THE LEEDS TEACHING HOSPITALS NHS TRUST

DEPARTMENT OF CHILDREN’S

JOB DESCRIPTION

CONSULTANT PAEDIATRIC NEPHROLOGIST

1. BACKGROUND

Leeds Teaching Hospitals is one 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

The successful applicant will join Dr Kay Tyerman, Dr Eric Finlay, Dr Pallavi Yadav and Dr Hitesh Prajapati to provide tertiary paediatric nephrology service for Leeds and the majority of Yorkshire, through a managed clinical network.

The Leeds Paediatric Nephrology team comprises of three ST 5-8 / equivalent, two ST 2-3, three clinical nurse specialists, two part time renal dieticians, a pharmacist, secretarial staff, two part time social workers and a clinical psychologist.

2. OBJECTIVES OF THE POST

- To maintain a high quality regional tertiary paediatric nephrology service to Leeds and North, West and East Yorkshire.
- To participate in the acute 1 in 5 on call rota for Paediatric Nephrology, Dialysis and Transplantation.
- To participate in the weekly joint multidisciplinary meetings (and teaching programme) with consultant colleagues.
- To participate in audit and help develop departmental / network guidelines.
- Research interests that will benefit the clinical service.
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 Nephrologist will be expected to deliver a 1 in 4 on call rota, plus up to 3 outpatient clinics per week and cover outreach clinics in North and West Yorkshire.

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, specialty 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

Standard week: not on-call, (4 out of 5 weeks) 31.6 weeks per year
Handover after on call on a Friday

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Work</th>
<th>Categorisation</th>
<th>No. of PA’s</th>
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<tbody>
<tr>
<td>Monday</td>
<td>0800-0900</td>
<td>Office</td>
<td>SPA x 31.6/yr</td>
<td>SPA</td>
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</tr>
<tr>
<td></td>
<td>0900-1300</td>
<td>Clinic</td>
<td>Transplant clinic x 20/yr</td>
<td>DCC</td>
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<tr>
<td></td>
<td>1300-1330</td>
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<td>Transplant clinic admin x 20/yr</td>
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<td>1330-1500</td>
<td>Clinical MDT</td>
<td>Grand Round x 31.6/yr</td>
<td>DCC</td>
<td>0.375</td>
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<tr>
<td></td>
<td>1500-1630</td>
<td>Office LGI</td>
<td>Transplant clinic x 20/yr</td>
<td>DCC</td>
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<td></td>
<td></td>
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<tr>
<td>Tuesday</td>
<td>0830-0930</td>
<td>Office</td>
<td>MDT Results Meeting -</td>
<td>DCC</td>
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</tr>
<tr>
<td></td>
<td>0930-1100</td>
<td>Office</td>
<td>Transplant plus CKD clinic x</td>
<td>SPA</td>
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<tr>
<td></td>
<td>1100-1200</td>
<td>Ward</td>
<td>31.6/yr</td>
<td>DCC</td>
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<td>1100-1200</td>
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<td>Fortnightly Psychosocial Meeting x 20/yr</td>
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<td>1200-1300</td>
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<td>Martin Wing</td>
<td>Weekly X-ray meeting 31.6/yr</td>
<td>SPA</td>
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<td>1300-1400</td>
<td>SJUH</td>
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<td>SJUH</td>
<td>Monthly Transplant listing Meeting x 9/yr</td>
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<td>General Nephrology Clinic x 24/yr</td>
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<td>General clinic admin x 24/yr</td>
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<td>1445-1718</td>
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<td>SPA x 31.6/yr</td>
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<td>Thursday</td>
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<td>CKD clinic x 25/year</td>
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<td>Office</td>
<td>Monthly Governance Meeting /M&amp;M x 8/yr</td>
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<td>1500-1700</td>
<td>Office</td>
<td>CKD clinic admin x 25/yr</td>
<td>DCC</td>
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<td>Friday</td>
<td>0830-1000</td>
<td>Ward LGI</td>
<td>Handover x 10.4/yr</td>
<td>DCC</td>
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<td>0800-1600</td>
<td>Airedale</td>
<td>Outreach clinic x 6/year inclusive of</td>
<td>DCC</td>
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<td></td>
<td></td>
<td></td>
<td>travel (0.5 PA x 6) and admin (0.5 PA x 6)</td>
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<tr>
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<td>0800-1520</td>
<td>Dewsbury</td>
<td>Outreach clinic x 6/year inclusive of</td>
<td>DCC</td>
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<tr>
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<td></td>
<td></td>
<td>travel (0.33 PA x 6) and admin (0.5 PA x 6)</td>
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<tr>
<td>Day</td>
<td>Time</td>
<td>Location</td>
<td>Activities</td>
<td>DCC</td>
<td>Units (10.4/42 weeks)</td>
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<tr>
<td>Monday</td>
<td>08.00 - 13.30</td>
<td>Wards LGI</td>
<td>Ward Huddle, Ward Cover/ Dialysis Unit/referrals, Ward Cover/clinical admin</td>
<td>DCC</td>
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<td>13.30 - 15.00</td>
<td>Clinical MDT office LGI</td>
<td>Ward Huddle, Ward Cover (including attendance at Psychosocial MDT), Radiology Meeting</td>
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<td>Ward Cover/referrals</td>
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<td>Tuesday</td>
<td>08.30 - 12.00</td>
<td>Wards LGI</td>
<td>Ward Huddle, Ward Cover (including attendance at Psychosocial MDT), Radiology Meeting</td>
<td>DCC</td>
<td>2.25 DCC</td>
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<td>12.00 - 13.00</td>
<td>Clarendon Wing</td>
<td>Ward Cover/referrals</td>
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<td>Wards LGI</td>
<td>Ward Cover/referrals</td>
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<td>Wednesday</td>
<td>08.30 - 17.30</td>
<td>Wards LGI/office</td>
<td>Ward Huddle/Ward cover/clinical admin</td>
<td>DCC</td>
<td>2.25 DCC</td>
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<tr>
<td>Thursday</td>
<td>08.30 - 0900</td>
<td>Clarendon Wing</td>
<td>Joint medical/speciality handover Ward Huddle Ward cover/clinical admin</td>
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<td>Ward Huddle/Ward cover/clinical admin</td>
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<td>Friday</td>
<td>08.30 - 10.00</td>
<td>Wards LGI/office</td>
<td>Ward Huddle/Consultant handover Ward Cover/clinical admin/ monthly nephrourology xray meeting</td>
<td>DCC</td>
<td>2 DCC 0.25 SPA</td>
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<td>Wards LGI/office</td>
<td>Ward Huddle/Consultant handover Ward Cover/clinical admin/ monthly nephrourology xray meeting</td>
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<td>12.00 - 13.00</td>
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<td>Junior Doctor/Teaching Ward Cover/clinical admin</td>
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<td>13.00 - 17.30</td>
<td>Wards LGI/office</td>
<td>Junior Doctor/Teaching Ward Cover/clinical admin</td>
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<td>Saturday</td>
<td>08.30 - 13.00</td>
<td>Wards LGI</td>
<td>Ward round plus referrals</td>
<td>DCC</td>
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<td>Sunday</td>
<td>08.30 - 13.00</td>
<td>Wards LGI</td>
<td>Ward round plus referrals</td>
<td>DCC</td>
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<td>Additional</td>
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<td>Additional agreed activity to be worked flexibly</td>
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<td>Predictable emergency on-call work</td>
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<td>Unpredictable emergency on-call work</td>
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<td>Unpredictable emergency on-call work</td>
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<tr>
<td>TOTAL PA'S</td>
<td></td>
<td></td>
<td>TOTAL PROGRAMMED ACTIVITIES</td>
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**Programmed Activity**
- Direct clinical care (including unpredictable on-call): 8.5
- Supporting professional activities: 1.5
- Other NHS responsibilities: 0
- External Duties: 0
On-call availability supplement

Agreed on-call rota e.g. 1 in 5: 1 in 5
Agreed category (delete): A
On-call supplement e.g. 8%: 5%

Therefore - on call weeks = 18.5 PA (18.25 DCC, 0.25 SPA)
10.4 on call weeks = 189.8 DCC + 2.6 SPA

Non on call weeks total DCC = 31.6 x (0.85 + 1.185 + 1.14 + 0.788 + 1.3245) = 167.1
Non on call weeks total SPA = 31.6 x (0.25 + 0.895 + 0.13 + 0.637) = 60.4
Total DCC = 189.8 + 167.1 = 356.9 DCC = 357 DCC
Total SPA = 2.6 + 60.4 = 63 SPA
Total PA = 357 + 63 = 420
Average PA per week = 10.52

5.2 Accountability
See section 3, above. The post holder 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 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 Kay Tyerman  
Clinical Lead  
Paediatric Hepatology, Nephrology and Gastroenterology

Tel: 0113 392 5583  
Kay.tyerman@nhs.net
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Mike Richards</td>
<td>Clinical Director</td>
<td>Tel: 0113 392 8776</td>
</tr>
<tr>
<td></td>
<td>Children’s Services</td>
<td><a href="mailto:Michael.richards8@nhs.net">Michael.richards8@nhs.net</a></td>
</tr>
<tr>
<td>Mr Rob Guest</td>
<td>Service Manager</td>
<td>Tel: 0113 392 3343</td>
</tr>
<tr>
<td></td>
<td>Leeds Children’s Hospital</td>
<td><a href="mailto:robert.guest@nhs.net">robert.guest@nhs.net</a></td>
</tr>
</tbody>
</table>
Department Of Paediatric Nephrology
Leeds Children’s Hospital
Leeds General Infirmary

The Yorkshire Regional Paediatric Nephrology Service

Introduction to Leeds

Paediatric Nephrology is a regional specialty based at Leeds Teaching Hospitals Trust, Leeds Children’s Hospital at the Leeds General Infirmary site. It is one of 13 regional units nationally providing diagnostic and treatment facilities for paediatric renal conditions.

Core functions include treatment of acute kidney injury, chronic kidney disease and performance of renal biopsy. The unit additionally treats a spectrum of renal conditions from antenatal to adolescent patient groups. The unit is closely allied to the adult renal transplantation service which co-operates in the preparation for transplant and the development of the living related donor programme.

Outpatient services

The clinics are run in the paediatric outpatient departments of the Clarendon Wing, Leeds General Infirmary and St James Hospital.

Table 1: Central Clinics

<table>
<thead>
<tr>
<th>Type of clinic</th>
<th>Frequency</th>
<th>Number of patients per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>General nephrology</td>
<td>Weekly</td>
<td>1500</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>Weekly</td>
<td>750</td>
</tr>
<tr>
<td>Transplant</td>
<td>Weekly</td>
<td>600</td>
</tr>
<tr>
<td>Haemodialysis</td>
<td>2 monthly</td>
<td>30 - 50</td>
</tr>
<tr>
<td>Joint Nephro-urology</td>
<td>Monthly</td>
<td>100</td>
</tr>
<tr>
<td>Joint Rheumatology</td>
<td>6 monthly</td>
<td>20</td>
</tr>
<tr>
<td>Joint Young Persons Transitional</td>
<td>fortnightly</td>
<td>120</td>
</tr>
<tr>
<td>Joint stone Clinic</td>
<td>2 monthly</td>
<td>60</td>
</tr>
</tbody>
</table>

Outreach services

Outreach clinics take place in Airedale, Bradford, Halifax, Huddersfield, Dewsbury, Pinderfields, Grimsby/Scunthorpe, Hull, York and Scarborough.

Table 2: Outreach clinics

<table>
<thead>
<tr>
<th>Shared care clinics</th>
<th>Frequency</th>
<th>Number of patients per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airedale General Hospital</td>
<td>Two monthly</td>
<td>60</td>
</tr>
<tr>
<td>Bradford St Luke’s Hospital</td>
<td>Two weekly</td>
<td>350</td>
</tr>
<tr>
<td>Halifax General Hospital</td>
<td>Three monthly</td>
<td>60</td>
</tr>
<tr>
<td>Huddersfield Royal Infirmary</td>
<td>Three monthly</td>
<td>50</td>
</tr>
<tr>
<td>Dewsbury District Hospital</td>
<td>three monthly</td>
<td>40</td>
</tr>
<tr>
<td>Pinderfields</td>
<td>Two monthly</td>
<td>72</td>
</tr>
</tbody>
</table>
Inpatient care is provided mainly by a shared nephrology/ hepatology ward, Ward L50 in Jubilee Wing, LGI. The ward comprises 16 beds, of which 8 are cubicles and 2 are equipped for haemodialysis.

**Haemodialysis**

Paediatric haemodialysis is delivered in a purpose built unit, which is co-located with ward L10. There are 5 dialysis stations including 1 isolation cubicle. The dialysis unit is staffed 5 days per week with an on call service over the weekend. The unit is supported by dialysis technical facilities and medical physics staff in common with the adult haemodialysis unit.

There are no children receiving haemodialysis in local satellite units or at home. Accepted policy is to manage children in the haemodialysis unit or at home by CCPD or CAPD.

**Home Care**

Three clinical nurse specialists (1 full time, 2 part time) provide training and support for children newly diagnosed, coming up to end-stage renal failure or currently on home peritoneal dialysis. They also are involved in pre-transplant work up and immediate care following discharge post renal transplant.

**Specific paediatric renal services**

Renal biopsy service – average 1 biopsy /week
Management of acute kidney injury – average 25-30/year – by acute cycling peritoneal dialysis, acute haemodialysis or continuous veno-venous haemodiafiltration.
Management of end stage renal failure by continuous cycling peritoneal dialysis (5 -10 patients at any one time), intermittent haemodialysis (4-10 patients at any one time) or renal transplantation ( average 12/year).

**General paediatric renal services**

Pre end-stage renal failure - for patients with significantly reduced renal function but do not require renal replacement therapy.
Pre biopsy assessment of glomerulonephritis, haematuria and proteinuria.
Urinary tract infections and associated conditions.
Neuropathic bladder and other conditions requiring urodynamic investigation.
Prenatal diagnosis including antenatal counselling.
Hypertension.
Renal tubular disorders.
Metabolic renal stone disease
Transition Service to adult care.

The service both supports and receives support from a number of other specialties: other paediatric specialists, eg paediatric intensive care, cardiology , oncology, rheumatology and hepatology etc.
Paediatric surgeons and urologists for the management of surgical disorders which threaten renal function and the provision of vascular and peritoneal access surgery.
Foetal medicine service including obstetrician, radiologist, urologist, neonatologist and geneticist for the management of foetal uropathy.
Renal transplantation service.

Multidisciplinary team

Medical members of the team include 4 WTE consultant paediatric nephrologists: Dr K Tyerman, Dr ER Finlay, Dr Pallavi Yadav and Dr Hitesh Prajapati.
Junior medical staff - 3 WTE ST 5-8/ equivalent, 2 WTE ST 2-3 ( Grid trainee to commence September 2013)
Nursing in-patient staff are based on ward L50 and Paediatric Haemodialysis Unit.
Outreach nursing staff who work across the whole Yorkshire region include
Staff Nurse S Devlin involved with transition and dialysis service.
Staff Nurse R Carless oversees post- transplant patients and pre-transplant assessment
Sister S Yates supervises outreach peritoneal dialysis programme and anaemia management.
Social work support – 1 WTE - Ms J Kearney and Ms M Pinnu
Psychology – Dr S Friedl clinical psychologist 0.4 WTE
Dietician – 2 x 0.5 WTE dieticians Ms A Lloyd and Ms V Burt
Renal pharmacist – Ms A

The Clinical team meet weekly on a Monday afternoon with additional MDT meetings on a Tuesday morning. Appropriate members of the team also attend regular out-patient clinics as well as liaising and supporting with their local counterparts across region.

Each consultant is “on-take” for 1 week in 5 and duties include:

Daily ward round and review of admissions
Counselling of families on ward
Review of patients undergoing dialysis
Advice to other clinicians on children with renal complications, eg ICU, cardiology, oncology, hepatology, neonatology
Outpatient clinics and attendance at outreach clinics
Renal procedures, eg biopsy
Multi-disciplinary meetings, eg psycho-social, radiology, histopathology and transplant
Education and training of junior and middle grade medical staff
Clinical governance including audit and research
Management and administration
Continuing professional development
On-call commitments including initiating acute dialysis out of hours and review of admissions or ICU patients

Diagnostic Services

There are a range of comprehensive diagnostic services: a renal histology service provided by Dr Arora and Dr Prasad, an immunology service provided by Dr Savic and Dr Wood and a paediatric biochemistry service supported by Dr Barth, Dr Miller and Dr Henderson. Renal biopsy meetings are held monthly with Dr Arora and Dr Prasad.

A paediatric nephro-urological imaging service is provided by Drs Ramsden, Dr Jeanes and Dr Swinton with support when required from the interventional and vascular radiologists. Weekly radiology meetings are held with Dr Ramsden and Dr Swinton Joint nephro-urology radiology meetings are held once per month.
**Links with other specialties/services**

Children’s general and medical services have links with a wide range of other specialties, especially those who directly provide services for children and in the specialist services where there are close working relationships with the counterpart service for adults.

The paediatric nephrologists work in close contact with their colleagues in adult nephrology and with renal transplant surgeons.

A wide range of staff in clinical support services also have a major input into service provisions and include pharmacy, dietetics, psychology and medical social work as members of the multi-disciplinary team.

**Research and Audit**

The Paediatric Nephrology Department is participating in several NIHR supported studies as well as the Renal Rare Diseases Registry (RADAR). Local collaborative studies are also undertaken and there are established research links with the Department of Genetics and with York University.

As well as an active local audit programme, the department contributes to National Renal Audits and submits annual Renal Registry Returns.

**Teaching and Training**

The present paediatric nephrology consultants are involved in the teaching programme for medical students, and specialty trainees, and the post holders participate in the paediatric grand round presentations at Leeds General Infirmary. The successful applicant, together with colleagues, would be expected to continue to deliver the Leeds teaching to undergraduates, specialty trainees and paediatric nephrology GRID trainees when in post.
1 THE CITY OF LEEDS AND SURROUNDING AREA
Leeds is a major commercial City with excellent road (M1, A1, M62), rail (London and Edinburgh 2 hours) and air (Leeds/Bradford and Manchester airports) links. It is surrounded by a number of pleasant residential areas and is within easy reach of the Yorkshire Dales, North Yorkshire Moors, the Lake District, Peak District and Northumberland. Good public and private schools are available and house prices are reasonable.

Leeds also has a great deal to offer culturally. Home of the Royal Armouries Museum, Thackray Medical Museum and Temple Newsam House the city also offers a City museum, the Henry Moore Institute and Art Gallery. Opera North is based at the Grand Theatre, and the Leeds Civic Theatre and the award winning West Yorkshire Playhouse are all located in the city centre.

2 MERGER OF THE TWO ACUTE TRUSTS IN LEEDS
The Leeds Teaching Hospitals NHS Trust came into existence on 1 April 1998, and has approximately 15,000 staff employed over six sites:

- Leeds General Infirmary
- St James's University Hospital
- Chapel Allerton Hospital
- Seacroft Hospital
- Wharfedale General Hospital
- Leeds Dental Institute

Combined, these sites house 2,500 beds and provide a range of general, acute and elective services, together with a significant number of regional and supra-regional specialities.

The creation of a single Trust for Leeds and the reconfiguration of acute hospital services, represent a unique opportunity for the city to become home to one of the leading health care institutions in the world, excelling in health service delivery, teaching and research.

The new Trust must provide improvement in the access to and delivery of healthcare within a tight financial framework. The building of a stronger and enhanced centre for clinical excellence together with greater research, teaching and learning opportunities will also be created in partnership with the University of Leeds and Leeds Metropolitan University.

2.1 The Trust Board
The Trust Board is led by the Chairperson Linda Pollard and comprises Non Executive and Executive Directors. These include the Chief Executive, Julian Hartley, and the Medical Director, Yvette Oade. The Board is responsible for policy direction and has overall accountability for the management of the hospital, the quality of the services it delivers and its financial viability.

2.2 Management Arrangements
The Leeds Teaching Hospitals NHS Trust consists of 19 Clinical Service Units, led by a Clinical Director, General Managers and Head of Nursing. The Children’s Hospital is led by Mike Richards, Clinical Director; Debra Wheeler, General Manager & Anne Stanton, Head of Children’s Nursing. The Children’s Hospital Clinical Service Unit is sub divided into 9 sub-specialities which are supported by a Lead Clinician, a Service Manager and Matron.
3 HEALTHCARE FOR CHILDREN IN YORKSHIRE AND LEEDS

The Yorkshire area of the Northern and Yorkshire Region has a population of approximately 4 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), and St James’s University Hospital (SJUH) provide 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.

3.1 Hospital Services for Children

Children’s Services have an inpatient bed base of 285 respectively. The CSU employs a total of 80 consultants, 56 of whom are Paediatricians providing general, specialist and community children’s medical and surgical services across four hospital sites.

Following a review of Trust-wide acute hospital services, the centralisation of Children’s inpatient services will be completed in May 2010 on the Leeds General Infirmary site in the Leeds Children’s Hospital. Inpatient, day case and outpatient services are provided from the LGI site. Some outpatient services are also provided from SJUH, Seacroft Hospital and Wharfedale Hospital.

The following established specialist children’s services are provided for the Yorkshire area within the Northern and Yorkshire Region on the LGI site:

- Respiratory and Cystic Fibrosis
- Neonatal Medicine (LGI and SJUH)
- Neonatal Surgery
- Oncology/Haematology, including BMTU
- Nephrology, including transplantation
- Hepatology and Liver Transplantation
- Gastroenterology
- Cardiology and Cardiac Surgery
- Neurosurgery
- Neurology
- Endocrinology
- Metabolic Medicine
- Rheumatology
- Paediatric Surgery
- Cleft Lip and Palate
- Intensive Care