



DELIVERING
OUTSTANDING
CARE AND
EXPERIENCE



RECRUITING,
DEVELOPING AND
RETAINING OUR
WORKFORCE



AN ANCHOR
IN OUR
COMMUNITIES



WORKING TOGETHER
WITH LOCAL HEALTH
AND SOCIAL
CARE PROVIDERS



DELIVERING
LONG-TERM
SUSTAINABILITY

Information pack for the post of

**CONSULTANT OBSTETRICIAN AND
GYNAECOLOGIST WITH INTEREST IN
EARLY PREGNANCY**

Division of Maternity, Breast and Gynaecology

April 2024





Welcome from Chief Executive Hannah Coffey

Hello and welcome to our Trust! I am delighted that you are considering our organisation as a place to work.

This is a really exciting time for our patients and staff as we work with our local health system partners across Cambridgeshire, Peterborough, and South Lincolnshire to deliver some key development projects that will shape the care we provide for future generations within the 900,000-strong catchment we serve. As well as building a new hospital at Hinchingsbrooke and redeveloping our sites at Peterborough and Stamford to better meet the needs of patients, we are investing in a Trust-wide electronic patient record system and harnessing digital technology within our diagnostic services to enhance the quality and speed of diagnosis and treatment.

It's a great time to be joining TeamNWA AngliaFT where we truly value the health and wellbeing of our staff and encourage our leadership team to empower their teams to be the best they can be, to help them develop in their careers and, at the same time, ensure our patients can experience good quality care by people who are dedicated to serving their health needs.

If you are looking to develop your career in an environment that's primed for organisational change, where you can actively contribute to the quality improvements we are making for our patients and staff, then look no further for your next role.



Hannah Coffey
Chief Executive Officer

Contents

Section 1 – Job Description	4
North West Anglia NHS Foundation Trust	4
Job Summary.....	4
Main Duties and Responsibilities	5
Education and Training and Research.....	6
Clinical Governance.....	6
Continuing Professional Development.....	6
Job plan	7
General Conditions of Employment	7
Compensation and Benefits.....	8
Person Specification	9
Section 2 - The Department and Division	11
Divisional Structure.....	11
Obstetrics at Peterborough City Hospital	11
Gynaecology at Peterborough City Hospital	14
Obstetrics at Hinchingsbrooke Hospital.....	16
Consultant Team at Peterborough City Hospital.....	17
Section 3 - Working at the Trust	19
Teaching programme.....	19
Continuing Professional Development (CPD)	19
Clinical Library	19
Research and Development (R&D)	19
Clinical Quality Assurance	20

Section 1 – Job Description

Job Title	Consultant Obstetrician and Gynaecologist with Interest in Early Pregnancy
Grade	Consultant
Location	Primarily based at Peterborough City Hospital with cross site working at Hinchingsbrooke Hospital and Stamford and Rutland Hospital
Hours of Work	40 hours per week (10 PA)
Reports to	Clinical Lead
Accountable to	Chief Medical Director
Operationally responsible to	Maternity Divisional Director

North West Anglia NHS Foundation Trust

North West Anglia NHS Foundation Trust was formed in April 2017. We run three acute sites Peterborough City, Hinchingsbrooke and Stamford and Rutland Hospitals. In addition, we deliver outpatient and radiology services at Doddington Hospital, the Princess of Wales Hospital, Ely, and North Cambridgeshire Hospital, Wisbech.

We deliver acute care services to a growing catchment of approximately 850,000 residents living in Cambridgeshire, Lincolnshire and the neighbouring counties of Norfolk and Bedfordshire.

Job Summary

Applications are invited for the above Substantive post primarily based at Peterborough City Hospital with cross site working at Hinchingsbrooke Hospital and Stamford and Rutland Hospital.

This is a replacement post arising out of retirement.

It is expected that the successful candidate will be working across all 3 sites. The total number of deliveries is 6100 per annum. This appointment will be made in accordance with the terms and conditions of service for the 2003 consultant contract (England).

Main Duties and Responsibilities

The appointee will report to the Clinical Leads and be accountable to the Chief Medical Director.

Pursue an interest in line with service needs and an opportunity to provide leadership to General obstetrics and gynaecology.

- Maintain the highest clinical standards in the management of Obstetric patients
- Care for women with benign gynaecology conditions.
- Provide care for women with early pregnancy complications and termination of pregnancy.
- Collaborate in MDT meetings.
- Work with Obstetric, midwifery and early pregnancy team to help reduce morbidity, enhance women's wellbeing through participation in national initiatives.
- Provide clinical input and leadership for the specialty
- Liaise with management to gain appropriate infrastructure for the provision of the service
- Accept personal responsibility for the clinical care of patients
- Attend regular departmental meetings and participate in department management and development of the service
- Provide emergency care to acute Gynaecology emergencies whilst on call.
- Expected to do cover both Obstetrics and Gynaecology emergencies during on calls.

Develop as a leader

- Work with colleagues to provide a consultant-led service of the highest standard
- Develop and maintain good working practices
- Provide effective clinical leadership for all staff in the service through positive collaboration with colleagues
- Offer support teaching and leadership to junior medical colleagues, nursing colleagues and other members of the multi-disciplinary team.

Education and Training and Research

- Participate in the Postgraduate and Undergraduate teaching programs, and teaching/supervision of other healthcare professionals.
- Participate in appraisal and assessment of junior medical colleagues as required.
- Participate in training Obstetric Specialist Registrar's and other junior doctors.
- Deliver ATSM curriculum for trainees
- Share responsibility for the supervision, training, and professional development of O+G staff and other departmental staff as necessary.
- Where possible to collaborate with academic and clinical colleagues to enhance the Trust's translational research/audit portfolio, at all times meeting the full requirements of Research Governance.
- To participate in research activities with existing research team with the aims of establishing good quality research while maintaining excellence in service provision and clinical practice.

Clinical Governance

- Comply with the Trust's Clinical Governance policy, including clinical risk management.
- Support and lead audit projects.
- Liaise with the other consultant staff on the development and implementation of protocols and guidelines for patient care.
- Maintain standards of care for the Obstetrics and Gynaecology service.

Continuing Professional Development

- Participate in the annual consultant appraisal process, in line with the Trust's appraisal guidelines
- Maintain an up-to-date job plan and personal development plan
- Register and participate in the appropriate CPD scheme
- Participate in Trust Mandatory Training as required
- Participate in Research

The post involves cross site working at Peterborough City Hospital, Stamford and Rutland Hospital and Hinchingsbrooke Hospital.

Job plan

Sample job plan

Generic new job	Week A	Week B	PA
Monday AM	EPAU	Theatre	0.5 - DCC 0.5 - SPA
Monday PM	EPAU	EPAU	1 - DCC
Tuesday AM	LW	Off	0.5 - DCC
Tuesday PM	Off	Off	
Wednesday AM	GOPD	Admin	0.5 - DCC 0.5 - Admin
Wednesday PM	ANC	ANC	1 - DCC
Thursday AM	GOPD	GOPD	1 - DCC
Thursday PM	Admin	Theatre 1/4	0.5 - Admin 0.25 - DCC
Friday AM	SPA	SPA	1 - SPA
Friday PM	EPAU	Scan/biopsy	1 - DCC
		DCC - 6 PA SPA - 1.5 Admin - 0.5	On call - 1.5 PA RAS - 0.125 MDT - 0.125

General Conditions of Employment

The appointee will enjoy terms based on the nationally agreed Terms and Conditions of Service for Consultants (England) 2003.

The successful candidate will be required to live within 20 miles of the Trust or 30 minutes of travelling time when on-call.

The appointee will be expected to cover for colleagues' absence from duty based on mutually agreed arrangements with the Department and with the Employing Trust. This is arranged by mutual agreement of consultant colleagues and approval of the Clinical Lead, by standard Trust and NHS regulations. Eight weeks' notice must be given to allow for proper planning and prevent cancellations of patients' appointments/surgery. This includes all forms of leave. Leave is granted in line with the Trust Policy and Specialty protocol.

The Trust requires the successful candidate to have and maintain full registration with the General Medical Council and to fulfil the duties and responsibilities of a doctor as set down by the General Medical Council.

All appointments are subject to satisfactory Occupational Health Clearance being obtained and a satisfactory DBS check.

The appointment is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by the Rehabilitation Act 1974 (Exemptions) Order 1975. Applicants are not entitled therefore to withhold information about convictions which for other purposes are 'spent' under the provision of the Act, and in the event of employing any failure to disclose such convictions could result in dismissal or disciplinary action by Trust. Any information given will be completely confidential and will be considered about an application for positions to which the Order applies.

Subject to the provisions of the Terms and Conditions of Services, the appointee is expected to observe the Trust's agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of the Trust.

In particular, where the appointee manages employees of the Trust, he/she will be expected to follow the local and national employment and personnel policies and procedures. The appointee will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of patients, to be able to contact them when necessary and to observe the current local arrangements for advising details of leave.

Compensation and Benefits

Consultants are remunerated according to nationally agreed NHS pay scales and terms and conditions.

Newly appointed Consultants may be eligible for reimbursement for the whole or part of the cost of their removal expenses, provided that the removal is necessary to comply with North West Anglia NHS Foundation Trust's requirements concerning the place of residence.

Person Specification

Job title: Consultant Obstetrician and Gynaecologist with Interest in Early Pregnancy

Division: Maternity, Breast and Gynaecology

Reports to: Clinical Lead

Criteria	Essential or Desirable Criteria	Assessment Method			
		A	I	T	R
Education and Qualifications					
• MBBS (or equivalent)	E	√			
• MRCOG or equivalent	E	√			
• ATSM Benign Gynaecology/ Early pregnancy	E	√			
• ATSM Hysteroscopy	D	√			
• CCT and/or inclusion on the Specialist Register of GMC or within six months of Appointments Advisory Committee	E	√			
• Full GMC Registration	E	√			
• Advanced Labour Ward Practice ATSM or equivalence either subspecialisation or 'grandfathering'	E	√			
• Labour Ward Lead ATSM or equivalence or 'grandfathering'	D	√			
• TOP services experience or 'grandfathering'	D	√			
Experience & Knowledge					
• Experience of MDT team working, practice and providing leadership in managing labour ward and acute emergencies	E	√			
• Recent active involvement in practical intrapartum obstetrics	E	√	√		√
• MOET/ALSO instructor/PROMPT course	D	√	√		
• Broad experience in obstetrics and Gynaecology	E	√	√		√
• Teaching at post- and undergraduate levels	D	√	√		√
• Able to perform laparoscopic treatment for ectopic pregnancy	E	√	√		
Academic Achievements					
• Able to demonstrate successful participation in audit	E	√	√		
• Evidence of Attendance and presentation [incl poster] at national or international Obstetric and gynae meetings	D	√			
• Evidence of completed and published research	D	√	√		
Key Skills					
• Ability to work in a multi-disciplinary team	E				√
• Effective written (including record keeping) and verbal communication skills with patients and staff	E				√
• Excellent interpersonal skills with ability to use tact, diplomacy, negotiation and persuasion as well as authority	E		√		
• Ability to organise and prioritise own workload and participate in learning	E		√		

• Co-ordinate work with other consultants	E		√			
Current driving license	E		√			
Other						
• Fluent in verbal and written English	E		√	√		
• Awareness and respect for colleagues, patients and relatives' dignity, privacy, integrity, cultural and religious beliefs	E			√		
• Ability to remain calm and work effectively in pressure situations	E			√		
• Good previous attendance record	E					√
• Ability to travel to meet the requirements of the post	E		√			
• Satisfactory Criminal Records Bureau Disclosure and/or Certificate of Good Conduct (Police Check) from country of residence	E		Police/DfES/D oH			

Assessment Criteria: A = Application, I = Interview, T = Test, R = References

Section 2 - The Department and Division

Divisional Structure

Following the formation of our new Trust in April 2017, our operational functions across the three hospitals merged to form five clinical divisions. They are:

- Division of Medicine
- Division of Urgent and Emergency Care
- Division of Surgery
- Division of Family and Integrated Support Services
- Division of Maternity, Gynaecology and Breast Services

The clinical divisions are key to our service delivery and the structure is based on 'family groups' of services that have greater clinical interdependencies, which ensures working relationships remain closely aligned. The Divisions are led by a triumvirate comprising a Divisional Clinical Director, Divisional Operations Director, and Divisional Nursing Director.

Division of Maternity, Breast and Gynaecology



Obstetrics at Peterborough City Hospital

The enhanced and expanded maternity facilities at PCH have attracted many more women to deliver at our Maternity Unit and the result is that our Deliveries are about 4100 per

annum, which represents an increase of 10% over the last 2 years. The Maternity footprint is designed to accommodate 6000 births eventually. We have a very popular Midwifery-led birthing Unit (MLBU), and we are aiming for at least 20% of all births to be carried out on the MLBU. The local demographic trend is also increasing at an anticipated 300 births per annum. The C/S rate is between 23 and 30% and is line with the national average. Our Maternity IT system is K2, and this has been a resounding success in improving our documentation and access to records.

Maternity unit in-patient and assessment facilities:

- 14 delivery rooms, each with en-suite bathroom facilities,
- A large Birthing Pool Delivery facility,
- 2 Induction of Labour (IOL) bays
- 2 High-Dependency Unit (HDU) beds,
- 2 designated Obstetric theatres, housed within the Main Theatre complex (Has a total of 18 theatres) adjacent to Delivery suite,
- 4 theatre recovery beds.
- A 4-bed Triage Bay, where women with more urgent Antenatal or Intrapartum problems can be assessed.
- A dedicated 4 room Midwife-Led Birthing Unit (MLBU), adjacent to the delivery suite,
- 24 antenatal/postnatal inpatient beds, 3 of which are in single rooms.
- Transitional care beds for women and babies,
- A separate, 2-bed dedicated Bereavement suite which has full en-suite facilities and facilities for partners to stay over.

Fetal medicine scanning service

Two Obstetric Consultants currently work alongside sonographer's and midwife sonographers to deliver the fetal medicine scanning service. There are at least 3.5 dedicated consultant led fetal medicine scan clinics every week alongside several other antenatal clinics. High risk cases are liaised with Addenbrookes Hospital. Leicester, Nottingham, and London fetal medicine centers through established pathways via regular MDT and telephone links.

Antenatal Clinics (ANC) are housed in a purpose-built suite of consulting rooms and waiting areas on the ground floor of the Woman's Health Unit. Within the ANC there is a dedicated Antenatal Day unit (ADU). Obstetric Ultrasound is situated within the Antenatal Clinic complex and staffed by 2 Specialist Consultants and a high trained team of sonographers.

Peterborough's population demographics is ethnically mixed, with a relatively high deprivation index. Medical complexity of our patients continues to increase. Our Trust employs dedicated, in-house Polish, Portuguese, Lithuanian and Czech/Slovak translators.

There are 13 dedicated consultant clinics a week. Peterborough is signed up to the well-known GAP/GROW program which is trying to reduce the risk of stillbirth resulting from IUGR. There is a twice-weekly Diabetic clinic which is jointly run by the Specialist Obstetricians and Consultant Diabetologist's, supported by the diabetic specialist midwife and diabetic specialist nurse. Pregnant women with other endocrine conditions e.g., hyperthyroidism, are also seen in this clinic.

There is a dedicated **Maternity Helpline**, staffed by midwives, which runs 24/7 and advises pregnant women with concerns re their pregnancy and signposts them to the appropriate clinic or whether to come up to the hospital and be seen.

A dedicated **Antenatal Day Unit (ADU)** is housed within the antenatal clinic area, where CTG monitoring, Doppler ultrasound, administration of steroids/injection in injection of Low Molecular Weight Heparin (LMWH) for thromboprophylaxis, as well as monitoring of high-risk pregnancy, can be undertaken.

A busy **Obstetric Triage** facility is housed within the Delivery Suite. Here women with a variety of obstetric conditions including reduced fetal movements, possible rupture of membranes, PV bleeding, elevated blood pressure, abdominal pain and CTG concerns are assessed.

The Antenatal screening coordinator collates abnormal screening tests and liaises between the patients, the ward, the consultants and tertiary centers, as required. We have close links with the Fetal Medicine Unit at Addenbrookes Hospital, as our main tertiary referral centre, in addition to Units at UCH, Great Ormond Street, Leicester and Nottingham.

HMP Peterborough is one of the country's newest prisons and there is a Mother and Baby Unit within the complex. There is a dedicated Community midwife who sees all the pregnant women antenatally at the prison and arranges appointments and liaises with social services. One of the Consultants is the Lead for these patients from the prison along with any other vulnerable women.

A Consultant **Anaesthetist** is on call for the Delivery Suite and is present from 0800 to 1700 weekdays. There is a trainee anaesthetist working 12-hour shifts, supervised by the

consultant during daytime hours. A dedicated Anaesthetic Assessment clinic for women is available for women who are obese, have complex past medical histories or who have had anaesthetic or surgical problems in the past.

The Neonatal Intensive Care Unit (NICU) is an accredited Level 2 local neonatal unit. 6 cots are for short term Intensive Care/High Dependency with 10 cots for Special Care. Around 350 babies a year are admitted to NICU. Babies are referred to Leicester, Great Ormond Street (GOS) or Addenbrookes for surgery. For neurosurgery, babies are transferred to Nottingham or GOS and for cardiac surgery babies go to Glenfield in Leicester or GOS.

Gynaecology at Peterborough City Hospital

The **Women's Health Ward (Gynaecology and Breast)** is part of the Women's Health Unit and is housed on the first floor, adjoining the Maternity Inpatients Ward. The Breast inpatients are also accommodated on this ward and all the women are nursed by Gynaecology and Breast surgery trained nurses, as a multi-disciplinary team. There are 20 beds, of which eight are single rooms. Eight beds are for 23 hour stay pathways. Ambulatory care pathways are also in development and there are two assessment beds, where patients from the Emergency Department can be assessed. Ultrasound and other facilities for examining women are available on the ward.

Gynaecology Outpatients (Women's Health Outpatients-OPD) is housed on the Ground floor of the Women's Health Unit, across the atrium from the Antenatal Clinic. There is a separate entrance to the Unit which is near to the car park. There are eight Consulting rooms, each attached to a separate examination room. There is a dedicated Procedure Room, where Out-patient Hysteroscopy and colposcopy are done and where there are facilities to carry out Outpatient Endometrial Ablations under local anaesthetic. There is a parallel treatment room which doubles as a second Colposcopy suite and Urodynamics suite.

The **Early Pregnancy/ Early Gynaecology Assessment Unit (EPAU/EGAU)** is on the first floor close to the inpatient gynaecology wards and runs a seven-day service, staffed by 4 specialist Consultants and a team of specialist nurses. The unit manages all early pregnancy and emergency gynaecology problems. Out of hours scans are performed by either the Nurse Specialist or by a Consultant competent in Gynaecology scanning. Ambulatory services for hyperemesis are undertaken. Day case or home management of medical miscarriage and local anaesthetic manual vacuum aspiration for miscarriage are available.

Fertility care is provided by two Lead Consultant and 2 Specialist fertility nurses.

The gynaecology department runs a busy **Colposcopy service** (5 Consultants, 2 Nurse Specialists). All the Consultants and 1 of the 2 Nurse Specialists are accredited BSCCP

trainers. The newest Nurse Specialist appointee will be completing their BSCCP training shortly. There are also satellite clinics at Stamford hospital. All the Consultants and the Nurse Specialists are able to provide teaching and training for those SPR's completing their BSCCP accreditation.

There is a dedicated weekly **Termination of Pregnancy (TOP)** clinic at PCH with the support services of a pregnancy loss counsellor. The service is Consultant-Led, and nurse delivered. The service offers medical (home and inpatient) and surgical termination (under local and general anaesthetic) up to 18 weeks. A full range of contraception including LARC is provided for all patients. The service sees over 800 patients a year.

Minimal access surgery includes facilities for laser ablation with CO2 laser. Laparoscopic Surgery to level 3 is currently being carried out. All of the consultants are able to carry out laparoscopic salpingectomy for ectopic pregnancy and 7 regularly carry out laparoscopic oophorectomy, ovarian cystectomy, and division of adhesions. The service provides Total Laparoscopic Hysterectomy and Laparoscopic assisted Vaginal Hysterectomy.

Sub-speciality surgery for Gynaecological Oncology is performed to a limited degree (mainly Stage 1 and Grade 1 Endometrial Ca, as per Cancer Unit Guidelines) with the bulk of the cancer work at the Cancer Centre at Addenbrookes Hospital. The Consultant Specialist Nurse is BSCCP-accredited and runs regular colposcopy clinics, attends MDTs and Rapid Access Gynae clinics. She is supported by another specialist nurse.

Weekly **Combined Oncology Clinics** are carried out with support from either the Gynaecologist from Addenbrookes or the Medical Oncologist. Specialist Multi-Disciplinary Team (SMDT) meetings are held locally weekly at Addenbrookes and via telelink fortnightly. There is a weekly LMDT (local Gynaecology Multidisciplinary meeting) chaired by the Oncology Lead and a specialist Radiologist. There is a busy Radiotherapy service provided at PCH. Palliative care facilities are available with a hospice (Thorpe Hall) near to the hospital.

Urogynaecology has been developed as a sub-specialty interest with video cytometry, urodynamics and sub-specialty surgery including sacrospinous fixation, abdominal/laparoscopic sacrocolpopexy and Colposuspension, testing, outpatient cystoscopy and injectibles (Botox and Bulkamid), scanning, hysteroscopy and hysteroscopic procedures, and colposcopy.

Our **Ambulatory Gynaecology Unit** offers outpatient treatment under local anaesthetic including hysteroscopy, Myosure Polypectomy, Endometrial ablation with Novasure and Minitouch endometrial ablation.

There is a nurse led Termination of Pregnancy service shared with PCH, offering 'No Touch' terminations. The service is delivered by consultants and dedicated specialist nurses. Patients have a choice of medical and surgical TOP including MVA and outpatient

misoprostol for up to 10 weeks gestation. The unit offers treatment until 18 weeks gestation.

The fertility service is consultant led and offers usual facilities including USS for follicular tracking, HyCosy, ovulation induction with Clomid and Gonadotrophins with plans of moving to a satellite IVF unit currently in discussion.

There is no dedicated gynaecology ward, and the majority of the elective patients are admitted to the purpose build treatment centre in single rooms or 3 bed with ensuite enclosed bays. Emergency admissions are admitted to the surgical wards.

We have a strong interest in Enhanced Recovery and Minimal Access Surgery. The unit has one of the highest percentages of Total Laparoscopic Hysterectomy in East Anglia and has now introduced Day case TLH. In addition, we offer other procedures including Vaginal and abdominal major and minor surgery.

The **Urogynaecology unit at Hinchingsbrooke Hospital** was accredited by BSUG in 2014 and following the merger, the department is aiming for joint accreditation after COVID restrictions are lifted. The unit continues to offer high quality care to women in the area. Outpatient treatments in the Ambulatory Unit include cystoscopy and injectables including Botox and Bulkamid.

Specialist nurses provide support in Urogynaecology, Oncology, EPAU, TOP, Fertility and Colposcopy.

Obstetrics at Hinchingsbrooke Hospital

There is a purpose-built Labour Ward comprising of eight high risk birth rooms, a dedicated obstetric theatre, a complex birth room, a special observation ward, an assessment room and a birthing pool which has undergone complete refurbishment. There is an adjacent Midwifery Led Birthing Unit (MLBU) with two further normal birth rooms and an assessment/overnight stay area. There is an antenatal/postnatal ward consisting of four, 5-bedded bays and three single rooms. The ward has been completely refurbished to provide en-suite facilities. There is a purpose-built dedicated suite for bereavement on labour ward.

The **Fetal and Maternal Day Assessment Unit (MDAU)** was opened in 2000, with five assessment spaces, two scanning rooms, a quiet room and additional space for assessments. This has recently been relocated in a refurbished area. It is staffed 09:00 – 18:00, Monday – Friday.

Three Obstetric Consultants currently work alongside sonographers and midwife sonographers to deliver the fetal medicine scanning service. There are at least three dedicated consultant led fetal medicine scan clinics every week alongside several other antenatal clinics. High risk cases are liaised with Addenbrookes Hospital or London fetal

medicine centers, the Fetal Medicine center through established pathways via regular MDT and telephone links. The unit has embedded the GAP GROW pathway within the last 3 years. There are weekly joint medical/obstetric/diabetes clinics with endocrinologists.

The adjacent **Special Care Baby Unit (SCBU)** comprises three intensive care spaces and nine special care cots. This allows almost all obstetric cases to be managed on site. Women <30 weeks gestation and/or their babies would normally be transferred to a tertiary centre within the East of England Network.

A 24-hour epidural and anaesthetic service is provided at Consultant level. An obstetric anaesthetic antenatal service exists for high-risk women.

The **Labour Ward, MLBU, SCBU, Obstetric Ward** and main theatres are adjacent to each other. Antenatal and Gynaecology clinics are held in the neighboring Treatment Centre, a large new development linked to the main hospital. There are dedicated midwives for vulnerable women, drug and alcohol misuse and obesity. The unit is fully engaged with the Local Maternity System and Maternity Voices Partnership for improving pregnancy pathways.

Portable ultrasound scanners are available for use on the wards and in the clinic.

The unit has a strong drive for research and has recently recruited in several portfolio national and international studies including QUIDS and SALVO. There is full time cover of dedicated research midwife to support research services in the department.

Specialist midwives support the unit in various areas including Mental Health, Bereavement, Risk, Research, Safeguarding and Practice Development.

Consultant Team at Peterborough City Hospital

Consultants in Department of O/G	Specialty
Miss C Lia (Cross site)	High Risk Obstetrics Fetal Medicine / Obstetric Ultrasound Guideline Lead
Mr Steve Havenga	Consultant O/G
Mr. B Ramsay	Gynaecology Oncology and Colposcopy Lead Minimal access surgery and Endometriosis Lead
Mr. A Sriemevan	General Obstetrics and Gynaecology
Miss R Mckay	EPAU / TOP/EGAU Lead
Mr Edafe Ghararo	Consultant Obstetrician and Gynecologist

Mr C Siozos	Gynaecology Audit Lead, Consultant O/G Urogynaecology
Miss M Samyraju	Labour Ward and Safety Lead, Safety lead Diabetes ANC
Mr Mohammed Elwakd	Consultant O/G
Mr S Kodakkattil	Clinical Lead (PCH) Medical Student Lead
Miss S Basak	Deputy College Tutor Postnatal Care Lead Obstetric Quality, Audit and Risk Lead
Miss A Samarasinghe	Fertility Gynaecology governance RCOG College Tutor
Miss Jemina Loganathan	Urogynaecology Departmental post graduate teaching lead.
Mr L Polanski	Fertility Advanced Gynaecology scanning Clinical Governance Lead

Informal Enquiries

If you wish to discuss the post informally or arrange a visit, please contact Mr Sreejith Kodakkattil at Peterborough City Hospital (Clinical Leads for Obstetrics and Gynaecology) at Sreejith.kodakkattil@nhs.net or 01733 677154; or Jo Green at Jo.greene@nhs.net.

Section 3 - Working at the Trust

Teaching programme

There is a strong commitment to education from a departmental and organisational level, and the appointee will be expected to undertake teaching.

There is an active Medical Education Centre with seminar rooms and a lecture theatre, and an on-going programme for senior and junior medical staff organised by the Clinical Tutor and the Medical Education Department.

Continuing Professional Development (CPD)

There is dedicated support for CPD within the Trust, under the direction of the Medical Director, Clinical Tutor, and Specialty Tutors.

All non-training grade medical staff are required to undertake CPD to fulfil the requirements of revalidation.

Senior medical staff have an entitlement to study leave of 30 days in a three-year period and the current study leave budget allowance is £700 per annum per person.

Clinical Library

The Trust has clinical libraries. The Library Services Manager and assistants can support medical staff in conducting literature searches via MEDLINE and accessing books and journals.

Research and Development (R&D)

The Trust actively contributes to research in the NHS and has an extensive research portfolio covering 28 of the 30 National Institute for Health Research (NIHR) clinical specialties. The Trust is currently recruiting to over 160 NIHR Portfolio research studies and is set to recruit over 2,000 participants during 2017-18.

A key metric in assessing R&D performance is a Trust's Value for Money (VFM) score. At present NWA Anglia FT has the best VFM score of any acute trust within CRN Eastern and is third in overall study recruitment.

Principal Investigators are supported by an R&D Department encompassing both clinical and non-clinical staff. With over 60 members of the team the department provides end-to-end research support throughout the study life cycle, from protocol development through to delivery and study closedown. The growth of R&D remains a key objective for the Trust as it actively promotes the growth of its sponsored research portfolio.

Clinical Quality Assurance

The appointee will take an active part in clinical audit and clinical governance.

The appointee will ensure that they are up to date with mandatory and statutory training requirements as required by the Trust and or external organisation.

There is a wide-ranging clinical audit programme across many specialties within the Trust supported by specialist staff.

The appointee will ensure data collection and processing undertaken is consistently accurate and timely and complies with the Trust Data Quality Policy and Information Governance procedures.

The Trust is developing several acute care pathways, and is working towards a system of integrated care, and the appointee will be expected to contribute to and support these.

Other

To comply with the roles and responsibilities as defined in the Trust's Health & Safety Policy.

To be responsible for safeguarding and promoting the welfare of children and adults by undertaking the appropriate level of training in accordance with the safeguarding policy training strategy and being aware of and working within the Trust's safeguarding policies.

Ensure all data collection and processing undertaken is consistently accurate and timely and complies with the Trust Data Quality Policy and local procedures.

Undertake any other similar duties in line with the key purpose of the job.

Act in accordance with Trust policies and GMC guidance regarding 'Confidentiality: good practice in handling patient information' so that patient confidentiality is maintained both in terms of patient's electronic and paper records, and when holding conversations about and with patients in appropriate environments.

Infection prevention is of paramount importance to the safety and wellbeing of all our patients. The Infection Prevention and Control Team use national and local guidance and policy to formulate Infection Prevention Policy and Procedure documents. It is the responsibility of all Trust employees to comply with the Infection Prevention and Control Policy and Procedure documents. Compliance with the relevant documents will be assessed during appraisal.

The person appointed will be indemnified by the Trust for all duties undertaken as part of his/her contracts of employment. He/she is encouraged to take out adequate defence cover



North West Anglia

NHS Foundation Trust

as appropriate to cover him/her for any work which does not fall within the scope of the Trust's indemnity scheme.

As a member of staff, you will automatically be classed as a staff member of the North West Anglia NHS Foundation Trust - this means that you will be able to vote for a staff governor to represent you at the Trust's staff council and on the Trust's Council of Governors, or indeed stand to be a Staff Governor.