



CONSULTANT IN INTENSIVE CARE MEDICINE WITH A SPECIALIST INTEREST

INFORMATION FOR CANDIDATES

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ABOUT THE TRUST

The Shrewsbury and Telford Hospital NHS Trust (SaTH) is the main provider of acute hospital services for around half a million people in Shropshire, Telford & Wrekin and mid Wales.

Encompassing some of the most picturesque parts of England and Wales, the Trust's catchment stretches from the Cambrian Mountains in the west, to Newport and the fringes of the Black Country in the east. The main towns include: Bridgnorth, Ludlow, Market Drayton, Oswestry, Shrewsbury and Whitchurch (in Shropshire); Newport, Telford and Wellington (in Telford & Wrekin); and Newtown and Welshpool (in Powys) – all beautiful and unique.

Our main service locations are the Princess Royal Hospital (PRH) in Telford and the Royal Shrewsbury Hospital (RSH) in Shrewsbury which are located 20 minutes' drive apart. Together they provide 99% of our activity. Both hospitals provide a wide range of acute hospital services including accident & emergency, outpatients, diagnostics, inpatient medical care and critical care.

We also provide services such as consultant-led outreach clinics at the Wrekin Community Clinic, Telford, the Robert Jones and Agnes Hunt Orthopaedic Hospital, Gobowen and the Bridgnorth, Ludlow and Whitchurch Community Hospitals.

We employ almost 6,000 staff, and hundreds of staff and students from other organisations also work in our hospitals. We benefit from around 1,000 wonderful volunteers, and our main charitable partners are the League of Friends at the Royal Shrewsbury Hospital, Friends of the Princess Royal Hospital, and the Lingen Davies Cancer Appeal which is based at the Royal Shrewsbury Hospital.

We are committed to providing the best possible diagnostic facilities and high-quality clinical care in a clean, supportive environment where patients are treated effectively with respect and dignity.

The Shrewsbury and Telford Hospital NHS Trust continues to work with our partners in health and social care in Shropshire, Telford and Wrekin and mid Wales to develop patient-focused services that meet the needs of our communities.

Plans have been given the go ahead to transform local hospital services for the half a million residents of Shropshire, Telford & Wrekin and mid Wales to make sure two vibrant hospitals and the wide range of services they provide for people locally are kept in the county. This landmark decision will result in better care for patients, secure the £312m on offer from HM Treasury and develop both hospital sites to deliver state of the art facilities in which staff will be proud to work and patients will choose to be treated. The Trust is looking to expand the Consultant numbers in the Emergency Departments to ensure that a high quality and Consultant led service is continued to be delivered with increasing attendances.



RELOCATING TO SHROPSHIRE

Shropshire

Shropshire is the largest inland County in England and is a beautiful, predominantly rural County - it has a low population density with some dramatic landscapes. There is a wide range of attractive housing in the County, both in town and country. There are high quality state and independent schools and first class shopping, restaurants and amenities in both Shrewsbury and Telford. There are wide ranging sports facilities and easy access to North Wales and the Welsh Coast.



Telford and Ironbridge



Telford is a bright, hopeful 'New Town' with a population of 140,000 named after the famous engineer Thomas Telford. There is a wide range of shopping opportunities and leisure activities available that include bowling, cinema, indoor snowboarding and skiing, ice-skating and soft play. Southwater One also hosts a large variety of restaurants and bars to cater to all tastes. The award winning Telford Town Park sits just outside the town centre and includes numerous outdoor

play areas, a high ropes course, golf, walking routes and cycling trails, as well as hosting outdoor music events, festivals and carnivals for all the family throughout the year.

Ironbridge Gorge is a UNESCO World Heritage site where in 1709 Abraham Darby discovered a process for smelting iron with coke instead of charcoal, and with this revelation, brought about the principles of mass production. It now has a thriving tourist trade with ten wonderful museums and the world famous Ironbridge itself sitting over the River Severn.



Shrewsbury

Shrewsbury is an attractive medieval town with 18th century streets and buildings and has a population of 90,000. The town centre is neatly scooped up in the loop of the River Severn. Inside the loop crisscrossing Medieval streets are lined with wonky buildings containing original and one-off shops and street names that truly tell a story - look out for Butcher Row, Fish Street and Grope Lane.

Shrewsbury is home to three indoor malls and markets, playing host to a myriad of independent retailers and your national favourites - perfect for an afternoon of retail therapy. There are also many leisure activities available and places of interest to visit such as the Theatre Severn, Shrewsbury Prison, Quarry Fitness and Swimming Centre, and Climbing the Walls. The Quarry Park hosts a number of festivals and outdoor shows through the year including the Food Festival, Cartoon Festivals, Kids Fest, Oktoberfest and Festival of Literature.



Both Telford and Shrewsbury have good links to the M54 motorway, which starts just outside Shrewsbury and provides quick access to the national motorway network. There is a fast dual carriageway connecting Shrewsbury and Telford which are twelve miles apart. Intercity trains to London and Birmingham are available at Wolverhampton although there are frequent regional railways trains from Shropshire.

MAIN DUTIES & RESPONSIBILITIES

Clinical

- Provide high quality Critical Care and emergency and/or acute medicine services as part of the cross County team
- To develop enhanced clinical skills, especially in the assessment and management of acutely ill patients.
- To have excellent team-working skills with the abilities and professional attitude to work well in a multi-professional team.
- To deliver clinical and quality targets agreed both nationally and locally with clinical teams and commissioners.
- To follow patients throughout their clinical pathways.

Organisational

- To work with local managers and professional colleagues in the employing Trust in the efficient running of the service.
- To be subject to the provisions of the Terms and Conditions of Service, be required to observe the Trust's agreed policies and procedures, drawn up in consultation with the profession on clinical matters and to follow the local and national employment and personnel policies and procedures.
- To participate in the Continuous Professional Development and the Trust's appraisal scheme.
- To be aware of the responsibility of all employees to maintain a safe and healthy environment for patients, visitors and staff and attend all relevant health and safety training.
- Ensure that all Trust-wide standards are maintained to improve the quality of total care to all who come into contact with services provided by Shrewsbury and Telford hospital NHS Trust.

This job description is not intended to be exhaustive. The post holder will be expected to carry out any reasonable duties requested of them, appropriate to the grade and role of the post. Duties and responsibilities may vary from time to time in light of changing circumstances and in consultation with the post holder.

A MESSAGE FROM OUR CLINICAL DIRECTOR / CONSULTANT IN INTENSIVE CARE MEDICINE

We are looking for an enthusiastic, highly driven Consultant with a passion for Critical Care to join our expert and energetic team.

Working within the NHS brings with it challenges both to us as clinicians and the organisation we work for. With these challenges come big opportunities: opportunities to shape a department moving forwards, to be part of meaningful change, to redesign services. We are building something new and something we are proud of and prospective candidates are encouraged to contact us to see, first hand, the exciting developments planned for SaTH.

This is a Trust for ambitious Consultants in a beautiful part of the world with incredible scenery and fantastic schools. We value family life and recognise the balance that we need to strike between work and home. We measure success in a sense of happiness and fulfilment at work. Property is affordable and very varied. Our cross-site Critical Care Service is flexible, inclusive, and friendly.

We currently have two vibrant hospital sites each with a varied range of services available. Both Hospitals will be further enhanced in the future due to a significant investment that will see the creation of one acute hospital site (The Royal Shrewsbury Hospital) which will include a 32 bed Critical Care Unit and one planned care hospital site (The Princess Royal Hospital) for most elective surgery. The successful candidate will be able to actively contribute to the redevelopment of the service.

We have a progressive, inclusive, and dedicated team in which you will have the opportunity to develop. We have representatives that work at a national level on the board of the Intensive Care Society and the Association of Anaesthetists and colleagues are actively publishing books and academic papers. Ambitions will be supported.

Dr Chris Mowatt

CLINICAL DIRECTOR / CONSULTANT
IN INTENSIVE CARE MEDICINE





JOB DESCRIPTION

| | |
|---------------------------------------|---------------------------------------|
| Job Title: | Consultant in Intensive Care Medicine |
| Grade: | Consultant |
| Division: | Surgery, Anaesthetics & Cancer |
| Responsible to: | Divisional Medical Director |
| Professionally Accountable to: | Medical Director |
| Hours: | 10PAs |
| Duration: | Permanent |
| Salary: | £88,364 - £119,133 per annum [YC72] |

Job Summary

An exciting opportunity has arisen at the Shrewsbury and Telford Hospital NHS Trust for an enthusiastic, highly driven Consultant with a passion for intensive care and an allied specialty (anaesthetics, emergency medicine or acute medicine) to complement and develop existing services through the provision of specialist knowledge & expertise.

An ICM CCT is not essential and potential candidates are directed to page 19 of the FICM document "Critical Staffing #1 A best practice framework for safe and effective Critical Care staffing". The post holder is therefore required to have full registration with the General Medical Council & a valid licence to practice and be on the specialist register for their allied specialty +/- Intensive Care Medicine or be within 6 months of CCT or equivalent at the time of interview.

CRITICAL CARE AND ANAESTHETICS

The Critical Care Service

Our cross-site department is flexible, inclusive, and friendly, and we value family life; recognising the balance that we need to strike between work and home. We have a progressive, inclusive and dedicated team with representatives that work at a National level on the board of the Intensive Care Society and the Association of Anaesthetists. Colleagues are actively publishing books and academic papers and you will also be supported to develop in your particular areas of interest. Work is varied with both emergency and elective activity, with RSH being the busiest centre for emergency laparotomies in the West Midlands.

The Critical Care Service is supported by an energetic and enthusiastic multi-disciplinary team including our Outreach Team and our Rehabilitation Team. Two Intensivists participate in follow-up clinics.

Equipment used in the Critical Care areas is standardised and includes Hamilton Medical ventilators, including the new multi-mode high-end S6 platform, Nikkiso/Fresenius (dialysis) and Aquarius (haemofiltration) renal replacement units, multiple GE Ultrasound machines, LiDCO Rapid.

Head injured adults needing Surgery or admission to a Neurosurgical unit are generally transferred to the Neurosurgical Unit at the University Hospital of North Midlands based in Stoke-on-Trent. Paediatric patients requiring Intensive Care are transferred to PICUs in Stoke-on-Trent or Birmingham. Our Emergency Departments are a designated Trauma Units. Major Trauma patients may pass through the Units en-route to Regional Trauma Centres.

The Consultant members of the Critical Care Service are responsible to the Medical Director. All Consultants are expected to provide support to trainees and actively contribute to training and continuity of service at a senior level.

The Critical Care Service - RSH

RSH has 14 physical Critical Care beds split 8/6 between the 'ITU' and 'HDU' areas respectively. Isolation capacity has been significantly increased recently with the installation of 4 negative flow bespoke sized Bioquell pods, with 2 more planned, resulting in a total of 9 isolation rooms out of the 14 bed spaces. The bed base can be used flexibly to accommodate level 2 and level 3 patients to a dependency of 8.0. Dialysis water outlets are present in several of the 'ITU' bed spaces giving the ability to provide short dialysis therapy sessions for non-renal critical care patients. Haemofiltration is also available, with citrate anticoagulation use due to be established imminently.

The case mix of the RSH Unit is slightly more surgical than the average DGH Critical Care area, as the majority of major elective and emergency surgical admissions occur on the Shrewsbury site. Admissions pre-Covid had been steadily rising to 710 in 19/20. In general, the ICNARC risk adjusted mortality data has been stable and low to average compared with peer DGH Units over a number of years.

The Critical Care Service - PRH

PRH currently has 11 physical Critical Care beds split 6/5 between the 'ITU' and 'HDU' areas respectively. Isolation capacity has also been significantly increased recently with the installation of 2 negative-flow Bioquell pods, with 2 more to be installed imminently, resulting in a total of 6 isolation rooms out of the 11 physical bed spaces. As with the RSH Unit, the beds can be used flexibly to accommodate level 2 and level 3 patients, to a dependency of 6.0. There are several haemodialysis points within the Critical Care areas, and so both haemodialysis and haemofiltration can be provided to our non-renal critical care patients.

The case mix of the PRH Unit is slightly more medical than the average DGH Critical Care area, due to the absence of emergency general surgical admissions at Telford. The site provides services for medical patients (including respiratory and cardiology), plus orthopaedic/trauma patients, women and children. Admissions pre-Covid had been steadily rising with 345 admissions in 19/20 and like RSH, the ICNARC risk adjusted mortality data has been stable and low to average compared with peer DGH Units over a number of years.

Both hospitals have appropriate access to the other's Critical Care beds if there are speciality needs that require clinical transfers to occur in stable patients (e.g., colorectal, gastroenterology, ENT).

Critical Care Staffing

There is 7 day-a-week Intensivist cover for both sites. Night cover at RSH is provided by an Intensivist, whereas for PRH this is currently provided by a Consultant Anaesthetist who has access to phone advice from the RSH Intensivist, as per GPICS V2.

The successful applicant will work cross-site in Critical Care by being included as a new member of the 1 in 9 rolling rota. They would join a group of 10 Consultant Intensivists/Anaesthetists providing our cross-country service. All on call commitments are based at the Royal Shrewsbury Hospital with a day/night split rota, meaning the successful applicant would work 2 in 9 weekends. We expect to move to a 1 in 10 rota at The Royal Shrewsbury Hospital with the full 7-day Intensivist cover for The Princess Royal Hospital continued with the appointment of new colleagues.

Critical Care also covered by a mix of non-Consultant staff, with at least one ST3+ or Specialty Doctors rostered for the Unit 24/7, providing middle grade critical care and anaesthetic/airway skills. Other staff who make an active contribution to our medical rota include other ST trainees, 2 ACCPs, plus an FY1 trainee and IMT medical trainees.

Current Consultant Intensivist Staff

| | |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dr Chris Mowatt | Clinical Director for Critical Care, Interest in Intensive Care and Enhanced Recovery Editor Fundamentals of Anaesthesia, former Chair Education and Hon Sec (elect) of the Association of Anaesthetists. |
| Dr Stuart Booth | Critical Care Medical Safety & Governance Lead Shropshire & Staffordshire Collaboration ACCERG Medical Lead |
| Dr Omu Davies | Critical Care Follow-up Clinics Anaesthetic Governance Lead for Princess Royal Hospital |
| Dr Mike Dixon | Equipment Lead, Vascular Anaesthesia |
| Dr Simon Hester | Princess Royal Hospital ICNARC Lead |
| Dr Fiona Jutsum | Royal Shrewsbury Hospital ICNARC Lead Critical Care Follow-up Clinics Vascular Anaesthesia |
| Dr James Moon | ICM Tutor CPEX |
| Dr Ashley Miller | Critical Care Ultrasound Specialist Elected ICS council member, Chair of CUSIC committee, Co-chair of FUSIC committee Trust lead for organ donation & Fluid Management |
| Dr Alistair Windsor | Mortality Lead CPEX & Vascular Anaesthesia |

The Anaesthetic Department – PRH

Subspecialty interests for theatre sessions may be accommodated in various specialities provided at the Princess Royal Hospital. There are eight operating theatres which provide Orthopaedic, ENT, Maxillo-facial, Breast, Gynaecological and Paediatric Surgery. With 12 Consultant Anaesthetist, PRH has a diverse and unique work force who are progressive and focused on improvements.

Work is varied with both emergency and elective activity, and we are the busiest centre for emergency

laparotomies in the West Midlands. Our cross-site department is flexible, inclusive and friendly, and we value family life; recognising the balance that we need to strike between work and home. We have a progressive, inclusive and dedicated team with representatives that work at a national level on the board of the Intensive Care Society and the Association of Anaesthetists.

| Name | Areas of Specialist Interest |
|--------------------------|----------------------------------------------------------------------------------------------------------|
| Dr Saiprasad Annadurai | Clinical Director for General Anaesthetics , PRH, Head and Neck and Lead for Paediatrics |
| Dr Asis Behura | Pre-operative assessment Lead and General Anaesthesia |
| Dr Gauri Dashputre | Head and Neck, Obstetrics and Pre-operative assessment and Lead for Diabetes |
| Dr Omu Davies | Interest in Intensive Care, Clinical Governance Lead |
| Dr Vivek Eli | College Tutor, General, Head and Neck, Obstetric Anaesthesia equipment Lead and Pre-operative assessment |
| Dr Simon Hester | Clinical Lead for Critical Care? Think this should just be Intensive care medicine?? |
| Dr Sudheer Jillella | General and Head and Neck, Paediatrics and Rota Master |
| Dr Martynas Juozaitis | Acute and Chronic Pain, Obstetrics and Lead for Critical Incidents |
| Dr Shelly Jurai | Interest in Paediatrics |
| Dr Karthikeyan Selvaraju | Gynaecology Anaesthesia, Paediatrics and Head and Neck |
| Dr Rajesh Shivanna | Departmental Lead for Enhanced Recovery. Interest in ENT and Orthopaedics |
| Dr Jane Wright | Appraisal Lead, Paediatrics, Lead for Neck of Femur Pathway, Lead for Resuscitation |

Other staff members of the Anaesthetic Department at RSH are:

| | |
|-------------------------------------------------------------------------------------------------|---------|
| Associate Specialist | 1.0 WTE |
| Staff Grade Doctors | 2.5 WTE |
| Speciality Doctors | 2.0 WTE |
| Specialist trainees (ST3 to 6) - on rotation from Stoke-on-Trent School of Anaesthesia | - 5 WTE |
| Specialist trainees (ST1 & 2) - a rotation exists between Shrewsbury, Telford and Wolverhampton | - 8 WTE |
| Full time secretaries | 1.5 WTE |

RSH Anaesthetic Rota Structure

There are 2 tiers of on-call Anaesthetic cover:

- Emergency theatre covered by the CT & ST 1/2s
- Consultant Anaesthetist cover for the Emergency Theatre 24/7

The Anaesthetic Department – RSH

The Royal Shrewsbury Hospital has 9 operating theatres close to the Critical care unit. The majority of the theatre workload is general, colorectal, upper GI/Bariatric, urological, vascular, and trauma orthopaedic surgery with smaller numbers of ENT, ophthalmic, gynaecological and max fax surgery undertaken.

| Name | Area of Specialist Interest |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dr Chris Mowatt | Clinical Director for Critical Care , Interest in Intensive Care and Enhanced Recovery, Elected Board member of the Association of Anaesthetists, Chair Association of Anaesthetists Education Committee. |
| Dr Szilvia Bertok | Interest in Vascular, Colorectal and Head and Neck Anaesthesia |
| Dr Stuart Booth | Interest in Intensive Care and ITU Governance |

| | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Dr Lorien Branfield | Lead for Obstetric Anaesthesia, Human Factors, Medical Education and Simulation |
| Dr Yee Cheng | Interest in Obstetrics |
| Dr Chris Clulow | Interest in Obstetrics |
| Dr Chris De Klerk | Training Programme Director for Stoke School of Anaesthesia, Interest in Obstetric Anaesthesia |
| Dr Mike Dixon | Interest in Intensive Care and Lead for ITU equipment |
| Dr David Elcock | Interest in Colorectal Anaesthesia, Lead for Critical Incidents |
| Dr Karuna Ferdinand | Interest in Vascular, Paediatric Anaesthesia and Clinical Governance Lead |
| Dr Robin Hollands | Trauma Lead |
| Dr Paul Jones | Interest in Colorectal and Vascular Anaesthesia. Keele University Tutor, TPD for Simulation Training |
| Dr Fiona Jutsum | Interest in Intensive Care, Vascular and Colorectal Anaesthesia |
| Dr Gordon Kulemeko | IT Clinical Lead. ECT Lead. Rota Master, Interest in Colorectal Anaesthesia |
| Dr Rob Law | Interest in Intensive Care and CPEX |
| Dr Simon Leach | Interest in Colorectal Anaesthesia, Pre op Assessment, Equipment and College Tutor |
| Dr Sam Liu | Interest in Colorectal Anaesthesia and Pre op Assessment |
| Dr Ashley Miller | Interest in Intensive Care, Trust Lead for Organ Donation, Elected ICS Council Member, Chair of CUSIC Committee, Co-Chair of FUSIC Committee |
| Dr James Moon | Interest in Intensive Care, Vascular Anaesthesia and CPEX |
| Dr Hany Shawkat | Lead for Acute Pain. Interest in Bariatric, Urological and colorectal anaesthesia |
| Dr Louise Sykes | Interest in Bariatric and Colorectal Anaesthesia |
| Dr Alistair Windsor | Interest in Intensive Care, CPEX, and Vascular Anaesthesia |
| Dr Andreas Zafiroopoulos | Interest in Vascular Anaesthesia and Pre op Assessment |

Other staff members of the Anaesthetic Department at PRH are:

| | |
|--------------------------|---------|
| Associate Specialists | 2.0 WTE |
| Specialty Doctors | 5.0 WTE |
| Locally Employed Doctors | 3.0 WTE |
| Full time Secretaries | 1.0 WTE |

Specialist Trainees ST 3-7 - on rotation from Stoke-on-Trent School of Anaesthesia – 2 WTE

Specialist Trainees CT 1-2 and ACCS – 4 WTE

FY Trainees also contribute to Anaesthetics

PRH Anaesthetic Rota Structure

There are 3 tiers of on-call Anaesthetic/Critical Care cover (all full shift):

- Emergency theatre covered by the CT&ST 1&2s
- Obstetric Anaesthetic cover is provided by ST3+ and Specialty Doctors
- General Anaesthetist Consultants work on-call for Theatres/Maternity and Critical Care cover (6pm-8am only)

EMERGENCY MEDICINE

The Trust presently runs two Emergency Departments at The Royal Shrewsbury Hospital and The Princess Royal Hospital serving a population of 560,000 people. Last year the Departments had 120,000 attendances which includes, major Trauma, and approximately 20% children.

Across both Hospitals there are excellent facilities with well-resourced resuscitation areas, monitored major's cubicles and dedicated minor's areas. The sites have the following clinical accommodation:

Royal Shrewsbury Hospital, Shrewsbury

- A purpose built 4 bedded resuscitation room
- A separate, bespoke children's and young person unit
- An initial assessment area with 5 cubicles
- 10 major adult patient bays
- A minor injuries unit
- An on-site Urgent Treatment Centre
- Separate adult and paediatric waiting areas
- Relative's room
- Plaster room
- A Clinical Decisions Unit (CDU)
- Adjacent Helicopter landing pad

Princess Royal Hospital, Telford

- A purpose built 3 bedded resuscitation room
- Separate paediatric resus
- An initial assessment area with 4 cubicles
- 2 paediatric major cubicles
- 12 major adult patient bays
- A minor injuries unit
- An on-site Urgent Treatment Centre
- Separate adult and paediatric waiting areas
- Relative's room
- Plaster room
- Adjacent Helicopter landing pad

At both The Royal Shrewsbury Hospital and The Princess Royal Hospital there are out-patient clinics. X-Ray is digitalised, and the Emergency Department has prompt access to CT scanning. A full 24-hour Pathology service is available at both The Royal Shrewsbury Hospital and The Princess Royal Hospital. Both units have their own ultrasound machine, and a number of senior doctors are trained in its use.

The West Midland Trauma Network

The Royal Shrewsbury Hospital is a Trauma Unit in the West Midlands Trauma Network. We have close links to the regional Trauma network which includes the Birmingham Children's Hospital and the University Hospitals North Midlands

Keele Medical School

The Emergency Department at the Royal Shrewsbury Hospital plays a key role in delivery of ~~education~~ onto final year medical students from Keele. Over the next 3 years the number of medical students at Keele will increase.

ACUTE MEDICINE

On both sites currently, we have a dedicated Acute Medical Units (20 beds at RSH and 17 on PRH) and 12hr SDECs (chairs & trolley assessment spaces) services, 7 days a week. RSH also has a 26 bed Medical Short Stay Ward. Capital expansion plans are on the way to increase the acute medicine bed base on either site.

At RSH, by autumn 2022 there is an expectation that the acute medicine bed base would increase from 46 beds to 69 (bed and trolley) area. Within this footprint will be 8 monitored beds to provide Enhanced Medical Care. Telemetry will also be available for the entire acute medicine floor on RSH site. At PRH, an enhanced AMA assessment space and dedicated seating for SDEC patients with increase assessment office capacity. There is SDEC virtual board and SDEC is used to support early discharge from our inpatient areas.

At both The Royal Shrewsbury Hospital and The Princess Royal Hospital the X-Ray is digitalised, and the SDEC has prompt access to CT scanning for SDEC appropriate pathways. A full 24-hour pathology service is available at both sites and both units have their own ultrasound machine. The department has good access to community rapid response team that provide early supportive discharge.

Acute Medicine Staffing

Our Senior Medical Team currently includes 11 Consultants as follows:

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|----------------------|------------------------------------------------------------------------------------|
| Dr Aruna Maharaj | Clinical Director & Consultant Acute Physician with Special Interest in Cardiology |
| Dr Ian Tanswell | Consultant Physician & Gastroenterologist |
| Dr Anna Szczerbinska | Consultant Physician in General Internal Medicine |
| Dr Razi Khan | Consultant Physician & Respiratory Physician |
| Dr Anna Green | Consultant Physician & Endocrinologist |
| Dr Shakawan Ismaeel | Consultant in Acute Internal Medicine |
| Dr Anuja Sagdeo | Consultant Physician with Interest in Diabetes |
| Dr Madhavi Kadambi | Consultant Physician in General Internal Medicine |
| Dr Naveed Sanwar | Consultant Nephrologist and General Internal Medicine |
| Dr Ahmed Mohamed | Consultant Cardiologist and General Internal Medicine |
| Dr Osama Sahil | Consultant Physician in General Internal Medicine |

Our other medical grades across both sites include:

- 4 Agency Locum Consultants
- 3 GP Locums based in SDEC
- 8 IMT3 trainees (Middle grades)
- 1 Middle grade Associate Specialist
- 3 Middle grade Clinical Fellow posts
- 16 ACPs in Acute Medicine (inclusive of 6 trainee ACPs)
- 8 junior doctors in training (FY1, FY2, ACCS and GPVTS)
- 7 further junior doctors (Clinical Fellows or long-term locums)

Job Plan

A formal job plan will be agreed between the successful candidate and their Clinical Director and consultant colleagues, on behalf of the Medical Director within 3 months of starting in post. A full-time job plan is based on a 10 PA working week. The job plan will be reviewed annually and is a prospective agreement that sets out the consultant's duties, responsibilities, and objectives for the coming year. It covers all aspects of a consultant's professional practice including clinical work, teaching, research, education and managerial responsibilities. It will provide a clear schedule of commitments, both internal and external and will include personal objectives, detailing links to wider service improvements and trust strategic priorities.

For a full-time contract, the job plan will be divided on average per week (pro-rata for a part time post) as:

- 7.5 Programmed Activities (PAs) of Direct Clinical Care - includes clinical activity, clinically related activity and predictable and unpredictable emergency work. 1.0PA is currently allocated for night time Critical Care unpredictable on-call work (6pm-8am in the week of night cover)
- Rota is 1 in 9 rolling pattern with 2 split day/night weekends to work in 9 weeks. Therefore, this attracts a 3% Category A on-call (return to work) payment.
- 2.5 Supporting Professional Activities (SPAs) - includes CPD, audit, teaching and research. It is expected that the applicant will fulfil a significant SPA role for Critical Care e.g., M&M Lead, CCOT Link Intensivist.

The allocation of PAs is reviewed and may be subject to adjustment when a further diary exercise is undertaken or if the service demands a review of the team job plan.

Any applicant who is unable, for personal reasons, to work full-time will be eligible to be considered for the post. If such a person is appointed, modification of the job content will be discussed on a personal basis with the Trust in consultation with other consultant colleagues.

Timetable

The following provides scheduling details of the clinical activity and clinically related activity components of the appointee's standard working week. There may be some flexibility on the ratio of Critical Care to allied base specialty, which should be discussed in advance of interview.

| Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------------------|----------------------------------------|
| 1 (A) | Critical Care RSH 8am - 2pm | Critical Care RSH 8am - 6pm | Critical Care RSH 8am - 2pm | Critical Care RSH 8am - 6pm | Critical Care RSH 8am - 2pm | Critical Care on-call RSH 8am - 6pm | Critical Care on-call RSH 8am - 6pm |
| 2 | SPA Day | SPA day | Allied base specialty AM/PM | Allied base specialty AM | | | |
| 3 (B) | Critical Care RSH 8am - 6pm | Critical Care RSH 8am - 2pm | Critical Care RSH 8am - 6pm | Critical Care RSH 8am - 2pm | Critical Care RSH 8am - 6pm | | |
| 4 | SPA Day | SPA day | Allied base specialty AM/PM | Allied base specialty AM | | | |
| 5 (C) | Critical Care PRH 8am - 6pm | Critical Care PRH 8am - 6pm | | | | | |
| 6 | SPA Day | SPA day | Allied base specialty AM/PM | Allied base specialty AM | | | |

| | | | | | | | |
|-------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| 7 | SPA Day | SPA day | Allied base specialty AM/PM | Allied base specialty AM | | | |
| 8 (N) | Nighttime off-site on-call cover RSH 6pm to 8am | Nighttime off-site on-call cover RSH 6pm to 8am | Nighttime off-site on-call cover RSH 6pm to 8am | Nighttime off-site on-call cover RSH 6pm to 8am | Nighttime off-site on-call cover RSH 6pm to 8am | Nighttime off-site on-call cover RSH 6pm to 8am | Nighttime off-site on-call cover RSH 6pm to 8am |
| 9 | | | SPA day | Allied base specialty AM/PM | Allied base specialty AM | | |

This timetable is indicative only and the formal job plan will be agreed between the successful applicant and their clinical director within 3 months of starting in post.

Annual Leave

Doctors upon first appointment to the Consultant grade shall be entitled to annual leave at the rate of 32 days a year.

Doctors who have completed a minimum of 7 years' service as a Consultant shall be entitled to annual leave at the rate of 34 days per year.

The rate of annual leave will be based on a full-time contract of 10 PAs. Additional PAs above 10 PAs will not accrue additional entitlements to annual leave over and above the full-time allocation. For consultants working part-time, the full-time entitlement will be pro-rated in accordance with the contracted PAs.

Study and Professional Leave

Professional and Study leave includes but is not restricted to participation in:

- Study, usually but not exclusively or necessarily on a course or programme.
- Research
- Teaching
- Examining or taking examinations
- Visiting clinics and attending professional conferences
- Training

The appointee will be entitled to 30 days of Study/Professional Leave across a 3-year fixed period with a set budget.

Research

It is usual for the Trust to be participating in many research projects at any time. Every effort would be made to accommodate a particular research interest you may have, particularly if trainee members of the Department could be incorporated in the methodological and practical stages. We hope to become even more active in clinical research and build on our ties with Keele University. Budding or established research clinicians are encouraged to apply. It is usual for the Trust to be participating in many research projects at any time. Every effort would be made to accommodate a particular research interest you may have.

Audit

Great importance is placed upon audit within the Shrewsbury and Telford Hospital NHS Trust and you will be expected to contribute to this as part of your role; the Trust has a fully staffed Audit Department at both Hospitals with extremely well-organised teams.

Education & Teaching

There are thriving postgraduate centres at both Hospitals. The Shropshire Education & Conference Centre at

the Royal Shrewsbury Hospital enhances the already excellent reputation of the Hospital for training junior staff, supporting seniors and continued professional development. Alongside this we have the Education Centre at the Princess Royal Hospital which accommodates a wide range of teaching.

The Trust has a dedicated Continuing Professional Development budget allowing Consultants to pursue CPD requirements. Participation in Audit and Clinical Governance is an expected element of every Consultant's core SPA time.

In August 2007 the Trust became a Teaching Hospital for medical students in conjunction with Keele University Medical School. New teaching and residential accommodation is provided at the Royal Shrewsbury Hospital. The Hospitals are involved in teaching year 4 and 5 students and also acts as a base for those students participating in their community module.

Teaching of Trainees and Undergraduates

Primary Fellowship candidates have a whole day teaching session every two weeks, half of the time in Stoke-on-Trent, and the remainder of the time rotated around the other member Hospitals of the Stoke-on-Trent School of Anaesthesia (Burton-on-Trent, Stafford, Sandwell, Walsall and Wolverhampton).

Final fellowship candidates attend teaching sessions and courses run at Stoke-on-Trent.

Undergraduate teaching is undertaken in conjunction with Keele University Medical School. The Medical School consistently achieves a high rating in the National Student Survey having achieved joint first place from 2014 – 2017, and second place in 2018 and 2019. Students with an interest in Anaesthesia are encouraged to attend the consultant lists for teaching.

Office and Secretarial Support

You will be provided with an office, with your name on the door and with a full range of facilities including a personal laptop with VPN and home access to Trust servers. You will be supported by a secretarial team, and additional administrative staff.

Appraisal, Revalidation and Mentorship

- The Trust has the required arrangements in place, to ensure that all Doctors have an annual appraisal with a trained appraiser and supports all Doctors going through the revalidation process.
- The Trust supports the Royal College of Anaesthetists guidance on provision of mentors for new Consultants, in line with GMC recommendations. This will be provided within the trust.
- A formal review of the job plan will be performed at least annually. Appropriate educational and training needs will be supported by the Trust in, as agreed with the LNC (for example, the approval and funding of study leave). An annual job plan review at individual and departmental level is being introduced. You will be expected to participate in this exercise.
- We will require you to register SaTH as your designated body via the GMC to ensure that you are set up on the Equiniti revalidation system; we will complete this as soon as possible upon your commencement with the Trust.
- The Trust also supports the requirements for continuing professional development and is committed to providing time and financial support for these activities.

Accommodation

The Trust offers single residential accommodation for medical staff depending on availability. The Trust only provides single accommodation so private rental would need to be arranged for family accommodation.

Other Facilities

There is an active Doctors Mess run by the Junior Doctors Mess Committee which organises social events, parties, outings etc. There are on-site fitness centres (a membership fee is payable) available to all members of staff.

Staff Benefits

There are a number of staff benefits schemes which attract tax reductions if joined. This includes a discount on the staff car parking charge, staff gym membership, on-site crèche/childcare provision and access to NHS Discounts schemes.

Health & Safety

As an employee of the Trust you have a responsibility to:

- take reasonable care of your own Health and Safety and that of any other person who may be affected by your acts or omissions at work; and ensuring a COVID secure workplace for the team.
- co-operate with the Trust in ensuring that statutory regulations, codes of practice, local policies and departmental health and safety rules are adhered to; and
- not intentionally or recklessly interfere with or misuse anything provided in the interests of health and safety.

Infection Prevention and Control

The prevention and management of acquired infection is a key priority for the Trust. Any breach of infection control policies is a serious matter which may result in disciplinary action. As an employee of the Trust you have a responsibility to:

- ensure that your work methods are compliant with the Trust's agreed policies and procedures and do not endanger other people or yourself; and
- be aware of infection prevention and control policies, practices and guidelines appropriate for your duties and you must follow these at all times to maintain a safe environment for patients, visitors and staff; and
- maintain an up to date knowledge of infection prevention and control, policies, practices and procedures through attendance at annual mandatory updates and ongoing continuing professional development; and
- challenge poor infection prevention and control practices of others and to report any breaches, using appropriate Trust mechanisms (e.g. incident reporting policy).

Information Governance

The Trust is committed to compliance with Information Governance standards to ensure that all information is handled legally, securely, efficiently and effectively. You are required to comply with the Trust's Information Governance policies and standards. Failure to do so may result in action being taken in accordance with the Trust's Disciplinary Procedure.

- Confidentiality and Security - Your attention is drawn to the confidential nature of information collected within the NHS. Whilst you are employed by the Trust you will come into contact with confidential information and data relating to the work of the Trust, its patients or employees. You are bound by your conditions of service to respect the confidentiality of any information you may come into contact with which identifies patients, employees or other Trust personnel, or business information of the Trust. You also have a duty to ensure that all confidential information is held securely at all times, both on and off site.
- Disclosure of Information - The unauthorised use or disclosure of information relating to the Trust's activities or affairs, the treatment of patients or the personal details of an employee, will normally be considered a serious disciplinary offence which could result in dismissal. Upon leaving the Trust's employment and at any time thereafter you must not take advantage of or disclose confidential information that you learnt in the course of your employment. Unauthorised disclosure of any of this information may be deemed as a criminal offence. If you are found to have permitted the unauthorised disclosure of any such information, you and the Trust may face legal action.
- Information Quality and Records Management - You must ensure that all information handled by you is accurate and kept up-to-date and you must comply with the Trust's recording, monitoring, validation and improvement schemes and processes.

Professional Standards and Performance Review

As an employee of the Trust you have a responsibility to:

- participate in statutory and mandatory training as appropriate for the post; and
- maintain consistently high personal and professional standards and act in accordance with the relevant professional code of conduct; and
- take responsibility for the maintenance and improvement of personal and professional competence and to encourage that of colleagues and subordinates; and
- participate in the Trust's appraisal processes including identifying performance standards for the post, personal objective setting and the creation of a personal development plan in line with the NHS Knowledge and Skills Framework outline for the post.

Safeguarding Children and Vulnerable Adults

We all have a personal and a professional responsibility within the Trust to identify and report abuse. This may be known, suspected, witnessed or have raised concerns. Early recognition is vital to ensuring the patient is safeguarded; other people (children and vulnerable adults) may be at risk. The Trust's procedures must be implemented, working in partnership with the

relevant authorities. The Sharing of Information no matter how small is of prime importance in safeguarding children, young people and vulnerable adults.

As an employee of the Trust you have a responsibility to ensure that:

- you are familiar with and adhere to the Trust's Safeguarding Children procedures and guidelines.
- you attend safeguarding awareness training and undertake any additional training in relation to safeguarding relevant to your role.

Social Responsibility

The Trust is committed to behaving responsibly in the way we manage transport, procurement, our facilities, employment, skills and our engagement with the local community so that we can make a positive contribution to society. As an employee of the Trust you have a responsibility to take measures to support our contribution and to reduce the environmental impact of our activities relating to energy and water usage, transport and waste.



PERSON SPECIFICATION

The following pages contain a description of the qualifications, skills, experience, knowledge and other attributes a candidate should ideally possess to successfully perform this role.

QUALIFICATIONS

| CRITERIA | ESSENTIAL | DESIRABLE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • MBBS, MbChB or equivalent medical qualification. • Royal College Diploma (e.g., FRCA, MRCP, FRCM) • ALS or equivalent certification • ATLS or equivalent certification • APLS certification • Level 3 Safeguarding Children training (within the last 3 years) • Higher degree (e.g. MD or PhD) or evidence of higher education • Critical Care ultrasound skills or accreditation • Additional allied specialty accreditation in Anaesthesia, Emergency Medicine or Acute Medicine | <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ | <ul style="list-style-type: none"> ✓ ✓ ✓ |

ENTRY CRITERIA

| CRITERIA | ESSENTIAL | DESIRABLE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------|
| <ul style="list-style-type: none"> • Full Registration and a licence to practise with the General Medical Council (GMC) • Entry on the General Medical Council (GMC) Specialist Register for Intensive Care Medicine and /or Anaesthesia, Emergency Medicine or Acute Medicine/Medicine via one of the following: <ul style="list-style-type: none"> - Certificate of Completion of Training (CCT) (the proposed CCT date must be within 6 months of the interview) - Certificate of Eligibility for Specialist Registration (CESR) • Must have completed a minimum of 'Intermediate' or 'Step 1' or 'Stage 1' training in ICM or equivalent (as assessed by the FICM Equivalence Committee) with affiliate Fellowship of the Faculty of ICM or possess (or would be eligible for) the Fellowship by Assessment FFICM or Associate Fellowship (AFICM) of the Faculty of Intensive Care Medicine or EDIC for CESR application • Non ICM CCT holders must meet the requirements laid down by the FICM • If applying for Full GMC Registration & Licence to Practice simultaneously with a CESR application, supporting documentary evidence must be provided at interview to confirm an application has been submitted & is under consideration by the GMC. | <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Clinical training and experience in Intensive Care Medicine (+/- additional allied specialty) to the minimum standard required as described above • Ability to offer expert clinical opinion on range of problems both emergency and elective within ICM specialty • Ability to take full and independent responsibility for clinical care of patient • Able to demonstrate a commitment to ICM (+/- additional allied specialty) with on-going learning in it. • Paediatric experience • Willingness to undertake additional professional responsibilities at local, regional, or national levels • Structured Judgement Review (SJR) training or experience | <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ | <ul style="list-style-type: none"> ✓ ✓ ✓ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

GENERIC CAPABILITIES FRAMEWORK

PROFESSIONAL VALUES & BEHAVIOURS

CRITERIA

- Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework (or equivalent for dentists).
- Demonstrates the underpinning subject-specific competences i.e., knowledge, skills and behaviours relevant to the role setting and scope.
- Clinically evaluates and manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting this depending on the outcomes of treatment.
- Critically reflects on own competence, understands own limits, and seeks help when required.
- Communicates effectively and able to share decision-making with patients, relatives and carers; treats patients as individuals, promoting a person-centred approach to their care, including self-management
- Respects patients' dignity, ensures confidentiality and appropriate communication where potentially difficult or where barriers exist, e.g., using interpreters and making adjustments for patients with communication difficulties.
- Demonstrates key generic clinical skills around the areas of consent; ensuring humane interventions, prescribing medicines safely and using medical devices safely.
- Adheres to professional requirements, participating in annual appraisal and reviews of performance and progression.
- Awareness of legal responsibilities relevant to the role, such as around mental capacity and deprivation of liberty; data protection; equality and diversity.
- Applies basic principles of public health; including population health, promoting health and wellbeing, work, nutrition, exercise, vaccination and illness prevention, as relevant to their specialty.

LEADERSHIP & TEAM WORKING

CRITERIA

- Awareness of their leadership responsibilities as a clinician and demonstrates appropriate leadership behaviour; managing situations that are unfamiliar, complex, or unpredictable and seeking to build collaboration with, and confidence in, others.
- Demonstrates understanding of a range of leadership principles, approaches and techniques so can adapt leadership behaviours to improve engagement and outcomes – appreciates own leadership style and its impact on others.
- Develops effective relationships across teams and contributes to work and success of these teams – promotes and participates in both multidisciplinary and interprofessional team working.
- Critically reflects on decision-making processes and explains those decisions to others in an honest and transparent way.
- Demonstrates ability to challenge others, escalating concerns when necessary.
- Develops practice in response to changing population health need, engaging in horizon scanning for future developments.

PATIENT SAFETY & QUALITY IMPROVEMENT

CRITERIA

- Takes prompt action where there is an issue with the safety or quality of patient care, raises and escalates concerns, through clinical governance systems, where necessary.
- Demonstrates understanding of the basic principles of audit, clinical risk management, evidence-based practice, patient safety and clinical quality improvement initiatives
- Applies basic human factors principles and practice at individual, team, organisation, and system levels.
- Collaborates with multidisciplinary and interprofessional teams to manage risk and issues across organisations and settings, with respect for and recognition of the roles of other health professionals.
- Advocates for, and contributes to, organisational learning.
- Reflects on personal behaviour and practice, responding to learning opportunities.

SAFEGUARDING VULNERABLE GROUPS

CRITERIA

- Recognises and takes responsibility for safeguarding children, young people, and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action.
- Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care.

EDUCATION & TRAINING

CRITERIA

- Critically assesses own learning needs and ensures a personal development plan reflects both clinical practice and relevant generic capabilities.
- Promotes and participates in individual and team learning; supporting the educational needs of individuals and teams for uni-professional, multidisciplinary and interprofessional learning.
- Identifies and creates safe and supportive working and learning environments.
- Takes part in patient education.

RESEARCH & SCHOLARSHIP

CRITERIA

- Keeps up to date with current research and best practice in the individual's specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection.
- Critically appraises and understands the relevance of the literature, conducting literature searches and reviews; disseminates best practice including from quality improvement projects.
- Works towards identifying the need for further research to strengthen the evidence base or where there are gaps in knowledge, networking with teams within and outside the organisation
- Locates and uses clinical guidelines appropriately.

OUR VISION AND VALUES

The Shrewsbury and Telford Hospital NHS Trust is an organisation that strives to provide high quality, safe care for our patients in an environment which our staff are proud to work in

Our Vision:

“To provide excellent care for the communities we serve”

Our Values:



OUR VISION

We believe that by adhering to our Vision and working with our Values in mind we can behave in a way which will ensure the right results for the people that matter most – our patients and their families.

OUR VALUES

Our Trust Values provide a guide for our daily lives which we are all expected to uphold, both at work and when we are representing the Trust.

Our Values were developed by staff and our patients, so they represent what is important to us within the organisation and the way we should all behave towards patients, carers, visitors, partners and each other.

You will see our Values throughout the Trust; they are not just words on a page, they represent what we are about here at SaTH. We want patients and their families to say that the care and service they receive from all of us is consistently high-quality, safe, effective and personalised, so the feelings behind the Values shouldn't come as a surprise to anyone working in the NHS.

The reason why it is important that they are clearly written down is so we all know what's expected, and none of us are surprised if we are asked to explain any unacceptable behaviour. Ultimately, if we follow our Values, we will provide services that are better for our patients and better for each other.



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Minicom: 01743 261213

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Shrewsbury

SY3 8XQ

Getting to Royal Shrewsbury Hospital

sath.nhs.uk

Princess Royal Hospital

Telephone: 01952 641222

Minicom: 01952 641222 Ext: 4955

Address:

Princess Royal Hospital

Apley Castle

Telford

TF1 6TF

Getting to Princess Royal Hospital