JOB DESCRIPTION AND PERSON SPECIFICATION

Consultant and Clinical Director in Regional Neonatal Intensive Care Unit

<table>
<thead>
<tr>
<th>Consultant and Clinical Director in Regional Neonatal Intensive Care Unit</th>
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<tr>
<td><strong>Department:</strong></td>
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<td><strong>YC73:</strong></td>
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<td><strong>Division:</strong></td>
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<td><strong>Trust:</strong></td>
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1. THE POST

This is a full time post required to help deliver the Neonatal Service at University Hospitals Bristol NHS Foundation Trust (UHBristol). The Clinical Director will be responsible for determining strategy and effective care across our specialist pathways with the aim that we develop our national and international reputation for expertise in NICU. The clinical part of this post is a standard 10 PA post (8.5 DCC, 1.5 SPA), the Clinical Director role holds an additional 2 SPA. It is envisaged that the successful candidate will complement the clinical and administrative roles within the department. The appointee will have strong clinical commitment and form part of a team of 7 WTE NHS Consultants, (including 2 x 0.5 wte university neonatal consultants). In addition the successful candidate will require a proven track record in managerial and leadership experience within neonatology, in order to fulfil the Clinical Director component of this role.

2. THE NEONATAL SERVICE

The NICU at St Michael’s Hospital delivers the neonatal surgical, cardiac and subspecialty services to the South West Region in addition to a tertiary level neonatal medical service to the Western Neonatal Network. The unit currently has 15 intensive care cots, 8 high dependency cots, 8 special care cots, and 16 transitional care cots. The NEST (Newborn emergency stabilisation and transfer) team delivers the Western Neonatal Network’s 24 hour transport service and is based at St Michael’s. The annual inborn delivery rate is approximately 5,500 and the regional Fetal and Maternal Medicine Departments are on site. The Bristol Royal Hospital for Children is adjacent and provides all tertiary paediatric subspecialties for the region. Newborn infants requiring subspecialty input (such as nephrology, urology, endocrinology, neurology and pre-operative cardiology) are managed within the neonatal unit at St Michael’s.

3. UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST (UHBristol)

University Hospitals Bristol NHS Foundation Trust is a dynamic and thriving group of hospitals in the heart of Bristol, a vibrant and culturally diverse city. Our 7,900 staff offer over 100 different clinical services across nine different sites. We provide general medical and emergency services to the local population of Central and South Bristol, and a broad range of specialist services across a region that extends from Cornwall to Gloucestershire, into South Wales and beyond. We are one of the country’s largest acute NHS Trusts with a 2013/2014 income in excess of £500 million.

Our staff have developed leading edge services such as cardiac surgery and bone marrow transplantation that have built an international reputation and are in demand by patients from across the country. With strong links to the University of Bristol and University of West of England we are the major medical research centre in the region. The findings allow us to continually improve our patient care. Our academic links also make us the largest centre for medical training in the South West, attracting the highest calibre clinical staff from across the UK. Staff throughout the Trust are involved in a thriving research portfolio, comprising around 450 varied, pioneering projects resulting in approximately 600 published papers each year.

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

The Trust structure is based on five autonomous Clinical Divisions:

- Medicine and Emergency Care
- Surgery and Head & Neck
- Women’s and Children’s Services
- Specialised Services
- Diagnostic and Therapy Services

A Clinical Chair, supported by a Divisional Director and Clinical Directors lead each
Division.

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

The Trust is committed to increasing both clinical engagement and the involvement
of staff and their representatives in key decisions. A range of committees and groups
within the Trust take place in order to ensure there is strong clinical advice,
leadership and engagement in all decision-making processes.

3. UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST (UHBristol)
cont’d

The Trust is committed to increasing both clinical engagement and the involvement
of staff and their representatives in key decisions. A Clinical Reference Group
comprising senior clinicians and representatives of clinical professions including the
Heads of Divisions, is chaired jointly by the Medical Director and Chief Nurse/Director
of Governance.

The group works collaboratively with a range of committees and groups within the
Trust, in order to ensure that there is strong clinical advice, leadership and
engagement in all decision-making processes.

4. UNIVERSITY OF BRISTOL LINKS - The University of Bristol Faculty of Medicine

http://www.bris.ac.uk/fmd/
The University of Bristol offers an exciting academic environment with centres of
excellence in all of its faculties. It also has an ambitious programme for expansion
and a well-established major “campaign for resources” to facilitate future
developments. The University is in the city centre and the medical school and basic
science departments are within walking distance of UHBristol.

Bristol is one of the few universities with schools of medicine, dentistry and veterinary
science, all in close proximity. The Medical School has an intake of 250 students
each year to its undergraduate medical course following recent expansion. The
Dental School has also recently expanded and now has an intake of 75
undergraduate students per year.
The Faculty’s research philosophy is to undertake internationally recognised basic and applied medical and health services within a setting which patients are cared for in association with undergraduate teaching and postgraduate training.

5. ACADEMIC NEONATAL MEDICINE
Professor Peter Fleming researches the areas of sudden infant death, infant physiology and intermediary metabolism.

Professor Marianne Thoresen was awarded a personal chair in 2003. Professor Thoresen and Dr Ela Chakkarapani have an interest in neuroprotection following peripartum hypoxia and are running an experimental laboratory as well as ongoing clinical trials on hypothermia as a neuroprotective intervention.

Dr Karen Luyt commenced a Walport Senior Academic Lectureship in April 2009 and has an interest in mechanisms and imaging of neonatal brain injury.

The UHBristol neonatal consultants have active personal research programmes and interests. In addition the unit has contributed to multicentre trials such as TOBY, Programs, INIS, BOOST II, ADEPT and SIFT.

6. DIVISION OF WOMEN’S AND CHILDREN’S SERVICES

The new Children’s Hospital in Bristol opened on a site adjacent to the Bristol Royal Infirmary (BRI) in April 2001. The new Children’s Hospital has 165 beds and a clinical investigation unit for day patients, plus full cardiac and general operating theatre facilities. Full imaging facilities (ultrasound, radionuclide, CT and MRI) are available either in the Children’s Hospital or immediately accessible by corridor in the BRI or the Bristol Oncology Centre. The hospital is the site of general and specialised in-patient facilities, including a paediatric accident and emergency department, paediatric intensive care unit (18 beds + 3 high dependency beds) and in-patient beds for children from newborns to adolescents. The hospital is the base for in-patient services in general paediatrics for south and central Bristol. Specialist services in paediatric surgery, cardiology, cardiac surgery, gastroenterology, respiratory medicine, neurology, endocrinology, haematology oncology, bone marrow transplantation, orthopaedics, ENT, ophthalmology and dermatology are run from the Children’s Hospital, for children from Bristol and the Southwest region. Paediatric nephro-urology, previously based at Southmead Hospital, has been relocated to the new Children’s Hospital and plans for the further reconfiguration of paediatric specialist services within Bristol are under discussion.

St. Michael’s Hospital is a fully integrated obstetrics and gynaecology single site facility. The regional NICU is located in the hospital. The building also houses the Clinical Genetics department. The UHBristol inpatient breast service has recently relocated to St Michael’s Hospital. As part of a teaching hospital complex, it also houses a lecture theatre, seminar rooms, demonstration rooms and clinical out posts of the radiology and ultrasound departments.

7. NEONATAL STAFF
CONSULTANT Medical Staff
Pamela Cairns (Consultant Neonatologist)
Ela Chakkarapani (Consultant Neonatologist and Senior Lecturer)
Jonathan Davis (Consultant Neonatologist)
Ruxandra Faraon (Locum Consultant Neonatologist)
Peter Fleming (Professor of Infant Health and Developmental Physiology)
8. OTHER STAFF
Tier 2 Trainees (ST4 and above) 6
Clinical Fellows (ST4+ equiv) 3
Tier 1 Trainees (ST2/3) 6
Clinical Fellows (ST2/3 equiv) 2
Advanced Neonatal Nurse Practitioners 8
Nursing staff 105wte
Physiotherapist, Dietician, Data manager

9. DUTIES AND RESPONSIBILITIES
a. Clinical:
The consultant’s work 7 blocks each of 1 week duration (Intensive Care, Post natal Wards, High dependency, Administration, “off”, and Leave). During the clinical blocks they are responsible for that specific clinical area (see appendix A). NB Our intention is that these service weeks will change as we increase the wte Consultant staffing.

Other areas of specific responsibility are shared equally amongst the consultants, will be rotated by agreement and include primary responsibility for Clinical Governance, Training, Audit, Delivery Suite, Transitional Care and Postnatal Wards, Special Care patients, Information Technology, Benchmarking and Transport.

The successful candidate will be expected to comply with all relevant Trust policies relating to administration of patient care. This includes working to set timescales for the triage of referrals, the completion of discharge summaries prior to patients being discharged, following the specified process for the management of patients that do not attend (DNA) their appointment or admission, and the completion of all paperwork deemed necessary to support the management of their patients within agreed timescales. Consultants are also expected to work with service managers and clinical colleagues to manage their caseload in a flexible way, to ensure both clinical, national and local priorities, such as maximum waiting times for referral to treatment, are achieved.

b. On-Call Commitment (Non Resident)
On call commitment is 1:7; category A; 5% supplement

c. Leave
6 weeks + 2 days per year (pro-rata), of which 2 are in lieu of the 2 NHS statutory days.

Consultants who have completed seven year’s service in the consultant grade will receive two additional days leave.

The consultants at St Michael’s Hospital cover each other’s commitments when one is on leave and absence must be planned in advance by discussion with consultant
colleagues. Annual and study leave are usually taken during the administration or annual leave weeks of service. Other arrangements are possible by mutual agreement but no more than 2 consultants are away at a single time. There is no locum policy.

d. Managerial: The clinical and management responsibility of the post-holder will be to the Clinical Chair of the Division, (Mrs. Dr B Strachan) and Divisional Manager (Mr I Barrington) who are responsible to the Chief Executive and Trust Board. Professional accountability is via the Divisional structure to the Medical Director (Dr S O’Kelly). The Clinical Director will be responsible for determining strategy and effective care across our specialist pathways with the aim that we develop our national and international reputation for expertise in NICU. The Clinical Director’s specific objectives are to i. champion an open culture, where concerns can be raised in an open way; ii. working with and supporting the consultant team in identifying coaching/mentoring/leadership training needs as appropriate; iii. actively foster a culture of safety and learning in which all staff feel safe to raise concerns and be free from bullying.

e. Clinical Audit and Clinical Governance
The successful appointee is expected to take a full role in the delivery of the Trust’s wide agenda for Governance. The Trust believes in an open learning environment with a clear risk management strategy that allows innovation and improvement in care whilst placing patient safety at the centre of our values. Regular medical audit meetings are held in paediatrics, neonatal medicine and perinatal care (jointly with obstetrics). The perinatal audit sessions form a part of the Centre for Maternal and Child Enquiries (CMACE) The Consultant will take an active part in the department audit arrangements. The postholder must be aware of clinical governance, clinical risk management and take an active part in their implementation, including audit. The new consultants will be expected to take an active part in these sessions.

10. Annual Appraisal
All staff within the Trust participate in a formal appraisal process and attend an appraisal meeting on an annual basis. The aim of the appraisal process is to improve the quality of health services provided by the trust through the development and enhancement of employees’ job performance.

For consultants, the appraisal process involves using the NHS Appraisal toolkit to provide a framework to identify development needs. The process also includes providing an ongoing portfolio of supporting evidence which conforms to national, General Medical Council and Royal College standards and guidance. On going monitoring of progress of the Personal Development Plan continues throughout the year leading to a final progress review towards the end of the year. The Medical Director holds a list of the Trust’s trained and approved medical appraisers and the trust’s appraisal policy can be found on the trust’s ‘HR Web’ site.

11. Continuing Medical Education and teaching
The Trust supports the requirements for continuing Medical Education and is committed to providing time and financial support for these activities. This is a teaching Trust and the Consultant will teach medical students as part of the commitment of their Division to undergraduate education. On occasions, a practitioner may be asked to give lectures to healthcare professionals.

12. Research and Effectiveness
UH Bristol is a leading international centre for healthcare research and education and
has a considerable reputation for innovative research and development.

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

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

The close proximity of St Michael’s Hospital to the Institute of Child Health makes it ideally situated to take advantage of the facilities therein. We are also very close to the Medical School library. Within the department all mainstream paediatric journals are available. Medline literature search facilities are available. Our philosophy has been to develop research interests alongside clinical medicine in the pursuit of clinical excellence.

13. MEDICAL ADVISORY MACHINERY

The post-holder will be a member of the Hospital Medical Committee (HMC) and the Division of Children’s Services which meets monthly in the Children’s Hospital, and the Bristol and District Paediatric Committee.

14. WORK PROGRAMME

The work programme attached to this job plan is detailed in Appendix A.

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

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

15. GENERAL PROVISIONS

You will be expected to work with local managers and professional colleagues in the efficient running of services and will share with Consultant colleagues in the medical contribution to management. Subject to the provision of the Terms and Conditions, you are expected to observe the Trust’s agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the Standing Orders and Financial Instruction of the University Hospitals Bristol NHS Foundation Trust.

In particular, where you manage employees of the Trust, you will be expected to follow the local and national employment and personnel policies and procedures. You will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of your patients to be able to contact you when necessary.

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

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

16. MAIN CONDITIONS OF SERVICE

a. The post is covered by the Terms and Conditions – Consultants (England) 2003 as revised from time to time.

b. Under the consultant contract, with effect from 1st April 2013, the basic full-time 10 PA salary will be £75,249 per annum. Under the new terms and conditions the basic salary on commencement may only be considered for a higher threshold under the following conditions:

c. To reflect consultant-level experience that a consultant has gained before his or her first appointment as an NHS consultant.

d. Where a consultant's training has been lengthened by virtue of being in a flexible training scheme or because of undergoing dual undergraduate qualifications which are essential for the medical aspect of a post, the Trust will, where necessary, set basic salary on commencement at a higher threshold to ensure that the consultant is not prevented from reaching the pay threshold they would have attained had they trained on a full-time or single qualification basis.

17. (Schedule 14, paragraphs 4, 5 and 6 of the terms and conditions)

a. Consultants will become eligible for additional pay thresholds at the intervals set out below on the anniversary of appointment subject to meeting the criteria set out in Schedule 15 of the terms and conditions for consultants.

b. Table 1: Pay Thresholds as at 1st April 2015

<table>
<thead>
<tr>
<th>Period before eligibility for threshold</th>
<th>Basic salary (full-time) (2009)</th>
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<tbody>
<tr>
<td>N/A (normal starting salary)</td>
<td>£75,249</td>
</tr>
<tr>
<td>One year</td>
<td>£77,605</td>
</tr>
<tr>
<td>One year</td>
<td>£79,961</td>
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<tr>
<td>One year</td>
<td>£82,318</td>
</tr>
<tr>
<td>Five years</td>
<td>£84,667</td>
</tr>
<tr>
<td>Five years</td>
<td>£90,263</td>
</tr>
<tr>
<td>Five years</td>
<td>£95,860</td>
</tr>
<tr>
<td>Maximum Point</td>
<td>£101,451</td>
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</table>

c. The value of pay thresholds for part-time consultants will be pro rata to the levels in Table 1, based on the number of agreed weekly Programmed Activities in the consultant’s Job Plan as a proportion of the ten standard Programmed Activities for full-time consultants.

d. The successful candidate will be required to live within 10 miles, by road; from St Michael’s Hospital. Permission to live within 15 miles distance will be at the discretion of the appropriate Head of Division. Travelling allowance will only be payable for 10 miles.

e. The successful applicant must be fully registered with the General Medical Council and either listed on the Specialist Register or within six months of being eligible for inclusion on the Specialist Register in the appropriate specialty at the time of the interview. Proof of confirming registration will be required on an annual basis.
f. Any offer of employment will be conditional on satisfactory health clearance by Occupational Health. This is usually by health questionnaire, but may involve a medical examination.

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

18. PROTECTION OF CHILDREN

Disclosure of Criminal Background of those with Access to Children

The person appointed to this post may have substantial access to children under the provisions of Joint Circular No HC(88)9 HOC8(88) WHC(88)10. Applicants are, therefore, advised that short listed candidates will be asked to complete a form disclosing any convictions, bind-over orders or cautions, and to give permission in writing for a police check including a Protection of Children’s Act (POCA) check on the above to be carried out. Refusal to do so could prevent further consideration of the application. Attention is drawn to the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 198, which allow convictions that are spent to be disclosed for this purpose by the Police and to be taken into account on deciding whether to engage an applicant.

18. PROTECTION OF CHILDREN cont’d

Candidates are assured that the completed form will be treated with strict confidentiality, and will not be disclosed to the Advisory Appointments Committee until the successful candidate has been selected. A police check will only be requested in respect of the candidate recommended for appointment. All forms completed and returned by other candidates will be destroyed when the final selection of the candidate to be recommended for appointment has been made.

19. REVIEW OF JOB PLAN

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

The job plan is based on a 7 week rolling rota of clinical duties in Intensive Care, High dependency, Post natal ward, Administration/Research and leave.

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

Provisional assessment of Programmed Activities in Job Plan

<table>
<thead>
<tr>
<th>Direct Clinical Care</th>
<th>8.5 PAs on average per week</th>
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<tr>
<td>Supporting Professional Activities (SPA)</td>
<td>1.5 PA’s on average per week</td>
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<tr>
<td>Clinical Director SPA</td>
<td>2 PA’s on average per week</td>
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</table>
20. PERSON SPECIFICATION - see appendix B

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

a. Respecting Everyone
b. Embracing Change
c. Recognising Success
d. Working Together

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

Respecting Everyone

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

Embracing Change

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

Recognising Success

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

Working Together

h. We work together to achieve what is best for our patients
i. We support each other across the whole Trust
j. We listen to everyone
k. We work in partnership

Equal Opportunities

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

Staff have a personal responsibility to:

l. Ensure their behaviour is not discriminatory
m. Does not cause offence
n. To challenge the inappropriate behaviours of others
o. Adhere to the Trust’s values, including ‘Respecting Everyone’, as well as the Staff Conduct Policy and the Equal Opportunities policy

Health and Safety

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

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

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

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

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

Clinical Governance
21. Clinical Governance is the framework through which this Trust is accountable for continuously improving the quality of its services and safeguarding the high standards of care. It does so by creating and maintaining an environment in which excellence in clinical care will flourish.

Every member of staff must work within this framework as specified in his/her individual job description. If you have concerns on any clinical governance matters these should be raised with your line manager, professional adviser, or a more senior member of management. Your attention is also drawn to the Trust guidance on Raising Concerns about Provision of Patient Care.

You have a responsibility for contributing to the reduction of infections

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

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

22. In line with the NHS Constitution, all healthcare providers, registered medical practitioners, nurses and other registered health professionals have a duty of openness, transparency and candour.
23. Transforming Care

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

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

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

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

25. Equal Opportunities

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

Staff have a personal responsibility to:

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

26. Health and Safety

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

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

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

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

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

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

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

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

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

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

29. Information Governance
It is the responsibility of all staff to respect the confidentiality of patients and staff, as
specified in the Caldicott Principles, Data Protection Act and the Human Rights Act. It is the
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- Only access person identifiable information as required in the execution of their
duties.
- Disclose information appropriately, in line with the Data Protection Act 1998.
- To ensure good quality data by recording, promptly and accurately, clinical and non-
clinical information within agreed timescales to PAS, the health record or the
appropriate clinical or non-clinical information system
- Always trace patient notes on the Patient Administration System
- Maintain the confidentiality of their password / username and if in possession of a
‘Smartcard’ abiding by the terms and conditions of its use.
All job descriptions are subject to review. Post holders are expected to be flexible and be prepared to carry out any similar or related duties which do not fall within the work outlined. The Line Manager, in consultation with the post holder will undertake any review.

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

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<tr>
<th>Qualifications and training</th>
<th>Essential requirements</th>
<th>Desirable requirements</th>
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<tbody>
<tr>
<td>MRCPCH/MRCP (or equivalent) AND Registration on Specialist Register as Sub-specialist in Neonatal Medicine</td>
<td></td>
<td>PhD, DM, MSc or equivalent higher degree</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td>Postgraduate teaching or leadership qualification</td>
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<tr>
<td>CCST in Paediatrics (Neonatal Medicine) or equivalent Training</td>
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<tr>
<th>Professional practice</th>
<th>Essential requirements</th>
<th>Desirable requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wide neonatal experience Advanced skills in neonatal medicine</td>
<td>Special interest and expertise within neonatology compatible with those of the existing consultants in the department</td>
<td></td>
</tr>
<tr>
<td>APLS or NLS provider course (or equivalent)</td>
<td>Experience with neonatal retrieval service</td>
<td></td>
</tr>
<tr>
<td>Commitment to continuing Professional Development</td>
<td>APLS or NLS instructor course</td>
<td></td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>Evidence of involvement in multi-disciplinary audit</td>
<td>Computing and IT skills</td>
</tr>
<tr>
<td>Understanding of Clinical Governance issues</td>
<td>Formal audit training</td>
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<tr>
<td>Managerial Training</td>
<td>Evidence of strong leadership and management skills.</td>
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<td>---------------------</td>
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<tr>
<td></td>
<td>Evidence of Experience as Lead in Neonatal Intensive Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Good understanding of the structure and processes of the NHS</td>
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<tr>
<td></td>
<td>Formal management training</td>
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</tbody>
</table>
### Person Specification Consultant and Clinical Director of Regional NICU cont’d

<table>
<thead>
<tr>
<th>Academic</th>
<th>Evidence of effective teaching of medical undergraduates and postgraduates.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Experience of research activity and author of peer reviewed publications</td>
</tr>
<tr>
<td></td>
<td>Presentation to learned societies</td>
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<tr>
<td></td>
<td>Willingness and commitment to participate in research as a consultant and ability to increase the academic profile of the Department of Neonatal Medicine.</td>
</tr>
<tr>
<td></td>
<td>Formal research experience or training in research methodology</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Requirements e.g. communication, leadership, skills/flexibility</th>
<th>Good communication and organisational skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ability to develop good working relationships as part of a team</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>General requirements.</th>
<th>Able to meet on-call requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Meets professional health requirements</td>
</tr>
</tbody>
</table>

**Behaviours and Values**

- **B1** – Respecting Everyone
- **B2** – Embracing Change
- **B3** – Recognising Success
- **B4** – Working Together

<table>
<thead>
<tr>
<th>Essential</th>
<th>Desirable</th>
<th>To be Evidenced by*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* A = Application Form
b. I = Interview
c. P = Presentation
d. T = Test