



**Incorporating
Central Middlesex Hospital
Community Services in Brent, Ealing and Harrow
Ealing Hospital
Northwick Park Hospital
St. Mark's Hospital**

DIVISION OF INTEGRATED MEDICINE

JOB DESCRIPTION

**CONSULTANT IN REHABILITATION MEDICINE FOR THE REGIONAL
HYPER-ACUTE REHABILITATION UNIT (RHRU)**



Contract:	Permanent
Hours:	Full Time
Rota:	No formal on-call rota (see Job Description)
Responsible to:	Dr Nigel Stephens Deputy Medical Director and Divisional Clinical Divisional Clinical Director for Integrated Medicine Nigel Stephens
Reporting to:	Professor Lynne Turner- Stokes Clinical Lead and Unit Director RHRU
Principal Location:	London North West University Healthcare NHS Trust
Tenure:	Substantive



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1. INTRODUCTION

THE TRUST

London North West University Healthcare NHS Trust

London North West University Healthcare NHS Trust (LNWH) cares for the people of Brent, Ealing, Harrow and beyond. Our team of more than 8,200 clinical and support staff serve a diverse population of almost one million people.

We run major acute services at:

- Northwick Park Hospital: home to one of the busiest emergency departments (A&E) in the country. The hospital provides a full range of services including the country's top-rated hyper-acute stroke unit and one of only three hyper-acute rehabilitation units in the UK
- St Mark's Hospital: an internationally renowned specialist centre for bowel disease
- Ealing Hospital: a busy district general hospital providing a range of clinical services, as well as 24/7 emergency department and urgent care centre, and specialist care at Meadow House Hospice
- Central Middlesex Hospital: our planned care site, hosting a range of surgical and outpatient services and collocated with an urgent care centre.

We continue to lead the way in a number of clinical services. Examples of excellence can be seen in our stroke service which is rated the best in the country and at St. Mark's Hospital, an internationally renowned specialist centre for colorectal diseases. We are also a leading provider in undergraduate and postgraduate medical training and education.

We are proud to be leaders in a number of clinical areas. Examples of excellence can be seen in our stroke service which is rated the best in the country and at St. Mark's Hospital, an internationally renowned specialist centre for colorectal diseases.

Key locations

Our hospital services are provided across four acute sites. These are **St Marks' Hospital; Northwick Park Hospital, Central Middlesex Hospital** and Ealing Hospital.

Northwick Park Hospital was officially opened by Queen Elizabeth II 1970. It is home to the hyper-acute stroke unit, one of only eight such units in London. In December 2014 Northwick Park Hospital's £21m state-of-the art A&E department opened its



doors and in January 2016 the new Acute Medical Unit opened providing a total of 63 new beds across the Crick, Darwin and Elgar wards. Medical research, both preclinical and clinical, has been a key feature of the hospital site since the opening and in 1994 the Northwick Park Institute for Medical Research (NPIMR) was formed. By maintaining top-rate research facilities and providing excellence in surgical training, NPIMR ensures the highest standard of science for translation into clinical care.

Northwick Park Hospital also retains complementary and enhanced research activity in several regional specialist units such as the North West Thames Clinical Genomics Service (NWT-CGS), the Lister Unit (Infectious Diseases) and a Regional Rehabilitation Unit.

St Mark's Hospital was founded in 1835 and has developed an international reputation as a specialist postgraduate teaching hospital for patients with intestinal and colorectal disorders. St Mark's is developing a closer academic relationship with Imperial College, in line with the Trust's academic strategy. The hospital moved from the City Road in central London in 1995 to become an integral part of the Northwick Park site.

Central Middlesex Hospital

Central Middlesex Hospital (CMH) is the flagship home for St Mark's Hospital – the National Bowel Hospital and St Mark's Academic Institute, and is also our high volume, low complexity elective centre. It has outstanding facilities for patients and employees, and provides a timely, efficient and exceptional planned care experience. Additionally, CMH is a Sickle cell and Thalassaemia centre, provides a variety of outpatient services, an Urgent Treatment Centre, and will be the home for the NWL Elective Orthopaedic Centre which opens in 2023.

Ealing Hospital

Officially opened in 1979 Ealing Hospital is a busy district general hospital providing a range of clinical services including A&E, 24/7 urgent care centre, ENT and cardiology. The hospital predominantly provides secondary care to its local areas across Greenford, Hanwell, Northolt, Southall and West Ealing.



Organisational Values

All staff employed by the Trust are expected to embody our 'HEART' values throughout their employment. The values describe how we interact with each other and our patients and underpin everything we do and say to achieve our vision:

Honesty - open and honest in everything we do

Equity – We're kind and caring, we act with fairness, and we're understanding

Accountability – we will provide excellent care and ensure the safety and wellbeing of all patients

Respect – we treat everybody the way we would like to be treated

Teamwork – we work together to make improvements, delivering consistent, high quality, safe care.

2. TRUST MANAGEMENT

The Trust Board

Executive Directors

Pippa Nightingale
James Walters
Lisa Knight
Dr Jon Baker
Simon Crawford
Tracey Connage
Jonathan Reid
Dawn Clift

Chief Executive Officer
Chief Operating Officer
Chief Nurse
Chief Medical Officer
Deputy Chief Executive & Director of Strategy
Chief People Officer
Chief Financial Officer
Director of Corporate Affairs

Non-Executive Directors

Matthew Swindells
Janet Rubin
David Moss
Vacancy
Professor Desmond Johnston
Ajay Mehta
Sim Scavazza
Simon Morris
Bob Alexander
Dr Syed Mohinuddin
Huda Asad

Chair in Common
Vice Chair/ Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Associate Non-Executive Director

Divisional Medical Directors

Dr Miriam Harris
Dr Henry Penn
Dr Chris Nordstrom
Dr Matthew Bartlett
Dr Scott Rice
Dr Nitu Sengupta

Prof Omar Faiz and Miss Carolynne Vaizey

Ealing Site
Integrated Medicine
Emergency & Ambulatory Care
Surgery
Integrated Clinical Services
Division of Women's and Children's Services
St Marks



3. TRAINING AND EDUCATION

Training and education at Northwick Park Hospital and Central Middlesex Hospital

- The Trust houses a large Postgraduate Education Department with offices on all three sites and has Deanery-funded Postgraduate Educational Fellows. The Department oversees the training of approximately 514 doctors in postgraduate training and 200 educational and clinical supervisors. Pre-registration nurse training is provided by the Trust in conjunction with University of West London. 100 students benefit from the wide range of clinical experience which is available; both for qualification and registration.
- The Trust has established an extensive programme of post registration speciality based nurse training to enhance patient care and service delivery.
- The main facilities available for running courses within the campus are based in the Medical Education Centre which is situated immediately above the John Squire Medical Library. The John Squire Medical Library is the North West reference library for the National Library Association, The Medical Education Centre houses the Postgraduate Education Office, 6 seminar rooms, and the Himsworth Hall which can be used when registrants total 100-300. In addition The Jonathan Levi Lecture Theatre is situated at the centre of the hospital. This lecture theatre is used for the weekly hospital Grand Rounds and can accommodate approximately 100 attendees.

Training and education at Ealing Hospital

Ealing Hospital has close academic and service links with Imperial College Healthcare NHS Trust. These include Specialist Registrar rotations in medicine and surgery, which are co-ordinated through the London Deanery. Many consultants have joint appointments or academic sessions at Imperial.

Ealing Hospital is an Associated University Hospital of the University of London and has students from Imperial College School of Medicine on attachments in medicine, surgery, paediatrics, obstetrics and gynaecology, anaesthetics, A&E and other departments. The value of medical training is well recognised and consultants devote appreciable time and effort to teaching junior staff and medical students.

There is an active Postgraduate Education department with many weekly meetings in the various specialties and a general weekly lunchtime Grand Round for medical staff from all departments. The postgraduate centre has undergone extensive improvements in recent years with a large lecture theatre, several seminar rooms and a well equipped library and literature search facility. The postgraduate library is a multi-disciplinary facility providing state of the art information access on all medical issues, computer facilities with Internet access, and a clinical video library. Ealing



Hospital also takes postgraduate students from the University of Buckingham and has several academic appointments at Professorial level in Medicine.

Training in Specialist Rehabilitation

The RHRU has a national and international reputation as a world leader in neurological rehabilitation. It acts as a regional and national centre for training for rehabilitation professionals of all disciplines.

Northwick Park also houses the UK Rehabilitation Outcomes Collaborative (UKROC) national clinical database (Director Prof Lynne Turner -Stokes). UKROC is now commissioned direct by NHSE to provide its commissioning dataset for specialist rehabilitation, and to provide benchmarking on quality, outcomes and cost-efficiency for all the Level1 and 2 specialist rehabilitation services in England.

The RHRU provides the UKROC national training and accreditation programme for all specialist rehabilitation units in England for implementation of the mandated outcome measures. Senior members of the RHRU team are all accredited trainers for the UK FIM+FAM and contribute to the national training workshops which run 2-3 times a year (depending on demand) for the various measures included in the database including the UK Functional Assessment measure (FIM+FAM), the Rehabilitation Complexity scale (RCSE) and the Northwick Park nursing and therapy dependency scales (NPDS, NPCNA and NPTDA).

In addition, the RHRU has pioneered development of a number of other clinical tools and outcome measures for which it offers regular national training programmes including:

- Goal Setting and Attainment Scaling
- Vocational assessment and the Workability Support Scale
- Integrated care pathways for spasticity, PDOC, pain and depression.
- Splinting and casting

It also inputs into other national teaching programmes including training on tracheostomy and airways management, Fibreoptic Endoscopic Evaluation of Swallowing (FEES) and the national stroke teaching programmes for Nurses.

4. RESEARCH AND DEVELOPMENT

The creation of the LNWH NHS Trust has enhanced our R&D programme which is resulting in improvements in patient care. In 2020-2021 (Feb2021YTD) The Trust successfully recruited over 7,000 patients into NIHR portfolio adopted studies, of which 2282 patients were recruited into National Priority Urgent Public Health studies. 6344 patients were recruited into observational based studies and 827 into interventional trials. The Trust is fortunate to support over 40 consultants active in research projects (2020/2021). The Trust has an extensive research portfolio which is assessed against national guidelines: <https://www.nihr.ac.uk/about-us/our-contribution-to-research/research-performance/nihr-research-activity-league-table/> and in 2019-2020 the Trust was the highest recruiting Trust for Gastroenterology and 2nd highest recruiting Trust for Cancer, Cardiology and Stroke across the North West London.

The R&D Department is extremely active working at a local and national level supporting clinical research through extensive collaborations. LNWH NHS Trust was the first NHS Trust in the country to be awarded the IAOCR Bronze Award Workforce Quality Accreditation (WQA) for Clinical Research. The experienced team works on a wide range of studies including but not limited to Cancer, Cardiology/Vascular, Dementia, Gastroenterology, Genetics, Infectious Disease, Paediatrics, Ophthalmology Rheumatology, Stroke and Surgery . The Trust plays great emphasis on supporting research, especially where it can demonstrate an impact on patient care. To support research we also have an agreement with Imperial College London who are on site to help promote and grow new ideas through developing intellectual property and commercialization.

The Trust sites are fortunate to house the Griffin Institute (formerly NPIMR) a leading, not-for-profit, charitable research institute and Parexel, an independent unit who are a major Clinical Research Organisation who carry out Phase I studies and early phase research.

The R&D Department has been successful in obtaining funding to develop a brand new dedicated clinical research facility to enable a greater uptake of clinical research, enhance patient access to novel treatments, grow our research profile on a national scale and extend our links and collaborations with industry. Thus making the Trust a vibrant place to undertake clinical research.

Research in Rehabilitation

Northwick Park is recognised worldwide as an international leader in health services research in rehabilitation. The Research programme is led by Prof Lynne Turner-Stokes, Northwick Park Professor of Rehabilitation Medicine.



A key focus for that research has been the development of the evidence base to underpin specialist rehabilitation including systematic reviews and development of outcome measures that demonstrate the benefits and cost-effectiveness of rehabilitation in real life clinical practice.

Northwick Park is perhaps best known for its development of the outcome measures that form the basis of the UKROC database - namely:

- The Northwick Park nursing and therapy Dependency scores and Care Needs assessment
- The UK Functional Assessment measure (the UK FIM+FAM)
- The Rehabilitation Complexity Scores (RCS-E)
- The patient Categorisation Tool (PCAT) and Medical Activities Assessment (MAA)
- Person-centred approaches to measurement including Goal Attainment Scaling (the GAS –Light method)

It has a very strong track record for systematic reviews (Including Cochrane Reviews) and the development of national clinical guidelines and standards in rehabilitation, through links with the Royal College of Physicians and the British Society of Rehabilitation Medicine.

Academic links: Its principal academic links in this respect are through its appointment of Professor Turner-Stokes as a professor (personal chair) of King's College London (KCL). The Cicely Saunders Institute at KCL is the world's first dedicated institute for Palliative Care and Rehabilitation

Publications and Research grants: Since the RHRU opened in 1992, its team members have published over 200 research papers in peer reviewed journals and have generated over £5m in competitive research grant funding – mainly from the Department of Health and NIHR.



5. THE APPLICATION PROCESS

Applicants are advised that they **must fully complete** the application form.

Applicants may wish to cut and paste elements of the C.V. into the application form. Alternatively, applicants may prefer to submit their C.V. **in addition** to a fully completed application form.

N.B. 1) Application forms that are not fully completed and/or state “see C.V.” will not be accepted or considered.

N.B. 2) Applicants are advised to consider the person specification and submit in their additional information, evidence which demonstrates how they meet the listed requirements. The short listing process will be based on the evidence provided.

6. PARTICULARS OF THE DEPARTMENT AND POST

The Regional Hyper-acute Rehabilitation unit (RHRU) and service network

The RHRU is a tertiary Level 1a/hyper-acute specialist rehabilitation unit commissioned by NHS England under its service specification D02 '*Specialised rehabilitation for patients with highly complex needs*'.

A key role of the RHRU and its in-reach/out-reach services is to provide collaborative care across these various networks, including specialist advice, support for management of patients with complex disabilities. It operates within a series of inter-connected networks serving a catchment population of >15 million:

- **London-wide tertiary specialised in-patient service network:**
 - It is one of a network of eight tertiary Level 1/2a specialised neurorehabilitation services funded directly by NHS England and spanning the whole of London providing in-patient rehabilitation as well as in-reach to the acute trauma and neurosciences networks.
- **Local specialist rehabilitation network**
 - Within NW London the RHRU provides the Level 1 hub for an integrated network of five Level 2b specialist rehab services (at Imperial, Hillingdon, Willesden, Mount Vernon and Barnet)
- **Regional Out-reach service:**
 - Its Outreach service provides assessment and triage of patients with complex physical disability referred to the tertiary specialised rehabilitation Network from all across London
 - It also supports the long-term care and surveillance of patients with complex disability in a series of specialist nursing homes in London, Hertfordshire, Bedfordshire and Essex.
- **Within LNW Healthcare (LNWH) Trust**
 - The RHRU provides specialist hyper-acute rehabilitation for patients with highly complex needs in conjunction with the ITU, stroke unit, trauma unit and other acute services at Northwick Park & St Mark's, Central Middlesex and Ealing Hospitals.

The RHRU inpatient unit is currently a level 1a hyper-acute specialist rehabilitation unit with 24 beds.

The London Tertiary specialised rehabilitation network

In London the RHRU is one of 8 services commissioned by NHSE across the capital. There are:

- **1 x Level 1a/HA service** (RHRU Northwick Park)
- **2 x Level 1 complex physical disability/mixed services** (RHN Putney and Homerton RNRU)



- **2 x Level 1c cognitive behavioural services** (Maudsley and Blackheath TBIRU)
- **4 x Level 2a services** – (UCLH, St Georges, Blackheath HDNU, Frank Cooksey)

The tertiary services work together as a consortium with a shared electronic waiting list. We are working towards a single assessment process to streamline admissions and so relieve pressure on the acute care services.

Acute service networks

The RHRU accepts patients from a range of acute hospitals in London and the Home Counties and also directly from:

- all four Major Trauma Centres in in London
 - particularly from the North London MTCs (St Mary's and Royal London),
 - but also on occasion from the South London MTCs at King's and St Georges
- all the Regional Neurosurgical / neuro-critical care services, in particular
 - London: NHNN Queen Square, Imperial,
 - East of England: Queen's Romford and Cambridge

Local specialist rehabilitation network

In North West London, we are particularly well-served for Level 2b specialist rehabilitation services.

There are currently 5 Level 2b services (Hillingdon, Willesden, Barnet, Mount Vernon and Imperial). The latter two opened recently, bringing the Level 2b bed base to nearly 100 beds in NW London.

The increased capacity has absorbed the patients with simpler needs, leading to a corresponding increase in the average caseload complexity of the level 1 service. It also means that patients can be passed on to the 2b services once their more complex needs requiring the Level 1 service have been met.

The RHRU Specialist Outreach Service

The RHRU provides in-reach services to the acute Trusts across London and the East of England in the major trauma, neurosciences, and stroke pathways. This includes assessment of referrals to the RHRU, management of the single assessment process and electronic waiting list.

In addition, the Regional Hyper-acute Rehabilitation Service at Northwick Park includes a Specialised Community In/reach/Outreach Service, which provides community-based specialist rehabilitation support primarily for working age adults with severe complex (mainly neurological) disability from across London and the Home counties and provides support from the RHRU Rehabilitation Consultants and multidisciplinary team. This includes regular support to a number of specialist nursing home in the region including: The Gardens Nursing Home, Jacob's Neurorehabilitation Centre, Sawbridgeworth, and Herts



The service is led by:

- Outreach service Director: currently Dr Charlie Nyein, Consultant Physician in Rehabilitation Medicine.
- Outreach service AHP Lead: Dr Steve Ashford, Consultant Physiotherapist

It includes assessment and advisory service for patients with severe complex disability including:

- Assessment of needs for rehabilitation, consideration of how / where these should best be met and onward referral as appropriate.
- Complex disability management - including
 - Surveillance and ongoing management of patients in specialist nursing homes or at home.
 - Complex physical management and interventions for spasticity (e.g. botulinum toxin and splinting), and respiratory care for tracheostomy and/or ventilatory support
 - Support and information for distressed families and other challenging family situations - establishing realistic expectations.
 - Negotiation with commissioners, nursing home providers
- On-going assessment and evaluation of patients with PDOC and profound disability including best interests' decision-making care planning end of life care, Court of Protection and other medico-legal advice.

More than 400 patients are referred annually for assessment and advisory service and similar numbers are referred for complex disability management as well as surveillance and ongoing management in in specialist nursing homes or at home.

THE POST

We are seeking to appoint a clinician who has completed training in Rehabilitation Medicine or is already holding a substantive consultant post.

The key role for this post is to take primary responsibility for the medical care and rehabilitation of in-patients on the RHRU.

Although 8 of the RHRU beds are formally commissioned as hyper-acute beds, the unit operates a flexible policy between its Level1a and hyper-acute beds, which enables the patient to remain on the unit and continue their rehabilitation during periods of medical instability. At any one time there may be up to 8-9 patient with unstable or potentially unstable medical needs.

Typical reasons for instability include intercurrent infection, autonomic dysfunction, cardiovascular instability, renal insufficiency, desaturation / respiratory distress, tracheostomy and/or ventilation, post-operative recovery, pulmonary embolism.



The successful candidate will demonstrate a good knowledge and first-hand experience of managing these acute problems, in addition to their specialist knowledge / experience of rehabilitation and management of patients with complex disabilities. The candidate should have experience in interventional procedures such as botulinum toxin injections for spasticity and hyper-salivation, both guided by ultrasound.

Key attributes are excellent communication skills, demonstration of leadership in multidisciplinary patient care, experience in dealing with difficult situations including distressed and challenging families, patients who are verbal and physically aggressive etc.



Regional Hyper-acute Rehabilitation Unit Medical team:

There are 3 Rehabilitation Medicine Consultants based at Northwick Park Hospital.

	Specialist Interests
Rehabilitation Medicine	
Professor Lynne Turner-Stokes Current RHRU Clinical Director and Professor of Rehabilitation (1 WTE clinical academic – 6 PAs clinical/managerial , 6 PAs academic and policy leadership)	Complex and hyper-acute neurorehabilitation, prolonged disorder of consciousness, neuropalliative, outcome measurement, health services research, policy development and medicolegal issues
Dr Charlie Nyein (0.8 WTE – 8 PAs)	RHRU In-reach/ Outreach Consultant
Dr Ejessie Alfonso (1WTE – 10 PA's)	Complex disability management, spasticity management, musculoskeletal rehabilitation
Acute Care	
Dr Julie Bak (0.5 WTE – 6 PAs)	Acute medical management
Neurology	
Dr Anand Trip or Dr Jo Swanton, Consultant neurologist (0.1WTE)	Specialist neurological input

In addition, the RHRU patients are also well supported by the acute medical services and consultants in other medical and surgical specialities within LNWH NHS Trust. Over 39 specialities provide support and advice on a regular basis

Out of hours cover

The acute medical services provide 24-hours emergency medical out-of-hours cover. The RHRU consultants no longer provide a formal out-of-hours cover rota, but it is expected that they may be contacted on occasion by the acute on-call teams for advice – particularly in relation to ceiling of care and best interests decisions that require prior knowledge of the patient and their condition.

Junior medical support

The Regional Hyper-acute Rehabilitation Unit currently has 3 full-time junior doctors: a staff grade, a specialist registrar and an SHO/ junior trust grade doctor. The post-holder will be expected to play a significant role in supervision and training of the junior medical staff completing reports, appraisals etc. and contribution to their personal portfolio development.



Nursing and therapy teams:

In total the RHRU has 98.6 WTE of clinical staff. Like all NHSE commissioned specialist rehabilitation services, the RHRU is benchmarked nationally for its staffing levels.

Admin/secretarial support

Office accommodation and administrative support will be provided by the Trust, as will a PC with e-mail and internet access. All consultants are required to have an NHS Net e-mail account and to check their hospital e-mail regularly.

The RHRU currently has 4 secretarial and admin staff who between them support the medical, therapy and nursing teams on the unit.

Clinical Governance

The post holder will be required to participate in the Trust's and Directorate's clinical governance activities, as well as the national clinical audits and benchmarking required under its NHSE contract for specialist rehabilitation.

The RHRU has a strong track record in clinical governance and audit to improve the quality of care that we offer to patients. Audit activities include:

- Regular reflective multidisciplinary team meetings (eg Discharge audit mortality review etc. The RHRU routinely collects information from patients and their families at the end of the programme. In addition to the standard Trust satisfaction form, we collect information on a) what went well, b) what went not so well and c) lessons for the future. Information is collected from both the patient/family and the team and the results are reflected on at monthly meetings involving the whole RHRU team.
- Rolling national audit of response times, outcomes and cost-efficiency, reported monthly via UKROC
- The RHRU has pioneered development of facilitate feedback using Talking Mats technology to enable patients with cognitive / communicative problems to participate directly in the feedback
- Staffs are encouraged to develop specific audit projects to examine different aspects of the quality of care offered to our patients.
- Regional multi-disciplinary audit meetings are held in conjunction with teams from the other Level 1 and 2 services in London (organised through the BSRM)
- Staffs are also actively encouraged to submit abstracts describing the results of complete audit projects to the regional and national I conferences and meetings (eg the British Society of rehabilitation Medicine Annual meeting).
- Participate in regular mortality review and learning from patient death meetings and ensure learning from death is shared with the wider team.

Appraisal and Continuing Professional Development (CPD)



There is a commitment to regular appraisal, revalidation and CPD. Annual performance appraisal will be held between the post holder and a consultant colleague nominated by the responsible officer and junior members of the medical team in accordance with national guidance. The post holder will have the opportunity to review their job plan with the Clinical Lead at least annually.

Teaching/Training

The job will include liaising with and teaching nursing staff, health care assistants, therapists and other members of the multidisciplinary team. It will also involve teaching of medical students from time to time and teaching and appraising all the Unit's junior doctors. The applicant will be expected to maintain and enhance the Unit's reputation for excellence at every level.

- Clinical supervisor for the junior medical staff – SpR and any other medical training staff allocated to the RHRU
- Supervision of middle grade medical staff (Specialty Doctor, staff grade / trust grade)
- Appraisal of the middle grade and junior medical staff
- Teaching/training rehab trainees and multidisciplinary team

Quality and Performance

- To support the RHRU Team and Clinical General Manager in ensuring clinical performance and delivery are within agreed performance standards and the available resources.
- To ensure the correct reporting and monitoring of performance activity of the RHRU service level agreement with NHSE, according to the NHSE service specification for specialist rehabilitation, reported through UKROC.
- To advise on, develop and then monitor any other appropriate measures for clinical quality.
- To prioritise clinical outcomes, patient safety and patient experience so that these are central to the development of the service.
- To ensure the clinical and professional health community are advised on the views, concerns and aspirations of patients, carers and the public.

Governance

- To ensure the governance systems within the specialty fully comply with internal and external governance and best practice requirements.
- To be accountable for the Clinical Governance performance of the unit.



- To support the Clinical Director and attend key meetings in their place as requested.
- Comply with all LNUH policies and procedures – adapted as necessary for the RRU context through agreement with the central management team.
- Participate in risk assessments, management and mitigation activities as required.

Staff

- To undertake job planning of RHRU junior medical staff annually in line with the Job Planning policy and in light of predicted capacity requirements for the forthcoming year.
- To ensure arrangements are in place for effective medical appraisal.
- To support the Medical Director and Responsible Officer in dealing with any medical staff performance issues within the speciality.
- To strengthen the clinical leadership within the unit.
- To ensure the RHRU provides a high quality training environment for its trainees.
- To build and sustain effective working relationships within the Division and wider Trust in order to promote a supportive and productive working environment for all staff of all grades.

Financial and Physical resources

- Contribute to contract negotiation for the RHRU service
- Contribute to budget-setting and budget-management, liaising with colleagues as required.
- To identify with colleagues where cost improvement opportunities lie
- Ensure service is delivered within agreed budget and at the same time meets the needs of the patient group
- Provide and access guidance on procurement process to ensure that they meet defined levels of quality and value for money.

Information Management

- Provide and receive complex and sensitive and contentious information and use this accordingly.
- Develop and present a range of progress reports, to Executive and Board Sub-committees.



- Report information to external stakeholders as required.

Planning and corporate role

- To play a lead role in the development and implementation of the unit strategy.
- To participate in the development of the Trust's Annual Plan and ensure that the RHRU plans are fully aligned to those of the Trust and NHSE.
- To identify opportunities for improved clinical and organisational efficiency.
- To participate, where relevant, across the health and social care STP and NHSE.
- Take corporate responsibility for decisions that are made by the service, speciality.
- Be prepared to act as spokesperson on behalf of the RHRU when appropriate.

Policy Development

- Develop policy, supporting guidance and standard operating procedures for LNWH as required.
- Ensure adherence to local and national policies and keep abreast of legislation which impacts own areas of accountability.

Research and Development

- To foster research and development within the RHRU.

Review of Role

It is acknowledged that the clinical and managerial aspects of this post overlap to a certain degree and the respective time spent on each may vary over time in accordance with changes in the clinical and commissioning landscape of the NHS.

This job description will be subject to regular review, in consultation with the post holder, to take account of the need of LNWHUHT.

A personal development plan will be agreed each year with the post holder in order to further develop the skills and knowledge required to carry out the responsibilities associated with this role.

Other:

Undertakes additional duties, in agreement with Accountable Officer(s) as consistent with the requirement of the post.



Information – Together with the clinical general manager, RHRU nursing and therapy heads:

- To be responsible for maintaining the confidentiality of all patient and staff records in within the RHRU service area.
- To be responsible for ensuring that all staff within the RHRU adheres to all areas of the Data Security Policy held and good information governance practice.
- To be responsible for addressing all security and confidentiality training needs of all RHRU staff. This should be done on induction and then on an annual basis to update the staff.
- Should the post-holder have any matters of concern, they are welcome to, and encouraged to, raise these with the Clinical Division Lead or the Medical Director.

The successful candidate will demonstrate a good knowledge and first-hand experience of managing patient with complex medical problems, in addition to their specialist knowledge / experience in the of rehabilitation and management of patients with complex disabilities.

Key attributes are excellent communication skills, demonstration of leadership in multidisciplinary patient care, experience in dealing with difficult situations including distressed and challenging families, patients who are verbal and physically aggressive etc.



Proposed Job Plan

The new consultant will join the present consultants in providing a comprehensive service. The weekly job plan below takes into consideration all the activities of the Unit. Consultants have different roles in non-clinical activities depending on their interests and thus the final job plans and the makeup of SPAs are not identical.

Clinical roles

- Lead clinical consultant for the RHRU inpatient service – level 1a specialised rehabilitation service
- Member of the Regional Specialist Outreach Service which provides support/surveillance of patients with severe complex disability in the community

Management

- As RHRU Consultant – responsibility for delivery of the RHRU services
- Member of the senior management team in a highly integrated multi-professional tertiary (level 1) specialist rehabilitation service

Details of clinical work

- Weekly teaching medical ward rounds
- Weekly multidisciplinary team meetings
- Weekly senior multidisciplinary team meeting at which all referrals and admissions are discussed
- In close liaison with the Director, Regional Outreach Team, conducting multidisciplinary assessment of patients referred for possible admission to the RHRU or for advice and producing high quality multidisciplinary assessment summaries
- Planning and executing co-ordinated interdisciplinary individualised goal-orientated rehabilitation for all inpatient
- Clinical supervision/support to the middle grade and junior medical staff in day to day management of inpatients in the context of a high case load of medically unwell patients in a hyper-acute rehabilitation setting
- Clinical support to the RHRU nursing and therapy teams in managing high caseload of patients with severe complex disability and also medically unwell patients in a hyper-acute rehabilitation setting
- Assessment, diagnosis and planning for ongoing care, including best interests meeting, setting ceiling of care, etc. for patients in prolonged Disorder of Consciousness (PDOC), in conjunction with Professor Turner-Stokes and specially trained therapists.
- Clinical support to the team in provision of the RHRU specialist integrated care pathways including those for spasticity (including botulinum toxin injection), hyper

salivation, shoulder pain including interventional procedures such as steroid injection and hydro distention and depression etc.

- Conducting case conferences and best interests meetings with patients/ families and other team members, including writing complex reports to support withdrawal of clinically assisted nutrition and hydration (CANH).
- Support to the team in interdisciplinary goal setting and discharge planning meetings
- Managing unrealistic expectations of patients/families and also difficult and challenging patients/families in the context of a high caseload of patients with major life changes following severe brain injury
- Producing and ensuring high quality comprehensive discharge reports
- Support to the team with complex discharge planning, including application for NHS Continuing Healthcare funding and liaising with external agencies (Commissioners, Continuing care team managers, Social Services, case managers, legal teams, etc.)

Governance

- Ensuring Rehabilitation Complexity Scale (RCS) and Northwick Park Therapy and Nursing Dependency Scores (tools within the UK Rehabilitation Outcome Collaborative database) are collected regularly on a weekly basis, incorporating into routine clinical practice.
- Monitoring of outcome measures (FIM/FAM, Goal attainment Scale)
- monitoring of integrated care pathway and protocols (shoulder pain, depression, PDOC)
- Handling of complaints in conjunction with consultant colleagues, clinical general manager and senior management team
- In conjunction with the clinical general manager and senior nursing team, ensuring incident reporting

The job plan will be negotiated between the consultant and his/her clinical director at least annually. The initial job plan for this post is planned to be:

		<i>Number of programmed activities</i>
	Inpatient work including complex discharge planning	5.0
	Multi-disciplinary meetings about direct patient care	2
	Support for the network/ Outreach / Assessment	1.0
Supporting professional activities:	Research Audit	0.5

Educational supervision. Teaching / training	Educational supervision. Teaching / training	1.0
	CPD	0.5
Total		10

Typical weekly timetable:

The timetable is flexible through the week to fit in with the other team members and RHRU activities, but a typical timetable is given below

Monday	Tuesday	Wednesday	Thursday	Friday
AM In-patient work Ward round with Consultant Neurologist	MDT waiting list and Admission planning Main multidisciplinary ward round, medical ward round	In-patient work	MDT day assessment in reach/outreach	In-patient work
PM MDT goal setting meeting Complex discharge planning In/reach/outreach	MDT shoulder pain clinic (alternate week) RRU Discharge audit meeting (alternate week) RHRU Senior management team meeting (alternate week) Meetings with patients/families (ad hoc) Patient admin	RRU in-service teaching/training (X2/month) Appraisal / supervision Strategic development Network planning/	Hospital grand round MDT case conference/family meetings Patient admin	CPD Research /audit Ward handover to the weekend on-call teams

With the additional beds designated for patients with severe complex neurological disability who are medically unstable and most heavily dependent, inpatient lead consultant is required to provide clinical support/supervision to the junior medical team as well as nursing and therapy teams throughout the week.

In the context of hyper-acute specialised rehabilitation service, patient admin includes writing up reports to commissioners/employers/insurers/legal teams/coroners, etc. as well as writing up complex discharge reports and also liaison with multiple specialties within the trusts, continuing care teams, case managers & legal teams, etc.

On-call duties

The acute medical services provide 24-hours emergency medical out-of-hours cover. The RHRU consultants no longer provide a formal out-of-hours cover rota, but as for many consultants they may be contacted on occasion by the acute on-call teams for advice that require prior knowledge of the patient and their condition.

In addition they are expected to contribute to the Trust's 7 day/week working policy, as appropriate to the service. This includes doing additional ward-rounds during bank weekends and other national holidays to maintain good quality of care for patients out of normal working hours

Person Specification

	ESSENTIAL	DESIRABLE
Qualifications	<input type="checkbox"/> CCT in Rehabilitation Medicine (or entry expected within six months of interview date) <input type="checkbox"/> MRCP or equivalent <input type="checkbox"/> Training in specialist neurorehabilitation and the management of patients with complex neurological disability <input type="checkbox"/> Basic Life Support	<input type="checkbox"/> Advance Life Support <input type="checkbox"/> Post registration training in general internal medicine or other acute medical care <input type="checkbox"/> MD or PhD
Registration	<input type="checkbox"/> GMC registration	
Knowledge and Expertise	Clinical training and experience equivalent to that required for gaining UK CCT in Rehabilitation Medicine and a parent speciality Clinical expertise to manage patient with medical instability in conjunction with other consultant within the hospital / Trust. <input type="checkbox"/> Ability to take full and independent responsibility for clinical care of all patients admitted for the duration of their	A good knowledge of general medicine and able to take responsibility for the day-to-day management of acute medical problems likely to arise in this patient population. Understanding of commissioning of specialised services and how services are contracted. <input type="checkbox"/> Experience in spasticity

	<p>inpatient stay</p> <ul style="list-style-type: none"> <input type="checkbox"/> IT Skills and computer literacy <input type="checkbox"/> Knowledge of the processes for NHS / social funding of patients with complex disability including applying for NHS continuing care 	<p>management including the use of botulinum</p>
Specialty/Sub-Specialty	<p>Experience of conducting clinical audit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ability to use the evidence base and clinical audit to support decision-making <input type="checkbox"/> Experience in breaking bad news, working with distressed families and managing difficult situations <input type="checkbox"/> High level skills in written communication e.g. discharge summaries, letters, case conference notes <input type="checkbox"/> A strong commitment to the holistic care of profoundly disabled patients 	<p>Experience of assessment and management of Prolonged Disorder of Consciousness (PDOC) patient.</p> <p>Experience of working with the UKROC tools and reporting system</p> <ul style="list-style-type: none"> <input type="checkbox"/> Experience of assessment patients in prolonged disorders of consciousness <input type="checkbox"/> Knowledge / experience of neuro-palliative rehabilitation / end of life care in this context <input type="checkbox"/> Knowledge of the Mental Capacity Act 2005 and its implementation for patients who lack mental capacity for decision-making regarding their care and treatment

Training	Ability to appraise junior doctors /other staff	Formal training in teaching
Teaching	Ability to teach clinical skills to medical, nursing and therapy staff	
Management and Audit	<p>Ability to organise and prioritise workload effectively</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ability to plan strategically and to exercise sound judgments when faced with conflicting pressures <input type="checkbox"/> Ability to motivate and develop the multi-disciplinary team, balancing departmental and personal objectives 	
Research /	Ability to apply research outcomes	

Publications	<p>to clinical problems</p> <ul style="list-style-type: none"> <input type="checkbox"/> An awareness of current specialty developments, initiatives and issues <input type="checkbox"/> Evidence of active participation in a research programme <input type="checkbox"/> Demonstrated willingness to actively randomise patients to clinical trials 	<p>Knowledge and experience of the application of information technology to medicine</p> <ul style="list-style-type: none"> <input type="checkbox"/> Publications in relevant peer-reviewed journals in the last five years <input type="checkbox"/> Evidence of having undertaken original research
Personal Skills	<p>Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ability to communicate with clarity and intelligently in written and spoken English; ability to build rapport, listen, persuade/ negotiate <input type="checkbox"/> Ability to liaise well with external agencies <input type="checkbox"/> Ability to lead the MDT effectively <input type="checkbox"/> Accountability <input type="checkbox"/> Ability to take responsibility, lead, make decisions and exert appropriate authority <input type="checkbox"/> Interpersonal Skills <input type="checkbox"/> Empathy, understanding, listening skills, patience and ability to work co-operatively with others. <input type="checkbox"/> Able to change and adapt, respond to changing circumstances and to cope with setbacks or pressure <p>Ability to work as part of a team</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff Management <input type="checkbox"/> Experience of performance management, developing and motivating staff <input type="checkbox"/> Finance <input type="checkbox"/> Knowledge of finance and budgets <input type="checkbox"/> Patient Care <input type="checkbox"/> Commitment to deliver a high quality service with patient welfare at forefront of practice. 	<p>Ability to manage conflict and getting the best out of the MDT.</p>

Appendix C



7. MAIN CONDITIONS OF SERVICE

STATEMENT OF PRINCIPLE

The Trusts' principal purpose is to provide for all the needs of patients in their care. The Trusts expect all its employees whatever their jobs to support and enhance patient care and overall service quality.

The Trusts expect that each of the employees shall act in such a manner as to justify public trust and confidence and to uphold and enhance the good standing and reputation of the hospitals, in accordance with the Staff Charter. Individuals must at all times carry out their duties with due regard to the Trusts' Equal Opportunities Policy.

TERMS AND CONDITIONS OF SERVICE

The post is subject to the provisions of the New Consultant Contract Terms and Conditions of Service for Hospital Medical and Dental Staff, including any locally agreed terms and conditions which are relevant to the post. As these are developed the appointee will be notified and therein after, these will form part of the contract of employment. Details of these are available from the HR Department.

The appointee will be entitled to be a member of the NHS Pension Scheme. If he/she chooses to become or remain a member of the Scheme, remuneration will be subject to deductions of Superannuation contributions in accordance with the Scheme. Membership of the Scheme is automatic unless election is made at anytime in favour of provision under a Personal Pension Plan. After opting out of the Scheme the employee would assume full responsibility for pension provision and compliance with the Social Security Act 1986.

SALARY

Remuneration will be in accordance with the NHS rates for full time consultants which is currently £88,364 – £119,133 in eight increments over 30 years based on ten programmed activities. If you are taking up your first Consultant post you would expect to commence on the minimum of this scale.

ADDITIONAL PROGRAMMED ACTIVITIES

Any additional PA's will be payable at 1/10th of your basic salary as defined in schedule 14 of the Terms and Conditions of Service.

ON CALL



If you take part in an on call rota you should be eligible for an availability supplement to your basic salary. This will be paid as defined in schedule 16 of the Terms and Conditions of Service.

RELOCATION EXPENSES

Relocation expenses may be available up to a maximum of £8,000, subject to eligibility.

Agreement to payment of Relocation Expenses should be agreed before accepting the post. To obtain a copy of the Relocation Expenses Policy contact the HR Department on 020 8869 3328.

ANNUAL AND STUDY LEAVE

Annual leave entitlement is 30 working days plus two statutory days. This increases to 32 days plus two statutory days after 7 years' service as a Consultant.

Study leave consists of 30 days over a three year period. Approval of annual and study leave is subject to the procedures set out within the individual departments and the Postgraduate Medical Centre.

So far as is practical, the Consultant appointed will be expected to share in the provision of cover for the annual and study leave of other Consultants in the specialty.

SPECIAL TERMS

The Trust is prepared to negotiate with the appointee alternative Terms and Conditions of Service (eg. a limited term appointment) where this would result in a mutual benefit to both the Trust and the postholder.

MEDICAL REPORT

This post is subject to satisfactory health assessment. If appointed, you will be required to bring the documentary evidence from either an occupational health department or a virology department, of satisfactory Hepatitis B status, to which this appointment is subject, because it involves undertaking exposure prone invasive procedures. Please note this is not just evidence of immunisation. In addition, written evidence should be brought of any tests of immunisation for Tuberculosis or Rubella. If you are recommended for appointment, satisfactory health clearance must be completed before the appointment can be confirmed. If you do not have such clearance you will NOT BE PERMITTED TO START WORK on the proposed first day of duty.

DISCLOSURE AND BARRING SERVICE CHECKS



You will also be required to complete a Disclosure and Barring Check (DBS), and the clearance from the DBS must have been received, before commencing employment.

<https://www.gov.uk/disclosure-barring-service-check/overview>

<https://www.gov.uk/guidance/dbs-check-requests-guidance-for-employers>.

REHABILITATION OF OFFENDERS ACT

The post is exempt from the provisions of the Rehabilitation of Offenders Act and applicants are not entitled to withhold information about convictions including those which are 'spent'. Any information given will be confidential but failure to disclose such convictions could result in disciplinary action or dismissal.

PRIVATE PRACTICE

The successful applicant may undertake private practice in accordance with the Trust's Private Practice Policy and Schedules 9 & 10 of Terms and Conditions of Service.

REGISTRATION

The person appointed will be required to be fully registered with the GMC and/or GDC.

MEDICAL INDEMNITY

The Trust is financially responsible for the negligent acts and omissions of Consultant medical and dental staff in the course of their Trust employment. If, however, any private practice, within a NHS hospital or any other private hospital is undertaken, the appointee will be personally responsible for subscribing to a recognised defence organisation. The Trust will not be responsible for category 2 (eg. reports for insurance) or 'Good Samaritan' Acts. Health Circular HC (89) 34 provides full details of 'Claims of Medical Negligence against NHS Hospital and Local Doctors and Dentists'.

The Department of Health advises practitioners to maintain defence body membership in order to ensure they are covered for any work which does not fall within the scope of NHS Indemnity.

PROSPECTS FOR CHANGE

The proposals set out in the White Paper "Equity and excellence: Liberating the NHS", are likely to impact on current working arrangements. The Trust will consult the members of staff concerned at the appropriate time, but meanwhile wishes to draw the attention of applicants to the possibility of change in the future.

JOB PLANS AND WORK PROGRAMMES



The appointee will be subject to the provisions of Schedule 3 of the Terms and Conditions of service. These provisions entail the agreement (between a consultant and the manager responsible for the management of the consultant's contract) of a job plan (including work programme) for the performance of duties under the contract of employment. The job plan (including work programme) will be subject to review each year by the afore-mentioned parties.

PLACE OF WORK

The appointee may be required to work elsewhere within the Trust and/or at Local Resource Centres (hosted by other health agencies) within The London North West University Healthcare NHS Trust catchment area in accordance with the Trust's principal aim of flexible working by staff to enhance patient care and he/she will be fully consulted.

ACCESS TO HOSPITAL BASE

The successful candidate will be expected to live within easy access, normally not more than approximately 10 miles by road from the London North West University Healthcare NHS Trust. The reimbursement of removal and associated expenses will be subject to the criteria laid down in the Trust's Conditions of Service. In the event of the Trust agreeing to reimburse interest charges on a Bridging Loan, reimbursement will normally be made in full up to a maximum period of six months. Reimbursement will not be continued beyond this period. The private residence must be maintained in contact with the public telephone service.

Assistance can be given with the cost of installation and rental charges.

NO SMOKING POLICY

It is the policy of the Trust to promote positive health. Smoking, therefore, is actively discouraged and is prohibited in the majority of the Hospital including offices.

SECURITY

In the interests of safety and security the appointee will be required to wear Hospital Staff Identification Badge at all times whilst at work.

INFORMATION GOVERNANCE

In accordance with the Trust's privacy notice for employees, the Trust will hold computer records and personnel files relating to you which contain personal data. The Trust will comply with its obligations under the General Data Protection Regulation and all other data protection legislation. The data the Trust holds will include employment application details, references, bank details, performance appraisals, holiday and sickness records, salary reviews and remuneration details and other records, (which may, where necessary, include special category data and



criminal offence data relating to your health, data held for ethnic monitoring purposes, and regarding DBS checks). The Trust requires such personal data for personnel administration and management purposes and to comply with its obligations regarding the keeping of employee records. The privacy notice sets out the Trust's legal basis for processing your personal data. Your rights of access to this data are prescribed by law.

You will familiarise yourself with the Trust's data protection policy which sets out its obligations under the General Data Protection Regulation and all other data protection legislation. You must comply with the Trust's data protection policy at all times and you agree that you will only access the systems, databases or networks to which you have been given authorisation. The Trust will consider a breach of its data protection policy by you to be a disciplinary matter which may lead to disciplinary action up to and including summary dismissal. You should also be aware that you could be criminally liable if you disclose personal data outside the Trust's policies and procedures. If you have any queries about your responsibilities in respect of data protection you should contact the Trust's Data Protection Officer.

GENERIC RESPONSIBILITIES

To comply with **all** Trust Policies and Procedures, which may be varied from time to time. Copies of the current policies and procedures are available from the HR Department or on the Intranet. In particular:

To have responsibility for the Health, Safety and Welfare of self and others and to comply at all times with the requirement of the Health and Safety Regulations.

To ensure confidentiality at all times, only releasing confidential information obtained during the course of employment to those acting in an official capacity in accordance with the provisions of the Data Protection Act and its amendments.

To positively promote at all times equality of opportunity in service delivery and employment for patients and staff in accordance with the Trust's policies, to ensure that no person receives less favourable treatment than another on the grounds of sex, marital status, race, religion, creed, colour, nationality, ethnic or national origin, sexual orientation, age or disability. To be trained in and demonstrate fair employment practices, in line with trust policies.

To comply with the Trust's Smoke-Free Policy

To adhere to the Trust's Infection, Prevention and Control Policies and make every effort to maintain high standards of infection control at all times thereby reducing the burden of all healthcare associated infections including MRSA. In particular:

- Observe stringent hand hygiene. Alcohol rub should be used on entry to and exit from all clinical areas. Hands should be washed before and after patient contact in all patients with diarrhoea. Alcohol hand rub before and after patient contact may be used instead of hand washing in some clinical situations



- Attend infection control training provided by the Trust as set out in the infection control policy
- Contact Occupational Health in the event that an infection transmissible to patients is contracted

To work in accordance with the Trust's policies on safeguarding children and vulnerable adults. London North West University Healthcare NHS Trust is committed to protecting, safeguarding and promoting the welfare of children and vulnerable adults and expects all employees to carry out their duties in accordance with this commitment.

To undertake such duties as may be required from time to time as are consistent with the responsibilities of the grade and the needs of the service.

This job description is not an exhaustive document but is a reflection of the current position. Details and emphasis may change in line with service needs after consultation with the post holder.