

THE LEEDS TEACHING HOSPITALS NHS TRUST

DEPARTMENT OF CONGENITAL CARDIAC SERVICES LEEDS CHILDREN’S HOSPITAL

JOB DESCRIPTION

CONSULTANT IN PAEDIATRIC CARDIOLOGY WITH AN INTEREST IN FETAL CARDIOLOGY

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,

This is a full time, appointment in the department of congenital cardiology at the Leeds General Infirmary.

The department serves a population of approximately 5.5 million in Yorkshire, Humberside and Northern Trent. Services include all aspects of specialist tertiary care of cardiac patients with the exception of transplantation and ECMO. The annual workload of the department includes over 10,000 outpatient consultations, approximately 500 catheterisations per year, (diagnostic, therapeutic, and electrophysiology studies/ablations), and approximately 500 congenital cardiac operations.

The congenital cardiology department is situated in the Jubilee Building at the Leeds General Infirmary. The department includes a dedicated 16 bed paediatric cardiac ward, (of which 6 beds are designated as high dependency) and paediatric intensive care unit with 16 beds. There are obstetric, neonatal and all paediatric services on site.
The department currently comprises 9 consultant paediatric cardiologists and 5 adult congenital cardiologists. There are four congenital cardiac surgeons who work closely with the cardiologists. In addition there is a cardiac radiologist and a consultant echosonographer. The department is currently comprised as follows:

**Paediatric / Adult Congenital Cardiologists**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Elspeth Brown</td>
<td>Paediatric cardiology, fetal cardiology and inherited cardiac conditions</td>
</tr>
<tr>
<td>Dr John Thomson</td>
<td>Paediatric cardiology / adult congenital cardiologist lead for interventional catheterisation</td>
</tr>
<tr>
<td>Dr Mike Blackburn</td>
<td>Paediatric cardiology / lead for electrophysiology and pacing</td>
</tr>
<tr>
<td>Dr Shuba Barwick</td>
<td>Paediatric cardiology / lead for fetal cardiology</td>
</tr>
<tr>
<td>Dr Fiona Wilcoxson</td>
<td>Paediatric cardiology</td>
</tr>
<tr>
<td>Dr Dominic Hares</td>
<td>Paediatric cardiology/electrophysiology and pacing</td>
</tr>
<tr>
<td>Dr Helen Michael</td>
<td>Paediatric cardiology and transition</td>
</tr>
<tr>
<td>Dr James Bentham</td>
<td>Paediatric cardiology/interventional catheterisation</td>
</tr>
<tr>
<td>Dr Antigoni Deri</td>
<td>Paediatric cardiology / echocardiography</td>
</tr>
<tr>
<td>Dr Kate English</td>
<td>Adult congenital cardiology</td>
</tr>
<tr>
<td>Dr James Oliver</td>
<td>Adult congenital cardiology</td>
</tr>
<tr>
<td>Dr Damien Cullington</td>
<td>Adult congenital cardiology</td>
</tr>
<tr>
<td>Dr Hamish Walker</td>
<td>Adult congenital cardiology</td>
</tr>
</tbody>
</table>

**Congenital Cardiac Surgeons**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Carin Van Doorn</td>
<td>Congenital cardiac surgery/head of surgery</td>
</tr>
<tr>
<td>Mr Osama Jaber</td>
<td>Congenital cardiac surgery</td>
</tr>
<tr>
<td>Mr Stefano Congiu</td>
<td>Congenital cardiac surgery</td>
</tr>
</tbody>
</table>

The paediatric cardiology junior staff comprise 3 ST1-3, 3 paediatric cardiology ST3+, 2 ST3+ in paediatrics (a 1 year post for those wishing to be paediatricians with an expertise in cardiology), and one ST3+ in adult congenital heart disease.

2. **OBJECTIVES OF THE POST**

- To deliver high quality consultant led, in patient and outpatient care for children with congenital cardiac disease within LTHT and the region, including a contribution to out of hours cover.
- To deliver high quality consultant led paediatric cardiology service for the Yorkshire and Humber region.
- To participate in multidisciplinary meetings with consultant colleagues in congenital cardiology service to plan and prioritise patient care.
- To participate in multidisciplinary clinical governance and audit meetings.
- To support / deliver appropriate training for specialist trainees.
- To support departmental research activity that will benefit the clinical services provided.
- To work collaboratively with colleagues and the clinical management team to ensure the continued delivery and development of services.
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 Chief Operating Officer’s (COO) team consisting of the Chief Operating Officer, the Medical Director for Operations and the Nurse Director for Operations. In addition, the COO team contains four assistant directors of operations (ADOps) and a Performance Team. The ADOps are each aligned to specific CSUs to facilitate two-way interaction.

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

Service specific
The role of consultant Paediatric Cardiologist will be expected to;

- To provide comprehensive outpatient and inpatient services for patients with congenital heart disease within the region.
- To provide a 1:9 on call service for congenital cardiology patients.

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.
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Description of activity</th>
<th>Categorisation DCC/SPA/AR/ED</th>
<th>No of PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>08:00 - 12:00</td>
<td>LGI</td>
<td>Low risk fetal clinic including admin</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>12:00 - 16:00</td>
<td>LGI</td>
<td>Fetal clinic</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total 2</strong></td>
</tr>
<tr>
<td>Tuesday</td>
<td>08:00-12:00</td>
<td>LGI</td>
<td>MDT meeting</td>
<td>DCC</td>
<td>1</td>
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<tr>
<td></td>
<td>12.00-14:00</td>
<td>LGI</td>
<td>Clinical Admin</td>
<td>DCC</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total 1.5</strong></td>
</tr>
<tr>
<td>Wednesday</td>
<td>09.00-13.00</td>
<td>LGI</td>
<td>Fetal Clinic (3/4 weeks)</td>
<td>DCC</td>
<td>0.75</td>
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<tr>
<td></td>
<td>13.00-17.00</td>
<td>LGI</td>
<td>SPA</td>
<td>SPA</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>17.00-18.00</td>
<td>LGI</td>
<td>Clinical Admin</td>
<td>DCC</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total 2</strong></td>
</tr>
<tr>
<td>Thursday</td>
<td>08:00-16:00</td>
<td>Peripheral</td>
<td>Peripheral clinic (alt weeks)</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Off (alt weeks)</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total 1</strong></td>
</tr>
<tr>
<td>Friday</td>
<td>08.00-10:00</td>
<td>LGI/Chapel Allerton</td>
<td>Fetal medicine MDT</td>
<td>DCC</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>10:00 - 14:00</td>
<td>LGI</td>
<td>General paediatric clinic</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>14:00 - 15:00</td>
<td>LGI</td>
<td>Clinical Admin</td>
<td>DCC</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>15:00 - 17:00</td>
<td>LGI</td>
<td>SPA</td>
<td>SPA</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total 2.25</strong></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td>On call as per rota</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td>On call as per rota</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agreed activity to be worked flexibly*</th>
<th>Dept and other sites</th>
<th>SPA to be worked flexibly</th>
<th>SPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variable</td>
<td></td>
<td>0.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unpredictable emergency on-call work</th>
<th>On site, at home on the telephone &amp; travelling to &amp; from site</th>
<th></th>
</tr>
</thead>
</table>

| TOTAL PAs | 9.25 |
### Consultant of the Week Job Plan 6.5 weeks per year

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Description of activity</th>
<th>Categorisation DCC/SPA/AR/ED*</th>
<th>No of PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>08.00-18.00</td>
<td>LGI</td>
<td>Ward/PICU/Theatre Work/Registrar Ward Follow up Clinic</td>
<td>DCC</td>
<td>Total 2.5</td>
</tr>
<tr>
<td>Tuesday</td>
<td>08.00-18.00</td>
<td>LGI</td>
<td>Ward/PICU/Theatre Work</td>
<td>DCC</td>
<td>Total 2.5</td>
</tr>
<tr>
<td>Wednesday</td>
<td>08.00-18.00</td>
<td>LGI</td>
<td>Ward/PICU/Theatre Work</td>
<td>DCC</td>
<td>Total 2.5</td>
</tr>
<tr>
<td>Thursday</td>
<td>08.00-18.00</td>
<td>LGI</td>
<td>Ward/PICU/Theatre Work</td>
<td>DCC</td>
<td>Total 2.5</td>
</tr>
<tr>
<td>Friday</td>
<td>08.00-18.00</td>
<td>LGI</td>
<td>Ward/PICU/Theatre Work</td>
<td>DCC</td>
<td>Total 2.5</td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td>Predictable on call ward round</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td>Predictable on call ward round</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.5</td>
</tr>
<tr>
<td>Unpredictable emergency on-call work</td>
<td>Variable</td>
<td>On site, at home on the telephone &amp; travelling to &amp; from site</td>
<td>Direct Clinical Care</td>
<td>0.5</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL PAs: 15

*: Flexibility is an important part of the professional contract. The default place of work is the Trust. All activity is expected to be included in the weekday timetable even if on occasions it may be displaced after agreement with the CD/DMM

- Direct Clinical Care (DCC), Supporting Professional Activities (SPA), External duties (ED) or Additional NHS responsibilities (AR)

### 1. Activity Summary (the totals must match that of the job content section)

<table>
<thead>
<tr>
<th>Programmed activity</th>
<th>Number of PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct clinical care (excluding on-call)</td>
<td>7.5</td>
</tr>
<tr>
<td>Service week excess</td>
<td>0.5</td>
</tr>
<tr>
<td>On call - unpredictable</td>
<td>0.5</td>
</tr>
<tr>
<td>Supporting professional activities</td>
<td>1.5</td>
</tr>
<tr>
<td>Additional NHS duties</td>
<td>0.0</td>
</tr>
<tr>
<td>External duties</td>
<td>0.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
</tr>
<tr>
<td>Contracted Activity</td>
<td>10</td>
</tr>
</tbody>
</table>
3. On-call availability supplement

<table>
<thead>
<tr>
<th>Agreed on-call rota e.g. 1 in 5:</th>
<th>1:9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed category (delete):</td>
<td>A</td>
</tr>
<tr>
<td>On-call supplement e.g. 5%:</td>
<td>3%</td>
</tr>
</tbody>
</table>

1.5 PAs is the minimum SPA allocation to allow for GMC revalidation requirements. This will be reviewed after 3 months and will be increased to reflect other commitments e.g. undergraduate and postgraduate teaching, clinical and education supervision and research.

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 an important part.

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. 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 short listed for this position you will be asked to complete a criminal disclosure form to be handed to a representative at interview. Further more, 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:

DR JOHN THOMSON  
PAEDIATRIC CARDIOLOGIST AND LEAD CLINICIAN  
0113 39 28257  
John.thomson8@nhs.net

DR MIKE RICHARDS  
CLINICAL DIRECTOR CHILDREN’S SERVICES  
0113 39 28776  
michael.richards8@nhs.net

MRS SUZANNE ABRAHAMS  
GENERAL MANAGER CHILDREN’S SERVICES  
0113 39 23343  
suzanne.abrahams@nhs.net
THE LEEDS CHILDREN’S HOSPITAL

HEALTHCARE FOR CHILDREN IN YORKSHIRE AND LEEDS

The Yorkshire area of the Northern and Yorkshire Region has a population of approximately 5.5 million. Leeds has a total population of approximately 750,000, of whom 155,000 are children. Although there has been significant urban regeneration, there are still many areas of social deprivation, both in the inner city and on post-war housing estates. Parts of the city have a cosmopolitan ethnic background with significant numbers of people from Eastern European, South Asian and Afro-Caribbean backgrounds.

Leeds General Infirmary (LGI) provides almost all of the tertiary referral services for the Yorkshire part of the Northern and Yorkshire Region, as well as a number of supra-regional services.

LEEDS CHILDREN’S HOSPITAL

Management Arrangements
Leeds Children’s Hospital is responsible for the majority all children’s specialties and is led by the triumvirate team of Clinical Director, General Manager and Head of Nursing. The Clinical Director is Dr Michael Richards, the General Manager is Mrs Debra Wheeler and the Head of Nursing is Ms Anne Stanton. This team is supported by, Lead Clinicians, Matrons Service Managers and Business Managers for each specialty, together with corporate support from colleagues in Finance, Human Resources, Planning and Informatics.

The Leeds Children’s Hospital has an annual budget of £61 million, inpatient bed base of 286 beds, and delivers 56,000 outpatient appointments and 19,000 inpatient and day case episodes. The majority of which is on the Leeds General Infirmary site, however there is a Neonatal unit based on the St James’ Hospital site. The Leeds Children’s Hospital employs a total of 90 consultants providing general, specialist and supra-regional children’s medical and surgical services. Inpatient, day case and outpatient services are mainly provided at the LGI.

Additional Children’s Services provided in Non-Paediatric Specialities
Services for children are also provided within a number of other specialities. These include dermatology, orthopaedic and spinal surgery, ophthalmology, dental surgery, maxillo-facial surgery, accident and emergency, ENT, neurosurgery, plastic and reconstructive surgery, renal transplant surgery and clinical genetics.

Inpatient Facilities
The following established specialist children’s services are provided:

- Cardiology and cardiac surgery
  16 beds Ward 12 Jubilee Wing includes 6 HDU beds

- Paediatric Intensive Care Unit
  16 beds Ward 47 Clarendon Wing

- Neurosciences
  10 beds Ward 52 Clarendon Wing

- General Paediatrics
  26 beds Ward 9 Children’s Assessment Unit Jubilee Wing
  10 beds Ward 30 Respiratory and Cystic Fibrosis Clarendon Wing
  15 beds Ward 40 Children’s Medical Ward Clarendon Wing

- Neonates
  25 beds (12 ICU) includes Neonatal Surgery Clarendon Wing LGI
  20 beds (3 ICU) Gledhow Wing St James
  13 beds Transitional Care Gledhow Wing St James
Paediatric Oncology/Haematology
16 beds Ward 31 Paediatrics Clarendon Wing
4 beds Ward 32 BMT Clarendon Wing
8 beds Ward 33 Teenage and Young Adult Clarendon Wing

Specialty Medicine
16 beds Ward 10 Hepatology/Nephrology/Gastroenterology Jubilee Wing
6 Dialysis Stations Ward 11 Jubilee Wing

Paediatric Surgery
Includes General Surgery, Urology, Trauma & Orthopaedics, Plastics, ENT, Cleft Lip and Palate, Maxillo-Facial and Dental
10 beds Ward 41 Clarendon Wing
13 beds Ward 42 Clarendon Wing
26 day case beds Ward 49 Clarendon Wing
6 beds HDU Ward 48 Clarendon Wing