CONSULTANT in PAEDIATRIC HIGH DEPENDENCY CARE

JOB DESCRIPTION

Central Manchester University Hospitals NHS Foundation Trust (CMFT) and the University Hospital of South Manchester NHS Foundation Trust (UHSM) have joined together to create a new Foundation Trust, Manchester University NHS Foundation Trust (MFT). As a result, it’s an extremely exciting and challenging period in the delivery of health and social care in Greater Manchester and one that provides a wealth of opportunity. Our new organisation will provide a single hospital service across the city of Manchester, where these changes will make a real difference to the health outcomes and quality of life for the communities we serve.

INTRODUCTION

We are looking for an enthusiastic and motivated individual to join us in developing the Paediatric High Dependency Unit (PHDU) at Royal Manchester Children’s Hospital. This is a full time 10 Programmed Activity (PA) post. Suitable applicants could come from acute paediatric or paediatric intensive care backgrounds.

Applicants for this post must have extensive experience in general and speciality paediatrics. In addition they should have experience in managing paediatric high dependency patients and a minimum of one year of paediatric intensive care experience.

THE HOSPITAL

Royal Manchester Children’s Hospital is the largest children’s hospital in Europe with a capacity of 370 beds. It moved to brand new state of the art accommodation in 2009, bringing together the clinical teams previously housed at Royal Manchester Children’s (Pendlebury), Booth Hall and St Mary’s Hospitals. We provide general paediatric services for the local population and tertiary paediatric services for a large part of the North West of England and beyond.

Primary medical care is provided via the Children’s Emergency Department. Children can be admitted for short term observation in the Clinical Decision Unit. Secondary paediatrics and ambulatory care is delivered by a team of general paediatricians. Tertiary medical services include Neurology, Nephrology including renal transplantation, Haematology and Bone Marrow Transplantation, Oncology, Respiratory Medicine, Cardiology, Gastroenterology, Rheumatology and Immunology. RMCH is also a national referral centre for Clinical Genetics, Metabolic Medicine and Endocrinology. Surgical teams include a tertiary Burns Services, plastics, neurosurgery, general, neonatal, urology, orthopaedics (including scoliosis surgery) and otolaryngology. RMCH is recognised as a Children’s Major Trauma Centre for the North West seeing approximately 150 ISS>9 patients each year. Full laboratory and both diagnostic and interventional radiological support is provided with MR, CT and CT/PET scanners are available 24 hours a day.

The hospital is situated on the south eastern corner of the Manchester University Foundation Trust (MFT) site and benefits from easy access to and support from specialists such as ophthalmology, obstetrics & vascular surgery who are co-sited in the adult divisions of the trust.

RMCH plays an important role in medical teaching. The University Departments of Child Health, Child & Adolescent Psychiatry and Paediatric Oncology are based on-site. It is the major paediatric teaching hospital for the University of Manchester.

The Greater Manchester, Lancashire and South Cumbria Medicines for Children Research Network is based at RMCH. In addition, the Wellcome Trust Children’s Clinical Research Facility, one of only four in the UK, opened in RMCH in November 2009.
Paediatric High Dependency

This is a 12-bedded paediatric high dependency based within the Paediatric Critical Care Directorate with potential to expand to 15 beds. This purpose-built area is co-located with Paediatric Intensive Care, Paediatric Burns Unit and Paediatric Theatres. PHDU admits approximately 800 children a year. PHDU provides all types of Level 1 (Basic) and Level 2 (Intermediate) Critical Care including non-invasive ventilation, post-operative care for complex or specialist surgical patients and high dependency care for secondary or tertiary medical patients as clinically required. In addition, invasive ventilatory support is provided for tracheostomised patients on home long term ventilation who are acutely unwell and in need of increased respiratory support. It also provides a step-down area for patients discharged from PICU.

Consultant medical cover is currently provided during the week by a PHDU consultant. In addition the parent team remains actively involved. This post will allow provision of more robust PHDU consultant cover including a weekend ward round and also the provision of some outreach onto the wards. As the service develops additional consultants will be recruited with the aim for the service to be covered 7 days a week by a team of PHDU consultants in the long term.

Currently, there are two ST2 paediatric trainees that rotate through PHDU on a three monthly basis. From September 2017, a critical care middle grade trainee will be based on PHDU between the hours of 08.30 and 20.30 Monday to Friday to provide more robust cover for the unit generally and the post-operative patients admitted to the unit out of standard working hours. These trainees are made up of paediatric and PICU trainees on six month – one year attachments, Paediatric Emergency Medicine and Anaesthetic trainees (three month rotations) and PICU clinical fellows.

It is envisaged that this team of PHDU middle grades will be further developed with time.

Additional middle grade cover is provided by the specialist team.

Advanced Practitioners. There is a team of APs based on the PICU. There is active planning in place to recruit additional trainee APs and the vision is that they will rotate between PICU and PHDU.

A team of 180 nurses work in paediatric critical care. Of these, 60 are primarily based on PHDU with planned expansion over the next few months to increase staffing levels in line with PICS standards. There is an established rotation of nurses between PICU and PHDU – both new starters and the senior nursing team.

| Consultant Staff                  | Kay Hawkins (Clinical Lead) |
|                                  | Graham Mason (locum)       |
|                                  | Mahil Samuel (0.2 WTE)     |
| Modern Matron                    | Clare Ryan, Critical Care  |
| Non-clinical ward manager (Band 7)| Critical Care rotation    |
| Quality Manager (Band 7)         | Critical care rotation     |
| Audit and Reaserach (Band 6)     | Critical Care Rotation     |

Paediatric Intensive Care

Adjacent to the PHDU is a 15 bed PICU that works closely with the PHDU.

RMCH is designated as a Lead Centre for PICU within the UK and is recognised for training by the Intercollegiate Committee for Training in Paediatric Intensive Care Medicine (ICTPICM). There are approximately 4000 intensive care bed days per year (over 750 admissions per year).

Day to day care of children in the PICU is managed and led by the team of eight WTE PICU consultants in consultation with subspecialties as appropriate.
There are 15 general Intensive care beds currently open at RMCH housed in state-of-the-art facilities with potential to increase to 21 beds. All specialities with the exception of post-operative cardiac surgery are provided.

Adjacent to the PICU is a critical care area for children with thermal injuries, including two PICU beds. The PICU team share the delivery of care in this area with the Burns and Plastics Consultants. Currently around 5 children are admitted each year with major burns requiring respiratory support.

In addition, there is a 7 bed Transitional Care Unit based on Ward 83 that provides for children needing long-term ventilator support. This is primarily a nurse-run unit, with consultant support from Stuart Wilkinson, Consultant in Respiratory Paediatrics and Dorthe Grainger, Consultant Paediatric Intensivist

Consultant Medical Staff
- Rachael Barber (CSU Lead)
- Steve Playfor (Clinical Lead, PICU)
- Peter Marc Fortune
- Dorthe Grainger (0.5 WTE)
- Sharmila Gopisetti
- Chetan Gupta
- Rajesh Phatak (0.5 WTE)
- Mahil Samuel (0.8 WTE)
- Gayathri Subramaniyan

Medical Staff in Training
12 middle grade staff work full time in the PICU allowing a full shift system to operate. These trainees are made up of paediatric and PICU trainees on six month – one year attachments, Paediatric Emergency Medicine and Anaesthetic trainees (three month rotations) and PICU clinical fellows. There is a team of Advanced Practitioners in PICU (6 WTE with a further 1 in training) who work alongside the medical staff. Two hours of protected teaching is provided each week. In addition trainees are expected to attend the Regional PICU teaching programme run jointly with Alder Hey and NWTS which covers the majority of the ICTPICM curriculum and runs for one day a month.

Critical Care Directorate

Nursing and Multidisciplinary Support Staff
There are over 180 WTE nursing staff working across the Critical Care Directorate. In addition there is an Education team (2 WTE), Quality Nurse (1 WTE) and Research and Audit Nurses (2 WTE). There are two dedicated Critical Care pharmacists and an extended multidisciplinary team including dieticians, physiotherapists, critical care technologists and family support counsellors.

Management and Admin Support
Helen Fieldsend is the Directorate Manager. John Hoban is the Operational Manager. In addition there are four full time PAs to support the multidisciplinary team.

DUTIES OF THE POST

Clinical Practice and Contractual Commitment
Duties will primarily be based in Paediatric High Dependency providing direct clinical care, consultant input and support for the service. This will involve consultant-led ward rounds and co-ordination of care for this complex and challenging group of patients. This will include, but not be restricted to, organising and facilitating multidisciplinary meetings, regular professional liaison meetings, discharge planning meetings and strategy meetings following any safeguarding concerns.

In addition, the successful individual will be involved in the ongoing development of the PHDUs and the service the unit provides to the hospital, the Region and beyond.
With the ongoing changes in healthcare in the North West, particularly with DevoManc and the creation of a single hospital for Manchester it is likely that the PHDU role will extend out to several other hospitals in Manchester.

The successful candidate will join the team providing daytime cover of PHDU five days a week, 52 weeks a year. In addition they will provide weekend ward rounds 1 weekend in 4. Outside these hours, cover will be provided by the parent speciality or the PICU consultant on call for acute clinical concerns.

In addition, it is anticipated that the successful candidate will be involved in developing a Critical Care Outreach service. This is likely to involve reviewing patients recently discharged from Critical Care and any child triggering the Hospital’s Early Warning System (MANChEWS).

**Job Plan**

There will be no on call commitment but a weekend ward round will need to be provided 1 in 4 weekends. There may be the opportunity for staff to maintain direct clinical sessions in their parent specialty that will be negotiated on an individual basis.

**Average Direct Clinical Care PAs per week = 8**

**Supporting PAs = 2**

**To include:**

- CPD (separate from study leave) and mandatory training = 1
- Teaching/training/outreach = 0.5
- Audit and clinical governance = 0.5

**AUDIT**

The appointee will be expected to participate in audits and the development of protocols and care pathways specific to the service.

Consultants are expected to be aware of the principles of clinical governance and to contribute to the aims of PHDU and the Critical Care Department.

**CONTINUING MEDICAL EDUCATION**

The Central Manchester University Hospitals NHS Foundation Trust is committed to supporting continuing medical education for all specialists with both time and financial support from the Trust. Consultants are expected to maintain their personal portfolios in accordance with the requirements of their relevant Royal College, including the acquisition of the appropriate CPD points. The Trust has an Appraisal system for all consultants which includes a review of Continuing Professional Development.

**RESEARCH AND INNOVATION**

The Trust undertakes research in a diverse range of clinical areas and regularly recruits patients into clinical trials. We believe that clinical research is most successfully translated into improved care for patients through the combined efforts of patients, clinicians, scientists, industry and other partners.

We are dedicated to improving health and well-being for our diverse population. Research and innovation are central to our vision to be recognised internationally as a leading centre for healthcare provision.

**Patients.** Some 2.6 million people live in Greater Manchester, with demographics representative of all major developed world disease areas, ethnic groups and areas of considerable deprivation. Over one million patients per year are cared for across our eight hospitals and community services.

**Location.** Greater Manchester is in the top three UK regions for attracting industry studies, and is home to a large, diverse and stable patient population. Manchester Royal Infirmary is located at the heart of the largest clinical-academic campus in Europe.
Connections. We are intrinsically connected with The University of Manchester – through colocation, and our joint biomedical research strategy, appointments, and medical training programme. With the University of Manchester we are one of seven partners in the Manchester Academic Health Science Centre (MAHSC), the only AHSC outside of Southern England; designated by the Department of Health, this is a quality stamp for the research we conduct. We host the National Institute for Health Research (NIHR) Clinical Research Network: Greater Manchester, and work closely with the Greater Manchester Academic Health Science Network and the Northern Health Science Alliance.

Quality of research. We are home to the NIHR/Wellcome Trust Manchester Clinical Research Facility (adults and children’s), the NIHR Manchester Musculoskeletal Biomedical Research Unit and one of the NHS England 100K Genome Centres.

Infrastructure. We empower our staff to identify and assess unmet needs, and support them in working with industry and other partners to craft co-developed diagnostics, treatments and devices. Principal investigators work as part of a cross-functional team (divisional research managers, research nurses/midwives/coordinators, research office administrators, quality manager, innovation management service [TRUSTECH], etc.) dedicated to driving research and innovation.

Performance. We are continuously looking for ways in which we can improve delivery of our research studies. Over the past three years, we have significantly reduced the average time for study approval and first patient recruited (NIHR targets). Research and Innovation Division reports directly to the Board providing timely decision making, as well as strategic oversight and assurance to the Trust Board in relation to the management and governance of all research activities within the Trust and in our collaborations and partnerships.

Our world-leading research facilities, and the provision of internal pump-priming grants, provide a first-class environment for translational research in a hospital setting.

The Directorate, Trust and University have superb facilities for undertaking research and contributions to research will be actively encouraged. Areas of research interest should be discussed with the Head of Service and will normally be expected to relate to the clinical interests of the Departments and Trust. Research activity must be adequately funded by appropriate grant income secured by the appointee. Excellent opportunities exist to work in collaboration with colleagues of all disciplines including those based at the University of Manchester.

The Royal Manchester Children’s Hospital is host to the Greater Manchester, Lancashire and South Cumbria Medicines for Children Local Research Network (MCRN) and the Paediatrics Non-Medicines Research Network (PNMR) and therefore a large proportion of our research has their support. The Division has also recently established its own Children’s Clinical Research Facility on site, which enables us to run complex in-patient clinical trials. This facility is run through the quality assured procedures of the WTCRF and the MCRN.

The Children’s Division supports a wide range of research across paediatric sub-specialties, and contributes to the Genetics and Human Development theme which is the main focus of the Manchester Biomedical Research Centre (BRC). We excel at an international level in five areas: Cancer, Endocrinology, Child & Adolescent Mental Health, Inherited Metabolic Disease (IMD) and Nephrology, with research supported by the National Institute for Health Research (NIHR), the Medical Research Council, major research charities such as Cancer Research UK and The Wellcome Trust, and Pharmaceutical companies. Local support is provided through the BRC and its Fellowship scheme, and pump priming grant schemes run by the Research & Innovation Division.

The Children’s Division has a focus on the above areas of research strength and encourages growth in the other sub-specialties.

POSTGRADUATE FACILITIES
In the Central Manchester Foundation Trust there is a well-equipped postgraduate centre operating alongside the clinical undergraduate facilities. The Trust is currently developing a major skills and simulation teaching facility adjacent to the postgraduate centre.
There are Royal College tutors for RCPCH, RCoA, RCS and RCPath. They are responsible for career advice and guidance to junior medical staff, and for approving junior staff study leave. The Dean of Postgraduate Medical Studies for the North West Region is Professor Jacky Hayden.

MEDICAL ADVISORY AND MANAGEMENT ARRANGEMENTS
The Clinical Head of Division for Children’s Services is James Bruce, Consultant Paediatric Surgeon. There are also five Clinical Directorates within the Children’s Division all of which are headed by Consultants. The appointee will be encouraged to be actively involved in committee work, where his/her expertise is appropriate.

In particular he/she will be a member of the Critical Care Service Unit of which Rachael Barber is the CSU Lead. He/she will also be a member of the Medical Staff Committee, which provides a forum for discussion on professional matters.

CONSULTANT DEVELOPMENT PROGRAMME
Individuals taking up their first consultant post are now offered a place on the Leadership and Management Development Programme. This is a recent initiative designed to engage newly appointed consultants in the development of their leadership capability.

The programme utilises 0.5 SPA and includes a series of talks and group based activities with an individual service improvement project. The Trust also offers a Leadership for Excellence programme for clinical leads or medical managers to further develop their leadership skills.

GENERAL REQUIREMENTS AND CONDITIONS OF SERVICE
Candidates will be expected to have a higher qualification, such as MRCPCH, MRCP. Candidates should be on the Specialist Register for Paediatrics or Paediatric Intensive Care, or within three months of completing their training.

They should have extensive experience in paediatrics and Paediatric High Dependency care with a minimum of six months of Paediatric Intensive Care experience at a registrar level. Candidates from outside the UK will need to have had equivalent training, which has been approved by the equivalence committee of RCPCH, or be an established Consultant in Paediatrics with appropriate clinical experience.

b) Candidates should have an understanding of NHS management responsibilities of consultants, and be able to demonstrate how they perceive the management role in this post.

c) The appointment is covered by the Terms and Conditions of Service of Hospital Medical and Dental Staff.

d) The person appointed to this post will be responsible for providing a service within the resources allocated by Central Manchester University Hospitals NHS Foundation Trust.

e) The post-holder will only develop those services which Purchasers can fund and which have been discussed and agreed with the Management Board.

f) The person appointed will carry out the duties of the post within the policies agreed by the Trust, e.g. Health and Safety at Work, Control of Infection, Training of Junior Staff, Continuous Quality Improvement Programme etc.

h) The appointee will be required to live within 30 minutes travelling time of RMCH.

FURTHER INFORMATION
Kay Hawkins, Clinical Lead for PHDU
Kay.Hawkins@cmft.nhs.uk

Rachael Barber, CSU Lead, Paediatric Critical Care
Rachael.Barber@cmft.nhs.uk
Clare Ryan, Modern Matron, Paediatric Critical Care
Clare.Ryan@cmft.nhs.uk

Helen Fieldsend, CSU Directorate Manager
Helen.Fieldsend@cmft.nhs.uk

Telephone: 0161 7018040
CONSULTANTS IN PAEDIATRIC HIGH DEPENDENCY

JOB PLAN

1. Direct Clinical Care PAs (shown as total for department and not per consultant)

The consultant on call for the day takes overall responsibility for advice and care of patients on paediatric HDU. They will be involved in delivering direct clinical care including leading ward rounds and escalation/de-escalation in treatment. Close liaison with other critical care consultants and parent specialty consultants will be required. This consultant will be on site at RMCH during working hours.

<table>
<thead>
<tr>
<th>Weekdays</th>
<th>Hours/day</th>
<th>PAs/day</th>
<th>PAs/week</th>
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<tbody>
<tr>
<td>Daytime</td>
<td>08:30 – 17:00</td>
<td>9</td>
<td>2.25</td>
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<tr>
<td>MDT/admin</td>
<td>13:00 – 17:00</td>
<td>4</td>
<td>1</td>
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<tr>
<td>Handover round</td>
<td>09:00 – 11:00</td>
<td>2</td>
<td>0.5</td>
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<tr>
<th>Weekends (1 weekend in 4)</th>
<th>PAs/day</th>
<th>PAs/week</th>
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<tr>
<td>Saturday</td>
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<tr>
<td>Sunday</td>
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Total number of direct clinical care PAs per week (total for unit) 13.25

Calculations for average per consultant per week (2 consultants) 6.6

Each consultant has 6 weeks + 2 days annual leave, 8 bank holiday days, 2 weeks study leave per year. Therefore each consultant is away at least 10 weeks each year. This means each consultant is available for 42 weeks each year for clinical work.

Total number clinical PAs / year = 13.25 x 52 = 689

Total number per consultant per year = 689/2 = 344

Total number clinical PAs per consultant per week = 344 / 42 = 8.2

2. Supporting PAs (shown as average per consultant per week) 2

- CPD (separate from study leave) and mandatory training 1
- Teaching/training/outreach 0.5
- Audit and clinical governance 0.5

Total PA’s per consultant per week 10.2
# Person Specification – Consultant in Paediatric High Dependency Care

<table>
<thead>
<tr>
<th>ESSENTIAL CRITERIA</th>
<th>DESIRABLE CRITERIA</th>
<th>HOW THIS WILL BE ASSESSED</th>
<th>Please state whether or not you meet the criteria, providing brief details</th>
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<tbody>
<tr>
<td><strong>Qualifications/Training/Education</strong></td>
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<tr>
<td>1. Full GMC registration and licensed to practice</td>
<td>MD or PhD</td>
<td>Application form</td>
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<tr>
<td>2. On specialist register for Paediatrics or Paediatric Intensive Care or eligible for CCT within 4 months at time of interview or equivalent training via CESR</td>
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<td>Sight of original certificates / letter from Regional Adviser</td>
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<tr>
<td><strong>(Applicants must provide a suitable letter from their Regional Adviser to confirm this)</strong></td>
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<tr>
<td>3. MRCPCH/FRCA or equivalent</td>
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<td>Application form</td>
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<tr>
<td><strong>Experience and knowledge:</strong></td>
<td>Leadership role in developing DGH high dependency service</td>
<td>Application form</td>
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<tr>
<td>1. Extensive experience of acute paediatrics including high dependency care</td>
<td>Specialty interest</td>
<td>Presentation</td>
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<tr>
<td>2. Experience in initiating and managing patients requiring advanced respiratory support (non-invasive ventilation)</td>
<td>Additional PICU experience</td>
<td>AAC</td>
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<tr>
<td>3. Care of acutely well child on long-term home ventilation via tracheostomy</td>
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<td>4. PICU experience (minimum six months at registrar level)</td>
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<td>5. Experience in leading and co-ordinating care of the complex child</td>
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<td><strong>Skills and abilities</strong></td>
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<tr>
<td>1. Teaching skills and experience</td>
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<td>Application form</td>
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<tr>
<td>2. Ability to supervise the clinical work of doctors in training and other staff</td>
<td>Presentation</td>
<td>Interview/AAC</td>
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<td>3. Excellent oral and written communication skills in English</td>
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<td>4. Ability to organise and prioritise personal workload and that of others.</td>
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<td>5. Ability to build effective relationships and work collaboratively with staff at all levels of the organisation and across the region</td>
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<td>6. Ability to relate to patients and carers from a wide range of backgrounds and to empathise with their needs and concerns.</td>
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<td><strong>Personal qualities</strong></td>
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<td>1. Self motivated to set and achieve targets</td>
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<td>Application form</td>
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<tr>
<td>2. Flexible in regards to teamwork</td>
<td>Presentation</td>
<td>AAC</td>
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<tr>
<td>3. Effective member of multidisciplinary team</td>
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<td>4. Reliable work record with regard to attendance/punctuality</td>
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<tr>
<td>5. Demonstrable evidence of ongoing commitment to personal and professional development</td>
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<td>6. Demonstrable evidence of ongoing commitment to the development of a high quality service</td>
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<tr>
<td>6. Demonstrable evidence of ongoing commitment to clinical governance</td>
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<tr>
<td><strong>Leadership-specific Competencies</strong></td>
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<td>Applicants should be able to demonstrate developed competence across the following 5 qualities contained in</td>
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</table>
the “Delivering the Service” cluster of the NHS Leadership Qualities Framework (LQF).
  - Leading change through people
  - Holding to account
  - Empowering others
  - Effective and strategic influencing
  - Collaborative working

Further information on the NHS LQF is available on [http://www.nhsleadershipqualities.nhs.uk/](http://www.nhsleadershipqualities.nhs.uk/)

Signed ……………………………………………………

Date ……………………………………………………..

AAC