five Assistant Directors of Operations (ADOs) and a Performance Team, with each ADO aligned to specific CSUs.

Professionally, consultants report to Dr Yvette Oade, Chief Medical Officer and Mr David Berridge, Deputy Chief Medical Officer / Medical Director (Operations).

Service specific
The consultant obstetrician will be expected to provide outpatient clinics for women with a need for an expert obstetric opinion covering the usual breadth of problems seen in a tertiary referral unit. They will support the existing team to extend service provision will ensuring that clinics are able to run daily with consultant presence. They will contribute to the general obstetric workload including high-risk antenatal clinics, consultant presence on the delivery suite and on call rotas and they will contribute to the running of the ECV service. The post will include a lead role in the running and development of the antenatal day care unit and antenatal clinics ensuring that these vital services have visible leadership, are kept up to date and that midwifery roles are developed to ensure the efficient and effective provision of outpatient care during pregnancy. Ideally the successful candidate should have obstetric scanning skills in order that they can make a full contribution to the obstetric antenatal service and contribute to the education of our obstetric trainees and midwives.

3.2 Quality
The Trust has a programme of activities that are designed to help consultants improve the quality of the service they offer. This includes a range of activities shown below as examples – not all activities can be undertaken every year! Consultants are expected to routinely engage in relevant activities in their specialty that are focussed on quality improvement. This participation should be reflected at annual appraisal and job planning and will be discussed in specialties as part of clinical governance programmes and meetings.

Clinical Audit and standard setting
- Clinical audit projects
- Development and application of agreed clinical guidelines
- Ensuring compliance against relevant national specifications, e.g. NICE guidelines
- External Peer review and relevant national audits.
Clinical outcome review
- Mortality and morbidity review
- Monitoring of outcomes reflected in routinely collected data
- Participation in clinical coding review and improvement

Improving patient safety
- Participation in Trust-wide programmes
- Implementation of local improvements as defined in e.g. mortality review

Improving service effectiveness and efficiency
- Service or system improvement projects, including small scale change, lean or other recognised improvement methods
- Conducting or considering reviews of the evidence to plan better service delivery
- Where agreed, working with commissioners to match service delivery with requirements of relevant populations

Improving the patient experience
- Implementing service improvements on the basis of individual or service feedback from patients or carers
- Raising the profile and impact of patient participation in decisions about their own care
- Involvement in understanding and improving the ethical basis of care provided

3.3 Research
The Trust’s Research Strategy encourages all clinicians to participate in high quality, nationally-recognised clinical research trials and other well-designed studies, with a particular emphasis on work supported by the National Institute for Health Research. The Trust has a number of major programmes in experimental medicine and applied health research, developed in partnership with the University of Leeds, which reflect particular strengths described in the Strategy and clinicians are encouraged to participate in these programmes.

The Trust also supports bespoke academic development and participation programmes linked to the Research Strategy, including academic mentoring and embedding of clinicians within the major research programmes.

Sessional time required for any participation in research activity will be agreed on commencement and kept under review, but not all consultants will require such sessional time.

3.4 Teaching
The Trust is a Teaching Hospital and therefore considers the active participation of consultant and other medical staff in teaching and training to be part of our core activities. Not all consultants will have regular and substantial teaching commitments but all will be involved in related activities from time to time, if only through informal opportunities, for example as part of service quality improvement (see above). It is therefore expected that all consultants will be familiar with the principles of effective teaching and will enable the service and colleagues to fulfil their obligations to learn and teach about effective care.

The remainder of this section concentrates on teaching and training for medical colleagues, but the Trust actively supports and encourages consultant medical staff to participate in and deliver teaching and training to any colleagues, within and outside of the Trust, where this is agreed as an appropriate time commitment.

Undergraduate medical teaching

The Trust actively promotes links with the University of Leeds, School of Medicine for teaching medical undergraduates and all consultant medical staff are required to participate to the level agreed within their service.
Where it is agreed by the Clinical Director that the postholder will be significantly involved in delivering undergraduate medical teaching, the following requirements have been agreed with School of Medicine, University of Leeds.

The University of Leeds will award the honorary title of Honorary Senior Lecturer to the person appointed to the role in recognition of their willingness to participate in undergraduate teaching in support of these arrangements. The honorary title will be awarded for a probationary period of 5 years and renewal of the Title will be on evidence of meeting the full criteria (i.e. during this year period, it is expected that a peer review and relevant training courses will have been undertaken as well as continuing to significantly contribute to learning and teaching) and will be renewed for a further period of 5 years.

This honorary title will entitle the consultant to privileges such as being a member of staff of the University, including the use of the Senior Common Room, the library (University and Medical and Dental) and inclusion on the circulation list for ceremonies, public lectures, concerts, etc.

In accepting the role, the appointee will undertake to satisfy the criteria for the award of an honorary University title, which will include:

a) Contribution to at least 2 or more of the following ‘teaching activities’ for a minimum period of 50 hours per annum:
   - Lectures
   - Ward Based teaching
   - Administration / organisation / management of teaching
   - Examinations / marking and assessing
   - Student mentoring
   - Small group teaching
   - Personal tutor scheme
   - Offering special study modules
   - Admissions interviews

b) Show a commitment to learning and teaching by having attended at least 2 relevant courses over the last 5 years (as identified on an individual basis and as relevant in that particular field). This may include, for example, training in lecturing, student assessment or, peer reviewing.*

c) Participate in peer reviews, at least once in every 2 years.

*In accepting the responsibility to contribute significantly to undergraduate teaching, the appointee will undertake to attend courses in the following unless written certification of attendance at previous similar courses can be provided. Thereafter the appointee will be expected to attend at least 2 approved courses in some aspect of learning and teaching in every 5-year period. It is not envisaged that he/she would need to repeat the same course(s) every 5 years, but to diversify their interest and breadth of experience on a continual basis:

i. small group teaching )
ii. appraisal techniques ) within 12 months of appointment
iii. CPR refresher course)

Postgraduate medical teaching

As with undergraduate teaching, consultants are expected to contribute to overall programmes of postgraduate teaching in their service. Where there is a lead or significant role agreed as part of the consultant’s job plan, the following expectations apply:
Consultants will be expected to act as a clinical supervisor for any or specified junior doctors working with them. All consultants must undergo clinical/educational supervisor training from July 2016. Training is envisaged as needing renewal every 5 years.

Consultants may take up specific educational roles in the speciality which includes educational supervisor, college tutor, speciality educational lead and CSU educational lead. Where the current allocation for educational supervisors in 0.25 SPA per trainee (subject to change in further iterations of job planning guidance), the SPA allocation for the other roles are for negotiation with the CD.

If consultants have a role in either under- or post-graduate medical education, the GMC expects that evidence of the quality of this education is presented at annual appraisals and for revalidation.

3.5 Continuing Professional Development (CPD)
In the discharge of their responsibilities, the consultant will be expected to maintain and update their skills and knowledge through appropriate continuing professional development.

The Trust fully supports the requirement for CPD by the relevant Royal College and the GMC. This essential component of a consultant’s professional activities will be reviewed during the appraisal process. Time and financial support for these activities will be allowed in accordance with the Trust policy.

3.6 Leadership
All consultants are senior members of the Trust’s staff and are therefore seen by colleagues as leaders. Consultants are expected to make allowance for this, given that the most powerful leadership influence they exert is the example they set.

In addition, the Trust places great emphasis on the role of doctors in leading service improvement and change, both in their normal daily role of delivering care and in relation to specific issues. It is expected that a consultant will lead on specific areas of priority for their service from time to time, as part of their consultant duties. Such departmental or specialty leadership roles would be agreed, for example, in respect of leading or co-ordinating:

- clinical governance
- quality improvement
- appraisal
- research
- teaching

The Trust supports these activities as part of the normal job plan commitments of any consultant.

On appointment, all consultants will be encouraged to participate in the activities established by the Trust to support doctors in their new role, such as the New Consultants’ Network and a formal mentoring programme (see below).

4. STANDARDS OF CONDUCT AND BEHAVIOUR

All consultants are required to work to the standards set out by the General Medical Council in Good Medical Practice. This includes protecting patients when you believe that a doctor’s or other colleague’s conduct, performance or health is a threat to them. If, after establishing the facts, it is necessary, you must follow the Trust’s procedures in this matter and inform your Clinical Director in the first instance.

5. JOB PLAN AND WORKING ARRANGEMENTS

The job plan review will take place annually, normally with the Lead Clinician / Clinical Director. Any job plan review may result in a revised prospective job plan where duties, responsibilities, accountability arrangements or objectives have changed or need to change significantly within the area.
### 5.1 Proposed Job Plan

#### Week 1

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Work</th>
<th>Categorisation</th>
<th>No. of PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>0830-1800</td>
<td>LGI / SJUH</td>
<td>Obs oncall</td>
<td>DCC</td>
<td>2.375</td>
</tr>
<tr>
<td>Tuesday</td>
<td>0830-1800</td>
<td>LGI/SJUH</td>
<td>Obs oncall</td>
<td>DCC</td>
<td>2.375</td>
</tr>
<tr>
<td>Wednesday</td>
<td>0830-1800</td>
<td>LGI/SJUH</td>
<td>Obs oncall</td>
<td>DCC</td>
<td>2.375</td>
</tr>
<tr>
<td>Thursday</td>
<td>0830-1800</td>
<td>LGI/SJUH</td>
<td>Obs oncall</td>
<td>DCC</td>
<td>2.375</td>
</tr>
<tr>
<td>Friday</td>
<td>0830-1800</td>
<td>LGI/SJUH</td>
<td>Obs oncall</td>
<td>DCC</td>
<td>2.375</td>
</tr>
<tr>
<td></td>
<td>1:10</td>
<td></td>
<td></td>
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<td>11.875</td>
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#### Week 2-10

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<th>Day</th>
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<th>Location</th>
<th>Work</th>
<th>Categorisation</th>
<th>No. of PA's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>0900-1300</td>
<td>LGI / SJUH</td>
<td>ANDCU/ECV</td>
<td>DCC</td>
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<tr>
<td></td>
<td>1300-1745</td>
<td>LGI/SJUH</td>
<td>Scan training</td>
<td>DCC</td>
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<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td>OFF</td>
<td></td>
<td>OFF</td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td>LGI ANC</td>
<td>DCC</td>
<td></td>
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<tr>
<td></td>
<td>1300-1745</td>
<td>LGI/SJUH</td>
<td>CPD/Lead for ANCDU and antenatal clinics</td>
<td>SPA</td>
<td>1.22</td>
</tr>
<tr>
<td>Thursday</td>
<td>0900-1300</td>
<td>LGI/SJUH</td>
<td>Elective LSCS YMET 1:4</td>
<td>DCC</td>
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<tr>
<td></td>
<td>1300-1700</td>
<td>LGI</td>
<td>Clinical Admin</td>
<td>DCC</td>
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<tr>
<td>Friday</td>
<td>0900-1300</td>
<td>LGI</td>
<td>Haematology ANC</td>
<td>DCC</td>
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</tr>
<tr>
<td></td>
<td>1300-1700</td>
<td>LGI/SJUH</td>
<td>CPD/meetings</td>
<td>SPA</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Saturday

Sunday

Total

| DCC     | 5.25 |
| SPA     | 2.22 |

Additional agreed activity to be worked flexibly

Predictable emergency on-call work/week,

Unpredictable emergency on-call work/week,

**TOTAL PA'S over10 weeks**

| DCC     | 79.125 |
| SPA     | 19.98  |

#### Programmed Activity

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct clinical care (including unpredictable on-call)</td>
</tr>
<tr>
<td>Supporting professional activities</td>
</tr>
<tr>
<td>Other NHS responsibilities</td>
</tr>
<tr>
<td>External Duties</td>
</tr>
</tbody>
</table>

**TOTAL PROGRAMMED ACTIVITIES** | 10
On-call availability supplement

Agreed on-call rota e.g. 1 in 5: 1:10

Agreed category (delete): A

On-call supplement e.g. 5%: 3%

5.2 Accountability
See section 3, above. The postholder is managerially accountable for the use of resources to their Clinical Director and professionally accountable to the Chief Medical Officer through Clinical Directors. This may be amended in the light of the Trust’s management arrangements.

5.3 Mentoring
The Trust’s new consultant mentoring programme aims to:

• provide structured support for new consultants joining the Trust
• support the development of a culture of lifelong learning

The mentoring programme feeds in to the Trust’s systems and processes for appraisal. New consultants will be allocated a mentor when they join the organisation.

5.4 Consultant Appraisal and Medical Revalidation
All consultants should maintain their specialist registration with the GMC and comply with the standards expected by their Royal College (or equivalent) so that they are professionally ‘in good standing’. Regular appraisal is both the key activity underpinning revalidation and is also a contractual requirement for all consultant staff.

The Trust attaches considerable importance to this approach, which is intended to be of benefit to individual consultants and to support the highest possible standards in the delivery of healthcare and services. All consultants are therefore expected to undertake regular appraisal as decided by the Clinical Director of the service.

5.5 Leave Arrangements
All leave should be applied for in accordance with the Trust’s Leave Policy, normally giving eight weeks’ notice of any leave, other than in exceptional circumstances.

5.6 Training
During your employment, you agree to undergo whatever training the Trust deems necessary. This may include, but is not limited to, induction training, professional development and safe working practices. Funding of such training will be in accordance with the Trust’s Staff Development Policy, of which mandatory training is required.

5.7 Infection Control
All consultants must comply at all times with the Leeds Teaching Hospitals NHS Trust Infection Control policies, in particular by practising Universal Infection Control Precautions. Hand hygiene must be performed before and after contact with patients and their environment.

5.8 Secretarial Support
As part of the resource commitments to enable the postholder to fulfil their job plan, the appointee will have access to such secretarial assistance as is required.
5.9 Health & Safety
The Trust has a responsibility to provide a safe working environment for all staff. As an employee/supervisor/manager you are responsible for your own safety and that of others. This will require you to comply with the Trust arrangements for Health & Safety and Risk Management, in particular by following agreed safe working procedures, and reporting incidents using the Trust Incident Reporting system. As a supervisor/manager, you will be responsible for ensuring your team work in a safe manner and are competent to do so.

5.10 Equality & Diversity
The jobholder must comply with all policies and procedures designed to ensure equality of employment and that services are delivered in ways that meet the individual needs of patients and their families. No person whether they are staff, patient or visitor should receive less favourable treatment because of their gender, ethnic origin, age, disability, sexual orientation, religion etc.

The Trust’s Equality and Diversity Policy ensures that barriers to employment for disadvantaged groups are identified and removed, and that no person is treated less favourably on the grounds of their race, ethnic group, religion, impairment, age, gender, sexual orientation or mental health status. Reasonable adjustments will be made for disabled applicants and post holders where required.

5.11 Smoking Policy
The Leeds Teaching Hospitals NHS Trust recognises the serious hazards to health caused by smoking and has adopted a strict no smoking policy. Under the terms of our policy, staff, visitors and patients will not be permitted to smoke at any time or in any part of Trust property, whether inside or outside the hospital buildings.

5.12 Rehabilitation of Offenders Act & DBS Check
This post involves access to patients during the normal course of duties and is therefore subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975. As such you must reveal any information which you may have concerning convictions which would otherwise be considered as ‘spent’.

An offer of appointment to this post would be subject to the express condition that the Leeds Teaching Hospitals Trust receives a Disclosure and Barring Services (DBS) Disclosure which will check the existence and the content of any criminal disclosure received. The Trust has the right to withdraw an offer or employment if not satisfied of a candidate’s suitability for this position by reason of criminal record or antecedents, especially in cases where no declaration of criminal proceedings has been made on a candidate’s application form or Criminal Declaration Form. The Trust reserves the right to determine this issue at its sole discretion. If you are successful in being shortlisted for this position you will be asked to complete a criminal disclosure form to be handed to a representative at interview. Furthermore, if appointed to this post you will be asked to complete a ‘DBS Disclosure Application Form’ which will be submitted to the DBS.

Leeds Teaching Hospitals NHS Trust has a Policy Statement on the Recruitment of Ex-offenders which is available on request.

5.13 Respect for Patient Confidentiality
As set out in GMC guidance (Good Medical Practice, paragraphs 20, 50, 69 and 73) the jobholder should respect patient confidentiality at all times and not divulge patient information unless sanctioned by the requirements of the role.

5.14 Patient and Public Involvement
The Trust has a statutory duty to involve patients and public in evaluating and planning services. All staff have a responsibility to listen to the views of patients and to contribute to service improvements based on patient feedback.
6. **TERMS AND CONDITIONS OF EMPLOYMENT**

6.1 Conditions of employment are determined by the Leeds Teaching Hospitals Trust in accordance with the Terms & Conditions – Consultants (England) 2003, as amended from time to time in the light of national or local collective agreements.

6.2 The postholder, as a practitioner with continuing responsibility for the care of patients must be able to respond promptly to emergency calls from the Hospital.

6.3 A consultant is required to reside within a distance of 30 minutes or 10 miles by road from their principal place of work unless an employing organisation agrees that they may reside at a greater distance.

6.4 A consultant must be contactable by telephone in their contracted work time.

6.5 The consultant must ensure that there are clear and effective arrangements so that the employing organisation can contact him or her immediately at any time during a period when he or she is on call.

6.6 The postholder should note, however, that where the Trust agrees that the postholder may live further than ten miles from the hospital, the Trust will only reimburse travelling expenses up to a maximum of twenty miles return, in accordance with Trust Terms and Conditions of Service.

6.7 Assistance with relocation to the Leeds area may be provided to the successful candidate. A copy of the Trust’s Relocation Policy is available on request.

6.8 The normal NHS requirements for indemnity of medical and dental staff in cases of medical negligence apply.

6.9 Subject to the provisions of the Terms and Conditions of Service, the appointee is expected to observe the Trust’s policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of the Leeds Teaching Hospitals NHS Trust. In particular, where the postholder is responsible for managing employees of the Trust, they will be expected to follow the local and national employment and personnel policies and procedures.

6.10 The Trust is reconfiguring services and your base hospital may change during your employment, if and when your department transfers base, following consultation.

7. **CONTRACT**

The post is available on a full or part time basis or as a job share.

8. **ENQUIRIES**

Prospective applicants are encouraged to visit the Departments and are invited to contact any of the following persons:

Ms Emily Griffiths, General Manager 01132064059
Dr Jonathan Freeman, Clinical Director 01132064059
Dr Medha Rathod, Clinical Lead 01132064059
Women’s Clinical Service Unit in Leeds provides comprehensive secondary care for the local population and enjoys a position as a regional centre for all subspecialties. There are 28 Consultants within the Women’s Clinical Service Unit, with plans to appoint to further specialty doctor posts to enhance this team.

THE POST

The Post is based at the The Leeds Teaching hospitals. The appointment is for one full time Consultant in Obstetrics, although applications for part time and/or job share would be considered.

The post is a permanent new post. The successful applicant will hold, or be within six months of obtaining CCT in Obstetrics & Gynaecology. They will be joining a team of 18 Consultants working across 2 sites and will be expected to make a full contribution to the delivery suite as well as the running of the more general obstetric service.

The new consultant will work alongside existing consultants in both antenatal and specialist clinics, in keeping with the current direction of travel towards a more team based approach to all work within the Maternity Unit. This will ensure consultant presence in all clinics, including during periods of absence for leave and/or delivery suite hot weeks.

They will contribute fully to the general obstetric work-load of the Department joining the “hot week” system of Delivery Suite cover and the on call rota. The post will include a lead role in the management of the antenatal day care unit and triage as well as a special interest clinic contributing the ECV service. The ability to scan would be a desirable skill and would enable to successful applicant to contribute to the general obstetric ultrasound service including the education of trainees.

Obstetric Departments

The maternity unit is split across two sites with both inpatient and outpatient services at LGI & St James’s. There are fully functioning delivery suites at both units which deliver both consultant and midwifery led care in a co-ordinated and collocated fashion. All admissions come through the maternity assessment centres (one on each site) which are open 24/7. There were 11,364 bookings and 9607 births in 2014. We have a generally low caesarean section rate (20%) but slightly higher than average instrumental delivery rate (14-15%) and the whole maternity team strive to keep intervention rate low. Our home birth rate is currently running at around 2.5% but the home birth team are working hard to increase the home birth rate with support from both the clinical and managerial teams and our commissioners. We have a new maternity strategy for the City of Leeds which can be accessed by clicking on the link below for information:


The Inpatient facilities include:

<table>
<thead>
<tr>
<th></th>
<th>St James’s</th>
<th>LGI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal Ward</td>
<td>13 beds</td>
<td>18 beds</td>
</tr>
<tr>
<td>Postnatal Ward</td>
<td>29 beds</td>
<td>30 beds</td>
</tr>
<tr>
<td>Neonatal Unit</td>
<td>74 cots (14 ICU, 16 HDU, 19 SC, 19 TC) with LGI designated level 3 and SJ level 1 unit</td>
<td></td>
</tr>
<tr>
<td>Labour Ward</td>
<td>10 delivery rooms</td>
<td>10 delivery rooms (4 midwifery led)</td>
</tr>
<tr>
<td></td>
<td>2 admission rooms</td>
<td>5 induction beds</td>
</tr>
<tr>
<td></td>
<td>2 Obstetric theatres</td>
<td>2 Obstetric theatres</td>
</tr>
<tr>
<td></td>
<td>2 bereavement rooms</td>
<td>3 bedded HDU</td>
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<tr>
<td></td>
<td></td>
<td>2 bereavement rooms</td>
</tr>
</tbody>
</table>
Both Labour Wards have a staff room and resource area with appropriate IT facilities. There is an ultrasound machine, dedicated for use on each Labour Ward. The Consultant body provide 60hr/week cover during which they have no other commitments, currently this entails spending 1 week in 9 on Delivery Suite. This new post will enable us to increase consultant presence on delivery suite and help decrease frequency of oncalls.

Elective caesarean sections are currently delivered by the acute team however, we are in the process of developing a separate elective obstetric surgery team to improve both patient experience and safety. We are hopeful that this will be in place by the time that the successful candidate joins our team.

We believe that education and team working is key to patient safety and, with this in mind we have established a regional multi-professional training scheme in obstetric emergencies. We have obtained funding to further develop the service from workforce confederation and have introduced a computerised simulation of delivery suite management to assist in the training and maintenance of labour ward management skills for both midwifery and medical staff. We have an excellent locally developed educational programme in CTG interpretation including recognition of human factors and their impact on maternity care. We have a well formulated and robust risk management system which, in combination with our training and review of practice enables us to continually sustain and improve the standards of care we offer our users.

Outpatients
In addition to high risk antenatal clinics, there are a variety of specialist clinics run in conjunction with the relevant Physicians on either the St James’s or LGI site. These include a Cardiac Clinic, Diabetic Clinic, Substance Abuse Clinic, Endocrine Clinic (thyroid, adrenal and pituitary), Teenage Pregnancy Clinic, Preterm Labour Clinic, Obstetric Haematology Clinic and a Rheumatology clinic.

The Early Pregnancy Assessment Unit is located at St James’s and, although it comes under the auspices of Gynaecology, there are naturally close links between the Obstetric Departments and EPAU. A recurrent miscarriage clinic is run from the EPAU providing both a diagnostic service and support in early pregnancy.

There is a Multiple Pregnancy Clinic run on the St James’s site for all locally booked multiple pregnancies (cases referred from outside of Leeds for fetal medicine opinions are seen within the fetal medicine service). The clinic offers both midwifery and medical support to the women of Leeds who are pregnant with twins (or more) and, over the past few years it has proved to be a very successful and popular service with excellent outcomes, for both mothers and babies.

Fetal Medicine
We are a recognized fetal medicine training centre and, in the last 15 years have successfully trained eight subspecialists. We have approval to train two subspecialty trainees and both posts are currently filled.

Our weekly MDT is attended by colleagues from genetics, neonatology and fetal echocardiography, and is a major strength of the department. Development of joint fetal medicine and echocardiography clinics is currently a priority for the Leeds unit, in order to streamline the patient journey even further. We are interested in exploring the use of new technology, including telemedicine and the internet, to improve patient experience. Strong links are already in place with the Yorkshire Regional Genetics Service and University of Leeds Genetics department. These have been reinforced by active research programmes in prenatal diagnosis using array CGH and Next Generation Sequencing. We have a weekly prenatal dysmorphology clinic, run jointly with the geneticists, where fetuses at risk of genetic conditions are assessed using 3 and 4D ultrasound. Our referral base includes a large consanguineous population and we are actively trying to engage with this chronically under-researched and deprived community.

Research in Obstetrics
The consultant team in Leeds are committed to carrying out, participating in, and promoting translational research in a variety of ways. Firstly, we actively recruit to a wide range of observational and interventional obstetric studies from the NIHR-CRN Portfolio, including STRIDER, PRiDE, PHOENIX, DAPPA, and DiPEP. Over the past year this we recruited over 1200 women, over 10% of the Trust’s total accruals, the most of any single unit in Yorkshire and Humber. We are supported by a team of ten
research midwives. Secondly we have active scientific research programs and studies funded by MRC, BHF, and Cerebra within the laboratories of the Academic Division of Women and Children’s Health of the University of Leeds (http://medhealth.leeds.ac.uk/homepage/552/fmh_research-leeds_centre_for_reproduction_and_early_development). These concern research into preterm birth, pre-eclampsia, and implantation, and are supported by a laboratory team of eight scientists and technical staff. At any time we are likely to have five trainees carrying out PhDs or MDs.

**Gynaecology**
The Gynaecology Service is based at St James’s with benign Gynaecology located in Chancellors Wing and Oncology in Bexley Wing. We maintain close links with our Gynaecology colleagues and continue to function as one department at both a senior and junior level.

**MEDICAL STAFFING**

**NHS CONSULTANT MEDICAL STAFF**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Dr A Aggrawal</td>
<td>Consultant Obstetrician and Recurrent Miscarriage</td>
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<tr>
<td>Prof AH Balen</td>
<td>Consultant Gynaecologist &amp; Reproductive Medicine</td>
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<td>Dr E Bonney</td>
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<td>Dr A Breeze</td>
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<td>Mr D J Campbell</td>
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<td>Dr K Cohen</td>
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<tr>
<td>Prof S Duffy</td>
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<td>Mr B Gbolade</td>
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<td>Mr M Griffith-Jones</td>
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**ACADEMIC UNIT**

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<tr>
<td>Professor J J Walker</td>
<td>Professor of Obstetrics &amp; Gynaecology</td>
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<tr>
<td>Mr N Simpson</td>
<td>Senior Lecturer, Consultant Obstetrician</td>
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**OTHER GRADES**

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