



Locum Consultant in Medicine for the Elderly

Post 1: To commence Asap until 04 December 2024

Post 2: To commence Asap until 31 March 2025

Advert Reference No. 180-LOCON-4769

Medical Staffing Department

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SECTION 1 Job Description – General Details

Title:	Locum Consultant in Medicine for the Elderly
Location:	Based at Addenbrooke's Hospital, Cambridge
New or Replacement Post:	Locum post
Prime responsibility:	<p>Organisation and provision of specialist input to frail older people within Addenbrooke's Hospital and the promotion of the highest quality geriatric care to all people within the region</p> <p>Successful applicants will have support provision of CGA within the ED and short-stay medical wards. Successful applicants may also be expected to have responsibility for patients within core medicine for the elderly ward areas. There is also the opportunity to contribute to the general medical take</p>
Accountable to:	Dr Ashley Shaw, Medical Director
Reports to:	<p>Dr Stephen Wallis, Divisional Director for Medicine</p> <p>Dr Martin Knolle, Clinical Director</p>
Works with:	<p>Consultants in Medicine for the Elderly, Clinical Manager and other members of the department</p> <p>Other Consultant colleagues and the senior management of the hospital</p>
Key tasks:	<ul style="list-style-type: none"> • Maintenance of the highest clinical standards in the management of patients under his/her care • To share with colleagues responsibility for the day-to-day management of the in-patients and out-patients in the Department of Medicine for the Elderly • Participation in the General Internal Medicine responsibilities of the Department of Medicine for the Elderly • Teaching and training of junior staff, medical students and members of the multidisciplinary team • To actively participate in both departmental and Trust matters concerning Clinical Governance and audit

	<ul style="list-style-type: none">• To have responsibility for ensuring active participation in continuing medical education (CME)
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SECTION 2 Person Specification

Entry Criteria	Essential	Desirable	Assess by
Qualifications	<ul style="list-style-type: none"> • Entry on GMC Specialist Register; eligible for entry on Register or within six months of receipt of Certificate of Completion of training (CCT) at time of interview • Success in Intercollegiate Specialty Examination or equivalent • MRCP 	<ul style="list-style-type: none"> • Postgraduate thesis • Success in Intercollegiate Specialty Examination or equivalent (Geriatric Medicine SCE) 	A
Standards	Thorough knowledge and understanding of GMC standards in <i>Good Medical Practice</i> including <ul style="list-style-type: none"> • good clinical care • maintaining good medical practice • good relationships and communication with patients • good working relationships with colleagues • good teaching and training • professional behaviour and probity • delivery of good acute clinical care 		A, I, R
Professionalism	Professional integrity and respect for others: <ul style="list-style-type: none"> • Capacity to take responsibility for own actions and adopts a supportive approach towards others; capacity to adopt a corporate approach even if this is against personal views or preference • Displays honesty, integrity, awareness of confidentiality and ethical issues 		A, I, R
Clinical skills	<ul style="list-style-type: none"> • Clinical training and experience equivalent to that required for gaining UK CCT in Geriatric and General (Internal) Medicine • Ability to offer expert clinical opinion on a range of problems relating to frail older people • Ability to take full and independent responsibility for clinical care of patients 	<ul style="list-style-type: none"> • 5 years supervised training in an appropriate StR equivalent training programme 	A, C, I, R

Entry Criteria	Essential	Desirable	Assess by
Specialty specific skills related to the post	<ul style="list-style-type: none"> Ability to advise on efficient and smooth running of the clinical service for older people Ability to organise and manage clinical priorities in the inpatient and outpatient setting, and the interface with primary and community care Ability to manage and lead the multidisciplinary team Experience of audit management Ability and willingness to work within the Trust and NHS performance framework and targets 	<ul style="list-style-type: none"> Evidence of well developed organisational skills 	A, C, I, R
Commitment to clinical governance / improving quality of patient care	<p>Clinical governance: Demonstrates awareness of good decision making. Awareness of own limitations. Track record of engaging in clinical governance: reporting errors, learning from errors</p> <p>Audit: Experience of audit</p> <p>Teaching: Experience of supervising undergraduates, junior doctors and other staff; ability to teach clinical skills</p> <p>Research: Ability to apply research outcomes to clinical problems; Ability to critically appraise published evidence</p>	Teaching: experience of teaching basic clinical skills to undergraduates	A, I
Communication skills	<p>Effective communication skills: Ability to communicate effectively (written and oral) with colleagues, patients, relatives, GPs, nurses and other agencies</p> <p>Empathy and sensitivity: Ability to listen and take in others' perspectives; caring approach to patients</p>		A, I
Personal skills	<p>Supports CUH values: Evidence of work behaviour that demonstrate CUH values of kind, safe and excellent</p> <p>Team working: Ability to develop effective working relationships on an individual and multi-disciplinary basis with all levels of staff; an awareness of own limitations and when to ask for help; receptive to appropriate challenge</p> <p>Corporate responsibility: Ability and willingness to work within the Trust and NHS performance framework and targets; a corporate player who can work effectively with those who</p>		A, I, R

Entry Criteria	Essential	Desirable	Assess by
	<p>may express strong opposing views</p> <p>Leadership: Ability to take responsibility and demonstrate leadership when appropriate. An understanding of and ability to demonstrate your ability to:</p> <ul style="list-style-type: none"> • Empower others • Lead through change • Influence strategically • Demonstrate innovation and problem solving abilities <p>Organisation & planning: Ability to cope with and effectively organise the workload of a Consultant</p> <p>Coping with pressure: Ability to work effectively under pressure and cope with setbacks; ability to maintain composure and set high standards of behaviour when under pressure</p> <p>Problem solving: Evidence of an enquiring and critical approach to solving work problems</p> <p>Service improvement: Ability and drive to use information and experience to improve the clinical service; ability to adapt and respond to changing circumstances to improve patient care</p> <p>Equality and diversity: Promotes equality and values diversity</p>		
Understanding of the NHS	Good knowledge of the structures and culture of the NHS. Roles, responsibilities and relationships across the MDT and the multi-professional team		A, I
Commitment to ongoing professional development	<p>Learning and personal development: Demonstrates interest in the specialty required for the job. Demonstrates a commitment to maintaining professional skills and knowledge relevant to the job (see notes)</p> <p>Demonstrates engagement in appraisal. Self-awareness and ability to accept and learn from feedback</p>		A, I

Key:

A=application form/CV; I=interview; C=other documented evidence e.g. certificate/exam; R=references

All candidates must have demonstrable skills in written and spoken English that are adequate to enable effective communication about medical topics with patients and colleagues.

If the Primary Medical Qualification including clinical contact was not carried out using English, applicants must either:

- Have an academic IELTS score of at least 7.0 in each domain and an overall score of 7.5 within the same test to meet the GMC's requirements

or

- Complete the medical Occupational English Test (OET) and achieve grade B in each of the four domains tested to meet the GMC's requirements

If applicants believe that they have adequate communication skills but are unable to demonstrate this by one of the examples listed in the bullet points above, alternative evidence must be provided.

SECTION 3 Responsibilities and Expectations of the Role

3.1 Clinical

- (a) Provision with Consultant colleagues of a service to Cambridge University Hospitals (CUH), with responsibility for the prevention, diagnosis and treatment of illness, and the proper functioning of the department;
- (b) Out-of-hours responsibilities, including participation in Consultant on-call rota where applicable;
- (c) Cover for colleagues' annual leave and other authorised absences;
- (d) Participating in medical audit, the Trust's Clinical Governance processes and in CPD;
- (e) Where it is agreed between the parties, work on behalf of CUH such as domiciliary consultations, or services provided by the Trust for other agencies, e.g. the prison service. *(This excludes work done under direct arrangements between an individual Consultant and a third party, e.g. Category 2).*

3.2 Education and Training

- (a) Professional supervision and management of junior medical staff;
- (b) Responsibilities for carrying out teaching, examination and accreditation duties as required and for contributing to undergraduate, postgraduate and continuing medical education activity, locally and nationally;
- (c) If appropriate the post-holder will be named in the contract of junior staff as the person responsible for overseeing their training and as an initial source of advice to such doctors regarding their careers;
- (d) All Consultant staffs are encouraged to undertake a formal "Training the Trainers" course.

3.3 Research

- (a) Involvement in research, please refer to Section 5.5 for further information about research within the Department.

3.4 Leadership/Management

- (a) To act in a professional manner and as a role model to other staff members;
- (b) To perform your duties to the highest standard with particular regard to efficient and effective use of resources, maintaining quality and commitment to drive improvements.

3.5 Professional

- (a) To accept personal accountability for own clinical practice and to work at all times within the GMC's Good Medical Practice and Leadership and Management for all doctors;
- (b) To promote and adhere, at all times, to CUH policies and procedures;
- (c) To work within the Trust's policies and procedures, accepting that the resources available to the Trust are finite and that all changes in clinical practice, workload or developments requiring additional resources must have prior agreement with the Trust;
- (d) To accept corporate responsibility to work effectively and positively within the Trust performance framework to meet Trust targets;
- (e) To participate in professional continuing medical education; study leave is provided for this purpose, and the appointee will be entitled to apply to the Trust Study Leave Committee for a contribution to funding of this activity;

- (f) A willingness to undertake additional professional responsibilities at local, regional or national levels.

3.6 General Compliance

- (a) To comply with all Trust Policies and Procedures, with particular regard to
- Risk Management - Health & Safety - Information Governance
 - Confidentiality - Data Quality - Freedom of Information
 - Equal Opportunities
- (b) All staff have a responsibility to comply with the current infection prevention and control policies, procedures and standards and ensure they have received an annual update on infection prevention and control issues including hand hygiene. All staff should practice and encourage appropriate hand hygiene and act professionally to ensure the hospital environment is clean, safe and tidy;
- (c) To perform your duties to the highest standard with particular regard to effective and efficient use of resources, maintaining quality and contributing to improvements;
- (d) To follow all the Trust Security policies and procedures and be vigilant to ensure the safety and secure environment for care;
- (e) All staff that have access to or transfers any data are responsible for those data, it must be kept secure and they must comply with the requirements of the Data Protection Act 1998 and the common law on confidentiality. All data must be kept in line with the Trust's policies and procedures. Data includes all types of data i.e. patient, employee, financial, electronic, hard copies of printed data or handwritten data etc;
- (f) The post holder is responsible for data quality and complying with the policies, procedures and accountability arrangements throughout the Trust for maintaining accuracy and probity in the recording of the Trust's activities;
- (g) The Trust is committed to carefully screening all staff who work with children and vulnerable adults. This appointment is therefore subject to a satisfactory Disclosure and Barring Service Disclosure of the appropriate Level if required;
- (h) All staff will receive training on Child Protection -Safeguarding Children Policies and Procedures as part of Induction and annual updates, this will equip the post holder with the knowledge of what you will need to do if you have concerns about the welfare of a child/young person under aged 18;
- (i) Participate in an annual Job Planning and Appraisal for Consultant and medical staff;
- (j) To uphold the Trust Values and Behaviour standards;
- (k) Perform any other duties that may be required from time to time.

Every post holder can make a difference to a patient's experience. You will come across patients as you walk around the hospital; we rely on all our staff to be helpful, kind and courteous to patients, visitors and each other.

SECTION 4 **Job Plan and Timetable**

4.1 **Job Plan**

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

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 provide a clear schedule of commitments, both internal and external. In addition, 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.

The job plan for the first three months will be based on the provisional timetable shown below. The initial expectation is of a whole-time equivalent provision of 10PAs.

4.2 **Provisional Timetable**

The following provides scheduling details of the clinical activity and clinically related activity components of the job plan which occur at regular times in the week. Agreement should be reached between the appointee and their Divisional Director or agreed delegate with regard to the scheduling of all other activities, including the Supporting Professional Activities.

Generic working

This post will contribute to the overall working of the Department of Medicine for the Elderly, predominantly spent as part of the Frailty front door team. This post may also include responsibilities on Core DME ward areas. It will be possible to load responsibility towards either the 'Front-door' or 'Core' wards depending on preference and negotiation with other members of the Department, however the likely distribution is:

- Provision of CGA at the front door as part of the Frailty Front Door team (approx. 32 weeks/yr).

We are developing our 'Front-door' frailty pathways and hope to promote Comprehensive Geriatric Assessment at the earliest part of the pathway. This will involve in-reach to the ED and the medical assessment units.

- A core DME ward.

A core ward is a 27-bedded general elderly medicine ward. Responsibility for Consultant cover will be shared with a Consultant colleague in the department.

- The Frailty and Acute Medicine for the Elderly (FAME) ward.

The Frailty and Acute Medicine for the Elderly ward is a 29-bedded admission and short-stay unit, through which we aim to provide assessment and management of frail elderly patients. The average length of stay is around 4 days. Turnover is high, and patient flow is maintained through enhanced multi-disciplinary team and seven day working.

- Sub-speciality working.

- There is an option to be involved in General Internal Medicine on-calls (see section 4.3).

Weekend Cover:

Weekend cover on the medicine for the elderly wards currently involves a post-take ward round of new admissions to the department, review of unwell patients and facilitating weekend discharges as appropriate. Consultants are supported by a Specialty Registrar and Junior doctor. The current expectation of weekend cover for DME is of 1 in 6 weekends, 08:00-14:00.

Sample timetable on core ward:

	Mon	Tues	Weds	Thurs	Fri
AM	Board Round WR	Board Round WR Specialty interest	Board Round WR OP clinic	Board Round WR Specialty interest	Board Round DME Management Meeting DME Journal club
PM	Audit/Clinical Governance/ Teaching Review New Admissions	Specialty/ Liaison Work Review New Admissions	Staff Round Ward Administration, Research and Supervision of Juniors Review New Admissions	Specialty/ Liaison Work Review New Admissions	DME Imaging Meeting Ward Administration & WR Review New Admissions

WR – Ward round, afternoon ward round for review of new patients, meeting families etc.

Sample timetable on Frailty and Acute Medicine for the Elderly (FAME) ward:

	Mon	Tues	Weds	Thurs	Fri
AM	Board Round WR	Board Round WR	Board Round WR OPD clinic	Board Round WR	Board Round WR DME Meeting DME CPD Seminar
PM	Review New Admissions Board Round	Review New Admissions Board Round	Staff round Review New Admissions Board Round	Review New Admissions Board Round	DME Imaging Meeting Review New Admissions Board Round

Unallocated time

When not allocate to a core ward, or the Acute Medicine for the Elderly ward, there is an expectation that colleagues will be available to help cross cover wards for the purposes of annual or study leave.

Where there are weeks not allocated to ward cover there will be an opportunity to increase liaison activities to accommodate service development.

IT systems in the form of computer and email facilities will be made available to the successful applicant, and there is provision of office space and full secretarial support.

4.3 On Call Availability

The “on-call” commitment for providing an out of hours’ emergency service in General Medicine is on a shared basis with 19 other Consultants from a variety of specialities within the Division of Medicine. The rota has recently been enhanced, to provide improved access to a GIM Consultant in the Emergency Department.

The rota is based on a 1:20 scheme. The expectation is that the Medical Consultant will attend the Emergency Department between 16:30 and 22:00 when on-call on a weekday, and 08:00 to 18:00 on weekends, in order to support junior staff, enhance access to senior specialist review and maintain patient flow. After those hours, the Consultant is available for advice until the following morning. At present participants on this rota receive a block payment equivalent to 1 PA.

Any successful applicant would be able to join a waiting list to partake in the GIM rota when space is available.

4.4 Teaching and Training

The appointee is expected to participate in teaching and training of junior staff, medical students and other clinical staff groups. The appointee will also have supervision responsibilities for junior medical staff within the specialty.

If appropriate the post-holder will be named in the contract of junior staff as the person responsible for overseeing their training and as an initial source of advice to such doctors regarding their careers.

All Consultant staffs are encouraged to undertake a formal “Training the Trainers” course.

The appointee will be involved in:

- Regular teaching of the Medical Students in their junior and senior attachments, and will be expected to contribute to the OSCE programme and the final MB examination.
- The departmental teaching programme for all grades of doctors and contribute to local teaching programmes for PACES and multidisciplinary team members.
- The teaching and training of StRs in Medicine for the Elderly on the Eastern Region training programme.

4.5 Study & Training

The applicant is expected to participate in professional continuing medical education; study leave is provided for this purpose, and the appointee will be entitled to apply to the Trust Study Leave Committee for a contribution to funding of this activity.

Mentoring can be arranged at the discretion of the successful applicant in line with RCP guidance.

SECTION 5 The Department of Medicine for the Elderly

5.1 Introduction

The Department of Medicine for the Elderly (DME) is one of the clinical services within Medicine. The service is needs-based and the majority of in-patients are frail with complex medical, psychological and social co-morbidities; the average age is mid to late-80s. There are currently four 'core' DME wards and a 29-bedded Frailty and Acute Medicine for the Elderly ward (FAME).

Currently many of the over-75s in the Trust are distributed through medicine and surgery, with the frailest in DME specialist beds. Almost all the in-patients are admitted through the Emergency Department, the Medical Assessment Units and Clinic 5 SDEC. An otherwise fit 90 year old with a 'single' system problem will be admitted to that specialist service eg with an MI to CCU; if there is multiple co morbidity or presentation such as a fall, admission is to FAME if a short length of stay (<5 days) is anticipated or to a core DME ward if a longer stay is likely.

The Consultants are responsible for inpatient and outpatient services at Addenbrooke's. Most Consultants rotate through their core wards/FAME, the Frailty Front door service, and some also take part in the General Medical take. Each DME ward has a ward-based multidisciplinary team, including: physiotherapy, occupational therapy, discharge planning/case manager and there is pharmacy support and a full range of other clinical and diagnostic services.

There are 4 Senior Clinical Nurses or 'Modern Matrons' within DME. There are close links with the community and some Consultants have sessions outside Addenbrooke's including work in community hospitals run by the PCT. Other duties include liaison work to advise medical and surgical colleagues on the care of older patients elsewhere in the Trust and facilitate discharge planning.

The Stroke Service is a separate clinical unit, but has close links with Medicine for the Elderly, Neurology and General Medicine.

5.2 Staffing: NHS and Academic

The present medical staff establishment comprises:

NHS Consultants	University (Honorary Consultants)
Dr Stephen Wallis, Divisional Director, Division C (Medical Liaison, Rapid Access)	Dr Rhian Simpson
Dr Lelane Van der Poel (Rapid Access, Medical Liaison, Dementia)	Dr Viveca Kirthisingha
Dr Richard Biram (Surgical Liaison)	
Dr Jane Wilson (Falls)	
Dr Helen Hayhoe	
Dr Joanna Hampton (Rapid Access, Syncope)	
Dr Renate Claassen (Rapid Access, Dementia)	
Dr James Diver (Ambulatory Care)	
Dr Christina Pampali (Surgical Liaison)	
Dr Shaun D'Souza, Clinical Lead (Surgical Liaison)	
Dr Victoria Keevil (Frailty, Research)	
Dr Alistair Mackett (Parkinson's Disease)	
Dr Matthew Butler (Frailty, Medical Liaison)	
Dr Helen Hayhoe (Frailty, Medical Liaison)	
Dr Kathryn Turner (Parkinson's Disease)	

Trainee Medical Staff	
Specialty Registrars	6
IMT 3	3
ST1's/ST2's	Complex rotation with medicine so that there are usually 2 doctors from these grades per ward
Foundation House Officer 1's and 2's	

There are 2 community Geriatricians who work for Cambridgeshire Community Services, the provider arm of the PCT, NHS Cambridgeshire. Dr Rhian Simpson is based in Ely and Dr Viveca Kirthisingha is based in Cambridge. They have honorary contracts at Addenbrooke's and visit to improve patient flow, assess selected patients for the community and join the Friday morning programme for CME.

5.3 Relationships with other Departments

Medical Services

Following a reorganisation in 2014, the Trust now has systems orientated directorates and divisions. The Department of Medicine for the Elderly sits within Division C and shares a directorate with ID/Resp/Allergy/GUM/Clin Pharm/Palliative Care known as IMED.

The current Clinical Director is Dr Martin Knolle.

Each directorate has a Clinical Director (a Clinician) and a Manager. They are responsible for the quality of clinical care within their unit to the Director of the Division of Medicine (Dr Stephen Wallis for Division C) and Medical Director of the Trust, currently Dr Ashley Shaw.

5.4 Research

An active interest in and involvement with research is encouraged for all Physicians in the Medicine Directorate. Academic and clinical facilities are available by negotiation with the Clinical School and the relevant University Department, in consultation with the Trust's Director of Research and Development.

The major areas of research with which DME has links are with Dr Victoria Keevil and Stroke Medicine with Dr Elizabeth Warburton.

Academic and clinical facilities are available by negotiation with the Clinical School and the relevant University Department, in consultation with the Trust's Director of Research.

SECTION 6 General Information

Cambridge University Hospitals NHS Foundation Trust (CUH) in profile

We are one of the largest and best known acute hospital trusts in the country. The 'local' hospital for our community, delivering care through Addenbrooke's and the Rosie, CUH is also a leading regional and national centre for specialist treatment.

The hospital fulfils a number of important functions; its three main core activities are clinical care, research and teaching. It is the local hospital for people living in the Cambridge area, providing emergency, surgical, medical and maternity care but as well as delivering care, it is also:

- A leading national centre for specialist treatment for rare or complex conditions such as organ transplantation, cancer, neurosciences and paediatrics. (For further information about clinical services www.cuh.nhs.uk/services-0)
- A government-designed biomedical research centre and part of the National Institute for Health Research (NIHR)
- One of six academic health science centres in the UK
- A university teaching hospital with a worldwide reputation
- A partner in the development of the Cambridge Biomedical Campus.

Our vision is to improve people's quality of life through innovative and sustainable healthcare.

Our **CUH Together** Strategy has been developed with staff, patients and partners. Patients are central to everything we do and we want to ensure that CUH is an exciting and supportive place to work. Our vision is to improve people's quality of life through innovative and sustainable healthcare. We will deliver our vision in a way that is consistent with our values of **Together – Safe | Kind | Excellent**, and the associated behaviours that define how we care for our patients and work with our colleagues and partners.

Our strategy has four key priorities:

- Improving patient journeys
- Working with our communities
- Strengthening the organisation
- Contributing nationally and internationally

We share our site with a range of other organisations including the University Clinical School, the National Blood Authority, and laboratories funded by the Medical Research Council (MRC), the Wellcome Trust and Glaxo SmithKline, University of Cambridge Hutchison/Cancer Research UK (CRUK) Cancer Centre and The Medical Research Council's facility to house the Laboratory of Molecular Biology. The Royal Papworth Hospital relocated to the Campus in April 2019 and a new global R&D Centre and Corporate HQ for AstraZeneca opened in 2021.

In December 2018 it was announced that The Cambridge Children's Hospital will be added to the campus with enabling work beginning this year and main building work due to commence in 2026. The Children's Hospital vision is to treat the whole child, not just the illness or condition.

The children's hospital project will be delivered through an innovative joint proposal between ourselves, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), providing mental health services and the University of Cambridge, providing world-leading academic research. We are acutely aware that this hospital needs to provide support to develop and strengthen paediatrics across the whole region and we will be working with our networks to build a shared vision for this. The partnership is pioneering the full integration of physical and inpatient mental healthcare in the same setting, alongside ground breaking genomic science and mind and body mental health research to find new ways of preventing and detecting childhood diseases. The

hospital will provide a permanent and sustainable home for CPFT's inpatient children and young people's mental health services currently provided on the Ida Darwin site in Cambridge.

In addition, the Cambridge Cancer Research Hospital (CCRH) will be a new, purpose-built, specialist cancer research hospital. The new building will include additional beds that are needed to accommodate increasing numbers of patients and more single rooms that are suitable for novel therapies and reduce the risk of hospital-acquired infections. It will also deliver additional capacity for day treatment and clinical trials and an expanded emergency assessment unit for cancer patients. Specifically, it will include wards for Oncology, Haematology, Bone Marrow Transplant and a Young Adult Cancer ward, an outpatient department and diagnostic suites, day units for Oncology and Haematology and a Breast Unit. Groundworks are beginning in 2024 with main building work due to commence in 2025.

For us at CUH, being based at the heart of the Cambridge Biomedical Campus means we are perfectly situated to make the most of the opportunities that are arising. We pride ourselves on the teamwork, energy and commitment of our excellent staff – they are our most important assets. Recognising this, we have taken a positive approach to supporting them in their work through schemes to help work-life balance, improvements in the working environment and initiatives to make it easier for staff to explore new career opportunities and develop professionally and personally.

Cambridge University Hospitals - Board of Directors

Chair and Chief Executive:

Dr Mike More – Chair
Roland Sinker – Chief Executive
Nicola Ayton – Deputy Chief Executive

Non-Executive Directors:

Daniel Abrams
Dr Annette Doherty
Professor Ian Jacobs
Ali Layne-Smith
Professor Patrick H Maxwell
Dr James Morrow
Rohan Sivanandan
Professor Sharon Peacock

Executive Directors:

Dr Sue Broster – Director of Innovation, Digital and Improvement
Mike Keech – Chief Finance Officer
Jon Scott – Interim Chief Operating Officer
Dr Ashley Shaw – Medical Director
Claire Stoneham – Director of Strategy and Major Projects
Lorraine Szeremeta – Chief Nurse
Ian Walker – Director of Corporate Affairs
David Wherrett – Director of Workforce

Cambridge University Hospitals NHS Foundation Trust in detail

Last year 57,626 men, women and children were treated as inpatients, 137,827 people attended accident and emergency, and there were 862,874 visits to outpatient clinics (2022/2023 figures). CUH medical staff hold clinics in 14 different regional hospitals so that patients do not have to travel to Cambridge. Nearly 100 of our Consultants hold some form of joint appointment with a dozen neighbouring hospitals.

CUH is a teaching hospital for medical undergraduates and postgraduates, nurses and students in other clinical professions and has a variety of initiatives to encourage life-long learning'. Many training schemes are in place in our National Vocational Qualification Centre, Postgraduate Medical Education Centre and Learning Centre. Training schemes include cadet schemes in nursing, office technology, science, modern apprenticeships in clinical engineering and supporting training placements for biomedical scientists.

CUH has:

- Around 12,700 staff of which approx. 2,500 are medical and dental staff
- 5,445 births per year
- 198,721 admissions including inpatients, day cases and births (2022/2023 figures)

During the 2022/23 year we saw a slight increase in total admissions of 1.67% compared to the same period in 2021/22. This was the net result of an increase in day cases and in-patient elective admissions offset against lower maternity and emergency admissions (for under 85's) in addition to a lower number of births. During 2022/23 the Trust continued to manage high levels of infectious illness including COVID and Respiratory syncytial virus (RSV), with influenza levels rising significantly during December 2022. There were high levels of occupancy across the period.

Addenbrooke's history

Addenbrooke's was one of the first provincial, voluntary hospitals in England. The Hospital opened its doors in 1766 with 20 beds and 11 patients. Dr John Addenbrooke, a fellow and former Bursar of one of the Cambridge Colleges, left just over £4500 in his will "to hire and fit up, purchase or erect a small, physical hospital in the town of Cambridge for poor people".

In 1540, two centuries before Addenbrooke's was founded, the Regius Professorship of Physic in the University of Cambridge was founded by Henry VIII. Medical training on a modest scale developed at Addenbrooke's during the late 1700s, and in 1837 (the year of Queen Victoria's accession to the throne) the hospital became a recognised school of medicine.

Addenbrooke's grew rapidly during the 19th and early 20th centuries, as medical science developed. By the 1950s, the hospital was having difficulty accommodating the expansion generated by the introduction of the National Health Service. In 1959, building began on a new 66-acre site south of Cambridge, and the first phase of the Hospital was opened by Her Majesty the Queen in May 1962. Work continued to provide the majority of Addenbrooke's as we know it today, with a fully-fledged Clinical School being established in 1976.

History

- 1766 Addenbrooke's Hospital was opened in Trumpington Street
- 1847 The first general anaesthetic using ether at Addenbrooke's was carried out two weeks after it was first used in the USA
- 1918 Addenbrooke's welcomed its first female medical student
- 1962 New site on Hills Road was officially opened by the Queen
- 1966 The first kidney transplant in the NHS was carried out at Douglas House Renal Unit
- 1968 Professor Sir Roy Calne carried out the first liver transplant in the NHS
- 1975 The first open heart surgery was carried out at Addenbrooke's
- 1981 Addenbrooke's first whole body scanner opened by Prince of Wales
- 1983 The Rosie Hospital was opened on the Addenbrooke's Campus
- 1984 Last patient left the 'old' Addenbrooke's Hospital site in Trumpington Street
- 1992 Addenbrooke's NHS Trust formed
- 1995 MRC Cambridge Centre for Brain repair opened by Duke of Edinburgh
- 2004 Addenbrooke's Hospital becomes a Foundation Hospital as is known as- Addenbrooke's Hospital Cambridge University Hospitals NHS Foundation Trust

- National Centre for pancreatic surgery was opened
- 2006 Addenbrooke's Hospital was named one of five National Institute for Health Research comprehensive biomedical research centres
- 2007 New European headquarters for Cancer Research UK based on the campus were opened by the Queen
- 2009 CUH and local partners in clinical care, education and research became one of the government's new academic health science centres, forming an alliance called Cambridge University Health Partners
- 2009 CUH was named by Dr Foster as one of the country's best performing trusts for patient safety
- 2012 CUH is now the designated level 1 Major Trauma Centre for the East of England region
- 2014 Our new electronic patient record system (EPIC) was implemented at CUH making us the first hospital in the UK to go paperless
- 2019 The Royal Papworth Hospital was opened by Queen Elizabeth II
- 2021 Global R&D Centre and Corporate HQ for AstraZeneca opened
- 2023 Cambridge Movement Surgical Hub opened

Positioning for the future

Cambridgeshire is one of the fastest growing counties in the UK and it is estimated that the number of people over 45 years of age will rise by 55% over the next 20 years, and the county will see the continued expansion of research, business and high-tech industries.

Planning is already well advanced for additional capacity to meet this growing local demand. But it is not just a matter of providing extra beds and recruiting extra staff. The hospital needs to ensure high standards of patient care by supporting training and education for staff, and work closely with NHS partners and others to ensure that care is tailored to the needs and expectations of users. This is likely to involve developing some alternatives to hospital-based care. Another challenge will be to ensure that improvements in clinical facilities keep up with the rapid pace of research investment, and that processes and governance support this growing research activity, some of which involves sensitive ethical, legal and social issues.

CUH contributes to the economic strength of the greater Cambridge area as a major employer and, with our research partners, to the biotechnology sector. As a public benefit corporation, the new NHS Foundation Trust will work in partnership with other local bodies, primarily local authorities and education providers, to support sustainable economic development in the locality.

Research and development

Cambridge medical research enjoys a world-wide reputation. More organisations and more individuals continue to be attracted to the city; working alongside each other they have created one of the richest pools of clinical and scientific knowledge and expertise not only in the country but in the world. At CUH this is reflected in clinical teams working in the hospital alongside world-class scientists from a wealth of internationally renowned organisations such as the Medical Research Council (MRC) which shares the hospital campus. Doctors and scientists collaborate across disciplines and specialties and it is this co-existence of experience and expertise that fosters translational research – turning basic science into new drugs and new therapies giving patients innovative and excellent care.

With the University of Cambridge, CUH is a partner in the National Institute for Health Research (NIHR) Cambridge Biomedical Research Centre (CBRC). This partnership uses our combined strengths in biomedical science – the science that forms the basis of medicine including scientific laboratory-based knowledge and understanding – and translates them into clinical research. Established in 2007 the centre was recently awarded funding of £114.5m for 2012 to 2017. It was judged by the international selection panel as to have an outstanding breadth of

world-leading investigators and represented the UK's primary academic resource in biomedical research.

Outstanding facilities for research exist in Addenbrooke's Clinical Research Facility (ACRC) which includes the Wellcome Trust Clinical Research Facility and the Clinical Investigation Ward. For example the CIW includes a research endoscopy suite and area dedicated to intravenous treatment including cancer chemotherapies.

University of Cambridge School of Medicine

The University of Cambridge School of Clinical Medicine is a major centre for biomedical research and education of world leading quality. In the most recent University Funding Council Research Selectivity Exercise Cambridge shared the highest score for any Medical School in the country. Whilst the University of Cambridge has granted medical degrees since at least 1363, the university could not offer undergraduate clinical education until the Clinical School was formally established in 1975 with purpose built accommodation at Addenbrooke's. In addition to these facilities comprising lecture theatres, seminar rooms and first class medical library, a postgraduate education centre was opened in the Clinical School building in 1980. The most recent HEFC teaching quality assessment of the undergraduate clinical education judged the learning facilities and the teaching in the clinical school to be of the highest quality.

Cambridge University Health Partners, the academic health sciences centre, in conjunction with the Institute of Continuing Education at The University of Cambridge are pleased to offer a one year Postgraduate Certificate in Clinical Medicine to all clinicians employed in Cambridge. Further details and registration: <http://www.ice.cam.ac.uk/mst-clinical-medicine>

General Information

Cambridge is a city in the East of England, home to the University of Cambridge and one of the fastest growing technology hubs in the UK. The Arts Theatre within Cambridge is thriving and there are many musical activities to enjoy. The Fitzwilliam Museum is world famous. For those with children of school age, there is a full range of public and private education institutions covering all age groups. Cambridge is also served by the national motorway network and regular train services to London King's Cross or London Liverpool Street have a journey time of less than one hour.

Within CUH, the main concourse offers shopping facilities; an advice centre; cafés; clothes boutique; financial advisory services; Marks and Spencer Simply Food; newsagent; The Body Shop; gift shop and on site solicitors. There is a Food Court which offers "fast-food", as well as conventional options 24 hours a day. In addition the Frank Lee Leisure and Fitness club provides comprehensive facilities for swimming, racquet sports, a multi-sports hall, a floodlit outdoor multi-sports facility, gym and bar facilities.

The Cambridge University Postgraduate Medical Centre has catering facilities as well as the library, lecture theatres and seminar rooms. Within the University of Cambridge, there is an unrivalled range of educational facilities, diverse cultural, sporting and other leisure activities.



Our Trust values and behaviours

Values	Behaviours	Love to see	Expect to see	Don't want to see
Safe I never walk past, I always speak up	Safety	Shares lessons learned to help others to improve safety.	Always follows agreed safety and wellbeing procedures. Learns from mistakes and asks for help if they need it.	Shows a lack of focus on safety and wellbeing in their day-to-day work.
	Raising concerns	Encourages others to raise concerns about safety or attitude.	Speaks up every time standards on safety, care or dignity are not met. Welcomes feedback.	Keeps concerns to themselves, and rejects feedback about their own behaviour.
	Communication	Seeks ways to enhance understanding of information being communicated to meet people's needs.	Keeps people informed and gives clear explanations in ways people can understand.	Doesn't give people the information they need. Uses jargon inappropriately.
	Teamwork	Encourage others to contribute and demonstrates better ways of working within and across teams.	Works as part of a team. Co-operates and communicates with colleagues. Values other people's views.	Excludes others and works in isolation.
	Reassuringly professional	Is constantly aware that what they say and do affects how safe other people feel.	Is calm, patient and puts people at ease. Takes pride in their own appearance and our environment.	Passes on their negativity/stress. Is critical of other teams or colleagues in front of others. Displays unprofessional appearance.
Kind I always take care of the people around me	Welcoming	Goes out of their way to make people feel welcome.	Is polite, friendly, makes eye contact, smiles where appropriate and introduces themselves. 'Hello my name is...'	Ignores or avoids people. Is rude or abrupt, appears unapproachable/ moody.
	Respectful	Applies a broader understanding of the diverse needs of patients/ colleagues. Supports others to be themselves.	Treats everyone as an equal and valued individual. Acts to protect people's dignity.	Ignores people's feelings or pain. Makes people feel bullied, belittled or judged.
	Helpful	Thinks about the needs of others. Goes the 'extra mile' for other people.	Is attentive and compassionate, helps people who need help, or finds someone who can. Never walks by.	Makes people feel like a burden: 'It's not my patient / job / problem'.
	Listen	Makes time to listen to people even when busy.	Listens to people in an attentive and responsive manner.	Disinterested, dismissive or talks over people.
	Appreciate	Goes out of their way to make people feel valued for their efforts and achievements.	Encourages people's efforts. Notices when people live up to our values, says thank you.	Doesn't notice or appreciate people's efforts.
Excellent I'm always looking for a better way	Aiming high	Their positive attitude inspires others to achieve the highest levels of quality.	Always aims to achieve the best results.	Accepts mediocrity or moans without looking for solutions.
	Improving	Helps others to find creative solutions to problems and shares good practice.	Suggests ideas for better ways of doing things and looks for opportunities to learn.	Resists change: 'we've always done it this way'.
	Responsible	Shows enthusiasm and energy to achieve excellent results.	Takes responsibility and has a positive attitude.	Avoids responsibility. Blames or criticises others.
	Timely	Always respects the value of other people's time.	Is on time, efficient, organised and tidy. Apologises and explains if people are kept waiting.	Misses deadlines or keeps people waiting, without explanation/apology.
	Makes connections	Helps others to understand how services connect.	Thinks beyond their own job and team to make things easier for people.	Focuses on their own department needs to the detriment of the people they serve.

Together-**Safe** | **Kind** | **Excellent**

Together-Safe | Kind | Excellent Leadership behaviours

Our leaders create a safe environment for everyone	Safe	For example
	Involve, don't micromanage	<ul style="list-style-type: none"> • Being clear with your team members, by setting clear performance goals and quality indicators. • Focusing on explaining the outcome and its relevance to CUH, Avoiding deciding how things have to be done. • Involving and trusting individuals and demonstrating that their contributions and ideas are valued and important for delivering patient care.
	Hold to account, don't turn a blind eye	<ul style="list-style-type: none"> • Ensuring everyone knows what is expected of them and helping them to resolve and learn from their mistakes. • Constructively challenging others (including your peers) when their behaviour does not meet the standards that CUH expects. • Taking time to ensure that your team members have all the knowledge, skills & support required to do their job so that they understand what they are accountable for.
	Support others to speak up	<ul style="list-style-type: none"> • Creating an environment where individuals feel able to speak up knowing that you will take their concerns seriously and take appropriate action. • Providing a caring and safe environment to enable everyone to do their jobs effectively. • Having transparent processes and systems to reach agreement about priorities, allocation of resources or approaches to service delivery.
Our leaders create a compassionate and positive culture built on trust where people can be at their best	Kind	For example
	Seek to understand, don't jump to conclusions	<ul style="list-style-type: none"> • Using questioning techniques to make sure you have all the relevant information and facts before making decisions. • Being fair and consistent in your management style. • Understanding people come from varied backgrounds; challenging bias, prejudice & intolerance.
	Encourage, don't criticise	<ul style="list-style-type: none"> • Seeking opportunities for your team members to broaden their skills, experience and knowledge – seeking opportunities where possible for them to be involved in internal and external initiatives. • Looking for opportunities to thank and praise good performance. Making sure your team members know that you value the contribution that they make. • Giving people permission to put their ideas in to practice.
	Appreciate, don't blame	<ul style="list-style-type: none"> • Making time to listen to people even when busy. • Listening to people in an attentive and responsive manner. • Ensuring that you do not appear disinterested or dismissive or talk over people
Our leaders aim high, inspire through their words and actions	Excellent	For example
	Inspire, don't disengage	<ul style="list-style-type: none"> • Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting. • Seeking to be the best, learn from others and share ideas through participation, networking and collaboration. • Identifying how to have a positive impact on other people. Creating a positive environment where people want to stay and develop their careers and do the best that they can for patients.
	Be visible	<ul style="list-style-type: none"> • Building your 'presence', not just by being present but by actively listening and then following through on actions. • Managing your time to ensure you are regularly available to your teams and individuals. • Ensuring you are accessible to your team, avoiding giving them signs you are too busy to listen.
	Develop others, don't hold people back	<ul style="list-style-type: none"> • Ensuring CUH has the best, most capable people. • Acting as a role model and being a steward for your staff's careers. • Helping individuals understand how they can improve and develop using a range of experiences.

Look at the new Leaders and Managers link on the Home page of Connect for a range of resources to support you.

SECTION 7 General Conditions of Appointment

7.1 General Conditions of Appointment

This appointee will be employed on the nationally agreed Terms and Conditions of Service for Consultants (England) 2003.

- (a) The successful candidate will be required to live within 15 miles of Addenbrooke's Hospital, or 30 minutes travelling time when on call;
- (b) The appointee will be expected to cover for colleagues' absence from duty on the basis of mutually agreed arrangements with the Department and with the Employing Trust. This is arranged by mutual agreement of consultant colleagues and approval of the Divisional Director, in accordance with standard Trust and NHS regulations. It is essential that six weeks notice is given to allow for proper planning and prevent cancellations of patients' appointments/surgery. This includes all forms of leave;
- (c) The Trust requires the successful candidate to have and maintain full registration and a Licence to Practise with the General Medical Council; to be on the GMC Specialist Register at commencement and to fulfil the duties and responsibilities of a doctor as set down by the General Medical Council;
- (d) All appointments are subject to satisfactory Occupational Health Clearance being obtained;
- (e) The appointment is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Act 1974 (Exemptions) Order 1975. Applicants are not entitled therefore to withhold information about convictions which for other purposes are "spent" under the provision of the Act, and in the event of employing any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered in relation to an application for positions to which the Order applies;
- (f) With the Terms of DHSS Circular (HC) (88) – Protection of Children – applicants are required when applying for this post to disclose any record of convictions, bind-over orders or cautions. The Trust is committed to carefully screening all applicants who will work with children and you will be expected to undertake a 'disclosure' check.

SECTION 8 Application Information

Applicants who are unable, for personal reasons, to work full time will be eligible to be considered for the post. Job share applicants are also welcomed. If appointed, modification of the job content will be discussed on a personal basis in consultation with Consultant colleagues.

Closing date for receipt of applications: 06 May 2024.

Visits

Visiting the Department should be arranged through Lead Consultant, Dr Shaun D'Souza via email at shaun.dsouza1@nhs.net

Please note:

Expenses of short-listed candidates will be reimbursed at rates equivalent to those listed in the Terms and Conditions of Service for Hospital Medical and Dental Staff.