

## Candidate Pack

# Consultant Rheumatologist –New Cross Hospital, Cannock Chase Hospital and Walsall Manor Hospital



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**PART 1**

**THE ROYAL WOLVERHAMPTON NHS TRUST**

***Our Vision and Values***

Together with our staff we have developed a vision and set of values which form a framework for a positive and supportive environment for our patients, visitors and staff. We believe that all candidates should be able to demonstrate and be equally committed in fulfilling these values to be successful in their application.

Our vision and values are detailed below; if you feel that you are as committed as we are to their delivery, please continue with your application.

**Our Vision**

**An NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve**

**Our Values**

**Safe & effective**

We will work collaboratively to prioritise the safety of all within our care environment

Safety

Raising concerns

Communication

Teamwork

Reassuringly professional

**Kind & caring**

We will act in the best interest of others at all times

Welcoming

Respectful

Helpful

Listen

Appreciate

**Exceeding expectation**

We will grow a reputation for excellence as our norm

Aiming High

Improving

Responsible

Timely

Makes connections

## **The Trust**

The Royal Wolverhampton NHS Trust are one of the largest acute and community providers in the West Midlands having more than 850 beds on the New Cross site.

The Trust also has 56 rehabilitation beds at West Park Hospital and 54 beds at Cannock Chase Hospital.

We are the largest employer in Wolverhampton, the Trust employs over 10,000 staff, covering more than 350 different roles.

We provide services from the following locations;

- New Cross Hospital – secondary and tertiary services, maternity, Accident and Emergency, critical care and outpatients;
- West Park Hospital – rehabilitation inpatient and day care services, therapy services and outpatients;
- Cannock Chase Hospital – general surgery, orthopaedics, breast surgery, urology, dermatology and medical day case investigations and treatment (including endoscopy) ;
- More than 20 community sites – community services for children and adults, walk-in centres and therapy and rehabilitation services;
- Primary care – Ten GP practices have now joined us and offer extended opening hours to patients.

In 2018, 495 staff were successfully transferred from three different organisations to form the Black Country Pathology Service (BCPS). BCPS comprises of the four pathology laboratories in the Black Country:

- The Dudley Group NHS Foundation Trust;
- Sandwell and West Birmingham NHS Trust;
- Walsall Healthcare NHS Trust;
- The Royal Wolverhampton NHS Trust.

## **New Cross Hospital**

New Cross Hospital was originally built as a workhouse. The first phase of the modern hospital, built by Alfred McAlpine, was completed in 1970. Since then it has grown and become the main Acute General Hospital for Wolverhampton, replacing The Royal Hospital, on Cleveland Road, which closed in June 1997.

In 2004 the £57m Heart and Lung Centre opened on the site, the UK's first purpose built specialist heart centre.

The hospital provides Secondary and Tertiary Services, Maternity, Critical Care and Outpatients.

In 2015 a new £38 million Emergency Department was opened at the Hospital. Boasting 30 treatment rooms for minor injuries, 18 for major injuries and a resuscitation area for adults, as well as a dedicated paediatric area for children.

The Emergency Department is one of the largest in the region.

### **Cannock Chase Hospital**

Cannock Chase Hospital is a thriving, busy site offering a wide range of surgical procedures for patients from Cannock, Wolverhampton and surrounding areas. A total of £27 million was invested in new operating theatres and refurbished wards over the last few years. Cannock Chase Hospital is a hub of activity for day cases and inpatient surgery.

The hospital provides;

- General surgery (examples include hernia repair and gall bladder surgery);
- Orthopaedics (includes hip, knee, foot, ankle and upper limb surgery);
- Breast surgery (not cosmetic);
- Urology (includes bladder and kidney);
- Dermatology/plastic surgery (removal of lumps and lesions).

Cannock also provides the following day case investigations and treatment;

- Endoscopy (examples include colonoscopy and gastroscopy)
- Rheumatology (includes day care and intravenous treatment for conditions such as rheumatoid arthritis);
- Dermatology

### **Achievements**

The last few years have seen the Trust reinforce its position as a leading healthcare provider. We have continued to drive forward change with clinicians and managers working in partnership to deliver the patient safety and quality agenda, push the boundaries of efficiency and productivity and embed cultural change to proactively manage issues such as mortality and Never Events.

Our recent achievements include:

- Rated outstanding in caring in February 2020 by the CQC following an inspection;
- In 2018, a new 2.4 million Stroke Unit opened at New Cross – now all suspected stroke cases from Wolverhampton and Walsall are treated in this specialist unit;
- Setting the UK record for days without a healthcare acquired MRSA bacteraemia (1142); more than 60% reduction in MSSA bacteraemia;
- Seeing a continued reduction in the number of cases of C.difficile;
- Universal surgical site infection surveillance, including post-discharge surveillance ;
- Enhanced our position as a tertiary provider by becoming the first Trust in the West Midlands to perform robotic surgery ;
- Achieved NHSLA level 3 standards for General Services and level 2 for our Maternity Services;
- Opened a Midwifery Led Unit to increase the choice for mothers;
- Implemented 7 day consultant working across the majority of specialties;
- Achieved a reduction of more than 70% in avoidable hospital acquired pressure ulcers; more than 70% of our wards had zero avoidable pressure ulcers and we are using telemedicine to improve community reporting;
- Reducing mortality rates to national benchmarks, working with the CQC and Dr Foster to understand the drivers of mortality and contribute to national guidance;
- Demonstrated our commitment to patient safety by offering comprehensive inter-professional training programme in our Clinical Simulator Centre.

## ***Developing Services for the Future***

The Trust's business is delivering high quality, safe and effective healthcare to our patients. Our service strategy, informed by our vision and our strategic goals, ensures that:

- We maintain our position as the provider of choice for local people for a full range of services, thereby building on our vision and strategic goals;
- We consolidate our position as a major provider of community and acute healthcare within the Black Country and beyond into Shropshire and Staffordshire;
- We maximise opportunities through organic growth to extend our boundaries and market share, centralising only when needed and outreaching into the community where possible. Boundary extension into surrounding counties is a particular goal for tertiary services as a way of supporting our consolidation objective for a wider range of services;
- We ensure that strong sustainable safe services can be maintained for the people we serve.

The high quality of the services we deliver is based upon a foundation of excellent relationships between clinicians and managers working together in partnership to safeguard the organisation for the future. These relationships have enabled the Trust to drive through transformational change which has improved quality, driven out inefficiency and positioned the organisation at the top of the league.

## ***Primary Care Network***

Our Primary Care Network offers a unique opportunity to redesign services from initial patient contact through on-going management and end of life care.

As a single organisation the issues of scope of responsibility, funding, differing objectives and drivers will be removed and clinicians will be in a position to design effective, high quality clinical pathways which will improve appropriate access and positively impact on patient outcomes.

This programme initially started in June 2016 and the Trust has taken on board ten Practices to date. A number of other GP Practices are either undergoing a formal due diligence process or have submitted expressions of interest to join the fantastic new venture.

This is being driven by the GPs and senior clinicians at RWT who are working in the best interest of their patients and provide value for money for the tax payer. The GP Practices are all working together, and with RWT, to develop our plans for closer working together between hospital, community and GP services.

## **GENERALGENERAL**

### ***Acute Provider Partnerships***

The boards of Walsall Healthcare NHS Trust (WHT) and the Royal Wolverhampton NHS Trust (RWT) have commenced work on a strategic collaboration, this approach aims to significantly improve the quality of care for our populations, standardise clinical practice and provide a safe, skilled and sustainable workforce. Shared leadership is now in place with a joint Chair and CEO alongside other key roles including executive and non-executive positions. Progress to develop shared clinical services is underway in a number of areas and good practice is being shared to support recruitment and retention of staff.

In addition to this, further partnership working is being undertaken as part of the Acute Care Collaboration Programme. This is a joint programme between Sandwell and West Birmingham Hospitals NHS Trust (SWBH) and The Dudley Group of Hospitals NHS Foundation Trust (DGoH), WHT and RWT. This is a clinically led programme that aims to identify opportunities to reduce unwarranted clinical variation, reduce inequalities and improve current inequities in access. Clinical discussions, which have the full support of each organisation, are taking place across a number of specialities and there is a clear commitment to make changes to improve care from all stakeholders.

### ***Audit***

There is a fully staffed Audit Department with a well-organised team and there is regular, on-going clinical audit. Clinical audit has a strong base within the Trust and this has been incorporated into a robust clinical governance structure. This is being developed with the Trust Board having an increasing focus on the monitoring of clinical outcomes.

### ***Research & Development***

The Trust has a busy, proactive Research & Development Directorate with an overall objective to improve patient care, treatment and quality of life by the performance and dissemination of clinical research and innovation.

Formed in 1998, the R&D Directorate has grown rapidly in parallel with the development of the Trust's research and innovation culture. The R&D Clinical Director and management team are supported by a team of experienced research nurses and administrators who operate efficient and effective systems for research management and governance. We aim to increase the opportunities for local patients and the public to participate in and benefit from, research.

The Directorate supports all research conducted within the Trust from questionnaire studies to randomised controlled trials and the Trust acts as

sponsor for a variety of own account investigator led studies, guiding and streamlining the management of research across many clinical areas. The Directorate has established links with a number of Universities and other research partners and has a wealth of experience conducting commercial research.

The Trust takes pride in being the Host for the NIHR Clinical Research Network: West Midlands. Through the Network, support is generated across 6 clinical divisions to provide the infrastructure that allows high-quality clinical research to take place by helping researchers to set up clinical studies quickly and effectively; support the life-sciences industry to deliver their research programmes; provide health professionals with research training and work with patients to ensure their needs are at the very centre of all research activity.

With the on-going dedication of enthusiastic researchers we aim to establish the Trust as a recognised centre of research excellence and attract, develop and retain the best professionals to conduct NHS research and deliver the highest quality care.

### ***Continued Professional Development, Revalidation and Appraisal***

Continued Professional Development (CPD) for Consultant Staff is supported and encouraged by the Trust, within funding, time and facilities available.

Medical revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practise in the UK, provides greater assurance to patients, the public, employers and other healthcare professionals that licensed doctors are up-to-date and fit to practise. It is a key component of a range of measures designed to improve the quality of care for patients.

The Trust fully supports the GMC's Revalidation agenda and we have a dedicated Revalidation Support Team who support the co-ordination of Revalidation and medical appraisal activity, providing personalised support for all consultants, which includes the facilitation of 360° Multi-Source Feedback, providing advice and guidance on completing appraisal documentation and sourcing evidence.

A mentoring programme is in place for consultants at the Trust and newly appointed consultants are routinely offered a consultant mentor in line with Royal College and GMC requirements.

## ***Medical Education***

### ***Undergraduate***

We are a teaching Trust of the University of Birmingham and Aston Medical School. We aim to provide high quality undergraduate medical education to inspire our future doctors to deliver excellent medical care and patient safety. The trust is keen to encourage new consultants to form part of the educational faculty and take formal teaching roles on undergraduate firms.

### ***Postgraduate***

The Trust has both doctors from Health Education West Midlands (HEWM) and an active clinical fellowship programme. Providing quality education placements is important to the Trust and all consultants are expected to take an active part in the clinical supervision of these colleagues. There are opportunities to take up formal positions in clinical supervision and develop as a clinical educator. There are ambitions to develop a surgical skills centre and the Trust has been a recipient of funding from Health Education England (HEE) to develop this. There is a strong track record within the organisation in the development of clinical education at all levels and we would seek to support individuals with a strong interest in medical education to build this into their posts in a formal way.

### ***Health and Safety***

All employees of the Trust have a responsibility to abide by the safety practices authorised by the Trust. They have an equal responsibility with the management for maintaining safe working practices.

### ***Infection Prevention and Control***

All healthcare workers have an overriding duty of care to patients and are expected to comply fully with best practice standards. As a senior medical staff member you must act as a role model in reducing all risks of patient harm. You have a responsibility to comply with Trust policies for personal and patient safety and for the prevention of Healthcare Associated Infection (HCAI). This includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene, use of personal protective equipment, safe disposal of sharps, dress code and compliance with mandatory training requirements. Knowledge, skills and behaviour in the workplace should reflect this; at annual appraisal you will be asked about application of practice measures known to be effective in reducing HCAI.

## **Standards of Behaviour**

As an employee of the Royal Wolverhampton NHS Trust you will have an absolute commitment to the delivery of high quality services for our patients and for their right to be treated with dignity and respect.

## **Safeguarding**

All employees have a responsibility to support the safety and well-being of children, young people and adults at risk of harm and to practice in accordance with legislation. Knowledge, skills and competency are to be maintained according to role and responsibilities in order to fulfil Safeguarding Children and Adults at Risk responsibilities. All employees are expected to comply with existing local Safeguarding policies and procedures, and Trust and Wolverhampton Safeguarding Children Board and Safeguarding Adults at Risk requirements.

## **TRUST EXECUTIVE STRUCTURE**

Our Trust Board has a Chairman and a combination of Non-Executive and Executive Directors, comprising of:

<b>Prof David Loughton CBE</b>	Group Chief Executive
<b>Sir David Nicholson</b>	Group Chairman of the Board
<b>Kevin Stringer</b>	Group Chief Financial Officer
<b>Prof Ann-Marie Cannaby</b>	Group Chief Nurse and Lead Executive for Safeguarding
<b>Alan Duffell</b>	Group Chief People Officer
<b>Gwen Nuttall</b>	Deputy Chief Executive and Chief Operating Officer
<b>Dr Jonathan Odum</b>	Group Chief Medical Officer
<b>Dr Brian McKaig</b>	Chief Medical Officer
<b>Simon Evans</b>	Group Chief Strategy Officer
<b>Debra Hickman</b>	Director of Nursing
<b>Tracy Palmer</b>	Director of Midwifery
<b>Sally Evans</b>	Group Director of Communications and Stakeholder Engagement
<b>Kevin Bostock</b>	Group Director of Assurance
<b>Keith Wilshere</b>	Group Company Secretary

### Non-Executive Directors:

Junior Hemens  
Louise Toner  
Lisa Cowley  
John Dunn

### Associate Non-Executive Directors:

Sue Rawlings  
Gill Pickervance  
Martin Levermore  
Alison Heseltine

Julie Jones

The Chief Medical Officers are the Trust Lead for Clinical Governance and to assist them in this role Associate Medical Directors, who are members of the consultant staff, have been appointed as follows:

Prof BM Singh Clinical	Director for IT
Prof J Cotton	Clinical Director of R & D
Dr J Macve	Director of Infection Prevention & Control
vacant	Cancer Lead

### TRUST DIVISIONAL STRUCTURE

A Divisional and Clinical Directorate system operates within the Trust. There are four divisions consisting of the following specialties, which are grouped under Divisional Management units. Each has a dedicated management team comprising of Divisional Medical Directors, a Deputy Chief Operating Officer and a Head of Nursing. Each Directorate within the Divisions are led by a Directorate Management Team comprising of a Clinical Director, Directorate Manager and Matron.

The Divisional Medical Directors, whilst retaining his/her clinical commitments, also undertake responsibility for formulating the Division's strategic development, management of the budget and clinical governance.

<b>Division 1</b>	<b>Division 2</b>	<b>Division 3</b>	<b>Division 4</b>
<ul style="list-style-type: none"> <li>➤ Pathology</li> <li>➤ Critical Care Services</li> <li>➤ Cardiothoracic</li> <li>➤ General Surgery</li> <li>➤ Urology</li> <li>➤ Trauma &amp; Orthopaedics</li> <li>➤ Obstetrics and Gynaecology</li> <li>➤ Neonatal</li> <li>➤ Ophthalmology</li> <li>➤ Head and Neck</li> </ul>	<ul style="list-style-type: none"> <li>➤ Rehabilitation</li> <li>➤ Care of the Elderly</li> <li>➤ Stroke</li> <li>➤ Neurology</li> <li>➤ Respiratory</li> <li>➤ Diabetes</li> <li>➤ Gastroenterology</li> <li>➤ Renal</li> <li>➤ Emergency Services</li> <li>➤ Oncology/Haematology</li> </ul>	<ul style="list-style-type: none"> <li>➤ Adult Community Services</li> <li>➤ Primary Care</li> <li>➤ Sexual Health</li> <li>➤ Radiology</li> <li>➤ Pharmacy</li> <li>➤ Therapy Services</li> <li>➤ Dermatology</li> <li>➤ Rheumatology</li> <li>➤ Children's Services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Corporate Service &amp; Efficiency Team</li> <li>➤ Emergency Planning Team</li> <li>➤ Corporate Outpatients</li> <li>➤ Cancer Tracking &amp; Improvement Team</li> </ul>

## **The Divisional Management Team comprises:**

Divisional Medical Directors: Dr Cathy Higgins and Dr Radhika McCathie  
Deputy Chief Operating Officer: Sian Thomas  
Head of Nursing for Division 3: Nicky Ballard

### **Directorate**

The Rheumatology Service is managed within Division 3. The service is supported by a Directorate Manager and the Group Manager for Ambulatory Care along with a Matron who is responsible for Rheumatology and Dermatology and a Clinical Director who is a Rheumatology Consultant. The management team are situated in the Rheumatology Department at New Cross Hospital. Weekly departmental meetings are held on Friday afternoons which alternate between Clinical Governance, Business Meetings and Consultant meetings. Weekly CPD clinical meetings are also held across both sites.

During the COVID-19 pandemic most of these meetings have been held via Microsoft Teams to ensure the smooth running of the department despite the restrictions caused by social distancing.

### **Staff List**

<b>Dr George Hirsch</b>	Clinical Director
<b>Dr Hem Sapkota</b>	Deputy Clinical Director
<b>Dr Jeeu Teck Sze</b>	Governance Lead
<b>Mrs Jenny Mynett</b>	Senior Matron
<b>Mr Henry Soulsby</b>	Group Manager
<b>Mr Ian Belshaw</b>	Directorate Manager

### **Clinical Teams**

We are 12 consultants with most working across the two sites. They all have different interests and specialisms within Rheumatology.

<b>Dr Tom Sheeran</b>	Clinical Trials
<b>Dr Tochi Adizie</b>	Connective Tissue Disease
<b>Dr James Bateman,</b>	RWT Undergraduate Tutor
<b>Dr Nick Barkham</b>	Sero Negative Arthritis
<b>Dr Sabrina Raizada</b>	Early Arthritis
<b>Dr George Hirsch</b>	Ultrasound
<b>Dr Hem Sapkota</b>	Sero Negative Arthritis/Osteoporosis
<b>Dr Sirivasan Venkatachalam</b>	Osteoporosis
<b>Dr Jeeu Sze</b>	Psoriatic Arthritis
<b>Dr Durmuid Mulherin</b>	General Rheumatology
<b>Dr Muhamed Jasim</b>	Rheumatology / Acute Medicine Consultant
<b>Dr Latika Gupta (Locum)</b>	Myositis

You will be encouraged to develop your own specialist area or join one of the existing teams.

### **Musculoskeletal Ultrasound**

This is based at Cannock Chase Hospital and we have a clinical team that consists of;

<b>Dr George Hirsch</b>	Clinical Lead for Ultrasound
<b>Mr Richard Brindley</b>	Consultant Ultrasonographer
<b>SSr Susan Matthews</b>	Nursing Lead for Ultrasound

We also have 2 part time senior Musculoskeletal Ultrasonographers and a trainee nurse Ultrasonographer.

### **Clinical Nursing Teams**

We have a large nursing team that supports the clinical activity on both sites. Many are nurse prescribers and perform “blind” joint injections.

The service is also fortunate to have an Advanced Clinical Practitioner role.

The department takes a multidisciplinary approach and support for consultants is provided by the nursing team, ACPs, AHPs and the Rheumatology Pharmacist , new consultants to the department have a named mentor and access to all members of the MDT as required.

### **Administration**

We have a full complement of administration staff within the department (21 members of staff) including, medical secretaries, support secretaries, system support manager (DAWN), team administrators and ward administrators. All diagnostic reports are electronically available to review and electronic dictation services, support by the medical secretary team. There is an assigned medical secretary's to Consultants, as well as other administration teams supporting Consultants, Junior Doctors, Nursing and Ultrasonographers.

### **Activity**

In the year ending April 2020 across the Cannock and Wolverhampton Service 4,879 new and 13,986 follow up patients were seen. Day Case activity was 5,808. The department has no dedicated in-patient beds but there is the occasional and elective admission under the direct care of the department at Fair oak Ward at Cannock Hospital. The activity is split between Consultants and Nurse led clinics based on area of special interests, activity is reviewed on a regular basis to ensure that there is a fair split of activity across consultants. Most clinics are mixed between new and review patients usually consisting of 4 new and 8 reviews, where appropriate telephone review clinics are encouraged as part of the normal timetable. Clinics take place at either New Cross or Cannock the job plan enables full days at either site so that no travel between activities are required.

### **Office Facilities**

There are Consultant offices at both New Cross and Cannock Chase Hospital, the post holder will also be provided with a laptop to support with all administration duties.

### **Rheumatology Research at Royal Wolverhampton Trust**

We have a research laboratory, research offices and storage areas for clinical research at Cannock Chase Hospital. We are in the process of developing further academic links with the Immunology Department at the University of Wolverhampton. We have a full time research nurse manager and 4 part time research nurses, based at Cannock.

There are 2 research nurses based at New Cross who are responsible for all the commercial trial activity on this site.

## **The City of Wolverhampton and Surrounding Areas**

Wolverhampton is a modern industrial city situated on the western fringe of the Black Country. It is compact, with no boundary more than four miles from the centre. It is approximately a 30-minute drive to Birmingham (15 miles) and 1 hour 20 minutes to Manchester (60 miles).

Wolverhampton is an urban, multi-ethnic city with a population of around 250,000. This is made up of 77.79% white and 22.21% black and other ethnic minorities. The wider hospital catchment area has a population of in excess of 350,000.

With more than 600 shops, bars, café and restaurants, Wolverhampton is not only a great place to work but also somewhere to relax and enjoy. The city centre is just a 10-minute bus ride from New Cross Hospital.

There are two indoor shopping centres, markets, theatres, cinemas, art galleries, concert venues and clubs. Shopping in Wolverhampton offers a varied selection of facilities and amenities. There are modern shopping precincts (the Mander Centre and the Wulfrun Centre) with further shopping areas in Darlington, Victoria and Dudley Streets along with Queen Square. Shopping is also available in nearby conurbations, including Birmingham.

There are the usual public amenities found in cities. The Civic and Wulfrun Halls in North Street and the Slade Rooms in Broad Street host a mix of world renowned bands, comedy acts, classical music and sporting events. In addition, there is an Art Gallery and a good public library. The Grand Theatre in Lichfield Street is one of the country's leading regional theatres has been extensively refurbished. The city centre has an active nightlife, offering a variety of night clubs, bars, restaurants and a cinema. Sporting facilities include Wolverhampton Wanderers Football Club, several health and fitness clubs as well as clubs for cricket, hockey, rugby, tennis, squash, athletics, and sailing. In addition there is an all-weather racetrack for horses and at least six golf clubs are within easy reach.

### ***Accommodation and Education***

The main residential areas within the city are situated on the western boundary and include Tettenhall, Wergs, Wightwick, Compton, Finchfield, Merry Hill and Penn. In addition there is a more modern housing development at Perton which offers choice at all price levels. This development has its own supermarket and supporting shops, schools and churches which makes this area a self-contained community.

Outside the city there are numerous villages, both small and large, which offer attractive opportunities for housing. They include Beckbury, Ryton, Burnhill Green, Pattingham, Worfield, Claverley, Seisdon, Trysull and Albrighton to the west, Brewood and Codsall to the north and Womborne to the south. There is further choice of residential areas between Wolverhampton and Birmingham if family needs so require.

Education is well catered for with many excellent maintained schools, Wolverhampton College and the University of Wolverhampton. Independent schools include the Wolverhampton Grammar School, the Royal Wolverhampton School, Tettenhall College, St Dominics (Brewod), Birchfield Boys Preparatory and Newbridge Mixed Preparatory Schools.

### ***The Environs***

To the south east is the Black Country (with the major urban areas of Dudley, Walsall and Wolverhampton) which used to be the industrial heartland of England. There is a working Black Country Museum at Dudley, which offers an opportunity to see the cultural heritage of the Industrial Revolution. In addition Birmingham, England's second city, is only 15 miles away. Facilities there include theatres, concert halls and the major sporting facilities of Aston Villa, West Bromwich Albion and Birmingham City Football Clubs, Warwickshire County Cricket Club at Edgbaston and the Alexander Athletics Stadium. There is also the Barclaycard Arena (NIA) and National Exhibition Centre which host many national and international events.

The nearby countryside of Staffordshire and Shropshire is delightful. To the north is Cannock Chase and to the west the Shropshire borders with attractions of Bridgnorth, the Clee Hills, the Long Mynd, Wenlock Edge, and the Severn Valley. South of Wolverhampton, the City of Worcester is easily accessible, and to the west north-Wales can be reached in just over an hour. The area has a large network of canals, the majority renovated, offering adjacent housing and popular for narrow boat holidays.

### ***Transport Links***

Travel links to Wolverhampton are excellent. The area is well served by the motorway network, with the M5, M6 and M54 within easy reach. There are regular direct rail services to London Euston (journey time about 2 hours) and to Manchester (journey time about 1 hour). Cross country rail services to many parts of England and Scotland are operated by Virgin Trains which has its hub in Birmingham.

Birmingham International Airport is 30 minutes away by road and Manchester International Airport can be reached within 1 hour 20 minutes.

**PART 2**  
**JOB DESCRIPTION**

<b>Job Title</b>	Consultant in Rheumatology
<b>Grade</b>	Consultant
<b>Programmed Activities (PAs)</b>	10 PAs
<b>Division</b>	3
<b>Work Base</b>	New Cross Hospital, Cannock Chase Hospital or Walsall Manor Hospital
<b>Tenure</b>	Permanent
<b>Operationally Accountable to</b>	Chief Operating Officer through the Clinical Director
<b>Professionally Accountable to</b>	Medical Director
<b>Key Working Relationships</b>	Clinical Director Group Manager Directorate Manager Senior Matron Consultant and Senior Medical Staff Doctors in Training

**Main Duties & Responsibilities**

**The Post**

**General**

1. In conjunction with Consultant and Senior colleagues, to provide a service in Rheumatology
2. In conjunction with Consultant and Senior colleagues, to play a full part in the departmental On-Call service which does not include out of hours calls. The on-call covers ward referrals and any patient that presents to the Emergency Department with Rheumatology related issues, this role is supported by the ACP who would normally be the first point of contact. The frequency of the rota is 1 week in 10, during the on call period clinical activity is reduced to enable response and support of the ACP.
3. To provide cover for Consultant and Senior colleagues in respect of periods of leave.
4. In conjunction with Consultant and Senior colleagues, to take part in medical audit and research as appropriate.

5. In conjunction with Consultant and Senior colleagues, to ensure that the requirements of clinical governance are met.
6. To ensure that there are adequate arrangements for hospital staff involved in the care of your patients to be able to contact you when necessary.

### ***Junior Medical Staff***

7. In conjunction with Consultant and Senior colleagues, to play a full part in the professional supervision and management of junior medical staff.
8. In conjunction with Consultant and Senior colleagues, to take responsibility for and devote time to teaching, examination and accreditation duties as required for junior medical staff.

### ***Management & Service Development –***

9. In conjunction with Divisional Manager, Consultant and Senior Colleagues, to take an active role in the management of the Division.
10. In conjunction with the Divisional Manager, Consultant & Senior colleagues, to play a full part in developing & implementing new ways of working in line with modernisation principles and fit for the future.
11. In conjunction with Consultant and Senior colleagues, to take responsibility for the best use of departmental staffing and other resources to ensure the maximum efficiency of the department.
12. To observe the Trust's agreed policies and procedures, in particular in relation to managing staff, and to follow the Trust's Standing Orders and Standing Financial Instructions. These policies and procedures have been drawn up in consultation with the profession on clinical matters.

### ***Clinical Governance***

13. In conjunction with Consultant colleagues, to ensure that the requirements of clinical governance are met.

### ***Health & Safety***

14. To take responsibility for your own Health & Safety complying with any safe working arrangements, policies and procedures which are in place.
15. To accept a duty to other staff and patients to ensure that any hazards are reported and managed appropriately.

### ***Any Other Duties***

16. Any other duties as deemed appropriate.

**PART 3  
TIMETABLE**

This is an outline timetable and the detail will be discussed and agreed with the successful candidate:

Day	Time	Programmed Activity	DCC	SPA	Location
Monday	0830 - 1230	OPD Clinic	1		New Cross, Cannock Chase Hospital or Walsall Manor
	1300 – 1700	Clinical Administration	1		
Tuesday	0830 - 1230	OPD Clinic	1		As above
	1300 – 1700	Teaching / Administration	0.5	0.5	
Wednesday	0830 - 1230	OPD Clinic	1		As above
	1300 – 1700	OPD Admin	1		
Thursday	0830 - 1230	OPD Clinic	1		As above
	1300 – 1700	Audit, governance, Research		1	
Friday	0830 - 1230	Clinical Administration Admin	1		
	1300 – 1700	Governance/Audit meeting/CPD		1	
Saturday	0830 - 1230				
	1300 – 1700				
Sunday	0830 - 1230				
	1300 – 1700				
PA allocation for on-call (if applicable)					
Total Number of Programmed Activities			7.5	2.5	

On-call frequency	Category	Supplement Payable
		none

This draft timetable has been constructed in accordance with the new consultant contract and is compatible with existing job plans, but open to change in accordance with colleagues' responsibilities to ensure the delivery of a rounded service.

With regards to location of the role, the service operates across New Cross Hospital (Wolverhampton) and Cannock Chase Hospital (Cannock) for the purposes of activity relating to The ROYAL Wolverhampton NHS Trust (RWT). There is the option for the individual to

also undertake activity at Walsall Manor Hospital as part of a Service Level Agreement with Walsall Healthcare NHS Trust to deliver Rheumatology services on their behalf.

*N.B. Location of work would be agreed with the successful applicant and the Clinical Director prior to starting the role.*

Subsequent job plans and timetables will be agreed annually with the Clinical Director.

DCC = Direct Clinical Care; SPA = Supporting Professional Activities

**PART 4**  
**CONDITIONS OF EMPLOYMENT**

**Terms and Conditions of Service**

The successful appointee will be employed by the Royal Wolverhampton NHS Trust subject to the National Terms and Conditions as per the new Consultant Contract (England) 2003 as amended from time to time. This job description is not exhaustive and may be updated from time to time, with consultation, as the needs of the service dictate. A Joint Local Negotiating Committee is in place and any revised Terms and Conditions will be negotiated within that Committee.

**Tenure**

The appointment is a 6 months FTE with 6 months possible extension. The notice period is three months on either side. The appointment is subject to the provisions of Schedule 14 of the TCS.

**Salary**

The salary scale is that of the Consultant Grade and the current scale is £88,364 rising to £119,133 per annum (2022/2023 rates) for 10 programmed activities per week. Any agreed extra programmed activities and on call requirement will be paid in addition to the basic salary. Pay progression will be on the anniversary of appointment and is subject to satisfactory participation in annual appraisal, the completion of a job plan review and agreed personal objectives as set out in Schedule 15 of the TCS. Starting salary will be determined according to the TCS. Where a candidate has service, in or outside the NHS, which s/he feels should be taken into account in determining the starting salary, this will be considered following the offer of appointment.

**Annual Leave**

The annual leave entitlement is 32 working days per annum rising to 34 days on completion of 7 years consultant service. In addition, there is an entitlement to 8 days Public Holiday per annum. Personal leave years will run from 1 April. At least six weeks' notice is required before taking annual leave.

**Study Leave**

Study Leave entitlement is at the rate of 30 days over a 3-year period. At least six weeks' notice is required before taking study leave.

**Superannuation**

This post is superannuable under the NHS Pension Scheme for the main contract only. Additional Programmed Activities are not superannuable.

## **Registration**

Candidates must have full registration and a licence to practise with the GMC for the duration of the appointment. In addition, you are required to appear on the Specialist Register or be within 6 months of the award of CCT at time of interview.

## **Residence**

The post-holder will reside within a distance of 30 minutes or ten miles by road from their designated base hospital and will ensure clear arrangements are in place to be contacted immediately when on call.

## **Travelling Expenses**

Travelling expenses are paid in accordance with the TCS.

Potential applicants wishing to visit the Trust will be reimbursed for two preliminary visits (one informal visit prior to application and one for the formal visit before interview) plus actual interview expenses. If a post is offered and subsequently refused, expenses will not be reimbursed.

Interviewed candidates travelling from outside the UK (this includes Eire) will be entitled to travelling and subsistence expenses but only in respect of the journey from the point of entry in the UK to the interview location.

## **Accommodation & Removal Expenses**

The post is non-residential. Single accommodation is available for which a charge will be made. Some family accommodation is available and again a charge is made for this accommodation.

Relocation and / or removal expenses are paid in accordance with the Trust's Policy on Relocation Expenses.

Interview accommodation is available on request.

## **Car Parking**

Car parking is available and it is the condition of employment that all employees who use these facilities purchase a car permit and pay the required fee.

**The following conditions must be met before the Trust will confirm an offer of employment.**

### ***Asylum & Immigration Act***

All employees must provide the Trust with one of the following pieces of documentation to prove their eligibility to work in the United Kingdom under the Asylum and Immigration Act 2016:

- P45 or other Pay documentation from the last employer
- National Insurance Number
- Birth Certificate
- Current Passport
- Work Permit

### ***Criminal Convictions and Police Checks***

Employees must declare full details of all criminal convictions or cautions under the Rehabilitation of Offenders Act, 1974. The information given will be treated in the strictest confidence and taken into account only where the offence is relevant to the post applied for. Successful applicants will be required to undergo a check to be done by the Disclosure & Barring Service.

### ***References***

It is a condition of employment that references are provided which are acceptable to the Trust. Health Screening It is a condition of employment that all successful candidates are assessed as fit for duty by the Occupational Health Department before commencing their appointment.

### ***Confidentiality***

The Trust is fully committed to encouraging its staff to freely contribute views on all aspects of health service activities, especially those on delivery of care and services to patients. However, you shall not, either during or after the end of your employment (however it is terminated), divulge to any unauthorised person confidential information relating to the Trust. This includes, but is not limited to, information covering patients, individual staff records, industrial relations, financial affairs, contract terms and prices or business forecasts.

Your obligations of confidentiality under this clause shall not prevent you from raising genuine concerns about healthcare, or a belief that criminal conduct, breach of a legal obligation, health and safety breaches or damage to the environment has been, is being, or is likely to be committed, or any information tending to show any of the above has been, is being, or is likely to be, deliberately concealed, provided that such disclosure is made in good faith and in accordance with the provisions of the Public Interest Disclosure Act 1998 and the Trust's Policy on Raising Concerns at Work - Whistle Blowing Policy, a copy of which is available from the Human Resources Department.

### ***Private Practice***

To comply with the arrangements for undertaking Private Professional Services and the Code of Conduct for Private Practice.

## PART 5

### APPLICATIONS & VISITING THE TRUST

#### Further information and visiting the Trust

The Trust welcomes applicants who wish to seek further information or visit. Please contact the following to arrange a visit or for an informal discussion:

Dr George Hirsch, Clinical Director: 01543 576456

Dr Jonathan Odum, Group Medical Director: 01902 695958

Prof David Loughton, Group Chief Executive: 01902 695950

#### Application

Candidates should apply by visiting TRAC or NHS Website, by visiting the [Trust Website](#)

Supplementary information and CVs should be attached to the online application.

Further information on the recruitment and interview process can be obtained from:

#### Medical Resourcing

Medical Resourcing Department  
New Cross Hospital  
Wolverhampton Road  
Wolverhampton, WV10 0QP

**Telephone:** 01902 695442

**Email:** [rwh-tr.medicalstaffresourcing@nhs.net](mailto:rwh-tr.medicalstaffresourcing@nhs.net)

**PART 6**  
**PERSON SPECIFICATION**

REQUIREMENTS	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
<b>Educational Qualifications</b>	<p>Full registration and a licence to practise with the GMC</p> <p>On the GMC Specialist Register or within 6 months of CCT from the date of interview</p> <p>State any higher training required that is essential in order to fulfil the role MRCP(UK)</p>	Higher Medical Degree	CV
<b>Experience</b>	<p>State any specific experience required over and above that they could reasonably have gained via training to CCT level.</p> <p>Give specific examples.</p>	Subspecialty training or equivalent	CV/Interview
<b>Ability/skills</b>	Specific skills required to undertake the role above those required to achieve CCT.		CV/Interview
<b>Research and Audit</b>	<p>Where appropriate ask for relevant research published in peer review journals. The level required would depend upon the role i.e. nephrology would require a greater quantity of research.</p> <p>Evidence of audit and the implementation of change following the audit</p>	Relevant research published in peer review journal	<p>CV</p> <p>CV/Interview</p>
<b>Education and Teaching</b>	<p>If a teaching qualification or evidence of educational training is an essential requirement of the post this should be stated i.e. Director of Post Graduate Medical and Dental Education.</p> <p>If this is a requirement, state that a proven ability is required.</p>		<p>CV</p> <p>Presentation/ Interview</p>
<b>Management Skills</b>	<p>Demonstrate effective team working skills</p> <p>Time management/organisational ability. An example may be they have developed and run training programmes.</p> <p>Proven knowledge of systems and process of NHS or equivalent</p> <p>Sense of understanding and commitment to corporate responsibility</p> <p>Commitment to and understanding of their responsibility to the organisation. Examples may include previous involvement in management roles, management courses</p>		<p>Interview</p> <p>CV/Interview</p> <p>CV/Interview</p> <p>Examples for be given at Interview</p> <p>Interview</p>
<b>Leadership*</b>	<p>An understanding of and ability to demonstrate your ability to:</p> <ul style="list-style-type: none"> <li>• Empower others</li> <li>• Lead through change</li> <li>• Influence strategically</li> </ul>		Interview / Application

REQUIREMENTS	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
	<ul style="list-style-type: none"> <li>• Collaborative working</li> <li>• Drive for improvement</li> <li>• Integrity</li> </ul>		
<b>Other</b>	<p>Demonstrate innovation and problem solving abilities</p> <p>Include any practical requirements e.g. able to travel to meet the requirements of the post</p>		CV/Interview

### Leadership Definitions

- Empowering others – striving to facilitate others’ contributions and to share leadership, nurturing capability and long-term development of others
- Leading change through people – communicate the vision and rationale for change and modernisation, and engaging and facilitating others to work collaboratively to achieve real change.
- Effective and strategic influencing – being able and prepared to adopt a number of ways to gain support and influence diverse parties, with the aim of securing health improvements
- Collaborative Working – being committed to working and engaging constructively with internal and external stakeholders.
- Drive for improvement – a deep motivation to improve performance in the health service and thereby to make a real difference to others’ health and quality of life.
- Political astuteness – showing commitment and ability to understand diverse interest groups and power bases within organisations and the wider community, and the dynamic between them, so as to lead health services more effectively.
- Personal Integrity – a strongly held sense of commitment to openness, honesty, inclusiveness and high standards in undertaking the leadership role.