

Royal Brompton and Harefield Hospitals

Job Profile

Locum Consultant in Radiology

Harefield Hospital

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A System of Care

Guy's and St Thomas' NHS Foundation Trust comprises five of the UK's best known hospitals – Guy's, St Thomas', Evelina London Children's Hospital, Royal Brompton and Harefield – as well as

community services in Lambeth and Southwark, all with a long history of high quality care, clinical excellence, research and innovation.

We are among the UK's busiest, most successful foundation trusts. We provide specialist care for patients including heart and lung, cancer and renal services as well as a full range of local hospital and community services for people in Lambeth and Southwark.

We have a long tradition of clinical and scientific achievement and – as part of King's Health Partners – we are one of England's eight academic health sciences centres, bringing together world-class clinical services, teaching and research. We have one of the National Institute for Health Research's biomedical research centres, established with King's College London in 2007, as well as dedicated clinical research facilities.

Royal Brompton and Harefield hospitals joined Guy's and St Thomas' in February 2021 and is the largest specialist heart and lung centre in the UK and among the largest in Europe. We provide treatment for people with heart and lung disease, including rare and complex conditions, offering some of the most sophisticated treatment that is available anywhere in the world.

Our integrated approach to caring for patients from before birth, through childhood, adolescence and into adulthood and old age has been replicated around the world and has gained Royal Brompton and Harefield an international reputation as a leader in heart and lung diagnosis, treatment and research.

We are working in partnership with King's Health Partners, to deliver our vision of creating a new centre of excellence, which will be the global leader in the research into and treatment of heart and lung disease, in patients from pre-birth to old age.

We have around 22,700 staff, making us one of the largest NHS Trusts in the country and one of the biggest employers locally. We aim to reflect the diversity of the communities we serve and continue to develop new and existing partnerships with local people, patients, neighbouring NHS organisations, local authorities and charitable bodies and GPs.

We strive to recruit and retain the best staff as the dedication and skills of our employees lie at the heart of our organisation and ensure that our services are of the highest quality, safe and focused on our patients.

1.0 Clinical Group mission, values and approach.

Our mission is to be the UK's leading specialist centre for heart and lung disease. We will achieve this mission through a strategy of focused growth in aspects of heart and lung treatment, such as congenital heart disease, arrhythmia, heart failure and advanced lung diseases. Our approach is based on:

- The continual development of leading-edge services through clinical refinement and research
- The effective and efficient delivery of core specialist treatment
- The transition of appropriate routine services to other centres to release capacity for new interventions

Remaining an autonomous specialist organisation is central to preserving and building our strong clinical and organisational record. However, we are equally convinced of the importance of effective

partnerships particularly with major academic bodies to ensure a continuing pipeline of innovations to develop future treatments.

1.1 Performance and achievements in 2020/2021

Our experts in 2020/2021:

| | | |
|--|---|---|
| <p>Cared for more than 152,000 patients in our outpatient clinics and over 52,000 'virtual' appointments</p> | <p>Treated 85 critically ill patients with cardiogenic shock through VV-ECMO and other therapies, achieving an 86% survival rate</p> | <p>Maintained one of the fastest 'arrival to treatment' times for UK heart attack patients – 30 minutes compared with a national median 39 minutes</p> |
| <p>Launched Rainbow badges showing that the Trust offers more open, non-judgmental and inclusive care for patients and their families and friends who identify as LGBT+</p> | <p>During the COVID-19 pandemic Harefield Hospital became one of two centres in London to maintain essential cardiac surgery involving Cardiac specialists from both our hospitals and colleagues from Guy's and St Thomas' NHS FT and Imperial College Healthcare</p> |  |
|  | <p>We are one of only five adult centres for ECMO (an advanced life support) in England. Treated more Covid 19 patients with ECMO than any other centre in Europe</p> | <p>Introduced sunflower lanyards which, when worn discreetly, indicate to staff that wearers have a hidden disability and may require additional support or assistance</p> |
| <p>Received a 96% recommendation score in the annual Friends and Family Test</p> | <p>Our researchers produced over 800 peer reviewed publications, maintaining the Trust's position as a leading centre for cardiovascular, critical care and respiratory research</p> | <p>Over 2,000 patients were recruited to research projects and there are now almost 200 active projects running</p> |
| <p>Improved our communication to patients with the introduction of digital appointment letters and text reminders</p> |  | <p>Maintained our environmental responsibility by reducing our carbon emissions and our energy consumption by 9% over the previous year</p> |

1.2 Range of Services

The Clinical Group provides first-rate clinical services and exceptional research output.

We have an outstanding Research and Development pedigree; with over 500 active research projects across 10 R&D programmes. Every one of these programmes has been consistently given the top rating by the NHS R&D Directorate. The table below illustrates the inter-relationship between our R&D activity and clinical services.

Several of our clinical services have been formally designated as national services by the Department of Health: Heart and Lung transplantation, Ventricular Assist Devices (LVAD), Pulmonary Hypertension and Primary Ciliary Dyskinesia.

| Research Programmes | | Clinical Services |
|---|---|---|
| Congenital Heart Disease | ↔ | Adult Congenital Heart Disease Pulmonary Hypertension Paediatric Respiratory Paediatric Congenital Heart Disease Fetal Cardiology Primary Ciliary Dyskinesia |
| Chronic Coronary Heart Disease and Atheroma | ↔ | Acquired Heart Disease |
| Failing Heart | ↔ | Heart Failure Heart & Lung Transplant |
| Critical Care | ↔ | Critical Care relating to Heart and Lung |
| Chronic Respiratory Failure | ↔ | Chronic Obstructive Pulmonary Disease Sleep Ventilation Pulmonary Rehabilitation Lung Volume Reduction |
| Lung Cancer | ↔ | Lung and Upper GI cancer services |
| Severe Respiratory Disease | ↔ | Interstitial Lung Disease Acute Lung Injury Asthma & Allergy |
| Occupational and Environmental Medicine | ↔ | Occupational Lung Disease |
| Chronic Suppurative Lung Disease | ↔ | Paediatric and Adult Cystic Fibrosis Non – CF Bronchiectasis Aspergillosis Mycobacterial Infections |

1.3 Organisation

The Heart, Lung and Critical Care Clinical Group Board constituted as follows:

| Non-Executive Members | Executive Members |
|---|--|
| Baroness Sally Morgan (Chair) | Dr Ian Abbs, Chief Executive |
| Mr Simon Friend (Deputy Chair) | Mr Lawrence Tallon, Deputy Chief Executive |
| Dr Felicity Harvey, CBE | Mrs Avinderjit Bhatia, Chief Nurse and Vice President of the Florence Nightingale Foundation |
| Heart, Lung and Critical Care Clinical Group | |
| Dr Richard Grocott-Mason, Chief Executive | Dr Mark Mason, Medical Director |
| Mr Nicholas Hunt, Executive Director | Mr Robert Craig, Director of Development and Operations |
| Mrs Joanna Carter, Director of Nursing | Mr Rob Davies, Director of Workforce (HR) |
| Mr Richard Guest, Chief Financial Officer | Mr Piers McCleery, Director of Strategy and Corporate Affairs |
| Mr Luke Blair, Head of Communication and Public Affairs | Mr Denis Lafitte, Chief Information Officer |
| Mr David Shrimpton, Managing Director, Private Patients | |

The Heart, Lung and Critical Care Clinical Group is a formal sub-committee of the Guy's and St Thomas' NHS Foundation Trust Board, with delegated responsibilities and decision-making rights for

the strategic and operational running of its services. These are set out in the Guy's and St Thomas' Scheme of Delegation, and the Trust's Standing Financial Instructions provide the delegation limits with regards to financial decisions.

The Guy's and St Thomas' NHS Foundation Trust Board of Directors holds legal accountability for the Trust including all aspects of the Heart, Lung and Critical Care Clinical Group. The Clinical Group Board provides assurance to the Guy's and St Thomas' NHS Foundation Trust Board of Directors on the overall operational, quality and safety and financial performance of the Heart, Lung and Critical Care Clinical Group, and on the development and delivery of the Trust's strategy for its heart and lung services.

1.4 Harefield Hospital Site

Harefield Hospital (HH) is a regional centre for cardiothoracic medicine, surgery, and transplantation. It also provides a very busy primary intervention service for acute coronary syndromes to selected Trusts and the London Ambulance Service, in outer West London and the Home Counties. It has approximately 1,185 staff, 180 beds with 5 operating theatres, and 4 catheter laboratories and extensive imaging facilities. The hospital benefits from the Magdi Yacoub Research facility which has strong links with Imperial College and King's Health Partners.

1.5 Royal Brompton Hospital Site

The Royal Brompton Hospital (RBH) is a specialist cardiothoracic centre specialising in diseases of the heart and lung, with services for adults and children. It has approximately 2,081 staff, 296 beds, 6 operating theatres, 5 catheter laboratories, a private patients' ward and extensive imaging facilities. A diagnostic and imaging centre was opened in 2021. The Hospital benefits from a joint cardiac and respiratory clinical research facility and has strong links both with King's College London/ King's Health Partners and the National Heart and Lung Institute at Imperial College.

1.6 Clinical Governance and Quality

The Clinical Group has an extensive programme of clinical governance and quality. The programme is delivered through the organisation's systems and processes for monitoring and improving services, including sections for:

- Clinical audit and information
- Clinical risk management
- Research and development office
- Infection prevention and control
- Patient feedback
- Clinical Quality and Improvement

Consultant appraisals form an integral part of the process with each consultant undertaking annual appraisal with their line manager. There is also a programme of mandatory training undertaken by all staff.

1.7 Regulation

The Trust was inspected by the Care Quality Commission during Autumn 2018 and the inspection report was published in February 2019. Overall, the Trust was rated by the CQC as 'Good'. Within this rating, Harefield Hospital was rated as 'Good' and the Royal Brompton Hospital as 'Good' and identified several areas of outstanding practice.

1.8 Research and Development – King's Health Partners-Cardiovascular

Cardiovascular research and clinical services (KHP Cardiovascular) are considered a "peak of excellence" across King's Health Partners (KHP) and the partners are embarked on a transformation of service delivery and the integration of research and education to revolutionise cardiovascular prevention and care.

KHP Cardiovascular builds upon more than 8 years of collaboration through the Cardiovascular Clinical-Academic group (CAG), which brings together the clinical cardiovascular services of Guy's & St Thomas' NHS Foundation Trust together with the Royal Brompton and Harefield Hospital and King's College Hospital NHS Foundation Trust and the academic Cardiovascular Medicine and Sciences School of the university, King's College London (see <https://www.kcl.ac.uk/scms>). The overall vision is to integrate clinical services, teaching and research across these groups in a world-class centre that delivers excellent outcomes and innovative research-based advances for patients.

The current phase of the KHP Cardiovascular development consists of closer collaborative working and clinical-academic integration of the existing groups, and the strengthening of the population network within which we deliver services. In practice, this means increasingly working as a single clinical and operational team, providing a seamless service to patients across KHP, faster research and innovation translation, and new educational programmes.

1.9 Mentorship

All new Consultants at the Royal Brompton and Harefield Hospitals will be provided a detailed and focussed Trust and Departmental Induction upon their arrival. As part of the local induction, a Professional and Management Mentor will be allocated, with whom the appointee will meet for regular meetings.

2.0 Clinical Services at Harefield Hospital

2.1 Harefield Cardiology

There are 11 full-time and several part-time and visiting consultants providing expertise in all aspects of cardiology. There is a nationally recognised primary angioplasty service and ever burgeoning structural and electrophysiology services.

2.2 Harefield Surgery

There are 5 operating theatres hosting 4 transplant surgeons; 4 thoracic surgeons and 5 cardiac surgeons. In addition are several training and non-consultant grade surgeons. Together they provide

a comprehensive palate of thoracic (cancer and non-oncological) cardiac (structural, aortovascular and coronary artery) and transplant (heart, lung and mechanical support) procedures.

2.3 Harefield Thoracic Medicine

There are 8 full and part time consultants providing a comprehensive collection of services (Sleep / NIV / Asthma / COPD / ILD / Cancer / Infection).

2.4 Harefield Transplant Medicine

There are 7 full and part-time consultants across respiratory and cardiac transplant medicine.

2.5 Imaging Services

2.5.1 Magnetic Resonance Imaging

The Harefield MRI department was established in 2010, performs about 2,800 CMR scans a year, and continues to grow. The current service is delivered in the new Imaging Centre (opened 2017) with a 1.5T Siemens Aera and an additional modular 1.5T Siemens Aera scanner. The additional scanner has facilitated an increase in non-cardiac referrals to compliment the already existing cardiac service.

The CMR department also supports a rapid service for specialist clinics including the new cross-site inherited cardiomyopathy clinic, as well as the cardiac oncology service.

Non cardiac MRI scan referrals are increasing and provide essential support to both outpatient and inpatient diagnosis and treatment alike including neuro scans for acute ITU patients.

Research interests include predictors of outcome in our primary angioplasty, advanced heart failure, valve disease and transplant populations.

2.5.2 CT Imaging

The CT department has extensive experience in both cardiac and thoracic CT and performs approximately 720 CT examinations a month with a large proportion being cardiac CT examinations. Cardiac and aortic CT data is presented at all relevant MDTs and forms a key component of the multi-modality assessment pathway. The cardiology patient mix is complex and includes rapid access chest pain patients through to post transplant and adult congenital cardiac patients.

In addition, there is a busy, successful interventional service which comprises of a CT guided lung ablation service and also CT guided lung biopsies. Covering a wide referral base, we perform 180 ablations a year and accept lung biopsies from local DGHs as well as internally generated referrals resulting in capacity for approximately 300 biopsies a year.

There are two GE CT scanners, one in the new purpose-built imaging centre.

2.5.3 Nuclear Medicine

The nuclear medicine services performs both cardiac and non-cardiac scans for both internally and externally generated referrals. The department performs approximately 2,700 myocardial perfusion

scintigraphy studies per year, a large proportion for other NHS trusts. Radionuclide ventriculography and cardiac MIBG imaging is also performed.

There is an expanding non-cardiac service that supports both internal patients but also local DGHs.

There are plans in place to replace the current gamma camera for a DPECT scanner within the next financial year.

Research interests include the use of MPS in guiding revascularisation, and the value of radionuclide techniques in guiding therapy in heart failure (gated SPECT dyssynchrony assessment, cardiac MIBG).

2.5.4 Ultrasound

There are GE and Siemens ultrasound machines within the main department providing an ever-growing ultrasound service, accepting referrals from both inpatient and outpatient pathways. The service provides essential support to all internal clinical services and local GPs and we also undertake interventional procedures

2.6 Imaging Staffing (HH)

| Consultants | Specialist Interest | Site |
|-------------------------------|--|-------------|
| Dr Aigul Baltaeva | Cardiac Imaging/Echo | HH/ASPH |
| Dr Anthony Barron | Heart Failure/Echo | HH/THH |
| Dr Chiara Bucciarelli - Ducci | Cardiac MRI | HH/RBH |
| Dr Paras Dalal | Co-Cross-Site Director | HH/RBH |
| Prof Anand Devraj | Co-Cross-Site Director | RBH/HH |
| Dr Marta Gennaro | Nuclear Medicine | HH |
| Dr Tina Khan | Preventative Cardiology and CMR | HH |
| Dr Georgia Keramida | Nuclear Medicine | HH/RBH |
| Dr Saeed Mirsadraee | Aortovascular and Cardiac | HH/RBH |
| Dr Tarun Mittal | Cardiac Radiology/MRI/CT | HH |
| Dr Shelley Rahman-Haley | Echocardiography/Cardiac Imaging | HH |
| Dr Evangelos Skondras | Cardio-thoracic imaging and Intervention | HH |
| Prof Richard Underwood | Nuclear Medicine | HH/RBH |
| Dr Kshama Wechalekar | Nuclear Medicine | HH/RBH |
| Dr Joyce Wong | Cardiac MRI | HH |

Junior imaging staff at Royal Brompton Hospital:

There are dedicated registrars/ senior clinical fellows both deanery and trust appointed at the Royal Brompton site who cover all modalities and offer an 24/7 on call provision. There are also specialist registrars undertaking research within the department.

Junior imaging staff at Harefield Hospital:

There are currently 5 dedicated registrars/ senior clinical fellows within the department who cover all modalities and undertake a wide range of examinations. There is a 24/7 on call provision that all fellows participate in. In addition, there are 2 dedicated CMR fellows

3.0

ROYAL BROMPTON AND HAREFIELD HOSPITALS

(Harefield Hospital)

JOB DESCRIPTION

1. Post

This post is for a whole-time locum Radiology Consultant with a special interest in Cardio-Thoracic imaging and is to backfill a current substantive Consultant who is undertaking a 1 year sabbatical.

2. Location

The post is to be sited at Harefield Hospital, Hill End Road, Harefield, UB9 6JH.

3. Accountability

3.1 In respect of the consultant contract, the post holder will be professionally accountable to co-Cross-site Directors of Radiology.

3.2 The post holder will have professional responsibility to the Medical Director and Director of Research for clinical governance and research undertaken within the hospital.

4. Professional and Clinical Duties of the Post

4.1 The principal roles of this post are to provide sub-specialist expertise in cardiac and thoracic imaging (CT / MRI / US / X-ray) and intervention.

To maintain current knowledge of cardiac and thoracic radiology and other subspecialty radiology areas appropriate to carrying out these duties, and to participate in a recognised programme of continuing medical education and professional development.

4.2 To provide care to both in-patients and out-patients to ensure that patients are provided with the highest possible standard of diagnosis, treatment and care in the most effective and timely way.

4.3 To work with the Clinical in Radiology at Harefield to ensure the smooth running of imaging services

4.4 The post holder will assist in the supervision, training and management of junior medical staff and radiographers to ensure high standards of clinical practice and efficient use of resources.

4.6 There is a 1 in 4 out-of-hours on-call requirement for this post.

- 4.7 To seek and maintain professional qualifications/accreditation and to participate in the Trust's individual performance review and appraisal programme.

5.0 Research and Audit Responsibilities

- 5.1 The Royal Brompton and Harefield Hospitals along with Imperial College School of Medicine at the National Heart & Lung Institute undertake research of the highest quality in heart and lung disease, which is of relevance to patient care and public policy. Further information about the research activities in the Trust can be found on <https://www.rbht.nhs.uk/research>.
- 5.2 Involvement in the research activities of the Echo Department at Harefield will form an important component of the role. It is hoped the post holder will attract research work and external funding.
- 5.3 Harefield Hospital is a postgraduate teaching hospital, which is closely associated with the National Heart and Lung Institute Division of Imperial College of Science, Technology and Medicine, Guy's and St Thomas' Hospitals and Kings Health Partners and thus research into, and development of new methods of treatment and diagnosis will form an essential component of the work.
- 5.4 No research project can commence until it has been properly costed and agreed by both the Research Office and an appropriate Clinical Director, nor, for a project involving patients, without Ethics Committee approval.

6.0 Training and Education

- 6.1 Apart from informal teaching of junior staff working directly with him/her, the post holder will be expected to make a positive contribution to postgraduate medical education within the organisation as a primary responsibility and undertake teaching of and support for junior doctors as necessary.
- 6.2 The postholder may be expected to participate in appraisal of junior medical staff, both in training and non-training grades.

7.0 Managerial and Administrative Responsibilities

- 9.1 To participate in the Clinical Audit programme and Clinical Governance.
- 9.2 To assist with the administration of the Radiology Division as designated by the Divisional Director and approved by the Harefield Hospital Director
- 9.3 To assist in the management of junior and research medical staff and of technical staff according to Trust policies and in line with the requirements of the clinical service.
- 9.4 To maintain effective communication and working relationships with medical, scientific, management, technical and nursing staff, as required for performing the responsibilities of

this post. This includes electronic communication within the department, the Trust, and with national and international colleagues.

- 9.5 To assist with the development plans and objectives for the Heart Division and to work to the needs of the business.

10.0 Office Accommodation and Secretarial Support

- 10.1 Office accommodation and secretarial support will be provided.
- 10.2 IT support will be available.

11.0 Staff Appraisal & Revalidation

- 11.1 The Trust approach is based on the principle that appraisal and revalidation is an essential part of good practice in managing people. It enables the organisation to ensure employees can assist in meeting organisational aims through the process of managing performance and identification of development needs. It also gives staff the opportunity to discuss their performance and development needs with their manager and ensures that they are clear about what they are trying to achieve both in their current role and for the future.

- 11.2 The organisation therefore has a basic requirement of such good practice, which can be audited to ensure that it is achieved. This standard is outline below:

Managers will meet with staff they directly manage, at least once per year on a formal basis, with informal progress reviews at least every six months.

A record of the discussions will be made using an online appraisal software.

There is a clear and current agreement about the job plan the employee is expected to do covering the purpose, aims, responsibilities and tasks. Every member of staff will have work-based objectives which link to organisational standards and the business plan of their directorate/department.

- 11.3 Every employee should have a Personal Development Plan (PDP) outlining short and long-term learning and development aims and actions to meet these. The Head of Department, who will also ensure fairness and consistency, will appropriately monitor appraisal to ensure all staff in their area are having an appraisal. The Human Resource department will be responsible for monitoring compliance across the Trust.

All staff that carries out appraisal will be given support and training as required.

12. Conditions of Service

- 12.1 The post is covered by the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales 2003).
- 12.2 The post is for 10 programmed activities and will be paid according to the current Consultant salary scale depending on seniority.
- 12.4 A London Weighting allowance is payable at the rate of £2,162 per annum.

12.5 The annual leave year will run from 1st April to the succeeding 31st March. Arrangements for taking annual leave should be discussed and agreed at least six weeks in advance. Any annual leave to be carried over is subject to the General Council Conditions of Service (sect. 1, para 10-14).

12.6 The successful applicant will be required to reside not more than 10 miles from Harefield Hospital, unless otherwise agreed with the Trust Board. For on-call commitment, the post holder is expected to be communicable via phone or pager at all times and is able to reach the hospital within 30 minutes of being called.

13. Conditions of Appointment

13.1 The appointment will be made in accordance with the National Health Service (Appointment of Consultants) Regulations 2005.

13.2 Full registration of the General Medical Council will be required, as will inclusion, or eligibility for inclusion, on the specialist register of the General Medical Council.

13.3 The GSTT Board will indemnify the post holder for all National Health Service work undertaken as part of the contract of employment. Adequate defence cover as appropriate should be taken out by the post holder to provide cover for any work undertaken outside the scope of the indemnity scheme.

13.4 Due to the nature of the work of this post it is exempt from the provisions of Section 4(2) of the Rehabilitation of Offender Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemption Order 1986). Applicants are therefore not entitled to withhold information about convictions including those, which are for other purposes spent under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust.

14. Additional Information

14.1 Confidentiality

During your employment you may have access to, see or hear information of a confidential nature and you are required not to disclose such information, particularly that relating to patients and staff.

14.2 Data Protection

In order to comply with the Data Protection Act 1998, you must not at any time use personal data held by the Trust for any unauthorised purpose or disclose such as data to a third party.

You must not make any disclosure to any unauthorised person or use any confidential information relating to the business affairs of the Trust, unless expressly authorised to do so by the Trust.

14.3 Health and safety

You must co-operate with management in discharging its responsibilities under the Health and Safety at Work Act 1974 and take reasonable health and safety of yourself and others and ensure the agreed safety procedures are carried out to maintain a safe environment for patients, employees and visitors.

14.4 Diversity

You are at all times required to carry out your responsibilities with due regard to the Trust's diversity policy and to ensure that staff receive equal treatment throughout their employment with the Trust.

14.5 Risk management

All staff have a responsibility to report all clinical and non-clinical accidents or incidents promptly and, when requested, to co-operate with any investigation undertaken.

14.6 Conflict of interests

You may not without the consent of the Trust engage in any outside employment. In accordance with the Trust's conflict of interest policy, you must declare to your manager all private interests, which could potentially result in personal gain as a consequence of your employment in the Trust. Interests that might appear to be in conflict should also be declared to your manager.

In addition, the NHS Code of Conduct and Standards of Business Conduct for NHS Staff (HSG 93/5) requires you to declare all situations where you or a close relative or associate has a controlling interest in a business (such as a private company, public organisation or other NHS voluntary organisation) or in any activity which may compete for any NHS contracts to supply goods or services to the Trust. You must therefore register such interests with the Trust, either on appointment or subsequently whenever such interests are gained. You should not engage in such interests without the written consent of the Trust, which will not be unreasonably withheld. It is your responsibility to ensure that you are not placed in a position that may give rise to a conflict between your private interest and your NHS duties.

14.7 Code of Conduct for Professionally Qualified Staff

All staff are required to work in accordance with their professional group's code of conduct (e.g. NMC, GMC, DoH Code of Conduct for Senior Managers).

14.8 Disclosure and Barring Service checks (DBS)

Any applicant who is short-listed for this post will be asked to complete a disclosure form as the post-holder will be required to have contact with vulnerable adults or persons under the age of 18. The successful candidate will be subject to a criminal record check from the Disclosure and Barring Service prior to the appointment being confirmed. The disclosure will include details of cautions, reprimands, and final warnings, as well as convictions if applicable.

14.9 The Trust operates a no-smoking policy.

14.10 The department is committed to meeting the standards set out by NHS England for the provision of congenital cardiac care for all age groups. We are currently working with the congenital cardiac team at the Evelina Children's Hospital to establish a collaborative partnership whereby all the activity of the two centres can in future be delivered on an expanded Westminster site. At this stage of the merger process, the main concept of this partnership is to have one service within 2 strong units (Royal Brompton + Evelina) with a strong collaborative relationship.

Note:

The above description is not exhaustive and may be altered to meet the changing needs of the post and of the directorate. The post holder will be expected to be flexible and to co-operate in accordance with the changing requirements of the directorate and of the Trust.

FURTHER INFORMATION

Applicants are encouraged to view the Department and discuss the post.

Further information can be obtained from the following

Dr Paras Dalal, Co-Cross-Site Director Radiology : p.dalal@rbht.nhs.uk

Mrs Juliette Tennant, Diagnostics Lead : j.tennant@rbht.nhs.uk

Dr Ian McGovern, Deputy Medical Director on I.McGovern@rbht.nhs.uk

Derval Russell, Harefield Hospital Director on D.Russell@rbht.nhs.uk

Appendix One

Core behaviours for all Trust staff

All staff will commit to:

- Act with honesty and integrity at all times
- Demonstrate respect for others and value diversity
- Focus on the patient and internal and external customer at all times
- Make an active contribution to developing the service
- Learn from and share experience and knowledge
- Keep others informed of issues of importance and relevance
- Consciously review mistakes and successes to improve performance
- Act as ambassadors for their directorate and the Trust
- Be aware of the impact of their own behaviour on others
- Be discreet and aware of issues requiring confidentiality

In addition, all managers and supervisors will:

- Value and recognise the ideas and contributions of all team members
- Coach individuals and teams to perform to the best of their ability
- Delegate work to develop individuals in their roles and realise their potential
- Give ongoing feedback on performance, and effectively manage poor performance
- Provide support and guidance to all team members
- Encourage their team to achieve work/personal life balance
- Actively listen to comments/challenges and respond constructively
- Lead by example, setting high standards
- Ensure that there are sufficient resources for their team and rebalance priorities accordingly
- Provide a safe working environment

Appendix A:

Proposed Timetable

The below timetable should be regarded as illustrative.

For a whole-time contract (10PA):

Direct Clinical Care (8.5 CPAs): PAs on average per week (*includes clinical activity, clinically related activity, predictable & unpredictable emergency work*)

Supporting Professional Activities (1.5 SPA): 1.75 PAs on average per week (*includes CPD, audit, teaching & research*)

PAs are subject to annual job planning review with the Clinical Lead for Echocardiography and the Cardiology Clinical lead.

| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
|----|----------------|----------------------|-----------------------|------------------------------|----------------------|
| AM | CT [1 DCC] | Ultrasound / Xray | MRI [1 DCC] | <i>Ultrasound / Xray</i> | CT (1 DCC) |
| PM | SPA [1 SPA] | CT (1 DCC) | <i>MRI</i> [1 DCC] | <i>SPA</i> (1 SPA) | <i>CT</i> (1 DCC) |

On-call availability supplement

Agreed on-call rota:

1 in 4

Agreed category:

A

On-call supplement:

8%

Important Notes:

Important Notes:

- This timetable should be regarded as an outline. Details will be agreed between the successful post holder and the Radiology Director and is subject to alteration.
- Time will be allocated for research, education, clinical audit and administrative duties following discussion with the post holder.
- The post holder's job plan will be reviewed annually with the Divisional Director. This will present several opportunities, one of which is to enable the post holder to review his/her weekly timetable with a view to alterations, which would be of benefit to the Trust and/or meet the professional needs of the post holder.