



Blood and Transplant

NHS Blood and Transplant

and

Bedfordshire Hospitals NHS Foundation Trust

JOB DESCRIPTION & PERSON SPECIFICATION

Post title: Consultant Haematologist with an interest in Therapeutic Apheresis and Haemoglobinopathies

Based at NHSBT and Bedfordshire Hospitals NHS Foundation Trust



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SECTION 1. THE POST

This is a full-time (10 programmed activities per week) Consultant in Haematology as a member of the NHS Blood & Transplant (NHSBT) cellular, apheresis and gene therapies team and the haematology team at Bedfordshire Hospitals NHS Foundation Trust, focussing on haemoglobinopathies and red cell exchange. Within NHSBT, the post-holder will focus on medical support to the non-malignant work carried out by Therapeutic Apheresis Service (TAS) team who work flexibly to support patients at Bedfordshire Hospitals NHS Foundation Trust, providing cross cover by phone to other sites nationally. They will be a member of a NHSBT consultant team focussed on leadership in red cell exchange with some support for plasma exchange services. This team is part of a broader team in Cellular, Apheresis and Gene Therapies.

The adult haematology service at Bedfordshire Hospitals NHS Foundation Trust (BHFT) currently has a team of seven other Consultant Haematologists. Bedford Hospital NHS Trust and Luton & Dunstable University Hospital NHS Trust merged in April 2020 to create BHFT. The successful post holder will be primarily based at the Luton & Dunstable University Hospital site and also provide clinical activity for Bedford Hospital patients with haemoglobinopathy.

The post holder at BHFT will work with a motivated team of colleagues across the whole range of laboratory and clinical haematology, in outpatient and inpatient settings.

The post holder at BHFT will share in the general administrative and management duties of the department; take part in supervision, review and development of the laboratory service, and share in the provision of the clinical haematology service on an equal footing with the existing Consultants. The post holder should have a wide interest and experience in all aspects of haematology, with a special interest in haemoglobinopathies.

The post is, in broad terms, intended:

NHSBT:

To provide medical leadership and strategic direction to the Therapeutic Apheresis Services provided by NHSBT in BHFT.

To organise the teaching and training in therapeutic apheresis at NHSBT to undergraduates and postgraduates in medicine, nursing, midwifery, science and other staff to whom it is relevant.

To support clinical research in therapeutic apheresis.

To contribute to national policies relating to and therapeutic apheresis.

To cooperate with other NHSBT consultants in providing cross cover for leave for each other as required (remote work), to cover TAS

BHFT:

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- Maintenance of the highest clinical standards in the management of all patients presenting to Bedfordshire Hospitals NHS Foundation Trust (BHFT).
- To provide outpatient, inpatient and day care of patients with inherited red cell disorders.
- To provide clinical leadership for new apheresis red cell exchange service at BHFT.
- To share, with colleagues in the Haematology Department the management of all adult patients referred to the Trust.
- Teaching and training of intermediate grade and, junior medical staff, nursing staff and medical students. In addition the post holder will support Clinical Nurse Specialists.
- To actively participate in both departmental and Trust matters concerning Clinical Governance and audit.
- To have responsibility for and actively participate in continuing professional development (CPD).

SECTION 2: PROFILE OF NHS BLOOD AND TRANSPLANT

NHSBT was established as a Special Health Authority for England and Wales in October 2005 by the merger of UK Transplant (UKT) with the National Blood Authority (NBA). The remit of NHSBT is to provide a reliable efficient supply of stem cells, tissues, blood, and organs and associated services to the NHS.

NHSBT collects around 8,00 blood donations daily to ensure a constant supply to hospitals. Our work also makes ~ 5,500 organ and corneal transplants possible every year. In addition, we retrieve and store other tissues, such as skin and bone, manufacture a range of therapeutic products from plasma, and provide a number of related specialist services, such as diagnostic laboratory services, therapeutic apheresis and cord blood banking. We are responsible for the NHS Organ Donor Register (which has over 13 million names), the NHS Cord Blood Bank, the British Bone Marrow Registry and a Clinical Biotechnology Centre.

NHSBT has multiple sites across England for blood and stem cell collection, manufacturing / processing, therapeutic apheresis, diagnostics (compatibility testing and infectious diseases), research and development (see below).

NHSBT Senior staff

Peter Wyman	Chair
Executive Directors:	
Jo Farrar	Chief Executive Officer
Wendy Clark	Deputy Chief Executive Officer
Gail Mifflin	Chief Medical Officer
Carl Vincent	Finance Director
Vacant	Director of Donor Experience
Anthony Clarkson	Director of Organ & Tissue Donation & Transplantation
Paul O'Brien	Director of Blood Supply.
Deborah McKenzie	Chief People Officer



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Rebecca Tinker
Helen Gillan
Gerry Gogarty

Interim Chief Digital and Information Officer
Director of Quality
Director of Plasma for Medicines

Medical Staffing Arrangements in NHSBT

There are approximately 50 NHSBT Consultants nationally, many as joint appointments with universities or hospitals. NHSBT medical staff work within 3 operational directorates. The roles in this job all lie within the Clinical Services directorate. Consultants are organised in national teams to provide services within areas of specialism including donor medicine, diagnostics, blood components, microbiology, tissue and eye services, stem cell donation and transplantation, cellular and molecular therapies, therapeutic apheresis, and patient blood management.

NHSBT has four Medical Directors (MDs):

MD Organ & Tissue Donation and Transplantation (OTDT): Prof Derek Manas

MD Transfusion: Prof Lise Escourt

MD Pathology: Prof David Roberts

MD CAGT: Dr James Griffin

The post holder will report to the Medical Director for CAGT, Dr James Griffin and hence to the Chief Medical Officer, Dr Gail Mifflin. Dr Mifflin will be the Responsible Officer.

Directorate of Clinical Services (CAGT, Pathology and Patient Blood Management)

Cell, Apheresis and Gene Therapies (CAGT) are provided by NHSBT via the Cellular and Molecular Therapies (CMT), Stem Cell Donation and Transplantation (SCDT) and Therapeutic Apheresis Services (TAS) teams within the Clinical Services directorate.

CMT encompasses the NHSBT stem cell laboratories located in Barnsley, Liverpool, Birmingham, Bristol, Oxford and Southampton and the Clinical Biotechnology Centre in Bristol. This combination of facilities and staff enables ATMP production.

SCDT support is provided via the NHS Stem Cell Donor Registry (SCDR) and the NHS Cord Blood Bank (CBB) which are based at NHSBT Filton in Bristol, which also has accredited facilities for stem cell processing.

TAS provides apheresis-based services, as well as counselling and assessment for stem cell donors to Trusts and Bone Marrow Registries. NHSBT has a long history of providing lifesaving and life-enhancing therapeutic apheresis services within the NHS. TAS provides over 12000 treatments for patients each year with access to a portfolio of therapies across a range of clinical specialties using technology that exchanges, removes, or collects certain components within the blood.

TAS is delivered from eight units, based within NHS Trusts, and which operate an outpatient model for non-acute patient procedures. Delivering services from within an acute setting enables TAS to offer a peripatetic outreach model for paediatrics and acutely unwell patients. Units are based in the following NHS Trusts:



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The Christie NHS Foundation Trust.
University Hospitals Bristol & Weston NHS Foundation Trust
Oxford University Hospitals NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
Royal Liverpool and Broadgreen University Hospitals NHS Trust.
Great Ormond Street Hospital for Children NHS Foundation Trust
Sandwell and West Birmingham Hospitals NHS Trust

Each unit operates as a regional service provider as part of a national infrastructure. This has established a scale (for what are low volume activities for individual hospitals) that enables NHSBT to offer a robust, responsive and comprehensive portfolio of high quality and cost-effective services for the NHS. The strategic aim is for TAS to become the preferred provider and supplier of choice for therapeutic apheresis services in the NHS.

Cell, Apheresis and Gene Therapy Medical Staff

The current team focussed on cell and gene therapies;

This post is new

Kings' College Hospital – (current locum appointment Maria Cuadrado Collados)
Dr Khaled El-Ghariani, Barnsley and Liverpool
Dr Rachel Pawson, Oxford, Southampton (& London)
Dr Kirsty Sharplin, Oxford
Dr James Griffin, Bristol
Dr Katja Kimberger, Leeds
Vacant, Birmingham
Vacant, The Christie
Dr Ulrike Paulus, NHSCBB and collection facilities
Dr Suhail Asghar, BBMR and TAS
Dr Rachel Peck, Clinical Research Fellow, Bristol
Zareen Godburdhun, Research Fellow, Birmingham

In view of the broad range of therapeutic apheresis services additional medical support is provided by the following medical staff with a background in blood transfusion:

Dr Vickie MacDonald, London
Dr Marina Karakantza, Leeds
Dr Jayne Peters, Manchester
Dr Terese Callaghan, Liverpool
Additional consultant posts in planning – Manchester Royal Infirmary

From the perspective of NHSBT, work in NHS Trusts is essential to provide the Consultants with experience for their work in national audit, clinical research, education, guideline development, and leading better practice initiatives in their regions, and nationally.

Research within NHSBT

NHSBT runs a national programme of research, in four major research centres (Oxford, Cambridge, Bristol and Colindale) with additional immunotherapy research in Birmingham, and tissues research and development in Speke, Liverpool. At all sites, research is embedded into our partner University. In addition, there is infrastructure for clinical studies and randomised trials: a systematic reviews group (Oxford), a Clinical Trials Unit (Cambridge /Oxford /Bristol) and separate GMP production facilities for cellular products (multiple sites); therapeutic antibodies/vectors for gene therapy (Bristol); and tissues (Liverpool).

Clinical Research

NHSBT has strategic objectives related to blood, organs, tissues, cellular, apheresis and gene therapies linked to National Institute for Health Research (NIHR) Blood and Transplant Research Units (BTRUs) the elements of research support include:-

The Systematic Reviews Initiative (SRI) based in Oxford for the development of the evidence base for safe clinical transfusion practice and the effective use of blood components by carrying out systematic reviews of the transfusion medicine literature, assessing its strength and weaknesses, and identifying the need for new clinical trials.

A further emphasis for the SRI is the dissemination of its output within NHSBT and, more widely, to the UK health services and international readers. The SRI section of the Joint Professional Advisory Committee for the UK Blood Transfusion Services (JPAC) website (www.transfusionguidelines.org.uk) was launched in March 2005 to improve access to citations for systematic reviews. A database is being developed to present references for the randomised controlled trials (RCTs) identified by systematic reviews and handsearching of transfusion medicine literature.

The Stem Cell Evidence Library is curated by the SRI team on behalf of NHSBT and the other three UK transfusion services: <http://www.stemcellevidence.com/>

The Clinical Trials Unit: The unit has supported the production of high quality research in solid organ transplantation and blood transfusion backed up by a very experienced team of statisticians. <https://www.nhsbt.nhs.uk/clinical-trials-unit/>

The current NIHR BTRU in Precision Cellular Therapeutics [was awarded to Prof R Chakraverty, University of Oxford in collaboration with University of Birmingham and began in April 2022.](#)

NHSBT supports several other programs of clinical research in the field of cellular therapies. Examples include

The manufacture and clinical assessment of cultured red cells: <https://www.nhsbt.nhs.uk/research-and-development/current-research/btrus/manufacture-and-clinical-assessment-of-cultured-red-cells/>.

Research into the stem cell niche: <https://www.nhsbt.nhs.uk/research-and-development/current-research/research-programmes/haematopoietic-stem-cell-niche/>

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The REALIST study of mesenchymal stromal cells in patients with COVID-19 and acute respiratory distress syndrome (ARDS) <https://clinicaltrials.gov/ct2/show/NCT03042143>.

Organisation of research

Research across NHSBT is managed by the Chief Medical Officer (Dr Gail Mifflin), with ultimate accountability to the NHSBT Board through the Research and Development (R&D) committee.

The R&D committee is responsible for the overall direction and strategy of NHSBT research, and reports through its chair to the NHSBT Board. There are three international members, who provide independence. The R&D committee meets twice each year to receive reports on on-going research and to allocate funding. Research monies are allocated to Principal Investigators on a rolling basis, subject to satisfactory progress and 5-yearly site visits.

SECTION 3: PROFILE OF BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST

Bedford Hospital NHS Trust and Luton & Dunstable University Hospital NHS Trust merged in April 2020 to create Bedfordshire Hospitals NHS Trust (BHFT).

The post holder will join a team of seven other Consultant Haematologists at BHFT. The successful post holder will be primarily based at the Luton and Dunstable Hospital site and also provide clinical activity for Bedford patients with haemoglobinopathy.

This is a new post created to improve local haemoglobinopathy services in the Trust. The clinical commitments of this post will include responsibility for inpatient and outpatient care of patients with haemoglobinopathy. The duties also involve provision of laboratory haematology services and co-ordinating exchange transfusions as part of a proposed new regional networked apheresis service.

There is a high prevalence of patients with haemoglobinopathies within the catchment area of Luton & Dunstable University hospital (LDUH). Whittington Hospital is the Specialist Haemoglobinopathy team for adults at LDUH providing specialist support and there is a joint outreach clinic monthly for adults at Luton already established. Addenbrookes Hospital provides specialist support for adults at Bedford Hospital.

BHFT is part of The Red Cell Network, led by University College London Hospitals NHS Foundation Trust as the Haemoglobinopathy Coordinating Centre (HCC) to support the provision of specialist and non-specialist haemoglobinopathy services to adults and children with Sickle Cell Disorder, Thalassaemia and Rare Inherited Anaemias.

A business case was submitted to help establish a regional networked automated red cell exchange (aRCX) service using funding from NHS England. The new networked service will see new aRCX services established at Bedfordshire Hospitals (BHFT) as a spoke provider, co-ordinated and supported by the

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haemoglobinopathy team at Cambridgeshire University Hospitals (CUH). The spoke providers will benefit from enhanced haemoglobinopathy teams including a newly created Band 7 sickle nurse post to manage the care of local sickle cell patients. The aRCX procedure itself will be subcontracted by these providers to NHSBT, which will offer a visiting outreach service.

The post holder will also be expected to work closely with paediatric service and the specialized haemoglobinopathy teams to improve transition of care for patients with haemoglobinopathies from paediatric to adult services in this trust. There is a joint clinic run by a paediatric consultant and a visiting paediatric haematologist from St Mary's Hospital, London for the paediatric haemoglobinopathy patients.

1.1. The Haematology Department

1.1.1. Scope of laboratory service

Pathology services are run by Bedfordshire Hospitals NHS Foundation Trust and the leadership for various departments is provided by staff working across both Bedford Hospital and the Luton & Dunstable Hospital. The Clinical Director of Pathology at Luton & Dunstable is Dr Danielle Freedman and at Bedford is Dr Fraser Mutch.

Bedford Hospital NHS Trust and Luton & Dunstable University Foundation Trust merged on the 1st of April 2020 and, as part of that process, the Pathology Departments of both Trusts began operating as a single Pathology Service - Luton and Bedford Pathology Service (LAB). It has been agreed that the L&D will act as a hub for all Blood Sciences GP work, but Bedford Outpatient and Inpatient work will remain at Bedford. Dr Noha Gasmelseed is the cross site Clinical Lead for the Haematology Laboratory.

The Pathology Laboratory is ISO 15189:2012 accredited in all areas, and the laboratory is currently able to support all the requirements of a Level 2a haematology service.

Involvement in the laboratory aspects of Haematology is shared between the Consultants by mutual agreement. The diagnostic Haematology and Blood Transfusion Laboratories are managed by Haematology and Blood Transfusion Laboratory Managers and a combined Blood Sciences Manager in addition to the Haematology Laboratory Clinical Lead. The Consultants liaise both with NHSBT directly and through the Blood Transfusion staff.

The laboratory is MHRA compliant having been inspected in December 2017 and has a Quality Management team to maintain UKAS accreditation. Considerable progress towards consolidation and harmonisation has already been achieved.

Blood Transfusion – the Hospital Transfusion Committee is chaired by Dr Swati Pradhan, Consultant Paediatrician. Membership of this group includes representation from each clinical business unit. The committee meets quarterly and reports to the Clinical Quality and Oversight Board (CQuOB).

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The current establishment of the laboratory is provided below. All qualified staff are registered with the Health and Care Professions Council (HCPC) and maintain their continuing professional development portfolios. There is one clinical scientist within the structure. The Haematology and Blood Transfusion Laboratory team consists of 21wte including both qualified and support staff. Clerical support is provided.

The Laboratory is equipped with the following:

1. Griffols Eflexis in Blood Transfusion (two on both sites)
2. ACL TOP 550 for coagulation (two on both sites)
3. ACL TOP 350 for the anticoagulation clinic (Luton only)
4. Anticoagulation staff use DAWN software.
5. DxH sms stainer (1 on both sites)
6. DxH 900 Full blood count analyser (2 at Bedford, 4 at Luton)
7. Aerospray stainer (a back-up at Luton only)
8. Cellavision for digital morphology
9. Automate for sample archiving
10. Vesmatc Cube ESR analysers (2 on both sites)
11. Sebia Capillarys Octa 3 for haemoglobinopathy and thalassaemia screening (Luton only)

Laboratory:

Total workload: Total orderable procedures in a 12-month window

Haematology – 757,494 of which

- FBC – 652,017
- Hb electrophoresis – 14,167
- Coagulation screen – 151,784
- Warfarin monitoring – 16,639
- Special coagulation – 1757

Blood Transfusion (orderable tests) – 272,098

1.1.2 Scope of clinical haematology service

Currently there is a team of seven Consultant Haematologists at BHFT. The successful post holder will be primarily based at the Luton & Dunstable University Hospital site and also provide clinical activity for Bedford patients with haemoglobinopathy. The post holder will not initially participate within the Haematology on-call rota. The on-call covers both sites but is based at the Luton & Dunstable University Hospital, without an expectation to travel to Bedford. Through the use of digital technology the on-call consultant can view patients' blood films, medical notes and results. Bedford inpatients are managed by the acute medical

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team. The on-call is supported on weekdays between 09:00-17:00 by the rostered in-reach Bedford consultant.

The department is split between Luton and Bedford consultant positions, with consultants work collaboratively to deliver haematology care across the Trust. The split is necessitated due to geographical distances between the two hospital sites, the different tertiary centres the hospital sites look towards based on geographic location, and participation in different cancer networks.

There are 5 Luton Haematology consultants. All substantive consultants are required to participate in the on-call rota. On-call runs for a calendar week on a 1:5 rota. The on-call is based at Luton and Dunstable Hospital with no expectation to travel to Bedford Hospital during the on-call. The on-call is supported on weekdays between 09:00-17:00 by the rostered in-reach Bedford consultant.

1.1.3 Inpatient provision

Bedford Hospital

Haematology inpatients are admitted to general medical wards, under the management of acute physicians. Expert advice is provided on-site by the on-site Bedford Consultant Haematologist between 09:00-17:00. Out of hours expert advice is provided by the on-call Consultant Haematologist by telephone. Video conference facilities are available to see patients or review blood films. Digital access is available to patient notes and results.

Inpatients are the responsibility of the acute medical team, however when a tertiary referral is required the on-call Haematology consultant liaises and makes the referral to the tertiary centre – Principally Cambridge University Hospitals, which the team enjoys a strong working relationship with.

Luton & Dunstable Hospital

Haematology inpatients are admitted to the Haematology Ward, under the management of the consultant haematology team. The unit opened in July 2017 and is a 10-bedded ward (comprising 6 single side rooms with en-suite facilities and two 2-bedded bay areas). The service also uses the Day Treatment Unit (DTU), for urgent day care procedures and treatments such as transfusions, urgent bone marrow biopsies and for observation following biopsies. The unit is supported by two full time FY2 doctors, a specialty doctor in haematology and a specialist nursing team.

Haematology patients will have priority over non-haematology patients for admission to the unit. The consultant haematologists, on a rotational basis, act as the consultant with responsibility for the haematology patients on the unit for a week at a time.

Out-of-hours emergency admissions are admitted by the on-call medical team with advice from the consultant haematologist on-call if required. Haematology inpatients are looked after by the on-call medical team out-of-hours, supported by

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weekend ward rounds undertaken by the consultant haematologists on a 1:5 rota basis.

1.1.4 Bedford day case provision

Adjoining the Bedford Haematology Outpatient Unit there is a Day Treatment Unit that provides non-malignant day case treatments to haematology and other specialities patients. The unit is nurse led and the Bedford Lead Haematology Nurse also leads this unit.

Chemotherapy treatments are provided by the Macmillan Primrose Oncology Unit. The unit provides cancer treatments for a wide range of cancer sites. The unit works closely with medical and surgical teams within Bedford Hospital and with the Oncology centre at Cambridge University Hospitals.

The unit was opened in December 2003, from charitable monies generously donated by the population of Bedfordshire and Macmillan Cancer Support. The unit provides a full complement of high quality, state-of-the-art chemotherapy treatments, outpatient clinics and support services providing patients with greater comfort, and peaceful surroundings.

1.1.5 Bedford outpatient provision

The service has shifted successfully to delivering a largely virtual outpatient service, however retains facilities for face-to-face appointments when clinically appropriate or requested by patients. Outpatient care is delivered in both Doctor and Nurse led clinics.

Patients are seen in mixed sub-speciality clinics, sub-specialities include; General Haematology, Haemato-Oncology, Bleeding Disorders and Red Cell Haematology.

Doctor-led virtual clinics are delivered from the Luton and Dunstable Hospital site. Doctor-led face-to-face clinics are delivered from the Bedford Hospital site, which Bedford consultants attend on a 1:2 weekly rotation. All Nurse-led clinics are provided from the Bedford hospital site. There are facilities for Doctor-led virtual clinics to be delivered on the Bedford site if desired.

Anticoagulation Services are provided separately but supported by a Haematology Consultant as required for advice. The anticoagulation service is nurse and pharmacist led. The service offers point of care testing and currently provides a postal service to over 1,600 patients. The service uses DAWN software. A specific NOAC service is also being set up to support GPs prescribing.

Diagnostic activity is carried out for Haemostasis within clinics, treatment is provided by Cambridge University Hospital or in close liaison with the tertiary centre.

Thrombosis and Thrombopropylaxis is provided by medical physicians in close liaison with Haematology.

1.1.6 Luton outpatient provision

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This is accounted for within job plans. There is no expectation to take part in any other Luton outpatient provision however this can be explored in later job planning should operational requirements permit.

There will also be a weekly haemoglobinopathy clinic and a monthly transition/paediatrics clinic at Luton.

1.1.7 Referral patterns

Established referral links exist as follows for patients requiring services not available on site:

Bedford

- **Cambridge University Hospitals**
 - Paediatric haemostasis and general haematology
 - Paediatric general non-malignant haematology, haemoglobinopathy and bone marrow transplant
 - Adult and adolescent leukaemia, lymphoma and bone marrow / stem cell transplant
 - Radiotherapy and in-patient chemotherapy
 - Haemophilia and other haemostasis disorders
 - Thalassaemia/Sickle cell disease (adult)

Luton

- **Mount Vernon Cancer Centre** – Radiotherapy
- **University College London Hospital** - Adult and adolescent leukaemia, lymphoma and bone marrow / stem cell transplant
- **Great Ormond Street** – Paediatric haemostasis and general haematology
- **Addenbrooke's Hospital, Cambridge** - Paediatric leukaemia and oncology; thrombophilia
- **Royal Free Hospital** – Haemophilia and other haemostasis disorders
- **Whittington Hospital/University College London Hospital** – Thalassaemia/Sickle cell disease (adult)
- **St Mary's Hospital, Paddington** – Paediatric general non-malignant haematology, haemoglobinopathy and bone marrow transplant

1.1.8 Oncology Services

The Bedford site is a BCSH Level 1 Service. The site provides a BCSH Level 1 service, in conjunction with Cambridge University Hospitals who are the tertiary centre for this service. The site is part of the East of England Strategic Clinical Network.

The Luton site provides a BCSH Level 2a service (aspires to be a level 2b unit), in conjunction with University College London Hospital who are the tertiary centre for this service. The site is part of the University College Mount Vernon Cancer Care network.

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The service complies with the NICE Improving Guidance on Haematological Cancers by provision of consultants, a Specialised Haematology nurse, MDT, pathways for onward referral, close links with the Haematology-Oncology service and provision of chemotherapy in a purpose built unit.

All patients with a cancer diagnosis are discussed through the specialist MDT where treatment plans are agreed, it is then decided if the patient needs to be referred to the tertiary centre for treatment.

The post holder would only be expected to attend the specialist Luton MDT during their on-call week when a current inpatient is being presented by a Luton Consultant. For these presentations the post holder would provide a current update from the inpatient perspective.

All specialist MDT's are video-conferenced with University College London Hospital using a video conferencing platform. These meetings are supported by an MDT co-ordinator who also attends the SMDT. The SMDT currently take place on a Tuesday after

1.1.9 Luton Paediatric Oncology / Paediatric Haematology

The paediatric unit at Luton and Dunstable Hospital is POSCU level 1 and the Principal Treatment Centre is Addenbrooke's Hospital, Cambridge.

The TYA service is provided by University College Hospital, London.

1.1.10 Luton Haematology Outpatient Clinic Attendances

	First (No. patients)	Follow-up (No. patients)
2023/24	3244	7418
2022/23	1614	6631
2021/22	1,722	9,366
2020/21	1,307	8,597
2019/20	1,500	6,210

1.1.11 Luton Department Consultant Staff

Staff Name	Role + (Sub Specialty interest)
Clinical Team	
Dr. Sneha Patel	Haematology Consultant - Clinical Lead (Haemato-oncology)
Dr. Manmit Kaur	Haematology Consultant - Clinical Audit & Governance Lead (Haemostasis & Thrombosis)
Dr. Ching-Wai Cheung	Haematology Consultant - MDT Lead (Haemoglobinopathy)
Dr. Noha Gasmelseed	Haematology Consultant - Lab Lead (ITP / Obstetric Haematology)
Dr. Rachel Moll	Haematology Consultant (Haemato-oncology)

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Dr. Patricia Guimaraes	Haematology Specialty Doctor
Dr. Gayathri Gamage	Haematology Specialty Doctor
Dr. Anjalee Hettiarachchi	Haematology Specialty Doctor
Jenna Fallon	Cross Site Lead Haematology Specialist Nurse
Abena McConkie	Haematology Specialist Nurse
Charlotte Buttriss	Haematology Specialist Nurse
Priya Shah	Haematology Pharmacist
Maria Cecilia Sarte	Macmillan Clinical Nurse Specialist
Sarah Kilbey	Macmillan Cancer Support Nurse
Passmore Hacha	Macmillan Cancer Support Nurse
Angela McFaul	Health Care Assistant
Ward 19a – Haematology	
Louise Santer	Senior Sister
Service Management	
Caroline Oakes	General Manager
MaryFay Tita-Kuna	Service Manager
Administrative Support	
Justyna Wala	Admin Lead
Lorraine Blackmore	Medical Secretary
Kola Oguntoyinbo	Medical Secretary
Daksha Chauhan	Medical Secretary

Pathology Team Leadership Roles

Role	Staff Name
General Manager	Kevin Nulty
Deputy General Manager	Neil Cully
Clinical Director	Dr Danielle Freedman
Pathology Transformation Lead	Amy Griggs
Clinical Lead (Microbiology)	Dr Rohinton Mulla
Clinical Lead (Clinical Biochemistry)	Dr David Housley
Clinical Lead (Cellular Pathology)	Dr Sonal Kulkarni
Clinical Lead (Laboratory Haematology)	Dr Noha Gasmelseed
HR Business Partner	Lisa Cooper
Senior Finance Lead	Mohammed Furkaan
Associate Director for Pathology	Dr Fraser Mutch

2 The Medicine Specialities

The Trust has re-organised the structure of its specialities. Specialities are departments in their own right, with a Clinical Director (CD) and managerial and financial support. Each department has their own meeting, to provide a forum for discussion and decision making including issues of clinical performance, clinical governance, finances and general department business. There is a clinical forum for consultants from different departments to discuss common issues. The CDs from the departments represent their specialty colleagues at meetings of the Trust Executive.

In addition to Haematology, there are well-established services in Elderly and Stroke Medicine, Cardiology, Diabetes, Gastroenterology, Endocrinology,

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Respiratory Medicine, Rheumatology, Neurology, Neurophysiology, Dermatology and Emergency Medicine

2.1 Additional medical support

The medical teams are supported by Specialty Doctors, SpR's, Specialty Trainees, FY2 and FY1 Doctors.

2.2 Diagnostic Support Services

There are first class support services, including haematology, histology, cytology, clinical chemistry and medical microbiology services.

The Imaging Department currently has 18 Consultant Radiologists, covering all aspects of imaging, including non-vascular intervention. There are also 8 trainee posts (specialist registrars and senior clinical fellows). The department has 2 CT scanners and is currently procuring a third. There are 3 state-of-the art MRI scanners, a SPECT-CT scanner and a new interventional suite, as well as several digital X-ray rooms. The department delivers a 7-day service. This is a progressive unit, with developing interests in future technology and is involved in piloting the use of Artificial Intelligence in imaging.

2.3 Information Technology

The Trust runs an electronic medical records system. The majority of investigations are now ordered through ICE. All radiology operates through PACS. All hospital-typed clinical correspondence (which is dictated electronically) and case notes are held on Evolve as electronic notes. Notes written in outpatients are scanned into Evolve and destroyed, as are the inpatient clinical records once the patient is discharged. Letters from outside the Trust are also scanned into the relevant section of the notes.

2.4 Teaching/Undergraduate/Post Graduate Medical Education

The Directors of Medical Education are Ritwik Banerjee and Tejal Shah and there are College Tutors in Anaesthetics, Medicine, Obstetrics and Gynaecology, Ophthalmology, Paediatrics, Pathology, Radiology, Surgery and local tutors in all other specialties.

As the Luton and Dunstable Hospital is a University Hospital teaching is an integral component of the role. The job includes teaching and training on the wards and in outpatients. The successful candidates are expected to share in planning of the department's induction, departmental teaching and training programs for junior medical staff, CNS and medical students. Where a consultant takes part in regular teaching other than "on the job" teaching this will be negotiated as part of the job plan review process and additional PAs allocated.

The department has an active postgraduate teaching programme and the successful candidate will be expected to contribute to the teaching commitment for the junior doctors.

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There is a regular induction course for all new junior staff.

There is a continuing responsibility for the teaching and proper training of the junior medical staff.

Learning from mortality reviews, incidents, complaints and litigation, along with audit presentations are a key part of the teaching and quality improvement programme. Theatres and clinics are cancelled across the division for a half day every other month to enable all teams to come together. The appointee will be expected to attend and contribute to these meetings.

2.5 Mentoring

The new appointee will be assigned a senior consultant who will act as mentor dealing with professional and pastoral difficulties which may arise.

At Bedfordshire Hospitals we recognise that people are happier when they are valued, supported and developed and we have invested in an Associate Medical Director of Medical Advocacy to realise those aims for our consultants. Through our mentoring programme we offer all our new consultants a mentor external to their department to support them in this transition period. In addition we run a New Consultant Development programme which blends workshops and presentations with discussion, offering a chance to network with other consultants new to the Trust. Further leadership development and support is available to you at all times throughout your consultant career and we actively encourage participation in NHS Leadership Academy events.

2.6 Continuing Medical Education/Continuing Professional Development

The Trust is committed to supporting CME / CPD for consultants. There is a Training and Education Task Force at which this specific item is discussed in depth. It is expected that consultants will attend meetings and courses in their area of special interest and that the appointee will register for the CME / CPD program within the specialty.

2.7 Revalidation

The Trust is committed to supporting medical Revalidation. There is a Responsible Officer (RO) who is fully supported by a team of appraisers and a Revalidation Support Officer, with systems in place to ensure and support annual appraisal and 360/MSF in line with GMC and NHS-England requirements. The RO and CEO are required to confirm to NHS-England annually that Medical Appraisal & Revalidation are adequately supported. A minimum of 1.5 SPA sessions are allocated to all consultant posts to support Revalidation related activities.

2.8 Quality, Governance and Risk

There is a strong clinical governance system in place in the Directorate. The appointee will contribute to Quality, Risk & Clinical Governance within the department in line with national and Trust strategy/guidance and CQC requirements and based on evidence and best practice.

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The consultant will be responsible for the implementation, monitoring and audit of risk management activity. These issues are discussed at the Clinical Management Team meetings. In addition, the consultant will have individual accountability/responsibility to maintain a safe place of work and safe clinical practice. The identification of potential hazards or risks is a central component of such responsibility.

For the purpose of clinical governance, the appointee will collaborate with other departments and sub-specialists in the region to ensure the highest standards are maintained.

The appointee will be encouraged to develop clinical audit and to have regular departmental audit meetings. In addition, the appointee will be expected to establish agreement with their colleagues concerning management of the workload of the Department.

2.9 Medicolegal

Consultants are expected to investigate complaints and risk on behalf of the Chief Executive Officer and liaise with HM Coroner and other legal advisers over relevant matters. They are also expected to identify and appropriately refer vulnerable adults according to Trust safeguarding policy. Consultants are responsible for the strict control of release of confidential information to third parties and investigation of complaints of malpractice or medical negligence.

2.10 Research

Research interests are encouraged. The hospital has academic links with Bedfordshire University and Hertfordshire University. Dr. Nisar is the Director of Research and Development. The new University of Hertfordshire Postgraduate Medical School has been opened with the remit of actively supporting Consultants in pursuing their research interests and to become involved in multi centre research trials.

We are keen to encourage research activity within the Haematology Department and candidates with relevant research experience are encouraged to apply. The department has a dedicated research nurse who is able to identify and support relevant national studies/trials. The appointee is encouraged to develop his/her own research interests and to become involved in multi-centre research trials.

2.11 Annual Leave Arrangements and Cover

The appointees will be expected to take annual leave, or other authorised absences, between periods of ward duties, or arrange a mutually convenient swap with colleagues. Outpatient clinics must be cancelled with a minimum of 8 weeks' notice.

Prolonged periods of leave or absence beyond three weeks must be discussed with the Clinical Director and General Manager and leave with locum cover may then be granted in line with existing Trust policies and directives at the discretion of the Clinical Director and General Manager.

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Any intended deviation from these arrangements must be discussed with, and approved in advance by the Clinical Director.

2.12 Study Leave

The Trust is committed to supporting CME/CPD for Consultants. Consultants will be allocated 30 days study/professional leave over a 3-year period along with an associated budget for the funding of Study leave.

2.13 Private Patient Facilities

The Cobham Clinic is a thirteen bedded Private Patient facility on the first floor of the surgical block. Two fully equipped consulting rooms are also available for out patients.

2.14 Management Arrangements

Regular attendance at the monthly Service Line Meetings is an essential requirement to ensure the smooth running of the department together with the other services of the Medicine group 6. The appointee will be expected to participate in both the planning and development of services and to contribute to the organization and direction of the Department's services to meet the challenges of the NHS review and Trust strategy.

Consultant medical and dental staff play a major role in determining how clinical services are to be developed by the Trust for the local population and will include liaison with the ICB.

3 General Information about Luton & Dunstable University Hospital

3.1 The Luton and Dunstable University Hospital and Bedford Hospital NHS Trust merged on 1st April 2020 to become Bedfordshire Hospitals NHS Foundation Trust. Bedfordshire Hospitals Haematology Services will remain on both sites. There is a close working relationship between haematology services and the clinical services across the Trust.

3.2 The Luton and Dunstable University Hospital (L&D) is a medium size general hospital with approximately 660 inpatient beds. It serves a highly diverse geography close to London, is a highly performing Trust with flagship emergency services and a reputation for consistent operational and financial delivery.

3.3 The hospital provides a comprehensive range of general medical and surgical services, including Emergency Department and maternity services for people in Luton, Bedfordshire, Hertfordshire and parts of Buckinghamshire. Last year we provided healthcare services for over 90,000 admitted patients, over 400,000 outpatients and Emergency Department attendees and we delivered over 5,300 babies.

3.4 The L&D has developed a range of specialist services including cancer, obesity, neurophysiology and oral maxillofacial (jaw) surgery. We have the responsibility for treating the most premature and critically ill newborn babies across the whole

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of Bedfordshire and Hertfordshire in our tertiary level Neonatal Intensive Care Unit (NICU). We also have one of the country's largest breast screening centres.

- 3.5 All inpatient services and most outpatient services are provided on the Luton and Dunstable Hospital site. The Trust provides community musculo-skeletal services (MSK) at three locations across the catchment area, including our new Orthopaedic Centre and the chronic obstructive pulmonary disease (COPD) and diabetes services for South Bedfordshire.

4 Our Vision is:

- 4.1 *To attract the best people, value and develop them so that the teams they work in deliver outstanding care to patients*

5 Our Values are:

- 5.1 *Teamwork -Working within a well organised, professional, respectful and calm atmosphere that achieves good outcomes for patients*
- 5.2 *Helping Others - Working in collaboration and listening to patients, improving the quality of care we deliver, giving staff a sense of achievement and creating a positive work atmosphere*
- 5.3 *Loyalty - Being proud to be part of a confident committed team who are trusted to deliver excellent, high quality patient care with kindness*
- 5.4 *Learning - Sharing knowledge and information to encourage, develop, innovate and challenge each other to learn, resulting in better patient care and safer practice*
- 5.5 *Compassion -Valuing, supporting and listening to all patients and staff to enhance our reputation in the community we serve*

- 6 As a University Hospital medical education continues to be a priority to deliver excellence in teaching and research and ensure that all staff have access to appropriate education and facilities to maintain their competence.

- 7 The Trust has a strong and robust clinical management culture; all clinical services are managed by Clinical Chairs or Divisional Directors, supported by Clinical Directors, General Managers and Senior Nurses.

- 8 The Trust and the clinical specialties have outlined their plans for the year. This is a combination of service redesign, new service provision and managing additional capacity. We have also been successful in receiving a Global Digital Excellence Award of £10m which is a demanding 3 year development programme, Trustwide, to improve clinical efficiency, effectiveness and communication through the use of technology.

- 9 The Trust will continue to participate actively in the development of new networks of care to meet the needs and expectations of our population at the

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same time as focussing our energy on maintaining our record of delivering the best care to our community.

- 10 For further information: <https://www.ldh.nhs.uk/corporate-information/annual-reports-and-key-documents>

11 Main Conditions of Service

- 11.1 The appointment will be subject to the Terms and Conditions – Consultants (England) 2003 as approved by the Trust Board and as amended by the Board from time to time.
- 11.2 The appointment is on a whole-time basis. A candidate who is unable for personal reasons to work full-time will be eligible to be considered for this post. The ability to work part-time only should be indicated when applying and, if such a person is appointed, modification of the job plan will be discussed and agreed between yourself and the clinical director/general manager.
- 11.3 If the consultant appointed chooses to contract on a whole-time bases and wishes to undertake private practice, this private work must be carried out in accordance with the Code of Conduct for Private Practice.
- 11.4 Consultants are expected to provide cover for colleagues for leave and other authorised absences from duty upon a mutually agreed basis.
- 11.5 Arrangements for annual leave: This is arranged by mutual agreement of consultant colleagues and approval of the Clinical Director, in accordance with standard Trust/NHS regulations. It is essential that as a minimum eight weeks notice is given to allow for proper planning and prevent cancellations of patients' appointments / surgery.
- 11.6 All Consultants have a continuing responsibility for the care of patients in their charge and for the proper functioning of their department, and are required to undertake the administrative duties associated with that responsibility.
- 11.7 The successful candidate will be required to reside within ten miles or 30 minutes travelling time of the Luton & Dunstable University Hospital.
- 11.8 The Trust requires the appointee to have and maintain full and specialist registration with a licence to practice with the General Medical Council. Medical and Dental Staff are advised to continue to be members of one of the medical defence organisations.
- 11.9 The present salary scale is £82,096 - £110,683 per annum. The successful candidate will commence on the minimum of the scale unless advised differently during the appointment process.
- 11.10 This post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applications are, therefore, not entitled to withhold

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information about convictions which, for other purposes, are “spent” under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by The Luton & Dunstable University Hospital. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

11.11 Health Questionnaire – Prior to taking up appointment, the successful candidate will be required to pass a Health Assessment from the Occupational Health Department and provide evidence of Hepatitis B status from a United Kingdom Trust or Public Health Service Laboratory.

11.12 The Trust is committed to carefully screen all applicants who will work with children and vulnerable people and the successful applicant will therefore be required to obtain a Disclosure & Barring Service Check (Police Check). Further information can be obtained from the Medical Workforce Department.

11.13 On appointment, removal expenses may apply to this appointment, which should be claimed within one year of starting in post. For further information, please contact the Medical Workforce Department on 01582 718257.

12 General Notes

12.1 Changes to job description

The duties outlined above are subject to changes, after consultation with post holder, which meet the needs of the service as a result of the full implementation of the Trust Plans.

12.2 Information technology

Employees of The Luton & Dunstable University Hospital are expected to develop the IT skills necessary to support the tasks included in their post. They will, therefore be required to undertake any necessary training to support this.

12.3 Health and safety

The post holder is required to conform to The Luton & Dunstable University Hospital Policies on Health and Safety and Fire Prevention, and to attend related training sessions as required.

12.4 Major incidents

As the Trust is a receiving hospital for major incident casualties, the post holder is required to conform to The Luton & Dunstable University Hospital Policy on Major Incidents and to attend related training sessions as required.

12.5 Confidentiality

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In the course of their duties employees will have access to confidential material about patients, members of staff and other Health Service business. On no account must information relating to identifiable patients be divulged to anyone other than authorised persons, for example, medical, nursing or other professional staff, as appropriate, who are concerned directly with the care, diagnosis and/or treatment of the patient. If there is any doubt whatsoever, as to the authority of a person or body asking for information of this nature, advice must be sought from a superior officer. Similarly, no information of a personal or confidential nature concerning individual members of staff should be divulged to anyone without the proper authority having first been given. Failure to observe these rules will be regarded as serious misconduct, which could result in serious disciplinary action being taken including dismissal.

12.6 Policies and procedures

The duties and responsibilities of the post will be undertaken in accordance with the policies, procedures and practices of The Luton & Dunstable University Hospital may amend from time to time.

12.7 Infection control

It is the personal responsibility of the post holder to adhere to The Luton & Dunstable University Hospital's policies and procedures outlined in the Infection Control Manual and any other Infection Control policies, procedures and practices which may be required from time to time. This is to help achieve the Trust's objective of NO AVOIDABLE INFECTIONS.

12.8 No smoking policy

In recognition of the Trust's commitment to health promotion and its health and safety responsibility, the Trust has a no smoking policy that prevents all staff from smoking whilst on duty.

12.9 Equal opportunities

BHFT's duty is to ensure that no existing or potential employees receive less favourable treatment on the grounds of sex, sexual orientation, race, colour, nationality, ethnic origin, religion, marital status, age or disability, or are disadvantaged by conditions or requirements that cannot be shown to be justifiable. This also applies to patients – the Trust has a duty to ensure patients have the right to equal access, care and treatment. All employees are expected to comply with this policy.

12.10 Data quality

The information that you record as part of your duties at the Trust must be 'fit for purpose', reliable and easily accessed by appropriate/authorised personnel. To achieve this standard the information must be: accurate, legible (if hand written), recorded in a timely manner, kept up-to-date, appropriately filed.

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All staff must monitor and take responsibility for data quality throughout the areas of the system used locally, all users maintain timely input, and ensuring that data is checked with the patient, and staff (in relation to their staff record), whenever possible, and to support initiatives to improve data quality.

Recorded information includes: patient information entered in case notes and entered on any computerised care records system, financial information, health and safety information e.g. incident reporting and investigation, personnel information recorded in personnel files etc.

Failure to adhere to these principles will be regarded as a performance issue and will result in disciplinary action.

12.11 Freedom of Information Act 2000

As an employee of BHFT, you are required to recognise a request from the public for Trust information and treat the request in accordance with the Trust's Freedom of Information Act 2000 Policy & Procedures.

Failure to comply with this requirement could result in action being taken against the Trust by the Information Commissioner (the overseeing body for the Freedom of Information Act 2000).

SECTION 4: JOB DESCRIPTION

Key Duties and Responsibilities

BHFT – 5 Programmed Activities

- Maintenance of the highest clinical standards in the management of all patients presenting to the Hospital.
- Outpatient, inpatient and day care of patients with inherited red cell disorders.
- To share, with colleagues in the Haematology Department the management of all adult patients referred to the Trust.
- Teaching and training of intermediate grade and, junior medical staff, nursing staff and medical students. In addition the post holder will support Clinical Nurse Specialists.
- To actively participate in both departmental and Trust matters concerning Clinical Governance and audit.
- To have responsibility for and actively participate in continuing professional development (CPD).

NHSBT – 5 Programmed Activities

- To lead and participate in NHSBT clinical research activities, including clinical trials and studies, and systematic reviews.
- To support and develop Therapeutic Apheresis Services provided by NHSBT in BHFT and where appropriate other parts of the country.

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- To provide support and cross cover for other NHSBT colleagues working in Therapeutic Apheresis Services.
- To undertake other medical functions within the Clinical Services Directorate as required in co-operation with consultant colleagues. Personal periods of study, holiday or sickness will be covered by mutual agreement between senior colleagues.
- To participate in teaching and training of medical and non-medical staff, and to contribute to the teaching programmes of Haematology Specialty Registrars preparing for the Part I and Part II of the FRCPATH examination, including visitors from overseas.
- To participate in the consultant appraisal programme, revalidation & job planning. This will be arranged so as to cover duties for the Trust as well as NHSBT and will be undertaken jointly with representatives from both organisations.
- To participate in & contribute to continuing professional development (CPD).
- To participate in internal / external training programmes.
- To undertake additional duties as requested by the Clinical Director.
- To ensure that staff for whom they are responsible receive adequate training and are fully aware of how the principles of health and safety and good manufacturing practice (GMP) apply to their duties and of the need to achieve the quality requirements as specified in current guidelines.
- Study leave and training will be subject to the NHSBT / BHFT Medical Staff Study and Professional Leave Policy. NHSBT gives high priority to CPD, and the appointee is expected to participate fully in the RCPATH scheme. This will include a programme of learning designed to develop and maintain core knowledge of transfusion medicine as defined at the time within NHSBT. The appointee will currently be entitled to up to 30 days of study leave in a rolling period of three years and up to £900 per year in a rolling three-year period.
- The appointee will be expected to share with Consultant colleagues in the medical contribution to management.
- The appointee will be required to work within the financial and other constraints decided upon by NHSBT and BHFT. Budgeting responsibilities will be undertaken where agreed. Additional expenditure will not be committed without the approval of the appropriate manager/budget holder.
- Junior Medical Staff will be appropriately involved in the work of the appointee in both NHSBT and BHFT. Regional Specialty Registrars in Haematology rotate through all haematology specialities as part of their training.
- The duties of this post will be subject to regular review through the agreed job planning process.

MAIN CONDITIONS OF SERVICE

- The post is subject to the national Terms and Conditions – Consultants (England) 2003, and relevant General Whitley Council Conditions of Service as amended from time to time.
- The salary is on the consultant scale as set out in the Terms and Conditions – Consultants (England) 2003.
- Removal expenses, where appropriate, will be paid to the appointee in accordance with NHSBT policy.
- The successful applicant will be required to reside within a reasonable distance/travelling time from Luton & Dunstable University Hospital.

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- Any offer of employment is subject to satisfactory health clearance and, where appropriate, other conditions e.g. Right to Work, Disclosure and Barring Service (DBS) check etc.
- Because of the nature of the work, the post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975. You are therefore not entitled to withhold information about convictions, which for other purposes are “spent” under the provisions of the Act, and, any failure to disclose such convictions could result in disciplinary action by the Authority. Any information given will be kept in strict confidence, and used only in relation to the position to which the order applies.
- NHSBT complies with all relevant codes of practice and legislation in respect of consideration of any criminal record. In this respect a criminal record will be taken into account for recruitment purposes, only when the conviction is relevant. Having a criminal record will not necessarily bar an ex-offender from employment with the organisation; this will depend on the nature of the position and the background to the offence. If the role you are applying for requires a Disclosure and Barring Service check to be obtained this will have been indicated in the advertisement. Full details of how this will be obtained will be given to you at the relevant stage of the recruitment process. Further information is available on the internet at <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/>. This together with the NHSBT policy on the Recruitment of Ex-offenders are also available on request from the Recruitment Department.
- The successful candidate must hold full and specialist registration with a licence to practise with the GMC (or be eligible for registration within six months of interview).
- The successful candidate must be a Holder of Certificate of Completion of Training (CCT), or within six months of award of CCT or equivalent by date of interview.
- Staff are required to abide by the professional code of conduct relevant to their governing body.
- The post holder will be required to take part in the NHSBT Consultant appraisal programme and participate fully in the processes for revalidation.
- The successful candidate is not required to subscribe to a recognised professional defence organisation to fulfil their contractual obligations, but should ensure that they have adequate defence cover as appropriate, for example, for private and Category 2 work, and for GMC disciplinary proceedings.
- Any applicant who is unable, for personal reasons, to work full-time will be eligible for consideration for the post; if such a person is appointed, modification of the job content will be discussed on a personal basis with the BHFT clinical service lead and NHSBT Medical Director.
- The post-holder must be willing to travel within the UK and internationally to fulfil organisational needs.
- Good Medical Practice: both organisations are committed to providing safe and effective care for patients. The postholder is expected to carry out their duties and responsibilities in line with Good Medical Practice.
- The appointee will be expected to share the responsibility with the other consultants in contributing to the management clinical work within the employing organisations structures. The appointee will Act as custodian of data

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under the Data Protection Act and custodian of stored samples. Service and administrative duties on various committees, which may include the following:

- Ensure all communication, which may be complex, contentious or sensitive, is undertaken in a responsive and inclusive manner, focusing on improvement and ways to move forward.

Ensure all communication is presented appropriately to the different recipients, according to levels of understanding, type of communication being imparted and possible barriers such as language, culture, understanding or physical or mental health conditions.

- Information relating to patients, employees and business of the employing bodies must be treated in the strictest confidence. Under no circumstances should such information be discussed with any unauthorised person(s) or organisations. All staff must operate within the requirements of the Whistleblowing Policy (Freedom of Speech policy).
- The appointee will be required to work within the financial and other constraints decided upon by NHSBT / BHFT budgeting responsibilities will be undertaken where agreed. Additional expenditure will not be committed without the approval of the appropriate manager / budget holder.
- Subject to the Terms and Conditions of Service there will be an expectation to observe policies and procedures of NHSBT and BHFT. These will be drawn up in consultation with the profession where they involve clinical matters. It is the responsibility of staff to be familiar with the employing bodies policies that affect them, and work within the scope set out in them. Any queries should be raised via the line manager. Managers are responsible for ensuring staff know of, and work within the employing body's policies, procedures and protocols.
- An office (NHSBT is increasingly using "agile working" in an open plan area), relevant IT/Internet equipment and shared secretarial support will be provided at both sites (to a total of approximately 0.5WTE).
- All medical staff are required to undertake the employing bodies inductions as soon as possible after commencing work. They are also expected to have a local induction to their place of work which will be undertaken by their line manager or nominated person and a record kept in accordance with organisational policy.
- Members of staff should be skilled in IT to the required level for the job. The employing bodies reserve the right for these skills to be developed appropriately.
- The duties of this post will be regularly reviewed as part of the routine job planning process. Changes to the duties may be made with the agreement of the postholder and their employers.
- The employing bodies are committed to the principle that no member of staff should work, on average, more than 48 hours per week. Any member of staff who undertakes work outside the employing body, regardless of whether they exceed 48 hours or not, must inform their manager of this in writing.
- The postholder must take reasonable care of their own health and safety and any other personnel who may be affected by their omission. Organisational policies must be followed at all times.
- Controls Assurance is an `over-arching` policy providing a framework of control covering a whole range of other NHS policies enshrined in the 18 Controls Assurance standards. Through self -assessment and external and internal audit, Trusts are expected to monitor their progress against these Standards. Risk management is the core standard. Staff responsibilities will



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be outlined in the Risk Management Strategy.

<http://www.publications.parliament.uk/pa/cm199900/cmselect/cmpublic/173/0011702.htm>

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SECTION 5 : JOB PLAN TIMETABLE (Illustrative)

The postholder will typically undertake 8.25 DCCs (Direct Clinical Care sessions) and 1.75 SPAs (Supported Programmed Activities). In common with all posts within the Trust and NHSBT the Consultants will be expected to agree job plans with the Medical Director (NHSBT), Clinical Service Lead for Haematology and the Medical Director of the Trust which will be reviewed annually.

Proposed weekly timetable (subject to change)

Day	Time	Location	Type of Work	Activity	Duration (hours)	PAs
Monday am	8.30-12.30	NHSBT	TAS (on-call weeks BHFT – chemotherapy and handover meetings)	DCC	4	1
Monday pm	1.30 - 5.30	NHSBT	TAS advice	DCC	4	1
Tuesday am	8.30-12.30	NHSBT	TAS	DCC	4	1
Tuesday pm	1.30 - 5.30	BHFT	MDTs	DCC	4	1
Wed am	8.30-12.30	BHFT	Administration	DCC	4	1
Wed pm	1.30 - 5.30	BHFT	Monthly Paediatric/Transition clinic	DCC	4	1
Thursday am	8.30-12.30	NHSBT	CPD / audit / teaching	SPA	4	1
Thursday pm	1.30 - 5.30	NHSBT	TAS advice	DCC	4	1
Friday am	8.30-12.30	BHFT	Clinic (Sickle)	DCC	4	1
Friday pm	1.30 - 5.30	BHFT	Administration CPD, audit, teaching	DCC SPA	1 3	0.25 0.75

Activity Summary

ACTIVITY CLASSIFICATION		JOB PLAN: 10 PAs x 4 hrs = 40 HRS	
		No. of PA's	No. of Hours
DIRECT CLINICAL CARE <i>(including unpredictable On-Call)</i>		4.25 BHFT	17
		4 NHSBT	16
SUPPORTING PROFESSIONAL ACTIVITIES	Under/postgraduate Teaching:	0.375 BHFT and 0.5 NHSBT	1.5 + 2
	Research/Audit	0.5 BHFT and 0.5 NHSBT	1.5 + 2
	Other:		
	SUB-TOTAL:	0.75 BHFT/ 1.0 NHSBT	3 +4
OTHER NHS RESPONSIBILITIES			
EXTERNAL DUTIES			
TOTALS		10	40

ON CALL COMMITMENT

The on-call commitment is currently a 1 in 5 rota based at the Luton and Dunstable Hospital site, for substantive staff. Clinics are reduced when the consultant is attending during the on-call week. The post holder will not initially participate within the Haematology on-call rota.

The current Availability Supplement for 'On Call' duties for this post is Category A / 5%.

On-Call Supplements

	Trust
Agreed On-Call Rota	1:5
Agreed Category	A
On-Call Supplement	5%

Job Plan: Average Number of Weekly Hours Spent on NHS Duties

TYPE OF DUTY	DCC Trust	SPAs Trust	DCC NHSBT	SPAs NHSBT
			T	T

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Outpatient clinic weekly Monthly paediatrics/transition clinic Ward attendance duties, unpredictable on-call work, MDTs, meetings and chemotherapy work Laboratory Work	13			
Stem cell and tissue donor care			8	
Investigative/Diagnostic or Laboratory				
NHSBT Therapeutic Apheresis Services			8	
Clinical Correspondence / Administration	4			
Teaching – Under-Graduate *		0.5		
Teaching – Post-Graduate *		0.5		0.5
Training of other NHS Staff *				0.5
Professional Development / Study		1		1
Audit / Clinical Governance		1		1
Clinical Research				1
Management of the Service (eg. Lead Clinician/ Clinical Director duties)				
Other: (please specify)				
TOTAL (* NB. See below)	17	3	16	6

*** Where an activity occurs concurrently, for example, undergraduate or postgraduate teaching which happens as part of a clinical activity, this time should only be counted once.**

Personal Administration, including CPD and Clinical Audit, is pertinent to the work, both for the NHSBT and Trust, and will be worked flexibly between them.

SECTION 6 : PERSON SPECIFICATION

Our Core **Purpose** is to demonstrate our values every step of the way, to save and improve more lives than ever.

Our Core **Values** are: **Caring** about our donors, their families, our staff and the patients we serve; Being **Expert** in meeting the needs of our external and internal customers and partners; Providing **Quality** products, services and experiences for donors, staff and patients.

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REQUIREMENTS	ESSENTIAL	DESIRABLE
Qualifications	<ul style="list-style-type: none"> • Full and specialist registration and a licence to practise with the General Medical Council (GMC) (or eligible for registration within six months of interview) • Holder of Certificate of Completion of Training (CCT), or within six months of award of CCT or equivalent by date of interview. • FRCPATH or equivalent. • MRCP or equivalent. 	<ul style="list-style-type: none"> • Postgraduate thesis
Clinical Experience	<ul style="list-style-type: none"> • Demonstrates clear interest and commitment to haemoglobinopathies . • Recent experience of hospital based clinical and laboratory practice in red cell exchange. • Ability to offer expert opinion on therapeutic red cell exchange and plasma exchange. 	Clinical audit in the field of therapeutic apheresis.
Management and Administrative Experience	<ul style="list-style-type: none"> • Experience of managing and leading clinical teams. 	<ul style="list-style-type: none"> • Experience of budget management • Proven experience of change management
Teaching Experience	<ul style="list-style-type: none"> • Ability to teach all grades of clinical staff, including those in training. 	<ul style="list-style-type: none"> • Experience of teaching basic clinical skills to undergraduates • Experience of supervising medical trainees • Ability to supervise the research of others
Research Experience	<ul style="list-style-type: none"> • Publications/ presentations in national/ international meetings in fields relevant to this post. 	<ul style="list-style-type: none"> • Clinical trial and/or research experience

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Personal Attributes	<ul style="list-style-type: none"> • Able to work with/influence senior colleagues across a range of specialties. • Effective interpersonal, motivational and influencing skills • Ability to communicate effectively with colleagues, patients and their relatives • Able to work against a background of change and uncertainty • Able to demonstrate personal credibility • Self-motivated, pro-active and innovative • Commitment to team-working, and respect and consideration for the skills of others • Commitment to Continuing Medical Education and the requirements of Clinical Governance and Audit • Willingness to undertake additional professional responsibilities at local, regional or national levels 	<ul style="list-style-type: none"> • Proven leadership experience
Other	<ul style="list-style-type: none"> • Mobility: able to efficiently undertake the travel requirements of the post. 	

SECTION 7: FURTHER INFORMATION

Further details may be obtained from: Dr James Griffin Medical Director for Cell, Apheresis & Gene Therapies NHSBT james.griffin@nhsbt.nhs.uk Tel: 07823351726

To discuss the post and to arrange an informal visit to BHFT by appointment please contact Dr Sneha Patel, Clinical Lead and Consultant Haematologist, or Dr Ching-Wai Cheung, Consultant Haematologist on 01582 497214.

APPOINTMENT PROCEDURE

The appointment will be made by NHSBT on the recommendation of an Advisory Appointment Committee constituted in accordance with the terms of the National Health Service (Appointment of Consultant) Regulations Statutory Instrument 1996 No. 701.

Visiting Arrangements

Applicants or prospective applicants are encouraged to visit NHSBT and BHFT to meet prospective colleagues. Arrangements for visiting to BHFT may be made

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through Dr Sneha Patel, Consultant Haematologist and Clinical Lead, or Dr Ching-Wai Cheung, Consultant Haematologist on 01582 497214. Arrangements for visiting NHSBT should be made through Dr James Griffin on 07823 351726.

Travel and Subsistence Allowance

Travel and subsistence expenses will be reimbursed by NHSBT for preliminary visits, in addition to interview expenses, only to those candidates selected for interview. Reimbursement is restricted to two preliminary visits, whether these are made before or after the constitution of the short-list is known. In the case of candidates travelling from abroad, travelling expenses are normally payable only at the point of entry to the UK.

Equal Opportunities

Both organisations are committed to the development of positive policies and practices to promote equal opportunity and will take all possible steps towards eliminating discrimination and promoting good employee relations and equality of opportunities generally.

UK Visas and Immigration

Applicants should be aware that regardless of country of origin, their ability to communicate in written and spoken English to the standard required to carry out the post will be assessed during the selection process.

www.ukba.homeoffice.gov.uk/visas-immigration/working/

Applications from job seekers who require Tier 2 sponsorship to work in the UK are welcome and will be considered alongside all other applications.

www.ukba.homeoffice.gov.uk/visas-immigration/working/tier2/general/

Privacy & Dignity & Respect and Equality of Opportunity

Both organisations are committed to ensuring that all current and potential staff, patients and visitors are treated with dignity, fairness and respect regardless of gender, race, disability, sexual orientation, age, marital or civil partnership status, religion or belief or employment status. Staff will be supported to challenge discriminatory behaviour.

Major Incident or Civil Unrest

In the event of a major incident or civil unrest all employees will be expected to report for duty on notification. All employees are also expected to play an active part in training for and preparation for a major incident or civil unrest

