



The Royal Wolverhampton
NHS Trust

Consultant in Palliative Medicine

Candidate Application Pack



Royal College
of Physicians

Approved

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



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PART 1

THE ROYAL WOLVERHAMPTON NHS TRUST

Our Vision and Values

Together with our staff we have developed a vision and set of values which form a framework for a positive and supportive environment for our patients, visitors and staff. We believe that all candidates should be able to demonstrate and be equally committed in fulfilling these values to be successful in their application.

Our vision and values are detailed below; if you feel that you are as committed as we are to their delivery, please continue with your application.

Our Vision

An NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve

Our Values

Safe & effective

We will work collaboratively to prioritise the safety of all within our care environment

Safety

Raising concerns

Communication

Teamwork

Reassuringly professional

Kind & caring

We will act in the best interest of others at all times

Welcoming

Respectful

Helpful

Listen

Appreciate

Exceeding expectation

We will grow a reputation for excellence as our norm

Aiming High

Improving

Responsible

Timely

Makes connections

The Trust

The Royal Wolverhampton NHS Trust are one of the largest acute and community providers in the West Midlands having more than 850 beds on the New Cross site.

The Trust also has 56 rehabilitation beds at West Park Hospital and 54 beds at Cannock Chase Hospital.

We are the largest employer in Wolverhampton, the Trust employs over 10,000 staff, covering more than 350 different roles.

We provide services from the following locations;

- New Cross Hospital – secondary and tertiary services, maternity, Accident and Emergency, critical care and outpatients;
- West Park Hospital – rehabilitation inpatient and day care services, therapy services and outpatients;
- Cannock Chase Hospital – general surgery, orthopaedics, breast surgery, urology, dermatology and medical day case investigations and treatment (including endoscopy) ;
- More than 20 community sites – community services for children and adults, walk-in centres and therapy and rehabilitation services ;
- Primary care – Ten GP practices have now joined us and offer extended opening hours to patients.

In 2018, 495 staff were successfully transferred from three different organisations to form the Black Country Pathology Service (BCPS).

BCPS comprises of the four pathology laboratories in the Black Country:

- The Dudley Group NHS Foundation Trust;
- Sandwell and West Birmingham NHS Trust;
- Walsall Healthcare NHS Trust;
- The Royal Wolverhampton NHS Trust.

New Cross Hospital

New Cross Hospital was originally built as a workhouse. The first phase of the modern hospital, built by Alfred McAlpine, was completed in 1970. Since then it has grown and become the main Acute General Hospital for Wolverhampton, replacing The Royal Hospital, on Cleveland Road, which closed in June 1997.

In 2004 the £57m Heart and Lung Centre opened on the site, the UK's first purpose built specialist heart centre.

The hospital provides Secondary and Tertiary Services, Maternity, Critical Care and Outpatients.

In 2015 a new £38 million Emergency Department was opened at the Hospital. Boasting 30 treatment rooms for minor injuries, 18 for major injuries and a resuscitation area for adults, as well as a dedicated paediatric area for children. The Emergency Department is one of the largest in the region.

Cannock Chase Hospital

Cannock Chase Hospital is a thriving, busy site offering a wide range of surgical procedures for patients from Cannock, Wolverhampton and surrounding areas. A total of £27 million was invested in new operating theatres and refurbished wards over the last few years. Cannock Chase Hospital is a hub of activity for day cases and inpatient surgery.

The hospital provides;

- General surgery (examples include hernia repair and gall bladder surgery);
- Orthopaedics (includes hip, knee, foot, ankle and upper limb surgery);
- Breast surgery (not cosmetic) ;
- Urology (includes bladder and kidney);
- Dermatology/plastic surgery (removal of lumps and lesions) .

Cannock also provides the following day case investigations and treatment;

- Endoscopy (examples include colonoscopy and gastroscopy) -
Rheumatology (includes day care and intravenous treatment for conditions such as rheumatoid arthritis) ;
- Dermatology (includes phototherapy, intensive topical skin treatments).

Achievements

The last few years have seen the Trust reinforce its position as a leading healthcare provider. We have continued to drive forward change with clinicians and managers working in partnership to deliver the patient safety and quality agenda, push the boundaries of efficiency and productivity and embed cultural change to proactively manage issues such as mortality and Never Events.

Our recent achievements include:

- Rated outstanding in caring in February 2020 by the CQC following an inspection;
- In 2018, a new 2.4 million Stroke Unit opened at New Cross – now all suspected stroke cases from Wolverhampton and Walsall are treated in this specialist unit;
- Setting the UK record for days without a healthcare acquired MRSA bacteraemia (1142); more than 60% reduction in MSSA bacteraemia ;
- Seeing a continued reduction in the number of cases of C.difficile;
- Universal surgical site infection surveillance, including post-discharge surveillance ;
- Enhanced our position as a tertiary provider by becoming the first Trust in the West Midlands to perform robotic surgery ;
- Achieved NHSLA level 3 standards for General Services and level 2 for our Maternity Services ;
- Opened a Midwifery Led Unit to increase the choice for mothers ;
- Implemented 7 day consultant working across the majority of specialties ;
- Achieved a reduction of more than 70% in avoidable hospital acquired pressure ulcers; more than 70% of our wards had zero avoidable pressure ulcers and we are using telemedicine to improve community reporting ;
- Reducing mortality rates to national benchmarks, working with the CQC and Dr Foster to understand the drivers of mortality and contribute to national guidance ;
- Demonstrated our commitment to patient safety by offering a comprehensive inter-professional training programme in our Clinical Simulator Centre .

Developing Services for the Future

The Trust's business is delivering high quality, safe and effective healthcare to our patients. Our service strategy, informed by our vision and our strategic goals, ensures that:

- We maintain our position as the provider of choice for local people for a full range of services, thereby building on our vision and strategic goals;
- We consolidate our position as a major provider of community and acute healthcare within the Black Country and beyond into Shropshire and Staffordshire.;
- We maximise opportunities through organic growth to extend our boundaries and market share, centralising only when needed and outreaching into the community where possible. Boundary extension into surrounding counties is a particular goal for tertiary services as a way of supporting our consolidation objective for a wider range of services;
- We ensure that strong sustainable safe services can be maintained for the people we serve.

The high quality of the services we deliver is based upon a foundation of excellent relationships between clinicians and managers working together in partnership to safeguard the organisation for the future. These relationships have enabled the Trust to drive through transformational change which has improved quality, driven out inefficiency and positioned the organisation at the top of the league.

Primary Care Network

Our Primary Care Network offers a unique opportunity to redesign services from initial patient contact through on-going management and end of life care.

As a single organisation the issues of scope of responsibility, funding, differing objectives and drivers will be removed and clinicians will be in a position to design effective, high quality clinical pathways which will improve appropriate access and positively impact on patient outcomes.

This programme initially started in June 2016 and the Trust has taken on board ten Practices to date. A number of other GP Practices are either undergoing a formal due diligence process or have submitted expressions of interest to join the fantastic new venture.

This is being driven by the GPs and senior clinicians at RWT who are working in the best interest of their patients and provide value for money for the tax payer. The GP Practices are all working together, and with RWT, to develop our plans for closer working together between hospital, community and GP services.

GENERAL

Acute Provider Partnerships

The boards of Walsall Healthcare NHS Trust (WHT) and the Royal Wolverhampton NHS Trust (RWT) have commenced work on a strategic collaboration, this approach aims to significantly improve the quality of care for our populations, standardise clinical practice and provide a safe, skilled and sustainable workforce. Shared leadership is now in place with a joint Chair and CEO alongside other key roles including executive and non-executive positions. Progress to develop shared clinical services is underway in a number of areas and good practice is being shared to support recruitment and retention of staff.

In addition to this, further partnership working is being undertaken as part of the Acute Care Collaboration Programme. This is a joint programme between Sandwell and West Birmingham Hospitals NHS Trust (SWBH) and The Dudley Group of Hospitals NHS Foundation Trust (DGoH), WHT and RWT. This is a clinically led programme that aims to identify opportunities to reduce unwarranted clinical variation, reduce inequalities and improve current inequities in access. Clinical discussions, which have the full support of each organisation, are taking place across a number of specialities and there is a clear commitment to make changes to improve care from all stakeholders.

Audit

There is a fully staffed Audit Department with a well-organised team and there is regular, on-going clinical audit. Clinical audit has a strong base within the Trust and this has been incorporated into a robust clinical governance structure. This is being developed with the Trust Board having an increasing focus on the monitoring of clinical outcomes.

Research & Development

The Trust has a busy, proactive Research & Development Directorate with an overall objective to improve patient care, treatment and quality of life by the performance and dissemination of clinical research and innovation.

Formed in 1998, the R&D Directorate has grown rapidly in parallel with the development of the Trust's research and innovation culture. The R&D Clinical Director and management team are supported by a team of experienced research nurses and administrators who operate efficient and effective systems for research management and governance. We aim to increase the opportunities for local patients and the public to participate in and benefit from, research.

The Directorate supports all research conducted within the Trust from questionnaire studies to randomised controlled trials and the Trust acts as sponsor for a variety of own account investigator led studies, guiding and streamlining the management of research across many clinical areas. The Directorate has established links with a number of Universities and other

research partners and has a wealth of experience conducting commercial research.

The Trust takes pride in being the Host for the NIHR Clinical Research Network: West Midlands. Through the Network, support is generated across 6 clinical divisions to provide the infrastructure that allows high-quality clinical research to take place by helping researchers to set up clinical studies quickly and effectively; support the life-sciences industry to deliver their research programmes; provide health professionals with research training and work with patients to ensure their needs are at the very centre of all research activity.

With the on-going dedication of enthusiastic researchers we aim to establish the Trust as a recognised centre of research excellence and attract, develop and retain the best professionals to conduct NHS research and deliver the highest quality care.

Continued Professional Development, Revalidation and Appraisal

Continued Professional Development (CPD) for Consultant Staff is supported and encouraged by the Trust, within funding, time and facilities available.

Medical revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practise in the UK, provides greater assurance to patients, the public, employers and other healthcare professionals that licensed doctors are up-to-date and fit to practise. It is a key component of a range of measures designed to improve the quality of care for patients.

The Trust fully supports the GMC's Revalidation agenda and we have a dedicated Revalidation Support Team who support the co-ordination of Revalidation and medical appraisal activity, providing personalised support for all consultants, which includes the facilitation of 360° Multi-Source Feedback, providing advice and guidance on completing appraisal documentation and sourcing evidence.

A mentoring programme is in place for consultants at the Trust and newly appointed consultants are routinely offered a consultant mentor in line with Royal College and GMC requirements.

Medical Education

Undergraduate

We are a teaching Trust of the University of Birmingham and Aston Medical School. We aim to provide high quality undergraduate medical education to inspire our future doctors to deliver excellent medical care and patient safety. The trust is keen to encourage new consultants to form part of the educational faculty and take formal teaching roles on undergraduate firms.

Post Graduate

The Trust has both doctors from Health Education West Midlands (HEWM) and an active clinical fellowship programme. Providing quality education placements is important to the Trust and all consultants are expected to take an active part in the clinical supervision of these colleagues. There are opportunities to take up formal positions in clinical supervision and develop as a clinical educator. There are ambitions to develop a surgical skills centre and the Trust has been a recipient of funding from Health Education England (HEE) to develop this. There is a strong track record within the organisation in the development of clinical education at all levels and we would seek to support individuals with a strong interest in medical education to build this into their posts in a formal way

Health and Safety

All employees of the Trust have a responsibility to abide by the safety practices authorised by the Trust. They have an equal responsibility with the management for maintaining safe working practices.

Infection Prevention and Control

All healthcare workers have an overriding duty of care to patients and are expected to comply fully with best practice standards. As a senior medical staff member you must act as a role model in reducing all risks of patient harm. You have a responsibility to comply with Trust policies for personal and patient safety and for the prevention of Healthcare Associated Infection (HCAI). This includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene, use of personal protective equipment, safe disposal of sharps, dress code and compliance with mandatory training requirements. Knowledge, skills and behaviour in the workplace should reflect this; at annual appraisal you will be asked about application of practice measures known to be effective in reducing HCAI.

Standards of Behaviour

As an employee of the Royal Wolverhampton NHS Trust you will have an absolute commitment to the delivery of high quality services for our patients and for their right to be treated with dignity and respect.

Safeguarding

All employees have a responsibility to support the safety and well-being of children, young people and adults at risk of harm and to practice in accordance with legislation. Knowledge, skills and competency are to be maintained according to role and responsibilities in order to fulfil Safeguarding Children and Adults at Risk responsibilities. All employees are expected to comply with existing local Safeguarding policies and procedures, and Trust and Wolverhampton Safeguarding Children Board and Safeguarding Adults at Risk requirements.

TRUST EXECUTIVE STRUCTURE

Our Trust Board has a Chairman and a combination of Non-Executive and Executive Directors, comprising of

Prof David Loughton CBE	Group Chief Executive
Sir David Nicholson	Group Chairman of the Board
Kevin Stringer	Group Chief Financial Officer and Group Deputy Chief Executive
Prof Ann-Marie Cannaby	Group Chief Nurse and Lead Executive for Safeguarding
Alan Duffell	Group Chief People Officer
Gwen Nuttall	Chief Operating Officer and Deputy Chief Executive for RWT
Dr Jonathan Odum	Group Chief Medical Officer
Dr Brian McKaig	Chief Medical Officer
Simon Evans	Group Chief Strategy Officer
Debra Hickman	Chief Nursing Officer for RWT
Tracy Palmer	Director of Midwifery
Sally Evans	Group Director of Communications and Stakeholder Engagement
Kevin Bostock	Group Director of Assurance
Keith Wilshere	Group Company Secretary

Non-Executive Directors

Louise Toner

Lisa Cowley

John Dunn

Martin Levermore

Alison Heseltine

Julie Jones

Associate Non-Executive Directors

Angela Harding
 Gill Pickervance
 Umar Daraz

The Chief Medical Officers are the Trust Lead for Clinical Governance and to assist them in this role Associate Medical Directors, who are members of the consultant staff, have been appointed as follows:

Prof BM Singh	Clinical Director for IT
Prof J Cotton	Clinical Director of R & D
Dr J Macve	Director of Infection Prevention & Control
vacant	Cancer Lead

TRUST DIVISIONAL STRUCTURE

A Divisional and Clinical Directorate system operates within the Trust. There are four divisions consisting of the following specialties, which are grouped under Divisional Management units. Each has a dedicated management team comprising of Divisional Medical Directors, a Deputy Chief Operating Officer and a Head of Nursing. Each Directorate within the Divisions are led by a Directorate Management Team comprising of a Clinical Director, Directorate Manager and Matron.

The Divisional Medical Directors, whilst retaining his/her clinical commitments, also undertake responsibility for formulating the Division’s strategic development, management of the budget and clinical governance.

Division 1	Division 2	Division 3	Division 4
<ul style="list-style-type: none"> • Pathology • Critical Care Services • Cardiothoracic • General Surgery • Urology • Trauma & Orthopaedics • Obstetrics and Gynaecology • Neonatal • Ophthalmology • Head and Neck 	<ul style="list-style-type: none"> • Rehabilitation • Care of the Elderly • Stroke • Neurology • Respiratory • Diabetes • Gastroenterology • Renal • Emergency Services • Oncology/ Haematology 	<ul style="list-style-type: none"> • Adult Community Services • Primary Care • Sexual Health • Radiology • Pharmacy • Therapy Services • Dermatology • Rheumatology • Children’s Services 	<ul style="list-style-type: none"> • Corporate Service & Efficiency Team • Emergency Planning Team • Corporate Outpatients • Cancer Tracking & Improvement Team

The City of Wolverhampton and Surrounding Areas

Wolverhampton is a modern industrial city situated on the western fringe of the Black Country. It is compact, with no boundary more than four miles from the centre. It is approximately a 30-minute drive to Birmingham (15 miles) and 1 hour 20 minutes to Manchester (60 miles).

Wolverhampton is an urban, multi-ethnic city with a population of around 250,000. This is made up of 77.79% white and 22.21% black and other ethnic minorities. The wider hospital catchment area has a population of in excess of 350,000.

With more than 600 shops, bars, café and restaurants, Wolverhampton is not only a great place to work but also somewhere to relax and enjoy. The city centre is just a 10-minute bus ride from New Cross Hospital.

There are two indoor shopping centres, markets, theatres, cinemas, art galleries, concert venues and clubs. Shopping in Wolverhampton offers a varied selection of facilities and amenities. There are modern shopping precincts (the Mander Centre and the Wulfrun Centre) with further shopping areas in Darlington, Victoria and Dudley Streets along with Queen Square. Shopping is also available in nearby conurbations, including Birmingham.

There are the usual public amenities found in cities. The Civic and Wulfrun Halls in North Street and the Slade Rooms in Broad Street host a mix of world renowned bands, comedy acts, classical music and sporting events. In addition, there is an Art Gallery and a good public library. The Grand Theatre in Lichfield Street is one of the country's leading regional theatres has been extensively refurbished. The city centre has an active nightlife, offering a variety of night clubs, bars, restaurants and a cinema. Sporting facilities include Wolverhampton Wanderers Football Club, several health and fitness clubs as well as clubs for cricket, hockey, rugby, tennis, squash, athletics, and sailing. In addition there is an all-weather racetrack for horses and at least six golf clubs are within easy reach.

Accommodation and Education

The main residential areas within the city are situated on the western boundary and include Tettenhall, Wergs, Wightwick, Compton, Finchfield, Merry Hill and Penn. In addition there is a more modern housing development at Perton which offers choice at all price levels. This development has its own supermarket and supporting shops, schools and churches which makes this area a self-contained community.

Outside the city there are numerous villages, both small and large, which offer attractive opportunities for housing. They include Beckbury, Ryton, Burnhill Green, Pattingham, Worfield, Claverley, Seisdon, Trysull and Albrighton to the west, Brewood and Codsall to the north and Womborne to the south. There is

further choice of residential areas between Wolverhampton and Birmingham if family needs so require.

Education is well catered for with many excellent maintained schools, Wolverhampton College and the University of Wolverhampton. Independent schools include the Wolverhampton Grammar School, the Royal Wolverhampton School, Tettenhall College, St Dominics (Brewood), Birchfield Boys Preparatory and Newbridge Mixed Preparatory Schools.

The Environs

To the south east is the Black Country (with the major urban areas of Dudley, Walsall and Wolverhampton) which used to be the industrial heartland of England. There is a working Black Country Museum at Dudley, which offers an opportunity to see the cultural heritage of the Industrial Revolution. In addition Birmingham, England's second city is only 15 miles away. Facilities there include theatres, concert halls and the major sporting facilities of Aston Villa, West Bromwich Albion and Birmingham City Football Clubs, Warwickshire County Cricket Club at Edgbaston and the Alexander Athletics Stadium. There is also the Arena Birmingham (NIA) and National Exhibition Centre which host many national and international events.

The nearby countryside of Staffordshire and Shropshire is delightful. To the north is Cannock Chase and to the west the Shropshire borders with attractions of Bridgnorth, the Clee Hills, the Long Mynd, Wenlock Edge, and the Severn Valley. South of Wolverhampton, the City of Worcester is easily accessible, and to the west north-Wales can be reached in just over an hour. The area has a large network of canals, the majority renovated, offering adjacent housing and popular for narrow boat holidays.

Transport Links

Travel links to Wolverhampton are excellent. The area is well served by the motorway network, with the M5, M6 and M54 within easy reach. There are regular direct rail services to London Euston (journey time about 2 hours) and to Manchester (journey time about 1 hour). Cross country rail services to many parts of England and Scotland are operated by Virgin Trains which has its hub in Birmingham.

Birmingham International Airport is 30 minutes away by road and Manchester International Airport can be reached within 1 hour 20 minutes.

Divisional Management Team (Division 2)

Dr S Menon	Divisional Medical Director
Kate Shaw	Deputy Chief Operating Officer
Bev Morgan	Head Nurse

Directorate Management Team (Oncology/Haematology/Palliative Care)

Helen Boyce	Group Manager
Rebecca Eaves	Directorate Manager
Dr Ravi Dandimudi	Clinical Director for Oncology
Clare Banks	Matron
Dr Richard Whitmill	Clinical Director for Haematology
Dr Hannah Jennens	Clinical Lead for Palliative Care
Melissa Matthews	Head of Radiotherapy

Palliative Medicine Team

The appointees will join a Palliative Medicine Consultant team, which currently consists of:

- **7 Consultants in Palliative Medicine and 1 Specialist Doctor in Palliative Medicine** employed by the Trust providing comprehensive clinical input to the populations of Wolverhampton and South Staffordshire:
 - in New Cross Hospital, West Park Hospital and Cannock Hospital,
 - at Compton Care and in the community of its catchment area.Alongside two other Consultants colleagues employed by Walsall Healthcare Trust and four Consultant colleagues from Dudley, those 13 consultants and a specialist doctor support the Palliative Medicine needs of nearly 1 million population of the Black Country area and jointly provide on-call advice at night and at weekends (mainly second on call).
- The consultants are involved in local, sub-regional, regional and national developments of palliative care services, research and teaching with a whole range of responsibilities.
- They are supported by 2 non-Consultant grade career doctors and a clinical fellow at Compton Care and provide supervision for up to three registrars and one foundation year 2 doctor.

The above described team comprise:

Consultants:

- Dr Hannah Jennens – Consultant in Palliative Medicine – 4 days for the Royal Wolverhampton NHS Trust (based at New Cross Hospital).
- Dr Benoit Ritzenthaler – Consultant in Palliative Medicine – 4 days at New Cross Hospital without out of hours commitment
- Dr Sophie Taylor-Consultant in Palliative Medicine- 5 days at New Cross Hospital
- Dr Fran Hakkak – Medical Director and Consultant in Palliative Medicine – 5 days for Compton Care.
- Dr Sharon Twigger – Consultant in Palliative Medicine – 3 days based at Compton Care.
- Dr Beverley Clarke Consultant in Palliative Medicine – 4 days based at Compton Care.
- Dr Louise Gilhooley Consultant in Palliative Medicine, Clinical Lead for

Community Specialist Palliative Care – 3 days community based at Compton Care.

- Dr Janet Reiss Specialist Doctor in Palliative Medicine- 3 days Compton care community and 1 day in-reach at New Cross Hospital.

The Consultant on call rota will be shared between the consultants above (with the exception of Dr Ritzenthaler) and, at present, 6 other palliative medicine consultants based in Dudley and Walsall.

Palliative Care Multi-disciplinary Team (in addition to Consultants)

Lead Nurse Gemma Bennion

Palliative care administrator (FT) Rebecca Smith

Discharge Coordinator (FT) Lindsey Cotton

Palliative Care Clinical Nurse Specialists 8.67 WTE (including lead nurse)

Stacy Denley Band 7

Claire Prouse Band 7

Melanie Astley Band 7

Fiona Howarth Band 6

Amy Lawley Band 6

Jayne Fishwick Band 6

Lynn Tromans Band 6

Vicky Wallis Band 6

Rebecca Wilson-Wall Band 6 (secondment post)

Physiotherapists Ashley Birch
Rob Vincent

Occupational Therapists Sue Brassington
Marian Evans
Louise Pope
Callum Brogan

Palliative Medicine Registrar (1or 2 on rotation)

Medical Secretary (Suzanne Moore) supports all consultants in any outpatient or community clinical activity.

PART 2
JOB DESCRIPTION

Job Title	Consultant in Palliative Medicine
Grade	Consultant
Programmed Activities (PAs)	10 PAs (Full-time) 6 to 9 PAs would be available too as less than full time working
Division	Two
Work Base	New Cross
Tenure	Permanent
Operationally Accountable to	Chief Operating Officer through the Clinical Director
Professionally Accountable to	Medical Director
Key Working Relationships	Clinical Director General Manager Specialty Manager Professional Head Consultant and Senior Medical Staff Doctors in Training

Main Duties & Responsibilities

The Post

This post is a new consultant post. It is offered as full-time but the trust is keen to tailor them to the requirement the individual candidates may have. Part-time working will be considered with the possibility of more than one person to be appointed. This post focusses on supporting the three consultants already working on the New Cross, West Park and Cannock sites.

The post, alongside the hospital specialist palliative care team and consultant colleagues will aim to:

- accommodate existing and projected palliative and end of life service demands at the Royal Wolverhampton NHS Trust;
- facilitate earlier, proactive, collaborative working with other specialities including support for patients with both cancer and non-cancer diagnoses.
- Facilitate an in-reach model into the emergency portals including accident and emergency, acute medical unit, medical same day emergency care (SDEC), surgical assessment unit and Durnall (oncology triage) to help

facilitate earlier proactive involvement of specialist palliative care team and reduce inappropriate admissions at the end of life.

The Royal Wolverhampton NHS Trust has been implementing a whole-hospital Gold Standards Framework Acute Hospitals (GSFAH) programme since 2016, with the aim of training and support staff to provide high quality end-of-life care in a structured approach, including:

- Identifying patients thought to be in the last year of life.
- Initiating advance care planning discussions and planning ongoing care accordingly including ReSPECT process and plans.
- Increasing confidence in delivering care at the end of life,
- linking with and supporting ongoing education in relation to other end-of-life initiatives already in place, e.g. SWAN end-of-life care, rapid discharge home care bundle, and
- ongoing development of electronic palliative care co-ordination system through the Proactive, Risk-based and Data Driven Assessment (PRADA).
- Development of the supportive care virtual ward collaborative working between Division 3 and Compton Care for GSF Green, stable patients.

The post will give the opportunity to strongly motivated clinicians to take part, alongside experienced colleagues, in providing clinical services to the patients of The Royal Wolverhampton NHS Trust and Compton Care.

It is envisaged that there will be opportunities for outreach to other settings and cross cover to facilitate seamless specialist palliative care provision across the locality.

The post holder(s) will work with a large team of seven Consultants in Palliative Medicine already in post, working at New Cross Hospital (3 consultants), Compton Care inpatient unit (IPU) and Living Well Centre (2 Consultants) and for community specialist palliative care services based at Compton Care (2 Consultants and 1 Specialist Doctor).

Overall, negotiated rotations within the local service will be promoted according to the special interest of individual consultants, including the possibility of split sites working in the future. Local collaboration with Walsall and Dudley is already in place for on-call purposes and operates in sharing good practice across the Black Country ICS. Further integration with Walsall Healthcare Trust and Royal Wolverhampton Trust at Consultant level is currently being developed.

General

1. In conjunction with Consultant and Senior colleagues, to provide a service in Palliative Medicine with responsibility to support medically the Hospital Palliative Care Multi-disciplinary team who provides a seven-day service within New Cross Hospital.

Typically, 2-3 patients are seen per clinical hospital inpatient or outpatient session (1 PA) dependent on clinical complexity, either new referrals or follow up assessments, and 2 patients are seen during a community clinical session (1 PA). Advisory support (face to face or by telephone) will also be provided regarding patient care to colleagues in other specialties. Some clinical session time is allocated specifically for MDTs and Board rounds (see timetables).

2. In conjunction with Consultant and Senior colleagues, to play a full part in the out-of-hours On-Call Palliative Medicine service for the area of Walsall, Dudley and Wolverhampton. This includes being on-call for telephone advice and when needed to review in person patients admitted to Compton Care IPU. This service operates with a system of first on-call doctors (Specialty Doctors and Specialty trainees), second on-call Consultants providing telephone advice. This telephone advice to the local hospitals can be delegated to Specialty Registrars for training purposes.

It does include some first-on call duties which are not onerous but can also occur in case of sickness. 0.5 PAs is allocated to on-call duties. When these requirements are exceeded, then time in-lieu will be allocated within a few days of the occurrence.

3. To provide cover for Consultant and Senior colleagues in respect of periods of leave.

4. In conjunction with Consultant and Senior colleagues, to take part in medical audit, quality improvement projects and research as appropriate.

5. In conjunction with Consultant and Senior colleagues, to ensure that the requirements of clinical governance are met.

6. To ensure that there are adequate arrangements for hospital staff involved in the care of patients supported by the Palliative Care Team to be able to contact you when necessary.

Junior Clinical Staff

7. In conjunction with Consultant and Senior colleagues, to play a full part in the professional supervision and management of post-graduate doctors in training and non-training grade doctors.

Support the clinical development of members of the multi-disciplinary Palliative Care team including CNS, ANP and AHP.

8. In conjunction with Consultant and Senior colleagues, to take responsibility for and devote time to teaching, examination and accreditation duties as required for junior medical staff. This is an important role for any Palliative Medicine Consultant who has duty to share their skills in dealing with complex ethical and medical decision making.

Management & Service Development

9. In conjunction with Divisional Manager, Consultant and Senior Colleagues, to take an active role in the management of the Division.

10. In conjunction with the Divisional Manager, Consultant & Senior colleagues, to play a full part in developing & implementing new ways of working in line with modernisation principles and fit for the future.

11. In conjunction with Consultant and Senior colleagues, to take responsibility for the best use of departmental staffing and other resources to ensure the maximum efficiency of the department.

12. To observe the Trust's agreed policies and procedures, in particular in relation to managing staff, and to follow the Trust's Standing Orders and Standing Financial Instructions. These policies and procedures have been drawn up in consultation with the profession on clinical matters.

Clinical Governance

13. In conjunction with Consultant colleagues, to ensure that the requirements of clinical governance are met.

Health & Safety

14. To take responsibility for your own Health & Safety complying with any safe working arrangements, policies and procedures which are in place.

15. To accept a duty to other staff and patients to ensure that any hazards are reported and managed appropriately.

Any Other Duties

16. Any other duties as deemed appropriate.

PART 3

TIMETABLE (Full-Time)

This is an outline timetable and the detail will be discussed and agreed with the successful candidate.

Day	Time	Programmed Activity	DCC	SPA	Location
Monday	0830–1230	In-reach emergency portals clinical advisory reviews	2		RWT
	1230–1630	In-reach emergency portals clinical advisory reviews			
Tuesday	0830–1130	Clinical advisory inpatient reviews/Community MDT (attended remotely)	0.75		RWT
	1130–1230	Audit meeting (Monthly)		1.25	
	1230–1630	Audit/Quality Improvement/Revalidation/Service Development Education meeting/Revalidation			
Wednesday	0830–0900	Palliative Med Consultants meeting		0.125	RWT
	0900–1000	RWT Specialist Palliative Care (SPC) MDT meeting	0.25		RWT
	1000–1230	Operational and governance meeting (monthly)/Lunch and learn(weekly)		0.625	RWT
	1230–1630	Clinical advisory reviews	1		RWT
Thursday	0830–1230	Clinical admin Haematology MDT meeting	1		RWT
	1230–1630	In-reach emergency portals clinical advisory reviews	1		RWT
Friday	0830–1230	In-reach emergency portals Clinical advisory reviews/clinical admin	1		RWT
	1230–1430	Grand Round/Educational supervision		0.5	RWT
	1430–1630	Clinical advisory inpatient reviews	0.5		RWT
PA allocation for on-call (1.5 hours per week annualised)			0.5		
Total Number of Programmed Activities			8	2.5	

On-call frequency	1 : 12	Category	B	Supplement Payable	1%
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RWT = Royal Wolverhampton Trust (New Cross Hospital, Cannock Chase Hospital or West Park Hospital);

DCC = Direct Clinical Care; SPA = Supporting Professional Activities

2.5 PAs allocated for SPA. 1.5 SPA is included for revalidation and the additional SPA time is allocated to CPD / audit / quality improvement / research / clinical governance / directorate meetings / team meetings / service development / teaching / educational supervision of trainees.

8 PAs allocated for DCC (inpatient and on-call) including time for MDT meetings and clinical admin as well as for transport when required.

It is understood that time for lunch can be taken within normal working hours.

This is a full-time post, however applications from candidates wishing to work less than full time (minimum 6 sessions) and those wishing to job share will be considered. The DCC / SPC split would be maintained proportionate to the 10 PA post allocation.

Subsequent job plans and timetables will be agreed annually with the Clinical Director.

This draft timetable has been constructed in accordance with the new consultant contract and is compatible with existing job plans, but open to change in accordance with colleagues' responsibilities to ensure the delivery of a rounded service.

As onsite 7 day Weekend working for consultants is not yet formally in place, any extra work at weekends under exceptional circumstances such as to cover ad-hoc Bank holiday working, the post-holder is offered the choice of either extra payment under waiting list initiative or time-in-lieu based on the needs of the service in agreement with the team clinical lead.

Secretarial support will be provided in addition to office desk space and IT equipment.

PART 4

CONDITIONS OF EMPLOYMENT

Terms and Conditions of Service

The successful appointee will be employed by the Royal Wolverhampton NHS Trust subject to the National Terms and Conditions as per the new Consultant Contract (England) 2003 as amended from time to time. This job description is not exhaustive and may be updated from time to time, with consultation, as the needs of the service dictate. A Joint Local Negotiating Committee is in place and any revised Terms and Conditions will be negotiated within that Committee.

Tenure

The appointment is a substantive, full or part time position which, unless terminated, will be held until retirement. The notice period is three months on either side. The appointment is subject to the provisions of Schedule 14 of the TCS.

Salary

The salary scale is that of the Consultant Grade and the current scale is **£93,666** rising to **£126,281** per annum (2023/2024 rates) for 10 programmed activities per week. Any agreed extra programmed activities and on call requirement will be paid in addition to the basic salary.

Pay progression will be on the anniversary of appointment and is subject to satisfactory participation in annual appraisal, the completion of a job plan review and agreed personal objectives as set out in Schedule 15 of the TCS.

Starting salary will be determined according to the TCS. Where a candidate has service, in or outside the NHS, which s/he feels should be taken into account in determining the starting salary, this will be considered following the offer of appointment.

Annual Leave

The annual leave entitlement is 32 working days per annum rising to 34 days on completion of 7 years consultant service. In addition, there is an entitlement to 8 days Public Holiday per annum. Personal leave years will run from 1 April. At least six weeks' notice is required before taking annual leave.

Study Leave

Study Leave entitlement is at the rate of 30 days over a 3-year period. At least six weeks' notice is required before taking study leave.

Superannuation

This post is superannuable under the NHS Pension Scheme for the main contract only. Additional Programmed Activities are not superannuable.

Registration

Candidates must have full registration and a licence to practise with the GMC for the duration of the appointment. In addition, you are required to appear on the Specialist Register or be within 6 months of the award of CCT at time of interview.

Residence

The post-holder will reside within a distance of 30 minutes or ten miles by road from their designated base hospital and will ensure clear arrangements are in place to be contacted immediately when on call.

Travelling Expenses

Travelling expenses are paid in accordance with the TCS.

Potential applicants wishing to visit the Trust will be reimbursed for two preliminary visits (one informal visit prior to application and one for the formal visit before interview) plus actual interview expenses. **If a post is offered and subsequently refused, expenses will not be reimbursed.**

Interviewed candidates travelling from outside the UK (this includes Eire) will be entitled to travelling and subsistence expenses but only in respect of the journey from the point of entry in the UK to the interview location.

Accommodation & Removal Expenses

The post is non-residential. Single accommodation is available for which a charge will be made. Some family accommodation is available and again a charge is made for this accommodation.

Relocation and / or removal expenses are paid in accordance with the Trust's Policy on Relocation Expenses.

Interview accommodation is available on request.

Car Parking

Car parking is available and it is the condition of employment that all employees who use these facilities purchase a car permit and pay the required fee.

The following conditions must be met before the Trust will confirm an offer of employment.

Immigration Act 2016

All employees must provide the Trust with one of the following pieces of documentation to prove their eligibility to work in the United Kingdom under the Asylum and Immigration Act 2016:

- P45 or other Pay documentation from the last employer

- National Insurance Number
- Birth Certificate
- Current Passport
- Work Permit

Criminal Convictions and Police Checks

Employees must declare full details of all criminal convictions or cautions under the Rehabilitation of Offenders Act, 1974. The information given will be treated in the strictest confidence and taken into account only where the offence is relevant to the post applied for.

Successful applicants will be required to undergo a check to be done by the Disclosure & Barring Service.

References

It is a condition of employment that references are provided which are acceptable to the Trust.

Health Screening

It is a condition of employment that all successful candidates are assessed as fit for duty by the Occupational Health Department before commencing their appointment.

Confidentiality

The Trust is fully committed to encouraging its staff to freely contribute views on all aspects of health service activities, especially those on delivery of care and services to patients. However, you shall not, either during or after the end of your employment (however it is terminated), divulge to any unauthorised person confidential information relating to the Trust. This includes, but is not limited to, information covering patients, individual staff records, industrial relations, financial affairs, contract terms and prices or business forecasts.

Your obligations of confidentiality under this clause shall not prevent you from raising genuine concerns about healthcare, or a belief that criminal conduct, breach of a legal obligation, health and safety breaches or damage to the environment has been, is being, or is likely to be committed, or any information tending to show any of the above has been, is being, or is likely to be, deliberately concealed, provided that such disclosure is made in good faith and in accordance with the provisions of the Public Interest Disclosure Act 1998 and the Trust's Policy on Raising Concerns at Work - Whistle Blowing Policy, a copy of which is available from the Human Resources Department.

Private Practice

To comply with the arrangements for undertaking Private Professional Services and the Code of Conduct for Private Practice.

PART 5

APPLICATIONS & VISITING THE TRUST

Further information and visiting the Trust

The Trust welcomes applicants who wish to seek further information or visit. Please contact the following to arrange a visit or for an informal discussion:

Mrs Gemma Bennion, Lead Nurse Specialist Palliative Care Team –
01902 695212

Dr Hannah Jennens, Clinical Lead Specialist Palliative Care Team,
Consultant in Palliative Medicine – 01902 695212

Dr Benoit Ritzenthaler, Consultant in Palliative Medicine 01902 695212

Dr Shyam Menon, Division 2 Medical Director 01902 694112

Dr Jonathan Odum, Group Chief Medical Officer
Dr Brian McKaig Chief Medical Officer 01902 695958

Prof David Loughton Group Chief Executive: 01902 695950

Application

Candidates should complete online application from on TRAC/NHS Jobs
Supplementary information and CVs should be attached to the online application.

Further information on the recruitment and interview process can be obtained from:

Medical Resourcing

Medical Resourcing Department
New Cross Hospital
Wolverhampton Road
Wolverhampton, WV10 0QP

Email: rwh-tr.medicalstaffresourcing@nhs.net

PART 6

PERSON SPECIFICATION

REQUIREMENTS	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
Educational Qualifications	<p>Full registration and a licence to practise with the GMC</p> <p>MRCP (UK) or equivalent</p> <p>Be on the GMC Specialist Register for Palliative Medicine by CCT or Certificate of Eligibility for Specialist Registration (CESR) in Palliative Medicine.</p> <p>or be within 6 months of CCT from the date of interview</p>	Higher Medical Degree	CV
Experience	<p>Experience in working effectively within a multidisciplinary team and specialist palliative care unit.</p> <p>Ability to undertake palliative care assessments in a variety of settings including hospital wards, outpatient clinics, palliative care inpatient unit, and in patients' homes.</p> <p>Ability to provide palliative care advice and support to other healthcare professionals in the palliative care team, hospital and community settings</p> <p>Ability to take full and independent responsibility for clinical care of patients.</p>	Subspecialty training or equivalent	CV/Interview
Ability/skills	Demonstrate effective team working skills		CV/Interview
Research and Audit	<p>Experience of research and ability to apply outcomes to clinical practice.</p> <p>Evidence of audit and the implementation of change following the audit</p>	Relevant research published in peer review journal	CV CV/interview
Education and Teaching	<p>Experience of teaching, including doctors and medical students.</p> <p>Experience of multidisciplinary teaching.</p>		CV Presentation/ Interview
Management Skills	<p>Demonstrate effective team working skills</p> <p>Time management/organisational ability.</p> <p>Proven knowledge of systems and process of NHS or equivalent</p>		Interview CV/interview

REQUIREMENTS	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
Management Skills	<p>Sense of understanding and commitment to corporate responsibility</p> <p>Understanding and experience of all aspects of Clinical Governance.</p> <p>Evidence of management/leadership skills training.</p> <p>Commitment to and understanding of their responsibility to the organisation.</p> <p>An understanding of current agendas within the NHS which have a bearing on the strategic vision of specialist palliative care.</p>		<p>CV/Interview</p> <p>Examples for be given at Interview</p> <p>Interview</p>
Leadership*	<p>An understanding of and ability to demonstrate your ability to:</p> <ul style="list-style-type: none"> • Empower others • Lead through change • Influence strategically • Collaborative working • Drive for improvement • Integrity 		Interview / Application
Other	Demonstrate innovation and problem-solving abilities		CV/Interview

*Leadership Definitions

- Empowering others – striving to facilitate others’ contributions and to share leadership, nurturing capability and long-term development of others
- Leading change through people – communicate the vision and rationale for change and modernisation, engaging and facilitating others to work collaboratively to achieve real change.
- Effective and strategic influencing – being able and prepared to adopt a number of ways to gain support and influence diverse parties, with the aim of securing health improvements
- Collaborative Working – being committed to working and engaging constructively with internal and external stakeholders.
- Drive for improvement – a deep motivation to improve performance in the health service and thereby to make a real difference to others’ health and quality of life.
- Political astuteness – showing commitment and ability to understand diverse interest groups and power bases within organisations and the wider community, and the dynamic between them, so as to lead health services more effectively.
- Personal Integrity – a strongly held sense of commitment to openness, honesty, inclusiveness and high standards in undertaking the leadership role.