

**JOB DESCRIPTION AND PERSON SPECIFICATION**

# **CONSULTANT**

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**Consultant Job Title: Consultant in Paediatric Intensive Care Medicine**

**Specialty: Paediatric Critical Care Medicine**

**Division: Women's and Children's**

**Trust: University Hospitals Bristol NHS Foundation Trust**

## **JOB DESCRIPTION**

### **1. THE POST**

#### **10 PA (full time substantive)**

The critical care service at the Bristol Royal Hospital for Children (BRHC) has undergone a period of rapid expansion. A jointly commissioned South Wales and South West Transport service for Children (WATCh) became operational in September 2015 and specialised high-dependency areas across neuroscience/burns, cardiology, and medicine opened in 2014/15. In response to this expansion the PIC Consultant team has recruited to several substantive positions in recent years.

This position is a full time replacement appointment. This post would be suitable for an enthusiastic candidate from a **Paediatric or Anaesthetic** background who must be fully trained in Paediatric Intensive Care according to the standards of the Intercollegiate Training Committee in Paediatric Intensive Care Medicine (ICTPICM). The appointee will work full time within Critical Care Services at BRHC. The main responsibility would be to the Paediatric Intensive Care Unit but duties would also be undertaken within WATCh and the High Dependency service. It is expected that there would be available anaesthetic sessions for a successful anaesthetic applicant. Equally applications from candidates with an academic interest are encouraged and, if successful, there would be opportunities to adapt the basic job plan accordingly.

Further details available from Dr James Fraser, Clinical Lead for Paediatric Critical Care (0117 342 8843; james.fraser@uhbristol.nhs.uk) and Dr Richard Beringer, Clinical Lead for Paediatric Anaesthesia (0117 342 7008; richard.beringer@uhbristol.nhs.uk).

### **2. UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST (UH Bristol)**

University Hospitals Bristol NHS Foundation Trust is a dynamic and thriving group of hospitals in the heart of Bristol, a vibrant and culturally diverse city.

Our 9, 000 staff offer over 100 different clinical services across nine different sites. We provide general medical and emergency services to the local population of Central and South Bristol, and a broad range of specialist services across a region that extends from Cornwall to Gloucestershire, into South Wales and beyond. We are one of the country's largest acute NHS Trusts with a 2016/2017 budget of £630 million.

Our staff have developed leading edge services such as cardiac surgery and bone marrow transplantation that have built an international reputation and are in demand by patients from across the country.

With strong links to the University of Bristol and University of West of England we are the major medical research centre in the region. The findings allow us to continually improve our patient care. Our academic links also make us the largest centre for medical training in the South West, attracting the highest calibre clinical staff from across the UK.

We aim to provide healthcare, research and teaching of the very highest quality and are recognised as one of the highest-performing Acute trusts in the country. UH Bristol was rated Outstanding by the Care Quality Commission (CQC) following an inspection in November 2016.

As a Foundation Trust, UH Bristol is accountable to the local community and patients. The community and patients are invited to become members of the Trust and currently the Trust has 8,500 members. The membership, which includes staff members, voted in a formal election for governors to represent them on the Membership Council which sits alongside the Trust Board. The Council advises the Board on strategic direction and members and governors are active in improving the services at the Trust.

The Trust structure is based on five autonomous Clinical Divisions:

- Medicine and Emergency Care
- Surgical Division
- Women's and Children's Services
- Specialised Services
- Diagnostic and Therapy Services

A clinical chair supported by a Divisional Director leads each Division.

The Divisions are supported by a sixth Division - Trust Services which comprises of a number of corporate functions including Finance, IM&T, and Human Resources. .

### **3. UNIVERSITY OF BRISTOL LINKS**

The University of Bristol offers an exciting academic environment with centres of excellence in all of its faculties. It also has an ambitious programme for expansion and a well-established major "campaign for resources" to facilitate future developments. The University is in the city centre and the Medical School and basic science departments are within walking distance of UHBristol.

Bristol is one of the few universities with schools of medicine, dentistry and veterinary science, all in close proximity. The Medical School has an intake of 250 students each year to its undergraduate medical course following recent expansion. The Dental School has also recently expanded and now has an intake of 75 undergraduate students per year.

The Faculty's research philosophy is to undertake internationally recognised basic and applied medical and health services within a setting which patients are cared for in association with undergraduate teaching and postgraduate training.

### **4: THE DIVISION OF WOMEN'S AND CHILDREN'S**

#### **The Bristol Royal Hospital for Children**

The Bristol Royal Hospital for Children sits within the Division of Women's and Children's

Services. The Women's and Children's Division is committed to the provision of comprehensive general paediatric care for the children of Bristol and specialist services throughout the South Western Region and beyond. The Directorate's philosophy accords with the following principles: -

- a. Optimal secondary care for children depends on the effective integration of services between hospital, the community and home, and close liaison with general practice and primary care.
- b. Children are best managed by professionals who are qualified to care for children and by managers who are dedicated to their welfare.

BRHC provides tertiary services in all clinical areas other than cardiac and liver transplantation. This includes the following clinical areas:

Acute Medical Paediatrics  
Acute Surgical Paediatrics  
Burns and Plastic Surgery  
Cardiology/Cardiac Surgery  
Orthopaedics and Trauma  
ENT surgery  
Intensive Care  
Infectious diseases  
Metabolic Medicine  
Nephrology/Renal Transplantation  
Neonatal  
Neurology/ Neurosurgery/ Neurorehabilitation  
Oncology/Bone Marrow Transplantation  
Rheumatology

BRHC is designated as both a Paediatric Major Trauma and Paediatric Burns Centre. It is also a designated centre for Paediatric Epilepsy Surgery. Tertiary neonatal services are situated in the nearby St Michael's Hospital. The Bristol Royal Hospital for Children has an active hospital medical committee, lead clinicians meeting, and academic grand round.

## **DIVISION OF WOMEN'S and CHILDREN'S SERVICES MANAGEMENT**

Clinical Chair:	Dr Bryony Strachan
General Manager:	Ian Barrington
Clinical Directors	Dr Tim Murphy Dr Anna Thursby-Pelham Mr Martin Gargan

### **5. PAEDIATRIC INTENSIVE CARE UNIT**

The Paediatric Intensive Care Unit (PICU) at the Bristol Royal Hospital for Children (BRHC) has 18 beds. The Unit is the only tertiary intensive care unit for children serving the South West of England and for children with congenital cardiac disease across the South West and South Wales. The PICU provides general paediatric intensive care in addition to providing care to all major sub specialities including cardiothoracic, neurosurgery, plastics, burns, renal, orthopaedic, general surgery and oncology/post bone marrow transplantation. Since May 2014 BRHC has been a designated major trauma centre.

The PICU admits over 700 admissions per year with approximately half of these being cardiac surgical cases. It necessarily enjoys a close working relationship with both Paediatric Cardiology and Paediatric Cardiac Surgery. There are weekly multidisciplinary Cardiac Performance Review Meeting and Joint Cardiac Conferences. There are twice daily joint rounds between members of the intensive care staff and paediatric cardiologists and cardiac surgeons.

The PICU has the usual comprehensive facilities for the provision of paediatric intensive care including high frequency oscillatory ventilation, nitric oxide treatment, paediatric and neonatal cardiac ECLS, peritoneal dialysis, haemofiltration and intracranial pressure monitoring. The Bristol PICU has been approved for training in Paediatric Intensive Care Medicine by the Inter-College Committee for Training in Paediatric Intensive Care Medicine (ICTPICM). The PICU team lead on many aspects of simulation, resuscitation, and governance within the hospital.

In September 2015 a free-standing Transport Service (WATCH) was jointly commissioned with South Wales which supports PICUs at both BRHC and the University Hospital Wales. It is unique in also accommodating level 1 retrievals and repatriations. In 2016 the Watch service discussed the care and management of nearly 10000 children that included 315 PIC retrievals, 86 HDU transfers, and 115 repatriations. It operates from an off-site administrative centre co-located with Bristol Ambulance. All members of the Consultant team contribute to the retrieval rota. Supported by a tier of middle grade staff and dedicated ANPs. WATCH has developed a robust flight capability to assist with the long distance that are common-place in the South West region.

PICU is also involved the patient care across 3 High Dependency Units: Ward 33a Neuroscience, Burns, Plastic HDU (6 beds); Ward 30 Medical HDU (6 beds); Ward 32 Cardiac HDU (6 beds) In all High Dependency areas patient care is led by a partnership between the High Dependency consultant team (Paediatric/ PIC hybrid) and the child's

### **Staff involved in the Paediatric Intensive Care Unit**

#### **Consultant Intensivists**

Dr Miriea Cusco  
Dr Matt Christopherson  
Dr Peter Davis  
Dr Suzy Dean  
Dr James Fraser (Director)  
Dr David Grant  
Dr Sarah Goodwin  
Dr Adrian Humphreys

#### **Matron**

Anne Middleburg  
Tracey Phillips

#### **Consultant Cardiac Surgeons**

Mr Andrew Parry(Director)  
Mr Massimo Caputo  
Mr Serban Stoica

#### **Allied Health Leads**

Christina Linton  
Jason Beyers  
Maria Claire

#### **Consultant Cardiologist**

Dr Patricia Caldas  
Dr Alison Hayes  
Dr Rob Martin

Dr Ian Jenkins	Jane Hutchinson	Dr Graham Stuart
Dr Will Marriage		Dr Robert Tulloh (Director)
Dr Rohit Saxena	<b>Manager</b>	Dr Michael Young
Dr Margrid Schindler	Rosalie Davies	Dr Mark Walsh
Dr Alvin Schadenberg		Dr Demetris Talliotis
Dr Dora Wood Dr Guido Peles		Dr Andrew Tometski (network)
Dr Juli Talmud (Speciality Doctor)		
Dr Fieke Slee-Wijfels (Speciality Doctor)		

## 6. DUTIES AND RESPONSIBILITIES

### a) Clinical:

The Critical Care Consultant group provides 24 hour cover for the management of patients in the Paediatric Intensive Care Unit (PICU). The unit is run as a closed unit with patients jointly admitted under a Paediatric Intensivist and a specialty consultant. The PICU Consultant Group also contribute to the care of children in the High Dependency Units (Neuro/Burns, Cardiac and the Medical HDU). Senior cover for these patients is provided by a team of critical care senior staff and acute paediatricians. The Critical Care Group also significantly contributes to the WATCH Transport service (Combined South Wales and Southwest transport service) which became operational on 1<sup>st</sup> September 2015.

There is a minimum of 2 Consultant Intensivists available 24 hours a day 7 days a week for PICU, day and evening cover to HDU, and a separate Consultant available for the Transport service. Due to the flexibility of skills within the group, applications would be welcome from prospective candidates who wished to work either full time in PICU or to combine PICU with anaesthesia. It is anticipated that within the group all consultants will undertake duties on PICU.

The post will be 10PAs in the first instance with the potential to increase to a maximum of 12 PA if desired.

### b) Management and Leadership Responsibilities

The management responsibility of the post-holder will be to the Clinical Chair who is responsible to the Chief Executive and Trust Board. The appointed Consultant will be expected to attend regular PICU business, Governance, Quality Improvement, Child Death Review, Cardiac JCC meeting and contribute to educational meetings.

### c) Clinical Audit and Clinical Governance

The successful appointee is expected to take a full role in the delivery of the Trust's wide agenda for Governance. The Trust believes in an open learning environment with a clear risk management strategy that allows innovation and improvement in care whilst placing patient safety at the centre of our values. The appointed Consultant will be expected to take an active part in the department's governance and audit arrangements.

### d) On-Call Commitment

It is expected that the successful candidate would participate fully in the on call for PICU and Retrieval. All PICU Consultants work within a 42 week annualised job plan with out-of-hours commitment to PICU, Transport and some High Dependency cover.

#### **e) Leave**

6 weeks and 2 days per year, of which two are in lieu of the two NHS statutory days.

Consultants who have completed seven years' service in the consultant grade will receive two additional days leave.

There is no locum policy and consultants in the department participate in cover for annual and study leave. Absence must be planned in advance by discussion with consultant colleagues.

#### **f) Sabbatical**

The PICU group have introduced a rolling sabbatical program to facilitate sustainability and resilience the team

#### **g) Job planning and Annual Appraisal**

All Consultants in the team undergo annual job planning and participate in a formal appraisal process. The aim of the appraisal process is to improve the quality of health services provided by the trust through the development and enhancement of employees' job performance.

For consultants, the appraisal process involves using the NHS Appraisal toolkit to provide a framework to identify development needs. The process also includes providing an ongoing portfolio of supporting evidence which conforms to national, General Medical Council and Royal College standards and guidance.

On-going monitoring of progress of the Personal Development Plan continues throughout the year leading to a final progress review towards the end of the year. The Medical Director holds a list of the Trust's trained and approved medical appraisers and the trust's appraisal policy can be found on the trust's 'HR Web' site.

#### **g) Continuing Professional Development and Continuing Medical Education**

The Trust supports the requirements for continuing Medical Education and is committed to providing time and financial support for these activities.

#### **h) Teaching and Training**

Education is a major part of the Consultant Role in PICU. Bristol has a very active Simulation Programme and the Bristol Paediatric Simulation Programme (BPSP) runs courses in both the Bristol Medical Simulation Centre and in situ in the Children's Hospital. As part of our commitment as a regional PICU we also support Paediatric Simulation in the District General Hospitals of the Southwest Region. For further details contact Dr David Grant, Director of BPSP and BMSC (David.Grant@nhs.net)

Interest in the Simulation Programme would be welcome. All consultants are expected to take part in both the formal PICU teaching programme and informal bedside training on



PICU. Regular Advanced Paediatric Life Support (APLS) and One-Day Paediatric Life Support (PLS) courses are held in the trust Education Centre, directed by Dr Peter Davis, and many of the current consultant staff are Instructors on these courses. An involvement in this teaching would be welcome.

This is a teaching Trust and the Consultant will teach medical students as part of the commitment of their Division to undergraduate education.

### **i) Research and Effectiveness**

UHBristol is a leading international centre for healthcare research and education and has a reputation for innovative research and development.

Drs Rohit Saxena and Dr Peter Davis are the current research leads. The unit is actively involved in a number of research projects, including multi-centre international studies such as FEVER, IMPACT, PARDie, SANDWISC, PACT, and P3T as well as several 'in-house' unit-initiated research projects such as TUB and COMIC. PIC research is actively supported by our local charity, the Grand Appeal, who fund 2 research nurses.

The appointee will be expected to contribute to the unit's research portfolio through active participation in projects led by colleagues (internal and external), through supervising research performed by trainees and through initiating research projects which address local, national and international paediatric critical priorities. Collaboration with University partners, including the Universities of Bristol and the West of England with which the Trust has close links, will be actively encouraged. In addition, the Trust supports involvement in high-quality commercially sponsored research studies which are of benefit to the Trust and the patients in its care.

All research must be performed in accordance with the Research Governance Framework. The Trust's active Research and Development Office and the pan Bristol Research and Development Support Unit will support consultants involved with research and will provide high-quality training and guidance as well as support for individual projects.

### **j) Mentoring Support**

With appropriate experience and training, you may be expected to offer mentoring support to newly appointed consultants to the Trust, by way of helping them manage their own learning, maximise their potential, develop their skills and improve their performance. This will be based on a two way partnership within agreed parameters, between mentor and mentoree.

## **7. MEDICAL ADVISORY MACHINERY**

The post-holder will be a member of the Trust and BRHC Hospital Medical Committee (HMC).

## **8. WORK PROGRAMME**

The work programme attached to this job plan is detailed in Appendices A and B.

Agreement should be reached between the appointee and the clinical Director with regard to the scheduling of the Supporting Professional Activities.



The job plan will be reviewed annually and all consultants are reminded of the obligation to remain up-to-date with statutory and mandatory training.

## 9. GENERAL PROVISIONS

You will be expected to work with local managers and professional colleagues in the efficient running of services and will share with Consultant colleagues in the medical contribution to management. Subject to the provision of the Terms and Conditions, you are expected to observe the Trust's agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the Standing Orders and Financial Instruction of the University Hospitals Bristol NHS Foundation Trust. In particular, where you manage employees of the Trust, you will be expected to follow the local and national employment and personnel policies and procedures. You will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of your patients to be able to contact you when necessary.

All medical and dental staff employed by the Trust are expected to comply with all Health and Safety Policies within the University Hospitals Bristol NHS Foundation Trust.

You will have responsibility for the training and supervision of (junior) medical staff who work for you and you will devote time to this activity on a regular basis. If appropriate, you will be named in the contracts of doctors in training grades, as the person responsible for overseeing their training, and as the initial source of advice to such doctors on their careers.

## 10. MAIN CONDITIONS OF SERVICE

- a) The post is covered by the Terms and Conditions - Consultants (England) 2003 as revised from time to time.
- b) Under the consultant contract, with effect from 1<sup>st</sup> April 2017, the basic full-time 10 PA salary will be £76,761 - £103,490 per annum.

Under the new terms and conditions the basic salary on commencement may only be considered for a higher threshold under the following conditions:

- (i) To reflect consultant-level experience that a consultant has gained before his or her first appointment as an NHS consultant.
- (ii) Where a consultant's training has been lengthened by virtue of being in a flexible training scheme or because of undergoing dual undergraduate qualifications which are essential for the medical aspect of a post, the Trust will, where necessary, set basic salary on commencement at a higher threshold to ensure that the consultant is not prevented from reaching the pay threshold they would have attained had they trained on a full-time or single qualification basis.  
***(Schedule 14, paragraphs 4, 5 and 6 of the terms and conditions)***
- (iii) Consultants will become eligible for additional pay thresholds at the intervals set out below on the anniversary of appointment subject to meeting the criteria set out in Schedule 15 of the terms and conditions for consultants.
- (iv) Table 1 : Pay Thresholds as at 1 April 2017

Threshold	Period before eligibility for threshold	Basic salary (full-time)
1	N/A (normal starting salary)	76,761
2	One year	78,831
3	One year	80,761
4	One year	83,141
5	Five Years	85,514
6	Five years	91,166
7	Five years	96,819
8	Maximum point	103,490

- (v) The value of pay thresholds for part-time consultants will be pro rata to the levels in Table 1, based on the number of agreed weekly Programmed Activities in the consultant's Job Plan as a proportion of the ten standard Programmed Activities for full-time consultants.
- (vi) The successful candidate will be required to live within 10 miles, by road; from (*hospital*). Permission to live within 15 miles distance will be at the discretion of the appropriate Clinical Chair. Travelling allowance will only be payable for 10 miles.
- (vii) The successful applicant must be fully registered with the General Medical Council and either listed on the Specialist Register or within six months of being eligible for inclusion on the Specialist Register in the appropriate specialty at the time of the interview. Proof of confirming registration will be required on an annual basis.
- (viii) Any offer of employment will be conditional on satisfactory health clearance by Occupational Health. This is usually by health questionnaire, but may involve a medical examination.

The successful applicant will be required to provide documentary evidence of natural or acquired immunity to hepatitis B. Where this is not possible, the post-holder will be required to demonstrate by recent (within the last year) evidence of serology showing the absence of hepatitis B surface antigen. These provisions are to meet the requirements of the Department of Health's instructions to Trusts (HSG (93)40).

- (ix) **Relocation expenses are not payable for any new Consultant appointments to the Trust.**

## 11. REVIEW OF JOB PLAN

## Job Plan

A formal job plan will be agreed between the appointee and the Clinical Chair, on behalf of the Medical Director, three months after the commencement date of the appointee. This will be signed by the Clinical Chair on behalf of the Chief Executive.

The job plan will be based on the provisional timetable shown at Appendix A.

The Job Plan will then be reviewed annually, following the Appraisal Meeting. The Job Plan will be a prospective agreement that sets out a consultant's duties, responsibilities and objectives for the coming year. It should cover all aspects of a consultant's professional practice including clinical work, teaching, research, education and managerial responsibilities. It should include personal objectives, including details of their link to wider service objectives, and details of the support required by the consultant to fulfil the job plan and the objectives.

## Provisional Programmed Activities in basic Job Plan

For a whole-time contract:

- Direct Clinical Care  
8.5 PAs on average per week  
*(Includes clinical activity, clinically related activity, predictable and unpredictable emergency work)*
- Supporting Professional Activities  
1.5 PAs on average per week  
*(Includes CPD, audit, teaching and research)*

Additional SPA's may be awarded if specific leadership tasks are assigned.

## **GENERAL INFORMATION:**

### **The Trust's Values**

University Hospitals Bristol NHS Foundation Trust is committed to provide patient care, education and research of the highest quality. In delivering this ambition, we will be guided by the following values:

- Respecting Everyone
- Embracing Change
- Recognising Success
- Working Together

The Trust expects all staff to work in ways which reflect these values and behaviours at all times as follows:

#### *Respecting Everyone*

- We treat everyone with respect and as an individual
- We put patients first and will deliver the best care possible
- We are always helpful and polite
- We have a can do attitude in everything we do

#### *Embracing Change*

- We will encourage all change that helps us make the best use of our resources
- We learn from our experiences and research new ideas
- We look to constantly improve everything we do

#### *Recognising Success*

- We say thank you and recognise everyone's contribution
- We take pride in delivering the best quality in everything we do
- We share and learn from each other
- We encourage new ideas that help us to be the best we can

#### *Working Together*

- We work together to achieve what is best for our patients
- We support each other across the whole Trust
- We listen to everyone
- We work in partnership

In line with the NHS Constitution, all healthcare providers, registered medical practitioners, nurses and other registered health professionals have a duty of openness, honesty and transparency (candour).

## **Transforming Care**

Transforming Care challenges everyone at University Hospitals Bristol to play their part in supporting quality changes and improvements in their work place, building efficient care systems critical for our patients and their families, both today and in the future.

The Trust's mission is to deliver clinical services, teaching and research of the highest quality. Our vision is to provide first class technical care, with humanity, compassion and sensitivity to the needs of each patient.

*Delivering best care, Improving patient flow, Delivering best value,  
Renewing our hospitals, Building capability, Leading in partnership.*

These are the core elements essential to Transforming Care. Delivering sustainable healthcare services to our patients, which are effective, efficient and driven by excellence, is at the heart of our organisation.

## **Equal Opportunities**

The Trust is committed to eliminating unlawful discrimination and promoting equality of opportunity. All staff have a personal responsibility to contribute towards an inclusive and supportive environment for patients, carers, visitors and other colleagues from all the equality strands (race, gender, age, sexual orientation, religion, disability).

Staff have a personal responsibility to:

- Ensure their behaviour is not discriminatory
- Does not cause offence
- To challenge the inappropriate behaviours of others
- Adhere to the Trust's values, including 'Respecting Everyone', as well as the Staff Conduct Policy and the Equal Opportunities policy

## Health and Safety

Under the provisions contained in the Health and Safety at Work Act 1974, it is the duty of every employee to:

- Take reasonable care of themselves and for others at work
- To co-operate with the Trust as far as is necessary to enable them to carry out their legal duty
- Not to intentionally or recklessly interfere with anything provided including personal protective equipment for Health and Safety or welfare at work.

*Senior Management* is responsible for the implementation throughout the Trust of suitable arrangements to ensure the health, safety and welfare of all employees at work and the health and safety of other persons who may be affected by their activities. Where health and safety matters cannot be resolved at Senior Management level the appropriate Executive Director must be notified.

*Line Managers* are responsible for the health and safety management of all activities, areas and staff under their control. This includes responsibility for ensuring risk assessments are completed and implementation of suitable and sufficient control measures put in place. Health and safety issues are dealt with at the lowest level of management practicable. Where health and safety matters cannot be resolved at a particular management level the appropriate Senior Manager must be notified.

Everyone has a responsibility for contributing to the reduction of infections.

**University Hospitals NHS Foundation Trust is 'Smoke Free'. Smoking or tobacco is not permitted on any of our hospitals sites.**

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## Safeguarding Children and Vulnerable Adults

University Hospitals Bristol is committed to safeguarding and promoting the welfare of all children, young people and vulnerable adults, and as such expects all staff and volunteers to share this commitment.

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## Quality and Clinical Governance

Quality in the NHS has three core dimensions: Patient Safety, Patient Experience and Clinical Effectiveness.

Clinical Governance is about the systems, processes and behaviours to ensure that high quality services are provided to patients. Every member of staff has a role to play in striving for excellence: it is important that everyone is aware of and follows policies and procedures that govern their work; and if something goes wrong, everyone has an obligation to report it so lessons can be learned from mistakes, incidents and complaints.

If any member of staff has concerns on any clinical governance matters, they should raise them with their line manager, professional adviser, or a more senior member of management. Reference should be made to the Trust's guidance on Raising Concerns about provision of patient care.

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## Information Governance

It is the responsibility of all staff to respect the confidentiality of patients and staff, as specified in the Caldicott Principles, Data Protection Act and the Human Rights Act. It is the duty of every employee to:

- Only access person identifiable information as required in the execution of their duties.
- Disclose information appropriately, in line with the Data Protection Act 1998.
- To ensure good quality data by recording, promptly and accurately, clinical and non-clinical information within agreed timescales to PAS, the health record or the appropriate clinical or non-clinical information system
- Always trace patient notes on the Patient Administration System
- Maintain the confidentiality of their password / username and if in possession of a 'Smartcard' abiding by the terms and conditions of its use.

## **Workplace Health and Wellbeing**

The Trust Workplace Health and Wellbeing Framework applies to all employees, students and volunteers who are encouraged to take responsibility for their individual health and wellbeing and to promote the wellbeing of colleagues. Line managers must recognise the importance of health and wellbeing and take it into account when planning tasks and designing jobs.

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**Job Description completed/reviewed by: James Fraser**

**Date: January 2018**

All job descriptions are subject to review. Post holders are expected to be flexible and be prepared to carry out any similar or related duties which do not fall within the work outlined. The Line Manager, in consultation with the post holder will undertake any review.

The NHS Knowledge and Skills Framework (the NHS KSF) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides a consistent, comprehensive and explicit framework on which to base review and development for all staff. Closely aligned with this job description is a KSF profile supporting the effective learning and development of the post holder in a variety of ways

APPENDIX A

**JOB PLAN - PROPOSED TIMETABLE**

**POST: CONSULTANT IN PAEDIATRIC INTENSIVE CARE**

This is an indicative timetable and DOES NOT represent actual scheduling which is done three monthly according to availability. This is the Job Plan for a Full Time Consultant in PICU.

PICU Consultants work to an annualised job plan. (see Appendix B)

This 6 week template represents the type and amount of work which would be undertaken.

**WEEK ONE**

Day	Time	Location	Work	Categorisation	No. of PAs
<b>Monday</b>	0800- 2000	PICU	P1 - 1 <sup>st</sup> on call PICU Consultant	Direct Clinical Care	3
<b>Tuesday</b>	0800- 2000	PICU	P1 -1 <sup>st</sup> on call PICU Consultant	Direct Clinical Care	3
<b>Wednesday</b>	0800-2000	PICU	P1 -1 <sup>st</sup> on call PICU Consultant	Direct Clinical Care	3
<b>Thursday</b>	0800-2000	PICU	P1 - 1 <sup>st</sup> on call PICU Consultant	Direct Clinical Care	3
<b>Friday</b>	0800-1200	PICU	P1 -1 <sup>st</sup> on call PICU Consultant	Direct Clinical Care	1
<b>Saturday</b>					
<b>Sunday</b>					
<b>Additional agreed activity to be worked flexibly</b>					
<b>Predictable emergency on-call work</b>					
<b>Unpredictable emergency on-call work</b>	Variable	PICU / Retrieval	PICU or retrieval work	Direct clinical care	1
<b>TOTAL PAs</b>					<b>14</b>



## WEEK TWO

Day	Time	Location	Work	Categorisation	No. of PAs
<i>Monday</i>					
<i>Tuesday</i>	0800- 1700	PICU	P2 -2 <sup>nd</sup> on call PICU Consultant	Direct Clinical Care	2
<i>Wednesday</i>	1300- 1400	PICU seminar room	Business meeting	SPA	
<i>Thursday</i>	1700-0800 Fri	PICU / Home	1 <sup>st</sup> on call PICU Consultant	Direct Clinical Care	2
<i>Friday</i>	1300-1400	Education Centre	Grand Round	SPA	
<i>Saturday</i>					
<i>Sunday</i>					
<b>Additional agreed activity to be worked flexibly</b>					
<b>Predictable emergency on-call work</b>					
<b>Unpredictable emergency on-call work</b>	Variable	PICU / Retrieval	PICU or retrieval work	Direct clinical care	1
<b>TOTAL PAs</b>			<b>5</b>		

## WEEK THREE

Day	Time	Location	Work	Categorisation	No. of PAs
<b>Monday</b>					
	0800- 2000	Transport	WATCh	Direct Clinical Care	2.5
	1330-1400	Meeting Room 6	Cardiac Performance Review Meeting	SPA	
<b>Tuesday</b>	1230-1330	Meeting Room 6	Cardiac Performance meeting	SPA	
<b>Wednesday</b>	1300-1430	PICU seminar room	PIC Governance meeting	SPA	
	1700 -0800 Fri	PICU / Home	1 <sup>st</sup> on call	Direct Clinical Care	2
<b>Thursday</b>					
<b>Friday</b>					
	2000- 0800 Saturday	Transport	On call Transport Consultant	Direct Clinical Care	2
<b>Saturday</b>					
<b>Sunday</b>	2000 -0800 Monday	Transport	WATCh	Direct Clinical Care	2
<b>Additional agreed activity to be worked flexibly</b>					
<b>Predictable emergency on-call work</b>					
<b>Unpredictable emergency on-call work</b>	Variable	Transport	Transport work	Direct clinical care	1
<b>TOTAL PAs</b>					<b>7.5</b>

## WEEK FOUR

Day	Time	Location	Work	Categorisation	No. of PAs
<b>Monday</b>	0800- 1700	PICU	P2 -2 <sup>nd</sup> on call PICU Consultant	Direct Clinical Care	2
<b>Tuesday</b>	0800- 0900	PICU Seminar room	Trainee Teaching	SPA	
<b>Wednesday</b>	1700	PICU / Home	1 <sup>st</sup> on call	Direct Clinical Care	2
	1300-1400	PIC Seminar room	WATCH governance meeting	SPA	
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					
<b>Sunday</b>					
<b>Additional agreed activity to be worked flexibly</b>					
<b>Predictable emergency on-call work</b>					
<b>Unpredictable emergency on-call work</b>	Variable	PICU / Retrieval	PICU or retrieval work	Direct clinical care	1
<b>TOTAL PAs</b>				<b>5</b>	

WEEK FIVE

Day	Time	Location	Work	Categorisation	No. of PAs
<i>Monday</i>	0800-1700	PICU	In situ Simulation Training	SPA	
	1330 -1400	Meeting Room 6	Cardiac Performance Review meeting	SPA	
<i>Tuesday</i>	0800 -0900	PICU	Trainee Teaching	SPA	
<i>Wednesday</i>	0800-2000	Transport	WATCH	Direct Clinical Care	2.5
	1300-1400	PIC Seminar room	Research & audit meeting	SPA	
<i>Thursday</i>					
<i>Friday</i>	0800- 2000	PICU	P1 -1 <sup>st</sup> on call PICU Consultant w/e on call	Direct Clinical Care	3
<i>Saturday</i>	0830 - 1900	PICU	P1 -1 <sup>st</sup> on call PICU Consultant w/e on call	Direct Clinical Care	3
	1900 – 0830 Sun	PICU	P2 -Back for PICU		0.5
<i>Sunday</i>	0800- 1900	PICU	P1 -1 <sup>st</sup> on call PICU Consultant w/e on call	Direct Clinical Care	3
	1900 – 0800 Mon	PICU	P1 -1 <sup>st</sup> on call PICU Consultant w/e on call		2
Additional agreed activity to be worked flexibly					
Predictable emergency on-call work		Monday handover			1
Unpredictable emergency on-call work		PICU / Retrieval	PICU or retrieval work	Direct clinical care	1
<b>TOTAL PAs</b>					<b>14.5</b>

WEEK SIX

Day	Time	Location	Work	Categorisation	No. of PAs
<b>Monday</b>	0800- 1100	PICU	Handover post 1 <sup>st</sup> on call w/e /	Direct Clinical Care	1
<b>Tuesday</b>	0800-2000	Ward 30, 32, 33	HDU	Direct Clinical Care	3
<b>Wednesday</b>	0800-2000	Ward 30, 32, 33	HDU	Direct Clinical Care	3
<b>Thursday</b>	0800-2000	Ward 30, 32, 33	HDU	Direct Clinical Care	3
<b>Friday</b>	1700 -0800 Fri	PICU / Home	1 <sup>st</sup> on call	Direct Clinical Care	2
<b>Saturday</b>					
<b>Sunday</b>					
<b>Additional agreed activity to be worked flexibly</b>					
<b>Predictable emergency on-call work</b>					
<b>Unpredictable emergency on-call work</b>	Variable	PICU / Retrieval	PICU or retrieval work	Direct clinical care	1
<b>TOTAL PAs</b>					<b>4</b>

## Appendix B: Annual Workplan for PICU Consultants

Please note as the Consultant Group covers a fixed package of work then any change to an individual's job plan will potentially affect the entire group.

This would be an example of an annual job plan for a Full Time PICU Consultant on 10PAs  
(8.5 Clinical PAS and 1.5 SPAs)

Activity	PA Allocation	Episodes / year	PAs / year
PICU week	13	7	91
P2	2	21	42
Transport 24H	4.5	10	45
1st on call night	2	21	42
2 <sup>nd</sup> on call night	0.25	28	7
1 <sup>st</sup> on call weekend	12	5	60
Back up weekend	3	5	15
Clinical Administration	0.125 per 1 PICU week PA	98PAs	12
Unpredictable PA	1	42	42
SPA	1.5	42	63
<b>Total</b>		<b>Over 42 weeks</b>	<b>419</b>

### JOB PLAN GUIDANCE

1. Predictable on-call work: where this work follows a regular pattern each week, this is identified within the weekly schedule when and where this takes place. Where such work does not follow a regular pattern, for example, due to the variability of the on-call rota, an average level of activity per week will be identified in the predictable activity box at the bottom of the form.
2. In the 'work' column, a description of the duty will be completed, e.g. outpatient clinic, ward round, operating list.
3. The 'categorisation' column defines whether the work is direct clinical care, supporting professional activity, additional NHS responsibility or external duty.

**Direct Clinical Care:** Work directly relating to the prevention, diagnosis or treatment of illness. This includes emergency duties (including emergency work carried out during or arising from on-call), operating sessions including pre-operative and post-operative care, ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meeting about direct patient care and administration directly related to the above (including but not limited to referrals and notes). Please note particularly that administration relating to direct care is included here, as is travelling time relating to direct care. The allocation of these PAs in your job plan should be based upon an assessment of what is required for you to do your work.

**Supporting Professional Activity:** Activities that underpin direct clinical care. This may include participation in training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management and local clinic governance activities. It includes keeping up to date with relevant medical journals and literature.

**Additional NHS Responsibilities:** Special responsibilities - not undertaken by the generality of consultants in the Trust, which are agreed between the consultant and the Trust and which cannot be absorbed within the time that would normally be set aside for supporting professional activities. These may include being a Medical Director, Director of Public Health, Deputy Medical Director or Lead Clinician, or acting as a Caldicott guardian, Clinical Audit Lead, Clinical Governance Lead, Undergraduate Dean, Postgraduate Dean, Clinical Tutor or regional Education Adviser. This is not an exhaustive list.

**External Duties:** Duties not included in any of the three foregoing definitions are not included within the definition of fee paying services or private professional services, but undertaken as part of the job plan by agreement between the consultant and Trust. There might include trade union duties, undertaking inspections for the Healthcare Commission, acting as an external member of an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessment Authority, reasonable quantities of work for the Royal Colleges in the interests of the wider NHS, reasonable quantities of work for a government department, or specified work for the General Medical Council. This list of activities is not exhaustive.

4. The number of PAs allocated to each duty should be specified.
5. Private practice commitments should be identified broadly in terms of timing, location and type of work.
6. In addition to regular duties and commitments, some consultants have certain ad-hoc responsibilities. These would normally but not exclusively fall into the 'additional NHS responsibilities' or 'external duties' categories of work, for example member of an Advisory Appointments Committee or work for a Royal College.



**PERSON SPECIFICATION - CONSULTANT IN PAEDIATRIC INTENSIVE CARE**

CATEGORY	ESSENTIAL	DESIRABLE
<b>Qualifications &amp; Training</b>	<p>MBBS or equivalent MRCPCH or FRCA or equivalent Full GMC registration</p> <p>Completion of training in Paediatric Intensive Care Medicine (minimum of two years) in a unit approved for training by the RCPCH national grid training programme with evidence that this training has been signed off by the PICM ISAC, including a minimum of six months of anaesthetic training OR on the Specialist Register OR for UK trainees within six months of obtaining a CCT by the date of the interview OR an existing practising PICU consultant OR equivalence – together with evidence of this</p>	
<b>Experience</b>	<p>Minimum of 2 years training in PICM which fulfils ICTPICM criteria.</p> <p>A minimum of one year experience in Cardiac Intensive Care (may be in a mixed unit)</p> <p>Able to take responsibility for delivering service without direct supervision.</p>	<p>Experience in Paediatrics or Anaesthesia if not base specialty.</p> <p>Additional PICU experience in more than one PICU</p> <p>Evidence of a special interest and expertise that complements those of other consultants in the department .</p>
<b>Knowledge &amp; Skills</b>	All candidates would be expected to meet the competencies for training in PICM (RCPCH)	
<b>Clinical Governance &amp; Audit</b>	<p>Understanding of clinical governance and the individual responsibilities it implies</p> <p>Knowledge of the principles of clinical audit and evidence of participation</p> <p>Positive approach to evidence based practice</p> <p>Participation in continuing professional development (CPD) scheme and, where relevant, evidence of participation</p>	
<b>Research &amp; Innovation</b>	<p>Evidence of an understanding of research principles and the role of research in PICU</p> <p>Commitment to involvement in PICU based research projects</p>	<p>Higher academic qualification and ability to increase the academic profile of the department.</p> <p>Evidence of commitment to service or I.T. innovation</p>
<b>Teaching &amp; Training</b>	<p>Evidence of involvement in teaching and training</p> <p>Commitment to support education programme in PICM</p>	Formal teaching qualification (Certificate / Diploma/ Masters in Education)
<b>Management &amp; Leadership</b>	<p>Ability to organise efficient and smooth running of a specialist service</p> <p>Ability to cope with and effectively organise the workload of a consultant</p> <p>Ability to practice independently as a consultant</p> <p>Ability to take on responsibility and show evidence of leadership</p> <p>Ability to work under pressure and cope with setbacks</p>	<p>Evidence of leadership or management roles undertaken</p> <p>Demonstration of knowledge of NHS management structures</p> <p>Management experience</p>
<b>Interpersonal, communication &amp; team working skills</b>	<p>Ability to communicate effectively with patients, relatives, clinical colleagues, support staff and other colleagues.</p> <p>Good knowledge of, and ability to use, spoken and written English.</p> <p>Ability to present effectively to an audience, using a variety of methods, and to respond to questions and queries</p> <p>Ability to develop effective working relationships on an individual and multi-professional basis with all levels of staff both within and across divisions</p> <p>Candidates must be able to demonstrate evidence of an ability to work flexibly and work well in a Multidisciplinary team</p>	
<b>Any Other Personal Abilities &amp; Aptitudes</b>	<p>Enthusiasm for developing the clinical service</p> <p>Ability to adapt and respond to changing circumstances</p> <p>Awareness of personal limitations</p>	Ability to undertake additional professional responsibilities at local, regional or national levels
<b>Behaviours and values</b>	Demonstrates the 4 Trust values	

Other	Ability to work flexibly within a three monthly consultant workplan. Ability to fulfil full share of on call workload	
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**Agreed by: James Fraser**  
**Date: January 2018**