

NHS Blood and Transplant

and

Leeds Teaching Hospitals NHS Trust

**JOB DESCRIPTION & PERSON SPECIFICATION**

Post title: Consultant Haematologist with an interest in Advanced Cellular Therapeutics

Based at NHSBT Barnsley and Leeds Teaching Hospital NHS Trust (LTHT).

## Section 1. THE POST

This is a new substantive post for a full-time (10 programmed activities per week) Consultant in Haematology to join the NHS Blood & Transplant (NHSBT) Cell, Apheresis and Gene Therapies (CAGT) team and the Haematology, Transplant and Cellular Therapy service at Leeds Teaching hospital.

The role has 2 separate but aligned components. It is important to note that there will be close links and overlap between the two parts of this role:

1. The post holder will be an integral member of the NHSBT cellular, apheresis and gene therapies (CAGT) team. They will be the medical lead of the NHSBT Therapeutic Apheresis Service (TAS) unit, housed within Leeds Teaching Hospitals (St James's Hospital). They will provide medical input into the Cellular & Molecular Therapies laboratory including the advanced therapy team located within the NHSBT Unit in Barnsley. They will also provide medical support to a broader range of stem cell services provided by NHSBT including the NHS Cord Blood Bank (CBB) and British Bone Marrow Registry (BBMR).

2. The post holder will provide care for patients throughout West, North and East Yorkshire receiving transplant and cellular therapies (allogeneic haematopoietic stem cell transplantation and CAR-T therapies), including patients undergoing clinical trials (e.g. IMPACT portfolio trials, academic and commercial). These clinical activities are based at the Leeds Teaching Hospital NHS Trust. The post holder will perform a weekly stem cell transplant clinic, undertake a cell therapy clinic, be a key member of the LTHT Lymphoma (CAR-T) MDT, transplant selection meeting, contribute to the running of stem cell and cellular therapy trials at LTHT, contribute to BMT and CAR-T service development, and help to shape local and regional policy development and the BMT quality agenda.

This is an exciting opportunity to work in clinical and academic departments with JACIE accredited adult stem cell transplantation programmes, a rapidly developing CAR-T program and a busy haemato-oncology service.

The Leeds Transplant and Cellular Therapy service as a well-established service, and we have performed 54 allogeneic transplant and 61 autologous transplants in the financial year 2021-22, with a steady climb in activity year-on-year. LTHT was approved as a second wave CAR-T centre in 2020, and has a fully staffed CAR-T team including a lead consultant, clinical nurse specialist, CAR-T clinical trials team and all facilities on site. The appointee will join team of 3 x transplant consultants; 1 CAR-T consultant, 3 specialist nurses and Clinical fellow/Trust grades and a designated research team, covering allogeneic transplant and CAR-T cellular therapy. The LTHT cellular therapy programme is part of the IMPACT network, with a funded IMPACT trials nurse, and runs a large portfolio of clinical trials in transplant and cellular therapy.

The NHSBT service provides cell collection services to hospitals across West, North and East Yorkshire through the HTA licenced and JACIE accredited unit in Leeds utilising cell separator technology (Spectra Optia). TAS also provides broader treatments including plasma and red cell exchange both on the unit but also via outreach to other hospitals across the region.

The post is, in broad terms, intended:

**NHSBT:**

To provide the medical leadership of laboratory aspects of stem cells and immunotherapies at NHSBT in Leeds and BARNsley and to the stem cell program at LTHT.

To advise on the care and selection of unrelated registry donors and donors and donations of umbilical Cord Blood

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

To organise the teaching and training in stem cells, immunotherapies and 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 cellular therapies and therapeutic apheresis.

To contribute to national policies relating to stem cells, immunotherapies 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, SCI, CBB and BBMR duties

The post holder will participate in a NHSBT out of hours cell, apheresis and gene therapies on call rota following suitable induction.

LTHT Haematology:

To be a member of the allogeneic transplant team in Leeds, providing inpatient (1:6, total 8 weeks/year), outpatient and apheresis services. Donor assessment can be provided in conjunction with current NHSBT consultant (transfusion) with prior agreement

To be a member of the CAR-T team supporting the regional service provision for patients referred for CAR-T therapy, including the part of delivery of clinical, organisational and research (NHSBT) aspects with colleagues.

To further develop research interests in the above areas - joining existing research team

To be a member of the relevant MDTs for transplant and CAR-T services

Service development

To take active part in teaching and training

## 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 8,000 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
David Rose	Director of Donor Experience
Anthony Clarkson	Director of Organ & Tissue Donation & Transplantation
Paul O'Brien	Director of Blood Supply.
Deborah McKenzie	Chief People Officer
Rebecca Tinker	Interim Chief Digital and Information Officer
Helen Gillan	Director of Quality
Gerry Gogarty	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: Dr Farrah Shah  
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.

Directorate of Clinical Services

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 in England 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. Gene-editing and advanced diagnostic capabilities are also provided by the International Blood Group Reference Laboratory (see Diagnostics below).

SCDT support is provided via the British Bone Marrow Registry (BBMR) 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 1500 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 that are 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 located in the following NHS Trusts:

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;

Dr Khaled El-Ghariani, Barnsley and Liverpool  
Dr Rachel Pawson, Oxford, Southampton (& London)  
Dr Kirsty Sharplin, Oxford  
Dr James Griffin, Bristol  
Dr Ulrike Paulus, NHSCBB and collection facilities  
Dr Charlotte Graham, Kings' College Hospital – Currently on career break for research  
Dr Suhail Asghar, BBMR and TAS  
Dr Julia Wolf, Clinical Fellow, Bristol  
Dr Julia Peck, Clinical Fellow, Bristol  
Vacant, 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

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](http://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/>

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 Leeds Teaching Hospitals NHS Trust(LTHT)

Leeds Teaching Hospitals is one the largest teaching hospital trusts in Europe, with access to leading clinical expertise and medical technology. We care for people from all over the country as well as the 780,000 residents of Leeds itself. The Trust has a budget of £1.1 billion. Our 20,000 staff ensure that every year we see and treat over 1,500,000 people in our 2,000 beds or out-patient settings, comprising 100,000 day cases, 125,000 in-patients, 260,000 A&E visits and 1,050,000 out-patient appointments. We operate from 7 hospitals on 5 sites – all linked by the same vision, philosophy and culture to be the best for specialist and integrated care.

Our vision is based on The Leeds Way, which is a clear statement of who we are and what we believe, founded on values of working that were put forward by our own staff. Our values are to be:

- Patient-centred
- Fair
- Collaborative
- Accountable
- Empowered

We believe that by being true to these values, we will consistently achieve and continuously improve our results in relation to our goals, which are to be:

- The best for patient safety, quality and experience
- The best place to work
- A centre of excellence for specialist services, education, research and innovation
- Hospitals that offer seamless, integrated care
- Financially sustainable

Leeds Teaching Hospitals NHS Trust is part of the West Yorkshire Association of Acute Trusts (WYAAT), a collaborative of the NHS hospital trusts from across West Yorkshire and Harrogate working together to provide the best possible care for our patients.

By bringing together the wide range of skills and expertise across West Yorkshire and Harrogate we are working differently, innovating and driving forward change to deliver the highest quality care. By working for Leeds Teaching Hospitals NHS Trust this is your opportunity to be a part of that change.

WYAAT is the acute sector arm of the West Yorkshire and Harrogate Health and Care Partnership, one of the largest integrated care systems in the country. The Partnership's ambition is for everyone to have the best possible health and wellbeing, and the work of WYAAT, and each individual trust, supports that ambition.

Overall management structure

The trust is organised in Clinical Service Units (CSUs) and Clinical Haematology is a department within the Oncology (Previously Leeds Cancer Centre) CSU along with oncology, some cancer surgery, palliative care and medical physics. Laboratory Haematology (including all routine and specialist coagulation testing) is separately managed within the Pathology CSU, which is part of a trust service support line.

The Oncology CSU and Clinical Haematology

The Clinical Haematology department lies within the Oncology CSU and is wholly based in the purpose-built Bexley Wing at St James's Hospital. This is a major bed-holding unit within the Trust. It provides a wide range of secondary and tertiary services, acute and elective. Services are divided into Departments with distinct areas of clinical and financial responsibility.

The key managerial personnel relating to haematology are shown in the table below:

<p>Matrons</p> <p>Katie Sweeting Claire Ferris Sally Wild</p>	<p>General Manager Ellie MacIver</p> <p>Head of Nursing claire.jones59@nhs.net</p> <p>Clinical Director Dr Alison Young</p>	<p>Lead Clinicians</p> <p>Medical Oncology daniel.lee4@nhs.net Clinical Oncology pdickinson@nhs.net Palliative Care Dr Suzanne Kite</p> <p>Haematology Dr Manish Jain</p>
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The Cancer Centre / CSU comprises:

Medical Oncology  
Clinical Oncology  
Clinical Haematology  
NYCRIS (Cancer Registry)  
Specialist Palliative Care  
Haematological Malignancy Diagnostic Service (HMDS)  
Medical Physics  
3 Cancer surgical specialties (gynae, breast and thoracic)

#### Clinical Haematology

The Department of Clinical Haematology is located in the St James's Institute of Oncology, Bexley Wing at St James's University hospital. The Bexley Wing was opened in December 2007 and is a purpose built Oncology Centre. In addition to Haematology, the building houses the Departments of Medical and Clinical Oncology, Teenage and Young Adult Oncology and specialist cancer surgery along with cancer diagnostics (radiology and laboratory).

The Department of Haematology is located on level 3 of the Bexley Wing. Facilities include modern out-patient and daycare units and HEPA-filtered facilities for 40 in-patients, all in single rooms across the 2 dedicated wards (J88 and J89). The daycare area houses a busy Ambulatory Care facility delivering complex chemotherapies / transplant conditioning and immunotherapy with a patient hotel in the Bexley Wing and nearby accommodation for some patient categories (e.g. post CAR-T monitoring patients). The adult haemophilia centre has secured newly developed dedicated facilities adjacent to the haematology wards. The Haematological Malignancy Diagnostic Service (HMDS) and the departmental offices and administrative services are adjacent to these clinical areas.

The Department provides comprehensive clinical services for patients with all haematological disorders, malignant and benign, including disorders of haemostasis. Most services are provided from Bexley Wing with some additional general or shared clinics in the Leeds infirmary and Wharfedale Hospital. Young adults are managed in association with the Teenage and Young Adult Unit also located in the Bexley Wing in a dedicated TYA ward. Paediatric Haematology and Oncology is managerially separate and is located in a separate facility on the Leeds General Infirmary site. There is a commitment to support the clinical services throughout the Trust with haematological advice and consultation as required. The Leeds adult haemophilia comprehensive care service is provided from within the Department of Clinical Haematology at SJUH. The Leeds Comprehensive Care Haemophilia Centre is a joint adult and paediatric centre. The adult haemophilia service is situated within the

Department of Haematology, Bexley Wing St James's University Hospital (SJUH). The paediatric haemophilia service is situated in the Department of Paediatric Haematology and Oncology, Leeds General Infirmary (LGI).

The department has always been fully engaged with external peer review regarding the MDT process and maintains its accreditation regularly with input from our cancer centre team as part its governance program. Th same is true of external accreditations for Haemophilia centre status, BMT and CAR-T (JACIE) all of which are current and compliant.

Consultants in the Adult Clinical Haematology Department:

In addition, there are 7 other consultants (listed in the HMDS section below) who have a primary responsibility to the Haematological Malignancy Diagnostic Service (HMDS), 4 of whom have clinical sessions (Dr Roger Owen, Dr Cathy Burton, Dr Catherine Cargo and Dr Anita Sarma).

Consultant	Primary area of Responsibility/Specialist Interest
Dr Simon Bully	Bone marrow transplant/ Myeloma
Dr Anjum Khan	Myeloid Malignancies / Bone marrow transplant
Dr Rod Johnson	Lymphoma
Dr Abraham Varghese	CLL,PNH, Red cell disorder
Dr John Ashcroft*	Myeloma and Lymphoma
Dr Lishel Horn	Haemophilia Director, Haemostasis and Thrombosis
Dr Quentin Hill	Haemoglobinopathy services, immunohaematology / red cell Haematology,
Prof Gordon Cook	Myeloma
Dr Angela Kanny	Haemostasis and Thrombosis
Dr Julie Tarrant	Haemostasis and Thrombosis
Dr Richard Kelly	PNH / Myeloid malignancy
Dr Tahla Munir	CLL / PNH service
Dr Morag Griffin	CLL/ PNH Service
Dr Mary Owen	Lymphoma / CLL
Dr Emma Thomas	Clinical Oncology, lymphoma
Dr Robin Prestwich	Clinical Oncology, lymphoma
Dr Jen Clay	Bone Marrow Transplant / Lymphoma
Dr Chris Parrish	Myeloma
Dr Marina Karakantza	Blood transfusion (joint NHSBT post)
Dr Gill Gidley	Haemostasis / Thrombosis
Dr Manish Jain	Myeloid malignancies and Lead clinician
Dr Chun Huat Teh	Myeloid Malignancies
Dr Frances Seymour	CAR-T therapies / Myeloma
Dr Lisa Joseph	Clinical Oncologist (Lymphoma)
Dr Katie Spencer	Clinical Oncologist (Lymphoma / Skin Lymphoma)

\*joint appointment with Mid Yorkshire NHS Trust.

In addition, the department is supported by:

- 10 Specialist registrars
- 3 Full time specialty doctors (one in haemostasis)
- 6 FY2 / CT1+2 (medical trainees on rotation)
- 3 Physician Associates
- 3 Clinical Fellows (CAR-T, PNH, CLL/Myeloma)
- 2 Trainee ACPs

- 8 Clinical Nurse Specialists in Lymphoma/Myeloma/leukaemia/BMT/CAR-T
- 5 Clinical Nurse Specialists in PNH / Haemoglobinopathy
- 2 Clinical Nurse Specialists in Haemophilia (adult)
- 2 Clinical Nurse Specialists in Haemophilia (Paediatric)
- 2.2 Clinical Nurse Specialists in Anticoagulation
- 1.0 Clinical Nurse Specialist in VTE (1 wte held jointly with Corporate Nursing)

There are also dedicated staff from pharmacy and microbiology specialising in the support of the haematology patients.

The department provides all haematology services up to and including level 4 for the Leeds catchment and a full tertiary referral service for the Yorkshire and Humber networks, with dedicated specialist clinics and MDTs.

In patients (43 beds between wards J88, J89 and the TYA ward J94) are managed through an attending consultant system in purpose-built wards with all single rooms to which all haematology consultant staff have full admitting rights and the postholder will have the same access to the haematology bed base as their colleagues.

One ward (J89) mainly houses the allogeneic bone marrow transplant patients  
Autografts are performed in both wards  
There are approximately 700 outpatient attendances per week to largely disease-specific clinics.

The clinic area is solely for the use of haematology but we enjoy links with visiting colleagues in these clinics from clinical oncology and palliative care.

The day care unit consists of 17 chairs and 8 beds in 2x4-bedded bays.

We have a busy ambulatory care facility which allows treatments normally given on the wards to be done as out patients - supported by a patient hotel in Bexley wing.

The National PNH service is housed in the department.

The Regional Haemophilia Centre is based in the department

The NHSBT Apheresis suite is also located in Bexley wing adjacent to our day care centre

The department has a strong commitment to support national and locally managed clinical trials and there is a specialist team of nursing, data management and support staff dedicated to this activity.

#### The Lymphoid Malignancy Teams

In this department these malignancies are divided into 3 main treating groups - which are based around one weekly joint MDT.

CLL / Marginal Zone / chronic LPD group including Drs Talha Munir Dr Abraham Varghese Anita Sarma, Roger Owen and Mary Owen. This group has a strong international research reputation.

Aggressive Lymphoma (DLBCL, HD, PTCL, CNS lymphomas, Burkitt, Follicular etc) with input from Drs Rod Johnson, Cathy Burton, Jen Clay, John Ashcroft, Mary Owen and 3 clinical oncologists

Myeloma - Prof Gordon Cook, Drs Chris Parrish, Roger Owen, Frances Seymour, Simon Bully

The clinics and services are supported by a team of nurse specialists, MDT and pathway coordinators, junior and middle grade medical staff and a large and well-established research team from all disciplines.

In the inpatient setting the patients from these groups are currently managed by 2 separate attending teams (aggressive lymphomas and the others) but this system is under review and

may change in the near future. The appointee, depending on their disease interests, may be part of this attending in patient care structure and relevant outpatient clinic teams.

#### The PNH National Service

The Leeds Centre of the NHS England funded PNH Service is situated within the Department of Haematology, Bexley Wing, St James' University Hospital (SJUH). Most patients within the Service are adults, but paediatrics cases can be seen by the same team either by special arrangement in the Department of Paediatric Haematology and Oncology at Leeds General Infirmary (LGI) or within the adult setting if appropriate. The Clinical and Research Leads are Drs Morag Griffin and Richard Kelly and there are 4 other consultants who support the service in addition.

A total of 624 patients are under the care of the PNH Service in Leeds (as at 31/03/2021) of which 230 are on eculizumab/Ravulizumab, and an additional number of patient's in active clinical trials for C5 and proximal complement inhibitors. The team review a full range of patients with differing proportions of PNH cells, from very large proportions of >90% to under 1%. Due to the overlap of PNH and aplastic anaemia, the team also have significant experience in management of aplastic anaemia, and other bone marrow failure conditions. As a PNH service, we undertake a large number of clinical trials, as well as PNH related research with with Leeds University research team.

Review of patients takes place in Haematology Outpatients on Level 3 of Bexley Wing, St James' University Hospital or in the outreach hospitals listed (Birmingham, Bristol, Oxford, Airdrie, Liverpool, Peterborough, Manchester, Southampton). Inpatients from the local area may be admitted to Wards J88 or J89 on the same floor. Patients attending for day case treatments, such as for a first eculizumab infusion/ravulizumab, a venesection or blood transfusion will be admitted to ward J87, which adjoins the outpatient department.

Consultant led clinics in Leeds take place on either Tuesday or Thursday afternoons (one per week; not concurrent with outreach clinics) as well as a weekly aplastic anaemia/bone marrow failure clinic on a Tuesday morning, within the Haematology outpatient department. Two consultants are generally present for clinic, along with at least one PNH clinical nurse specialist and a PNH clinical support worker. A 30-60 minute appointment is allocated for new referrals to the Service and 15 minute appointment for follow up patients. The specialist registrar is expected to attend clinics.

#### The Leeds Bone Marrow Transplant Service

This comprises adult and paediatric teams that work together to serve the Yorkshire and Humber region, corresponding to a population of approximately 4 million. Referrals from outside the region are also accepted in line with patient choice. Annual activity is around 140 transplants with approximately 60 allogeneic and 80-100 autologous transplants performed within the adult service. In addition to sibling and matched unrelated donors, the team has experience of using mismatched donors including umbilical cord units as well as haplo-identical family members and provides long term follow-up clinics. The service is committed to offering all patients the opportunity of participating in clinical trials and this is reflected in a steadily expanding clinical trials portfolio. We are an IMPACT Stem Cell Transplant-funded centre and deliver a range of innovative national trials focussing on improving transplant outcomes

Adult haematology services are part of the comprehensive Leeds Cancer Service located in the purpose built Bexley wing on the St James's University Hospital site that opened in 2008.

In-patient care is delivered in two purpose built 20 bedded wards (40 beds in total) adjacent to ambulatory care, supportive care, out-patient clinics and a recently opened Clinical research facility. Extensive diagnostic, stem cell harvesting and radiotherapy services are all available on site within the Bexley wing. There is close liaison with the NHS Blood and Transplant Special Health Authority who provide stem cell harvesting, processing and cryopreservation. A joint consultant appointment with NHSBT and the Leeds Teaching Hospital Trust provides input to the assessment of sibling donors.

In-patient care for allogeneic transplant recipients is provided by three consultants at present, the appointee will be a key part of this attending team. Autologous transplants for lymphoma, myeloma and occasionally solid tumours are delivered as part of the lymphoma and myeloma services supported by a total of 7 consultants.

Two clinical nurse specialists support the allogeneic transplant service with four further clinical nurse specialists working within the lymphoma and myeloma teams. There is a dedicated CAR-T CNS in addition. A bone marrow transplant co-ordinator, data manager and assistants work closely with the clinical team. The Leeds Cancer Service quality manager and assistant quality manager support audit, governance and quality management.

The bone marrow transplant service is JACIE accredited. There is close liaison with the department of cellular immunology who are accredited by the European Federation for Immunogenetics and who provide a comprehensive HLA typing and donor selection service, recently enhanced by the development of on-site next generation sequencing methodology.

#### CAR-T cell therapy in Leeds

This unit was approved and commissioned by NHSE as part of the UK second wave of centres for the delivery of CAR-T cell therapy to patients with R/R DLBCL, Mantle Cell Lymphoma and B-ALL as per current funding / license. In addition there are planned trials for the use of such therapies in other disease areas e.g. Myeloma. JACIE accreditation is in place and we have been treating patients since March 2021. The clinical lead is Dr Frances Seymour, assisted by lymphoma team and accreditation leads Drs Rod Johnson/Cathy Burton/Mary Owen and Chris Parrish. The disease site specific leads are Dr Rod Johnson (DLBCL/MCL), Dr Richard Kelly (B-ALL) and Drs Chris Parrish and Frances Seymour and Prof Gordon Cook for Myeloma as it develops. Dr Rod Johnson is a member of the national NHSE panel (NCCP) for CAR-T approval. The post holder would be involved in our development, running and expansion of these therapies alongside the transplant team. CAR-T team has championed patient centred award nominated services such as advanced care planning clinic.

Dedicated staffing for the CAR-T service includes:

Dr Frances Seymour (lead consultant)  
1 full time Clinical Fellow  
1 WTE band 7 Clinical Nurse Specialist  
Increased patient ward and ambulatory care Haematology nursing numbers  
Quality Manager 0.5 WTE  
Pathway coordinator full time  
Data manager 0.5 WTE

The Myeloid Malignancy Team

There is a substantial practice for the care of Acute and Chronic Myeloid Malignancy, with close liaison and Transplant / cell therapy team. The unit takes referrals from around Yorkshire for tertiary care for these and has a large and active research portfolio across the disease sites. There are dedicated disease specific clinics for chronic and acute disorders. The attending structure involves 4 consultants at present: Dr Manish Jain, Dr Richard Kelly, Dr Chun Huat Teh and Dr Quentin Hill. Dr Anjum Khan works between Myeloid and Transplant services. A number of other consultants are involved in research and outpatient care of these patients including, Dr Catherine Cargo, Dr Alesia Khan and Dr Marina Karakantza.

#### The Haematological Malignancy Diagnostic Service

The Haematological Malignancy Diagnostic Service (HMDS) provides a specialist haematopathology service for patients in the Yorkshire Cancer Network and the Yorkshire Coast and Humber Cancer Network. The laboratory handles all types of specimen relevant to the diagnosis and monitoring of lymphoma and leukaemia and was the model for the provision of specialist diagnostic services described in the NICE Improving Outcomes Guidance. There are excellent facilities covering the full range of techniques used in the investigation of haematological malignancies. There is a substantial commitment to support multi-disciplinary teams throughout the combined haematology network. Around 35 staff work in the HMDS laboratory including 7 consultants (Cathy Burton, Roger Owen, Hebbah Ali, Catherine Cargo (Lead Clinician), Reuben Tooze, Alesia Khan and Anita Sarma) and 6 consultant/principal level clinical scientists, each of whom provide scientific leadership and supervision within individual areas of the laboratory.

HMDS has strong academic links with the Universities of York and Leeds and with clinical trials and commercial organisations. HMDS is a partner in the Haematological Malignancy Research Network ([www.hmrn.org](http://www.hmrn.org)) which manages a unique infrastructure for population based epidemiology and clinical research. Within HMDS research is primarily focused on the development and implementation of new diagnostic techniques. HMDS provides an Outreach programme that allows patients with haematological malignancies who do not require active treatment to be managed in the community.

#### Red Cell and Haemoglobinopathy Services

Leeds Teaching Hospitals is a designated regional centre which provides specialist care for patients with haemoglobinopathies and the adult service reviews over 100 patients from West, East and North Yorkshire annually under the direction of Dr Quentin Hill. There is support from a dedicated nurse specialist and close linkage with the paediatric services including the pathway for cross over from paed to adult. The patients are admitted as required either to the young adult ward or adult haematology wards where they are overseen by the Myeloid/red cell attending team (4 consultants including Dr Hill). The service is striving at all times to meet the national peer review standards.

#### Leeds Comprehensive Care Haemophilia Centre

The Leeds Comprehensive Care Haemophilia Centre is a joint adult and paediatric centre. The adult haemophilia service is situated within the Department of Haematology, Bexley Wing St James's University Hospital (SJUH). The Adult Haemophilia Centre is situated between Wards J88 and J89 (the haematology wards).

The paediatric haemophilia service is situated in the Department of Paediatric Haematology and Oncology, Leeds General Infirmary (LGI).

SJUH and LGI are the main acute hospitals in Leeds Teaching Hospitals NHS Trust (LTHT) and both hospitals are home to a wide range of acute specialties including several regional tertiary referral centres. The Department of Haematology at SJUH is managed as part of the Leeds Cancer Centre and the Department of Paediatric Haematology and Oncology is managed as part of the Women and Children's Hospital (both of these are major Clinical Service Units in LTHT).

85 adult and paediatric patients with severe haemophilia A or B are registered at the Leeds Comprehensive Care Haemophilia Centre. 765 patients with heritable bleeding disorders are registered in total. The patient profile includes the entire spectrum of heritable bleeding disorders including rare disorders and platelet disorders.

The Leeds CCC has developed a formal network with Bradford Haemophilia Centre (Director: Dr Sam Ackroyd) and York Haemophilia Centre (Director: Dr Martin Howard).. The establishment of this network in 2016 was supported by the NHS England local area team and by senior management in all three Trusts. There is currently a bimonthly multidisciplinary team meeting amongst the core staff of the three centres which is held in Leeds ("the North West Yorkshire Haemophilia MDT"). Consultants hold honorary contracts in all three hospitals so that a robust regional 24/7 service is provided. Formal clinical handover contacts occur each Monday morning and Friday evening and otherwise on an "as required" basis.

The laboratory service for the Leeds CCC is provided by a specialist haemostasis laboratory sited in SJUH. The haemostasis lab is managed as part of Specialist Laboratory Medicine within the Pathology Clinical Service Unit, LTHT. The specialist coagulation laboratory at SJUH also provides the service for the Bradford Haemophilia Centre. The laboratory is an integral part of the Haemophilia network as well as a specialist laboratory service within WYAAT (The West Yorkshire Association of Acute Trusts)

The haemophilia molecular genetics laboratory service for the Leeds CCC is currently provided by the Newcastle Hospitals NHS Trust as part of the Northern Regional Genetics Service (Genetic Laboratories - Yorkshire and Northern Collaboration; GenLYNC). This is likely to change as Leeds, Sheffield and Newcastle molecular genetics laboratories hope to be designated as a Genomics Medicine Centre.

#### Core Staff in the Leeds Comprehensive Care Haemophilia Centre

The Leeds CCC core staff are as documented below:

##### Consultants:

Dr Lishel Horn, Consultant Haematologist, Haemophilia Director (Adults)  
Dr Gill Gidley Consultant Haematologist (Adults)  
Dr Angela Kanny Consultant Haematologist (Adults)  
Dr Julie Tarrant Consultant Haematologist (Adults)  
Dr Michael Richards, Consultant Haematologist, Haemophilia Director (Paediatrics)

##### Haemophilia Clinical Nurse Specialists

Lead Nurse for the NW Yorkshire Haemophilia Network band 8a, 1 wte (post currently vacant)  
Mrs Sarah Garside, Haemophilia Nurse Specialist, band 7, 0.6 wte (paediatrics)

Ms Emma Carter, Haemophilia Clinical Nurse Specialist (seconded), 1 wte (adults),  
1 wte Clinical Nurse Specialist Band 6, 1wte (adults)  
Ms Ruth Hughes, Haemophilia Nurse Specialist, band 6, 0.6 wte (paediatrics)

Some cross cover between adult and paediatric staff can be provided when necessary.

#### The Leeds Anticoagulant Service

The Leeds Anticoagulant Service is a multidisciplinary service run jointly across three CSUs (Leeds Cancer Centre, Medicines Management and Pathology). The Leeds Cancer Centre is the lead CSU.

The Leeds Oral Anticoagulant Control Service provides computerised outpatient anticoagulant monitoring for the whole of the Leeds area. It receives referrals from all hospitals in Leeds Teaching Hospitals NHS Trust and is available to General Practices within Leeds CCGs.

#### Pathology

The pathology services are managed in accordance with the *Strategic Review of Pathology Services* and compliant with ISO: 15189 standards (accredited by UK Accreditation Service, UKAS). This information is displayed and updated on the UKAS website.

Laboratory Haematology forms part of the Department of Pathology, (Directorate General Manager, Mike Philpott) within the Pathology Clinical Service Unit (CSU). The Leeds Teaching Hospitals Pathology service provides pathology services for LTHT and for Primary Care services across Leeds and Bradford. This includes a specialist laboratory coagulation service that supports the Bradford Haemophilia Centre.

There are 2 sections of particular relevance to haematology:

##### The Department for Blood Sciences

This deals with the rapid turnaround, high volume automated activity of haematology (including routine coagulation screens, Blood films, haematinics, intrinsic factor antibodies and erythropoietin levels) and biochemistry, and the work is performed in core combined haematology and biochemistry laboratories at St James's Hospital and Leeds General Infirmary. The Head of department is Dr Kevin Stuart and the Service Manager is Mr Conor O'Malley.

##### The Department of Specialist Laboratory Medicine

This includes specialist coagulation and enzyme assays (see below). The Head of Department is Dr Carys Lippiatt and the Service Manager is Mrs Chloe Chadwick. The specialist coagulation laboratory is led on a day to day basis by Advanced Biomedical Scientist Mr Christopher Wilks. The specialist coagulation laboratory receives samples for investigation from across NW Yorkshire, serving a population of 2.7 million and is part of the NW Yorkshire Haemophilia Network.

The haematology laboratory budget is held by the Directorate General Manager, Mike Philpott and managed by Dr Carys Lippiatt, with delegated management and monitoring roles for the laboratory and site managers named below.

#### Laboratory Haematology

Laboratory haematology is undertaken within laboratories on two sites in Leeds: Leeds General Infirmary and St James's University Hospital. The Leeds laboratories serve a local population of around 1.5 million people. As described above, the service has been reorganised into Blood Sciences and Specialist Laboratory Medicine, although plans are underway to reconfigure this service, to add resilience and facilitate a service designed to address the challenges faced by modern diagnostic services.

The Blood Sciences Department covers the high volume automated processes of both haematology and clinical biochemistry whereas the low volume specialist and non-automated testing lies within Specialist Laboratory Medicine. The provision of blood counting and standard coagulation screens occurs in the automated Blood Sciences laboratories at the two sites in Leeds. Around 1 million blood counts are performed each year in the hospital and Leeds area primary care settings, primarily on Siemens Healthcare platforms. Transfusion (see below) is part of this lab section.

Specialist haematology services are provided by the department of Specialist Laboratory Medicine and this includes: the interpretation of some of the tests done within the automated labs, blood films, haematinic and enzyme assays, specialist coagulation assays including coagulation factor assays and inhibitor assays, platelet function assessment, thrombophilia testing and neonatal screening services.

Excluding blood transfusion (see below for details), there are 56 BMS staff and 52 BSWs (support staff) between the biochemistry and haematology laboratories.

The approximate combined laboratory workload figures for key tests for 2021 were:

FBC (3-5% generate blood films)	1,000,000
B12 assays	78,000
Ferritin assays	162,000
Erythropoietin assays	3,100
Haemoglobinopathy screens	6,500
Haemoglobinopathy screens (ante-natal)	19,300
Clotting screens	195,000
INR	145,000
Thrombophilia screens	1,400
Factor VIII assays	1,800
Factor IX assays	350
Inhibitor screens	520
VWD screens	1,500
PNH screens	750

Approximately one third of the core blood count work comes from community-based care, the remainder being from the acute hospital service, although this proportion varies by specific test-type.

#### Blood Transfusion

The transfusion laboratories are part of Blood Sciences, under the auspices of the Clinical Leads, Dr Marina Karakantza & Dr Kevin Stuart, and Service Manager Mr Conor O'Malley. There are two labs in Leeds (at St James's and The General Infirmary) which provide a comprehensive service for the hospitals and antenatal needs of the city, using fully automated ortho diagnostics platforms. These laboratories handle all aspects of blood component and product provision, including all haemostatic products.

There are 35 BMS staff and 3 MLAs working under 2 site managers.

Approximate annual workload figures for key tests are as follows:

Blood groups	24,000
Cross matches	69,000
Antibody screens	90,200
Ante-natal screens	31,500

#### Training, Quality and Safety

There is a formal quality management structure that is fully compliant with MHRA regulations. This structure includes the arrangements for governance and for health and safety. The laboratories are recognised by the college and Health Professions Council (HCPC) for training.

#### Planned Reconfiguration of service

It should be noted that there is a strategic plan, which is in its early stages, to reconfigure the pathology services across the Leeds sites including a purpose built new laboratory. This is envisaged to be a reality in the next 2 years and the shape of the service cannot be easily predicted at the moment. There is likely to be significant alteration in the managerial and accountability structures over this time period and any new appointee would be closely involved in the relevant areas of discussion.

#### Section 4: JOB DESCRIPTION

#### **NHSBT – 5 Programmed Activities**

- To support and develop Therapeutic Apheresis Services provided by NHSBT in Leeds and where appropriate other parts of the country (remote support).
- To lead and participate in NHSBT clinical research activities, including clinical trials and studies, and systematic reviews.
- To undertake the review and authorisation of cord blood donations as suitable for transplantation and registry donors as fit to donate.
- To provide cellular and molecular therapy laboratory related clinical advice and participate in governance and strategic development activities.
- To provide support and cross cover for other NHSBT colleagues working in CAGT.
- To provide out of hours support related to cell therapies and apheresis.
- 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.
- To participate in the consultant appraisal programme, revalidation & job planning. This will be arranged 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 Medical 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 / LTHT 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. 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.

- Junior Medical Staff will be appropriately involved in the work of the appointee in both NHSBT and LTHT.
- The duties of this post will be subject to regular review through the agreed job planning process.

#### **LTHT– 5 Programmed Activities**

- The appointee will undertake direct clinical care service in transplant, cellular therapy and malignant haematology as agreed with their Lead Clinician.
- The appointee will take an active role in improving the quality of the service including clinical audit and standard setting, clinical outcome review, improving patient safety, improving patient experience and improving service delivery.
- The appointee will be involved in clinical and translational research, teaching and continuing professional development.
- On appointment, all consultants will be encouraged to participate in the activities established by LTHT to support doctors in their new role, such as the New Consultants' Network and a formal mentoring programme.

**Commented [JG1]:** This section really needed significantly cutting down. I have made suggestions below

#### **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 LTHT.
- 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. 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 if UK trained, must ALSO be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interview. The successful candidate if non-UK trained, will be required to show evidence of equivalence to the UK CCT.

- 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 LTHT clinical service lead and NHSBT Medical Director (CAGT)
- 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 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 / LTHT 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 LTHT 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 maximum total of 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 be outlined in the [Risk Management Strategy](#).

### SECTION 5: JOB PLAN TIMETABLE (Illustrative)

Job planning will occur annually led by the Medical Director for cellular therapies at NHSBT via the online Allocate system. A joint meeting with the Lead clinican/Clinical director is advised. Any job plan review may result in a revised prospective job plan where duties, responsibilities accountability arrangements or objectives have changed or need to change significantly within the area.

Day		Time	Location (NHSBT or LTHT)	Type of Work	Activity	Duration	PA
Monday	AM	9:00-13:00	NHSBT /LTHT	Bone marrow transplant ward round(1:6) OR SPA/TAS Advice	DCC OR  SPA DCC	4h  3h 1h	1PA or  0.75 PA 0.25 PA
	PM	13:00-17:00	LTHT	CAR-T Trial meeting/ BMT Selection Meeting BMT Early discharge clinic	DCC  DCC	1h  3 h	0.25PA  0.75PA
Tuesday	AM	8:30 -12:30	NHSBT	TAS Advice plan and review	DCC	4h	1PA
		12:30-13:00	LTHT	CAR-T MDT	DCC	0.5h	0.125PA
	PM	13:00-14:30  14:30-16:30	LTHT  NHSBT	CAR-T Panel( 1 in 2)/CAR-T Service work or BMT Service review meeting SCDT senior management meeting(monthly)/ TAS Advice	DCC  DCC	1.5h  2h	0.375A  0.5PA
Wednesday	AM	09:00-13:00	NHSBT/ LTHT	TAS review /Advice/Planning on weeks when attending BMT clinic admin	DCC	4h	1PA
	PM	13:00-15:00	NHSBT	SPA	SPA	2h	0.5PA
		15:00-17:00	LTHT	SPA	SPA	2h	0.5PA
Thursday	AM	09:00-13:00	LTHT	BMT ward round/BMT	DCC	4h	1PA

				Service/clinic related work			
	PM	13:00-17:00	NHSBT	TAS review and Advice	DCC	4h	1PA
Friday	AM	09:00-13:00	LTHT	Cellular therapy clinic and related work	DCC	4h	1PA
	PM	13:00-17:00	NHSBT	Treatment reviews and quality incidents	DCC or SPA	4h	1PA

#### Activity Summary

ACTIVITY CLASSIFICATION		JOB PLAN: 10 PAs x 4 hrs = 40 HRS	
		No. of PA's	No. of Hours
<b>DIRECT CLINICAL CARE</b> <i>(Including unpredictable On-Call)</i>		LTHT: 4.25	17
		NHSBT 4	16
<b>SUPPORTING PROFESSIONAL ACTIVITIES</b>	NHSBT SPA	1	4
	LTHT: SPA	0.75 LTHT	3
	<b>SUB-TOTAL:</b>	1.75	7
<b>TOTALS</b>		<b>10</b>	<b>40</b>

**Attending Duties:** This post's attending duties cover in-patient admitted under the allogeneic bone marrow transplant team.

#### On-call availability supplement-

The oncall for NHSBT is under planning for now but there could be a provision to do on call at Leeds pending the execution of NHSBT on call plans and supplements will be as follow, this can be negotiated with Lead clinician.

Agreed on-call rota e.g. 1 in 5:

1:10

Agreed category (delete):

A

On-call supplement e.g. 5%:

~

## 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.

REQUIREMENTS	ESSENTIAL	DESIRABLE
<b>Qualifications</b>	<ul style="list-style-type: none"> <li>• Full and specialist registration and a licence to practise with the General Medical Council (GMC) (or eligible for registration within six months of interview)</li> <li>• Applicants that are UK trained, must ALSO be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interview. Applicants that are non-UK trained, will be required to show evidence of equivalence to the UK CCT</li> <li>• FRCPATH or equivalent.</li> <li>• MRCP or equivalent.</li> </ul>	<ul style="list-style-type: none"> <li>• Postgraduate thesis</li> </ul>
<b>Clinical Experience</b>	<ul style="list-style-type: none"> <li>• Demonstrates clear interest and commitment to therapeutic apheresis, stem cell and tissue transplantation (fields relevant to this post).</li> <li>• Recent experience of hospital based clinical and laboratory practice in therapeutic apheresis, stem cell and tissue transplantation.</li> <li>• Able to offer expert opinion on therapeutic apheresis stem cell and tissue transplantation problems.</li> <li>• Demonstrates clear interest and commitment to Outpatient BMT work</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical audit in the field of therapeutic apheresis, stem cell and tissue transplantation.</li> </ul>
<b>Management and Administrative Experience</b>	<ul style="list-style-type: none"> <li>• Experience of managing and leading clinical teams.</li> </ul>	<ul style="list-style-type: none"> <li>• Experience of budget management</li> <li>• Proven experience of change management</li> </ul>
<b>Teaching Experience</b>	<ul style="list-style-type: none"> <li>• Ability to teach all grades of clinical staff, including those in training.</li> <li>• Experience of teaching basic clinical skills to undergraduates</li> </ul>	<ul style="list-style-type: none"> <li>• Experience of supervising medical trainees</li> <li>• Ability to supervise the research of others</li> </ul>
<b>Research Experience</b>	<ul style="list-style-type: none"> <li>• Publications/ presentations in national/ international meetings in fields relevant to this post.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical trial and/or research experience</li> </ul>
<b>Personal Attributes</b>	<ul style="list-style-type: none"> <li>• Able to work with/influence senior colleagues across a range of specialties.</li> <li>• Effective interpersonal and motivational skills</li> <li>• Ability to communicate effectively with colleagues, patients, and their relatives</li> <li>• Able to work against a background of uncertainty</li> <li>• Able to demonstrate personal credibility</li> <li>• Self-motivated, pro-active, and innovative</li> </ul>	<ul style="list-style-type: none"> <li>• Proven leadership experience</li> </ul>

	<ul style="list-style-type: none"> <li>• Commitment to team-working, and respect and consideration for the skills of others</li> <li>• Commitment to Continuing Medical Education and the requirements of Clinical Governance and Audit</li> <li>• Willingness to undertake additional professional responsibilities at local, regional, or national levels</li> </ul>	
<b>Other</b>	<ul style="list-style-type: none"> <li>• Mobility: able to efficiently undertake the travel requirements of the post.</li> </ul>	

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.

### SECTION 7: FURTHER INFORMATION

Further details may be obtained from:

NHSBT

Dr James Griffin  
 Medical Director for Cell, Apheresis & Gene Therapies  
[james.griffin@nhsbt.nhs.uk](mailto:james.griffin@nhsbt.nhs.uk)  
 Tel: 07823 351 726

PA Kathleen Thompson [Kathleen.thompson@nhsbt.nhs.uk](mailto:Kathleen.thompson@nhsbt.nhs.uk) , 01179217465

LTHT

Dr Manish Jain	Clinical Lead for Haematology	<a href="mailto:Manish.Jain@nhs.net">Manish.Jain@nhs.net</a>
Dr Alison Young	Clinical Director for Oncology	<a href="mailto:cathy.burton1@nhs.net">cathy.burton1@nhs.net</a>
<hr/>		
Dr Dr Jen Clay	Transplant Programme Director	
Dr Frances Seymour	CAR-T Lead	<a href="mailto:frances.seymour1@nhs.net">frances.seymour1@nhs.net</a>

## **APPOINTMENT PROCEDURE**

The appointment will be made by NHSBT/ LTHT 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 LTHT to meet prospective colleagues.

Arrangements for visiting NHSBT may be made through Dr Griffin's PA Kathleen Thompson.

For visits to LTHT please contact the department secretary, telephone 0113 206 8465.

### **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.

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

### **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, ethnicity, 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.