



Consultant Palliative Medicine

Hospital with option to include community sessions

This substantive consultant post offers an opportunity to join the palliative care teams of BHRUT hospitals, Saint Francis Hospice, and the Saint Francis Hospice and Redbridge Community specialist palliative care teams. They together serve the people of outer East London (Redbridge, Barking & Dagenham and Havering), near Southwest Essex (Brentwood) and near West Essex. The services have an excellent reputation.

This post is primarily hospital focussed, but there is an option to also contribute to regional community support through the Redbridge Community Specialist Palliative Care Team.

All of the Consultants in Palliative Care share in a regional on call rota.

10PAs are available; applicants interested in a full-time post or in a less than full time post (min 6PAs) are encouraged to apply.

The JD opens with an introduction to BHRUT, then follows with an introduction to Saint Francis Hospice and the Redbridge Community Palliative Care Team.



Welcome from the Chief Medical Officer

Dear Candidate,

I am delighted that you are interested in a medical career at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). We are a large teaching Trust located in North East London. Our vision is to provide outstanding healthcare to our community, delivered with pride. It is driven by our PRIDE values and behaviours which were developed together with our staff.

Our major sites – King George Hospital in Ilford and Queen’s Hospital in Romford – are in excellent locations, less than 30 minutes from Central London, easily accessible to the coast, and the Essex countryside. We operate two emergency departments and offer a full range of acute services. We have a neuroscience centre, a cancer centre, and a hyper acute stroke unit to provide specialist care.

Our hospitals offer a range of exciting opportunities and we have a huge range of services where you will get amazing clinical exposure. We provide care for the residents of three of the most diverse London boroughs.

We have a strong commitment to the delivery of high quality education and training across all grades of doctors. We tailor the education and training programme to the needs, skills, experience and competence of each doctor and their specialty.

We have a clear clinically-led strategy to transform secondary care in North East London. This includes our close working relationship with Barts Health, to tackle our waiting lists, improve our urgent and emergency care. Our doctors are fundamental to achieving this and we want to ensure that all our patients have the best experience and outcome in our care.

I wish you every success with your application.

A handwritten signature in black ink, appearing to read 'Shanta', with a horizontal line underneath and a small flourish below the line.

About BHRUT

With a dedicated workforce of more than 7,500 staff and volunteers and an income of £570m, we are one of the larger acute trusts in the country.

We provide care for a population of around 750,000 people across north east London (NEL). That number is predicted to increase by 15 per cent over the next ten years. We serve three London boroughs with diverse populations, and more than half of our workforce identify as Black, Asian, or Minority Ethnic. In addition, eight out of every ten employees are women, and most of our workforce lives within the host boroughs of Barking and Dagenham, Havering, and Redbridge.

We also provide healthcare services to people in south west Essex, and specialist neurosciences services to the whole of the county.

Our services include all the major specialties of large acute hospitals, operating from two main sites - King George Hospital in Goodmayes and Queen's Hospital in Romford. We provide outpatient services at Brentwood Community Hospital, Barking Hospital, Loxford Polyclinic and Harold Wood Polyclinic. We have two of the busiest emergency departments in London - in 2019/20, emergency and urgent attendances (Type 1 & 2) were 189,518 and there were nearly 65,000 ambulance arrivals at both sites.

Over recent years, our Trust has made significant improvements to the quality of care we provide patients. Four years ago, following a re-inspection of services by the Care Quality Commission, we were taken out of quality special measures, and have improved our overall rating from 'Inadequate' to 'Requires Improvement'. Since then, ongoing improvements in the quality of care have been recognised by various external partners and organisations. In early 2018, the Trust entered Financial Special Measures. A Financial Recovery Plan is in place to deliver the financial savings required over the coming years.

Like other trusts across the country, Covid-19 meant we had to transform, overnight, the way we cared for patients and delivered services. Collaborative working with system colleagues ensured we were one of the first to set up a long Covid clinic that is proving invaluable in supporting the ongoing needs of residents. During the vaccine rollout, King George Hospital was designated a vaccination centre and was established and launched in just seven days.

We have been making good progress as we respond to the needs of those people whose treatment was delayed by the virus. Our teams have been finding innovative new ways to tackle waiting lists and get patients the care they need as quickly as possible. They've come up with equally inventive names, from super clinics such as Bones R Us through to the Scalpel Project and Gastronaughts!

We know that we have much work to do to improve waiting times for urgent and emergency care, and performance against the four-hour emergency access standard remains challenged, in

OUR PRIDE VALUES

PASSION

RESPONSIBILITY

INNOVATION

DRIVE

EMPOWERMENT

comparison to most other London trusts. This aspect of the organisation's work will be one of the many benefits of closer collaboration with Barts Health. Working with them and with all partners across NEL, we will find a sustainable solution that will enhance patient care.

We are particularly proud of our regional Neurosciences Centre; Radiotherapy Centre; Hyper Acute Stroke Unit; and dedicated breast care service at King George Hospital. We're also pleased to be part of the NEL Cancer Alliance.

As well as having a Hyper Acute Stroke Unit at Queen's Hospital, the stroke service has transformed from being 'D' rated to the highest possible 'A' rating. The improvements that have taken place have included changing stroke consultants' working patterns to match demand and introducing a virtual ward that allows patients, where appropriate, to receive care and support in their own homes.

In 2017, the Trust unveiled one of the UK's first Halcyon radiotherapy machines, which is just one example of the cutting-edge treatment we now offer patients. We provide Ethos therapy, which uses artificial intelligence to tailor treatment to patients' changing daily anatomy (in terms of their tumour's shape and position) and are improving our diagnostics equipment and space at King George Hospital.

Other investments include £11.5m being spent to expand and enhance critical care at both sites, as well as improvements to our Emergency Departments.

We offer staff the opportunity to train to become nurses, while continuing to work full-time in our hospitals. This pioneering Registered Degree Nursing Apprenticeship is transforming lives - and helping to reduce shortages - by supporting staff who wish to progress to become nurses and were unable to undertake the usual degree route after leaving school. Growing our own nursing workforce through this route is just one of the ways we have reduced our nursing vacancies and improved retention rates.

Patient experience is hugely important to us as a Trust and has been recognised at the national Patient Experience Awards, particularly for the support we provide to bereaved families. We are developing our staff networks and we are determined to continually improve our culture for the benefit of our workforce and our patients. We have appointed a Director for Equality, Diversity and Inclusion who is leading the work to foster a culture that is fair, equitable and inclusive and where every voice counts.

With such continuous improvement always at the forefront of our thinking, we are proud to have partnered with the Virginia Mason Institute, along with four other trusts in the country. Now, with the five-year collaboration at an end, we are continuing to embed The PRIDE Way as our methodology for quality improvement.

Our Trust values

We take PRIDE in everything we do, our five core values reflect that PRIDE. These values were developed together with our staff. We work hard to provide outstanding care to our community, delivered with PRIDE.

Our PRIDE values of Passion; Responsibility; Innovation; Drive and Empowerment inspire us and keep our patients at the heart of everything we do.

Job Description

Job title: Consultant Palliative Medicine

Hours of work: 10 programmed activities

Location: BHRUT - up to 10PAs.
There is an option for a split site post, with up to 8PAs at BHRUT and 2PAs (1 day) with the Redbridge Community Specialist Palliative Care Team.

Specialty/dep't: Palliative Medicine

Accountable to: Dr Mamta Vaidya Chief Medical Officer BHRUT

Responsible to: Dr Jo Howard, Divisional Director Cancer and Clinical Support Services and Heather Wright, Clinical Lead for Palliative Care; Dr Corinna Midgley, Medical Director / Consultant in Palliative Medicine Saint Francis Hospice

Contract: NHS (BHRUT). Responsible Officer at BHRUT
Secondment of sessions to Redbridge Community as an option.

Contents:

1. The Post. Job purpose and background
- 2a Context: BHRUT hospitals and the Hospital Macmillan Palliative Care Team
- 2b Key relationships
- 3a Context: Saint Francis Hospice including 3ai key relationships
- 3b Context Redbridge Community Specialist Palliative Care Team inc 3bi key relationships
- 3c Summary of relationships
4. Job Plan
5. Clinical and operational responsibilities
6. Policy, service, organisational and professional responsibilities
7. Personal Development
8. Mandatory trust Responsibilities
9. Person Spec

1. The Post. Job purpose and background

This post will support BHRUT hospitals Macmillan Palliative Care Service with an option to provide 2PAs (a day per week) to the Redbridge Community Specialist Palliative Care Team; focus: palliative and end of life care.

The postholder will provide specialist palliative care to people in the acute hospital and in the community/hospice setting, directly by providing clinical care for patients, and indirectly by supporting colleagues in their provision of care to people with specialist palliative care needs, through clinical advice, education, and support with quality improvement initiatives.

2a. Context: BHRUT hospitals. The Hospital Macmillan Palliative Care Team

Overview of the BHRUT Macmillan Specialist Palliative Care Team

The BHRUT Macmillan Specialist Palliative Care Service is a hospital advisory service covering two acute sites; Queens Hospital (QH) in Romford (CQC rated outstanding for end of life care), and King George Hospital (KGH) in Ilford (CQC rated good for end of life care). The main team office is located at QH with a satellite office at KGH. The service sits organisationally and geographically within the Cancer and Clinical Support division but is accessible to all adult patients throughout the trust with both malignant and non-malignant diagnoses. The Mission Statement of the service is:

We will provide and promote compassionate, person centred and inclusive care across all Trust settings to any adult with a life limiting illness and to those important to them. We are a specialist advisory service delivering holistic support from diagnosis to death and into bereavement. Through education, we empower our colleagues to give excellent and equitable palliative care.

The team provides clinical leadership for end of life care (EOLC) within the Trust. Over 2,500 people die in the Trust each year (much higher than the national median, which reflects the size of the organisation and some of the local challenges). The palliative care team has a high profile within the organisation and receives over 2000 referrals a year (58% with a non-malignant diagnosis). Data is collected and managed using the iCare database.

There is a 7 day a week CNS face to face service and 24-hour telephone support from consultants to staff within the Trust. The consultant cover is provided by BHRUT Consultants, Saint Francis Hospice Consultants and Consultants working with Supportive Care UK and covers hospital, hospice and community patients in Brentwood, Barking & Dagenham, Havering and Redbridge (see below).

This is one example of the close supportive working relationships that exist between local specialist palliative care providers, predominantly Saint Francis Hospice, and the community palliative care teams serving the BHRUT population in primary care.

Education

The team is passionate about education within the Trust, to empower and educate all trust staff in the principles of palliative and end of life care. A variety of education is provided by the team, including mandatory EOLC training for all nursing staff, health care assistants and allied health care professionals, sessions to junior doctors and consultants, e-learning, EOLC study days, communication skills, ward-based sessions in advance care planning and EOLC, and informal bedside teaching. With the suspension of many of these activities during the pandemic, the team moved to the production of a weekly podcast to make education accessible to all ward staff. 20 episodes were recorded. The team also has regular student nurses and medical students on attachments of varying lengths.

End of Life Care

The executive lead for EOLC in the Trust is the Chief Nurse, Kathryn Halford OBE. She chairs the End of Life Care Committee which meets 3 monthly, includes patient partners and reports to the Quality and Safety Committee. This committee is dedicated to improving end of life care as experienced by patients and their carers within BHRUT. The group monitors

progress within the Trust against the BHRUT End of Life Care Strategy (launched earlier this year) which aligns with the National Ambitions for End of Life Care publication. The new strategy aims to embed the question “What matters most to you now?”, to ensure all our patients are asked this, towards helping us provide the care they want.

BHRUT has participated in sequential rounds of the National Audit of Care at the End of Life over the last 10 years. We work very closely with the North East London Palliative and EOL Care Steering group.

Key Current Priorities for the Macmillan Specialist Palliative Care Services

- Maximising uptake and use of the Electronic Palliative Care Coordination System.
- Maintaining excellence in End of Life Care in line with the NHS’s 5 key principles, and driving up standards where care is lacking.
- Partnership working with community providers to ensure equitable delivery of palliative and end of life care to all patients with need, regardless of geography, diagnosis, ethnicity, age, education or other potential barriers.
- Ensuring patient choice at end of life is supported and facilitated wherever possible, focusing on preferred place of care/ death.
- Promoting health and well-being of service team members and adapting to changing workforce, organisational and system challenges.
- Recognising inequity that exists, BHRUT will ‘level up’ access to care by focusing attention, energy and initiatives on marginalised communities, using existing data to understand and remedy any partial reach of hospital service.

2b Key Relationships

The post holder is expected to establish and maintain positive interpersonal relationships with other staff members characterised by trust, mutual respect, and open, honest communication.

Hospital Internal Relationships

The Current workforce establishment is:

Senior clinical team:	3.3 Whole Time Equivalents	
	Heather Wright (Clin. Lead)	1 WTE
	Dr Pippa Russell	0.5 WTE (+ 0.6 WTE SFH inpatient unit)
	Dr Bob Chew	0.6 WTE
	Dr Tim Rowell	0.2 WTE (+ 0.4 WTE community)
	Dr Leena Patel	0.1 WTE (+ 0.6 WTE community)
	Asha Bhulia (ANP)	1 WTE
	This post: Consultant	1 WTE (with option to split the post towards or to a 0.6 WTE hospital, 0.4 WTE community post)
Specialist Registrar:	Rotational	1 WTE
Speciality Doctor:	Dr Penelope Evans	0.1WTE

Nursing and AHP staff:

Clinical Nurse Specialists:	7.8 WTE (Band 7)
Spec Palliative Care (EOLC):	2.0 WTE (Band 7)
Clin Specialist (Paramedic):	1 WTE (Band 7)

Occupational Therapist:	1 WTE (Band 7)
Social Worker:	1 WTE (Band 7)
Clinical Counsellor:	1 WTE (Band 7)
Discharge co-ordinator:	1 WTE (Band 4)
Administrative staff:	3.6 WTE (2 Specialist Palliative care and 1 EOLC)

Through the BHRUT wider workforce, the Palliative Care Service has access to and works in close partnership with:

- Physiotherapists
- Clinical Psychologists
- Chaplaincy team
- Dietitians
- Speech and Language Therapists
- Pharmacists
- A specialist in interventional pain management
- Medical Examiners

External relationships: Saint Francis Hospice; the Redbridge Community Palliative Care Team; regional Consultant connects.

We have a close working relationship with Saint Francis Hospice, which includes ward and community (home/care home) based services. The hospice covers most of the regional catchment for community services; the exception is Redbridge, which has evolved with a separate, fully NHS community palliative care service from 9-5pm Monday to Sunday. The hospice supports/covers Redbridge after hours and provides some additional services to Redbridge (see on).

Our Consultants meet regularly, monthly, for partnership working and mutual support. We share in a local Consultant on call rota. Currently all of our Consultants work in 2 sites: either hospital + hospice, hospice + Redbridge community, or hospice community + hospital. We frequently connect clinically. We also share representation into key regional meetings relevant to palliative care.

Additionally, the North East London (NEL) Palliative Medicine consultants meet at least twice a year. Connections are growing between Barts Health, BHRUT and community and hospice services in NEL.

Additionally, Saint Francis Hospice hosts a regional quarterly MS Teams CPD forum (the 'Brainstorm') which welcomes colleagues from NE London, Southwest and West Essex.

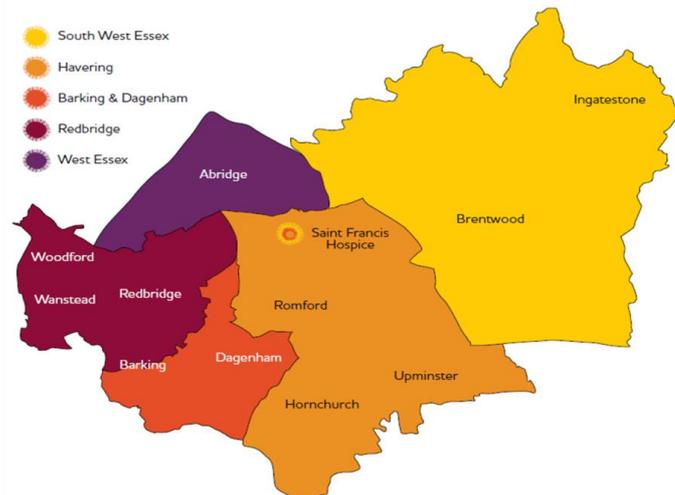
3a. Context: Saint Francis Hospice

Saint Francis Hospice was founded in 1984. It is a well-established, well-regarded part of the local care landscape. The hospice is a registered charity, with services commissioned by the NHS to provide:

- all hospice inpatient (hospice ward) and community specialist palliative care services for residents of Barking & Dagenham and Havering in Outer East London, and for Brentwood in SW Essex
- hospice ward beds and some of the hospice community services in Redbridge, enhancing/supporting the NHS funded Redbridge Community Specialist Palliative Care Team

- extra hospice ward bed resource for the near villages of West Essex (we share the commission with neighbour hospices).

Our care services cover a resident population of more than 840,000 people. The population is growing year on year and projected to reach > 900,000 by 2030.



Our catchment is very diverse. Barking & Dagenham and Redbridge are, like many inner London boroughs, densely populated, younger, and ethnically very diverse. A good number of wards have a very high deprivation index. The outer boroughs are less densely populated, but palliative care need is high as they hold an older, frailer population. Brentwood is largely very rural. Main causes of death are cancer, heart disease, respiratory diseases, and dementias, in line with the national picture.

The hospice building is in the village of Havering-atte-Bower, in a beautiful rural location, only 20 minutes' drive from Romford Station, and from Queens Hospital, Romford. There are excellent road links with London and with Essex.

The clinical services consist of:

- a ward of 18 beds on the Havering-atte-Bower site
- a Specialist Community & Crisis Support service
- a 24/7 telephone Advice Line
- a Hospice at Home service to particularly support people in the last 2-3 weeks of life, and to facilitate hospital discharge/prevent unwanted admission in this patient group
- a family/carer support service
- a complementary therapy and physical therapies service
- a bereavement service
- a befriending/supportive service, OrangeLine, for people living with advanced illness, and their family/friends
- Day Therapy and Outpatient Services, in the process of gradually re-opening, with a close eye on the Covid-19 situation nationally/locally
- a purpose-built busy education and training centre, which is a regional centre for training. Before the outbreak of the Covid-19 pandemic, the centre hosted many teaching events and study days through the year. In this last year, it has remained very active, albeit convening, hosting and contributing to most events on line. It has strong links with other centres of learning, in particular with Southbank University.

- The hospice ST1/2 medical trainees are on the Romford GP vocational training scheme and the Ilford vocational training scheme. The hospice also hosts an ST3-6 trainee in Palliative Medicine from the London/KSS higher medical training rotation.

The Care Quality Commission rated Saint Francis Hospice as Outstanding after their most recent inspection, in April 2016.

The hospice ward received 371 admissions in 2022-23. The average length of stay was 10.1 days, about 38% returning home. The ward provides a holistic care environment for people with complex issues related to their advanced illness. There is input from a rich and passionate MDT. The ward is operational across our whole catchment, including Redbridge.

The hospice Specialist Community Crisis and Support Team supported 1257 people in 2022-23, 93% of them new referrals for that year. The average length of care was 77 days. Our experience is of increasing complexity, and we are working to weave OACC measures into day-to-day practice in all effort to confirm that complexity and to better measure outcomes. We make all effort to work to a borough-based model to ensure that each borough knows 'their' supports. We have been working with a broader range of crisis care providers to protect service users from avoidable/unnecessary hospice admissions.

These figures include the day to day support for service users in Barking & Dagenham, Havering and Brentwood; they also include out of hours advice and support (5pm-9am), which then also includes support to Redbridge.

The Hospice at Home team supported 632 people in 2022-23, with 84% remaining at home or in their care home for end of life care. Most of the remaining 16% came into the hospice ward as the preferred place for care/dying or as a necessary intervention. The Hospice at Home team is operational across our whole catchment, including Redbridge.

The hospice strategic plan includes the development of Non Medical Prescribers to enable rapid/crisis access to vital symptom control medication at home, though the strategic plan also includes all effort not to de-skill our GPs, and to support District Nurses with their knowledge and skills development. The Integrated Care Boards (ICBs) for East London and for Essex are supporting the development of an Integrated Care model for frailty, and for palliative and end of life care.

The hospice reach has grown significantly over time. We are seeing a year-on-year increase in referrals for care, both for inpatient care and for community palliative care, which has continued through the Covid pandemic. An energetic commitment to Widening Access has led to a sustained increase in our non-malignant caseload, currently around 35% of the hospice caseload. This is set to continue to grow. We are working to raise our profile with and understanding of people with advanced disease and particular vulnerability, including people who are homeless, people with dementia and people with learning disability. We are embedding learning from a research project which sought feedback from service users from black, Asian and minority ethnic groups, having identified that we need to be more visible to and increase service uptake from the whole of our catchment. This is very much a live and ongoing project. We have in the last 5 years developed a service, OrangeLine, to ensure support for people who are poorly, but whose disease is stabilised, and to extend our support for the bereaved.

On the horizon:

There is ICB (East London and Essex) interest in developing care home hubs to support more complex EOL, provide a geographical spread of beds for people in the last few months of life

who cannot manage at home, and create true options for complex respite. However, we do have great local care home stretch.

We have a ward transformation project, agreed and primed to start in Summer, 2024; a long-awaited project, delayed by Covid, to substantially upgrade and modernise the ward. As building work commences, we will necessarily have to temporarily reduce our bed state, so that to manage need we will create a virtual ward, with more community resource (from the actual ward) to enable wrap around care for people who would otherwise have come in. An exciting project which will really improve the ward and strengthen the connect between the ward and our community services.

Our Vision and Values and Current Priorities for the Hospice Services

Our Vision: Saint Francis Hospice is committed to helping anyone in our local communities who is affected by life limiting illness receive excellent person-centred care when they need it and ideally in the place of their choosing.

Our Values:

Supportive, Compassionate, Inclusive and Respectful, Professional and Always Learning.

A driving ethos is one of collaborative working, and partnerships with patient, families and friends, GPs, District Nurses, Care Home staff and many others in our delivery of care.

Our strategic goals for 2021-24 (5 year strategy in development now)

Goal 1: Sustainability: to strengthen our financial position now and for the future, to continue digital transformation and more broadly, to continue to work to influence local health and social care and drive developments in end of life care provision.

Goal 2: To support our people: to build confidence, resilience and agility, so they can respond effectively to our changing environment. To ensure our workforce reflects our diverse communities.

Goal 3: Our Services: To continue to provide outstanding care, build resilience in our care models and systems, focussing on crisis support/pro-active care and 'what really matters' models of support, and to share our knowledge and experience and work in partnership locally to build a stronger care support system for our community.

Our Equality, Diversity and Inclusion strategy 2022-25 describes how we will work in partnership across BHRUT to increase referrals from marginalised groups to better reflect the local communities.

3ai. Relationships: the Saint Francis Hospice Team

Hospice Structure and Internal Relationships

A Board of Trustees is responsible for the overall running of the Hospice. All of our Trustees are volunteers with a passion and commitment to the hospice. Together they bring a broad range of skills and experience to the Trustee board.

The day-to-day running of the Hospice is overseen by the hospice Chief Executive, Grazina Berry, who in turn oversees six Directors:

- Corinna Midgley, Medical Director
- Tes Smith, Director of Services
- Jenni Aylen, Director of People and Culture

- Carole Heinen, Director of Finance
- Jane Frame, Director of Strategy, Planning and Fundraising
- Michelle Nicholls, Director of Retail, Health and Safety

Each Director heads and supports a Directorate. They shape and manage the overall vision of the organisation, the development of the strategic plan and supporting business plan, and oversee the operational service, which governance is overseen by the Trustees.

The Hospice Medical Directorate

Consultants:	1.6 Whole Time Equivalent (WTE):	
	Dr. Corinna Midgley	0.8 WTE Medical Director/ Ward/ Community (+ 0.1 with the Redbridge Community Pal Care Team)
	Dr. Pippa Russell	0.6 WTE Ward (+ 0.4 at BHRUT)
	Dr. Leena Patel	0.6 WTE community (+ 0.1 at BHRUT)
	<i>This post</i>	<i>An optional 2 PAs with the Redbridge Community Palliative Care Team</i>
Specialty Doctors:		
Permanent:	Dr. Gemma Constable	0.2 WTE SFH Community focus
Permanent:	Dr Tim Rowell	0.4 WTE SFH Community focus (+ 0.2 WTE BHRUT)
Specialty Doctor:		
Fixed term (1yr):	Rolling	1.0 WTE
Trainees:		
Spec. Registrar (1yr):	Rotational	1.0 WTE
GPVTS Romford (6m):	x2 trainees	2.0 WTE
GPVTS Romford (6m):	x1 trainee	0.4 WTE
GPVTS ITP Ilford (6m):	x1 trainee	0.5 WTE
Specialist pharmacist:	Salma Begum	0.3 WTE
Ultrasonographer:	Jo Eastman	Twice weekly: an amazing volunteer!

The medical team works closely with all directorates within the hospice, with all staff, and with all our volunteers. They contribute to the richness of hospice care, and alongside their day to day work are, as with all staff and volunteers, ambassadors for SFH services.

The Consultant team have strong relationships with the CEO, Directors and service heads, and contribute to strategic development and direction.

External Relationships

Commissioning links

The Hospice services are commissioned by BHR (Barking, Havering and Redbridge) Clinical Commissioning Groups for London, and by a subcontract through St Luke's Hospice, Basildon, for Brentwood. We also have a small commission from West Essex for inpatient beds.

Funding

Running costs are about £10m per year, about 30% of which the NHS funds. The rest is raised by our fundraising and retail teams, with huge support from our local community.

3b. Context: Redbridge Community Palliative Care Team

Redbridge is our biggest and most diverse borough. The 2021 census estimated a population of 310,300, with a population growth of 11.2% in 10 years (echoing the upward trend seen in Havering [10.4%] and Barking & Dagenham [17.7%]). There has been a 13.5% rise in people aged 65 years. 43.5% of residents were born outside of the UK. In terms of ethnicity, 47% self-define as Asian, Asian British or Asian Welsh.

Latest health data (2019) show the top causes of death are in line with England's top causes i.e. dementias, cancers, heart disease/stroke and respiratory diseases.

The focus of the Redbridge Annual Public Health Report 2023/24 is on stigma, and includes sections on mental health, dementia, homelessness, poverty and HIV amongst other issues, all significant in Redbridge, and their impact on access to services.

This Community Specialist Palliative Care team was set up many years ago as a NHS funded team and it is managed through the North East London Foundation Trust (NELFT), who also manage district nurse and other community based health services. The team works closely with health and social care professionals working in primary care, such as GPs, district nurses and social workers.

As with the BHRUT team and the Saint Francis Hospice team, the team provides specialist knowledge and advice to support people with progressive and life limiting conditions. This may include holistic assessment, complex symptom management, psychological support and advice on maximising quality of life. The team supports those who may be caring for a family member with a life limiting condition, offering advice and information on the other services that are available. Different levels of support are offered, including telephone advice and one-off assessments to support other professionals in managing an individual. Some people may require several visits to manage problems and when stable will be discharged; others, who have more complex problems, will require on-going support.

The primary healthcare team, which includes the GP and the district nursing service, will remain the primary point of contact for all patients.

The service supports and promotes good end of life care at home and in care homes in Redbridge, with super support from a full-time end of life care facilitator, who is fully integrated into the wider team. Members support training for the Redbridge primary healthcare teams, to help them to build on their knowledge, skills and confidence in providing palliative care.

In 2022/23 the team received 712 referrals into the service.

Recent focus has been on ensuring all members are Non Medical Prescribers, a goal now achieved.

The closest hospital link for Redbridge residents is the BHRUT hospitals so the post includes a day a week with the Redbridge community team in line with a wider ethos of close working between hospital, hospice and home services. There has been great benefit for all teams in having some Consultant support from the hospice into the team and we hope to build on that by having in-reach support into the team from the hospital. They are familiar with a day a fortnight: our strategic aim is for 1-2 days per week, from a combination of a hospital and hospice consultant.

3bi. Relationships: the Redbridge Community Palliative Care Team

Consultants (BHRUT contracted, seconded to the team):

Dr. Corinna Midgley 0.1 WTE – supporting the team one day fortnightly F2F with telephone support from the Consultant team in between
This post Option to include a community day into the BHRUT week: 0.2 WTE.

Team Manager

Giovanna Poulter 1.0 WTE

+

CNS Team 8 CNSs (6 + 2 bank) = 7.2 WTE equivalent

End of Life Care Facilitator 1.0 WTE

Occupational Therapist 0.6 WTE

Administrative support 1.0WTE

with broader MDT support available to a limited extent from the hospice, with NEL work in progress to grow a broader MDT for Redbridge palliative and end of life care services.

Key partners:

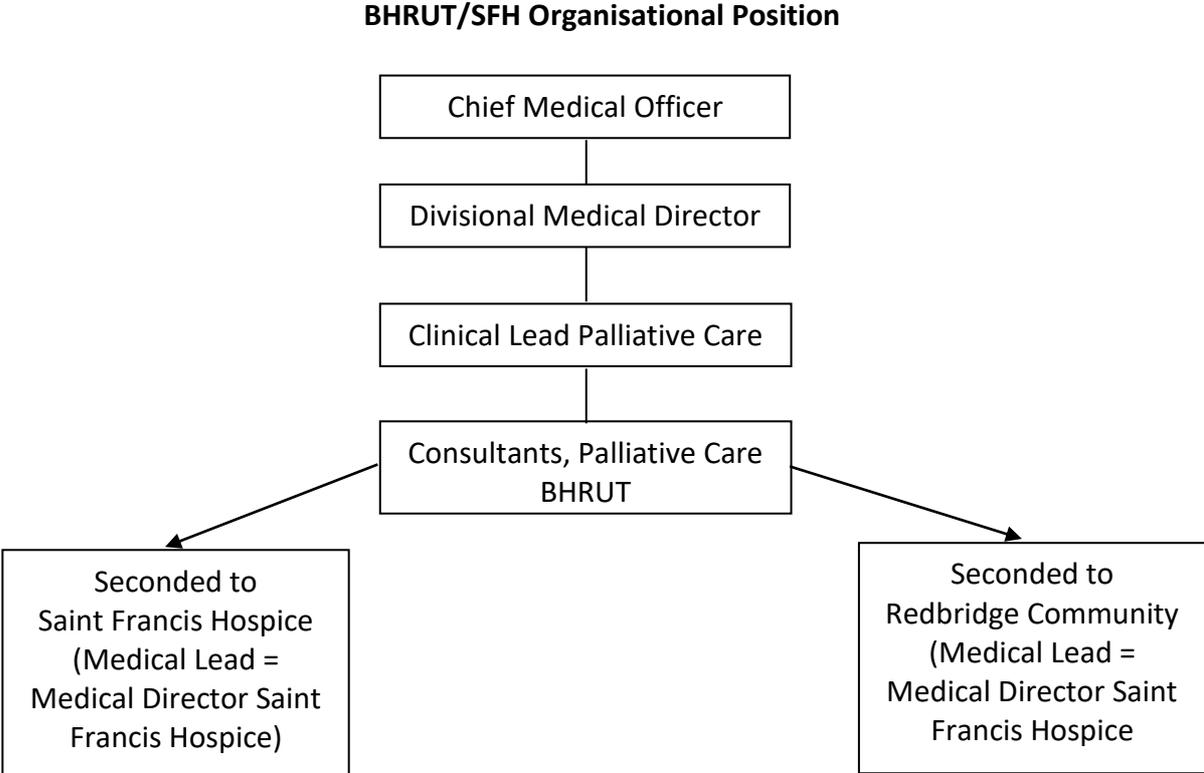
- BHRUT: our Consultant colleagues, with whom we share the on call rota, the educational and clinical supervision of trainees and representation (with others in the MDT) into commissioning, political, education and developmental interfaces.
- The BHRUT Hospital Macmillan Specialist Palliative Care Team.
- The BHRUT End of Life Care Facilitators, Enhanced Supportive Care Teams and End of Life Care Advisory Board.
- The Northeast London Foundation Trust workforce (which includes the Redbridge Community Specialist Palliative Care Team); includes District and Community Nurse colleagues, and an End of Life Care Facilitator for each of the 3 London boroughs
- Local GPs
- Paramedic/111 services
- Physicians Response Unit (PRU)
- Care Homes
- Social care agencies
- Third sector partners, in particular, Marie Curie who work very closely with our Hospice at Home team.
- Neighbouring hospices and local children's hospice services.

The post holder will be expected to establish and maintain positive interpersonal relationships with service users, staff and volunteers, with relationships characterised by trust, mutual respect, and open, honest communication.

All the contracts for the Palliative Care Consultants in the Outer East London area sit with BHRUT, with the Consultants located in the Cancer and Clinical Services division (see BHRUT section).

3c. Summary of relationships

Key hierarchical relationships as follows:



4. Job Plan*

DCC 7.5, SPA 2.5

	Timing		Location:	DCC/ SPA:	Av. weekly PAs
Monday am	9.00 – 9.30 10.30 – 12.30 12.30 – 13.00	Huddle/Handover Consultant Ward Round Clinical admin Lunch	BHRUT	DCC DCC DCC	0.25 0.5 0.25
Monday pm	13.30 – 14.30 14.30 – 15.30 15.30 – 17.30	Ed Supervision of trainee CPD/Teaching prep Patient reviews/clinical advice	BHRUT	SPA DCC DCC	0.25 0.25 0.5
Tuesday am	9.00 – 10.00 10.00 – 11.00 11.00 – 13.00	Palliative Care MDT Senior Clinical Team Meeting Patient reviews Lunch	BHRUT	DCC DCC DCC	0.25 0.25 0.5
Tuesday pm	13.30 – 15.30 15.30 – 16.30 16.30 – 17.30	Patient reviews Clinical admin CPD/special interest/audit/research	BHRUT	DCC DCC SPA	0.5 0.25 0.25
Wednesday am	9.00 – 10.00 10.00 – 12.00 12.00 – 13.00	Huddle/Handover Nutrition MDT Supporting Non-Medical prescribers Lunch	BHRUT	DCC DCC DCC	0.25 0.5 0.25
Wednesday pm	13.30 – 15.30 15.30 - 17.30	Critical Care MDT CPD/ Grand Round/Patient Safety Forum/EOLC steering group	BHRUT	DCC SPA	0.5 0.5
Thursday am	9.00 – 09.30 09.30 – 13.00	Huddle/Handover Site specific MDT (as per interests)	BHRUT	DCC DCC	0.125 0.875
Thursday pm	13.30 – 14.30 14.30 – 15.30 15.30 – 17.30	Teaching -Trainee or CNS Clinical admin Special Interest ½ Session	BHRUT	SPA DCC SPA	0.25 0.25 0.5
Friday am	9.00 – 9.30 9.30 – 10.30 10.30 – 13.00	Huddle/handover Clinical supervision of trainee Patient reviews Lunch	BHRUT	DCC SPA DCC	0.125 0.25 0.625
Friday pm	13.30 – 15.30 15.30 – 16.30 16.30 – 17.30	CPD/Clinical governance meet Clinical advice/reviews Clinical admin	BHRUT	SPA DCC DCC	0.5 0.25 0.25
Proposed Job Plan for 0.2 x Community days in Redbridge (replacing a BHRUT day)					
Day X am	9.00 – 09.30 09.30 – 13.00	Huddle/Handover Patient reviews Lunch	REDBRIDGE	DCC DCC	0.125 0.875
Day X pm	13.30 – 15.30 15.30 – 17.30	Patient reviews + clinical admin Teaching/training slot. Regular monthly PLACE meeting/service development	BHRUT	DCC SPA	0.5 0.5

* Job plan includes 30 mins for lunch daily. Will be finalised with the successful candidate in d/w with colleagues /according to service need and is likely to evolve/ change during appointment. Working from home and flexible/ compressed working hours can be incorporated into the job plan after appointment. Sessions will be flexible.

On call commitment

BHRUT Macmillan Team runs a 7 day a week CNS face-to-face service.

Community palliative care services (Saint Francis Hospice and Redbridge) run a 7 day a week CNS/Clinical Specialist face-to-face service.

The hospice ward admits daily, 9-6pm, with a 1st on call rota of trainees and specialty doctors, Mon-Fri and over the weekend and bank holidays, 24/7, excepting every Friday night when from 12 midnight to 9am the Consultant is 1st on call.

Out of Hours Consultant cover (advice/support by phone 5pm to 9am Mon-Friday, and at the weekend) is provided by the Saint Francis Hospice/Redbridge and BHRUT Consultants in their on-call rota, with Supportive Care UK (SCUK) Consultants providing front line Consultant support for 2 weeks in 5. **Making the Consultant rota a 1 week in every 5 weeks rota, Category B.**

In exceptional circumstance the local Consultant on call would be required to come in to support a trainee with an inpatient unit crisis. Recompense would be as time off in lieu.

5. Clinical and operational responsibilities

- To provide medical input for the BHRUT hospital multidisciplinary palliative care team, alongside the existing medical workforce.
- To work closely with other local specialist palliative care providers to ensure excellent service delivery across settings.
- To contribute to medical and other staff training and to service development and quality improvement alongside Consultant colleagues.
- To give medical advice and support to GPs, District Nurses, the Hospice Referrals Hub and other key community based partners in care who are managing complexity in the community as a contributor to safe hospital discharge planning.

With optional Community component:

- *To provide medical input for the Redbridge Specialist Community multidisciplinary Palliative Care Team, alongside the existing medical workforce.*

Clinical

- Medical input to inpatients and outpatients within BHRUT. Workload consists of face to face hospital patient contacts, including new and follow up patients in the wards or outpatient settings, patient telephone contacts and patient discussion in MDT meetings. The post-holder will be supporting a multidisciplinary team with around 50 patients on their books at any one time. The personal workload is expected to be around 4 complex patient reviews per day during DCC time, in addition to telephone advice to the CNS team, doctors and other healthcare professionals
- Specialist palliative care input to BHRUT Cancer, Nutrition, and Critical Care MDT meetings
- To provide palliative medicine telephone support or general advice to clinical colleagues in hospital teams

With optional Community component:

- *Medical input to home/care home based service users under the care of the Redbridge Community Specialist Palliative Care Team. Workload consists of face to face home visits, new or follow up, with focus on complexity and support of/joint visiting with the CNS team, and via patient telephone contacts and clinical discussion in MDT meetings. The multidisciplinary team will be supporting around 40 people on their books at any one time. Expectation is that the post holder will see up to 4 complex home visits/joint assessments in the day during DCC time, alongside giving clinical advice to CNSs/trainee doctors/GPs at the frontline of care.*

And

- To be responsible for keeping accurate and full medical records, both paper and electronic

Education

- Clinical supervision of hospital doctors (Registrars and Specialty Doctors), in conjunction with Consultant colleagues
- To be involved in ongoing multidisciplinary teaching at undergraduate and postgraduate level within BHRUT, including the multidisciplinary teaching meetings within the Palliative Care Team (*equally relevant to optional Community component*)
- Mentorship and support of medical, nurse and other visiting professionals to enhance their knowledge and skills (*equally relevant to optional Community component*)
- Collaborative contribution into local education programmes for hospital based (+ *optional Redbridge based*) and external partners in care, with collaboration with local providers and partners in provision of education to the wider locality
- Clinical supervision of non-medical prescriber CNSs in training

Audit and Research

- To participate in and fully support audit and quality improvement work within BHRUT (+ *optionally into Redbridge community*), leading to improved care for people with palliative care needs across all settings. This includes supporting the embedding of the OACC suite of outcome measures into clinical practice.
- To work with Trust, hospice, local and regional groups towards ensuring that relevant policies are written or adopted so that clinical palliative care is practised within the current evidence-base.
- To be an ambassador for audit and research
- To mentor and support medical learners and the wider MDT to develop and deliver high standard quality improvement and audit work
- To audit own practice as necessary for continued professional development

Management and Administration

- To work cooperatively with the existing consultants and leaders in this locality in the strategic planning of Specialist Palliative Care services
- To attend relevant strategic and managerial forums within both BHRUT (*and optionally in Redbridge*) in conjunction with consultant colleagues to ensure appropriate team/medical team representation, as a shared responsibility alongside senior BHRUT palliative care colleagues and hospice senior colleagues, as a skilled representative and ambassador for palliative care
- To attend other relevant specialty meetings as needed and able
- To undertake the administrative duties usually expected of a consultant, including use of the IT systems in place to support patient care

Office and workspace Information

- At Queens Hospital office space will be shared with the existing palliative care doctors, based in the Oncology/ Haematology zone. There is also office space at King George hospital shared with other members of the multidisciplinary team. There will be secretarial support based at Queens but covering both sites. A laptop computer will be provided.
- *At Redbridge office space will be shared with the CNS team. Administrative support will be provided by the PA to the Redbridge team.*

Mentorship and support

- The post-holder will be joining an established, experienced multidisciplinary team where a culture of supporting one another is prioritised by senior leaders and embedded within team functioning.
- The hospital and hospice are strongly supportive of mentorship and of external clinical supervision for Consultants. Guidance to identify support will be provided if needed.
- Within BHRUT the clinical lead for palliative care services is Heather Wright. Specifically consultant management issues will be led by Dr. Jo Howard, Divisional Director Cancer and Clinical Support Services.
- *Within Redbridge Dr. Corinna Midgley, Medical Director, Saint Francis Hospice will provide support/line management to the postholder.*

Medical Administration

- The person appointed will be a member of the regional Consultant team.
- The postholder agrees their Job Plan annually and undergoes an NHS annual appraisal with a nominated BHRUT appraiser on behalf of the BHRUT Chief Executive.
- *The job plan can include Redbridge community sessions, which will be shaped and developed with the Medical Director of Saint Francis Hospice (as established medical input), in collaboration with the Redbridge team manager. Annual NHS appraisal will bring together the postholder's whole scope of practice, i.e. hospital and community.*
- The Job Plan for this post will take into account the new Terms and Conditions – Consultants (England) 2003. It will also reflect individual consultants' special interests, current levels of activity and the need to distribute work fairly amongst colleagues to ensure the service responds to the needs of its users.
- The person appointed will be committed to the revalidation process, every 5 years, which is overseen by the Responsible Officer, BHRUT.

6. Policy, service, organisational and professional responsibilities

- The post holder will be expected to contribute to relevant specialty policy development in partnership with other multidisciplinary team members. The post-holder will be 'research aware'.
- The post holder will be an ambassador for palliative care services at all times.
- A special interest in line with the BHRUT and hospice i.e. regional strategic plan is very much encouraged, with designated SPA time and expectation that SPA time be protected to support. This would be expected to be in the form of expertise and leadership in a key area requiring widening of access to services. Research expertise and leadership would also be very much encouraged as a special interest.

7. Personal development

All staff are required to be appraised at least once a year at a personal development review meeting where progress made over the last year is discussed and agreed. Focus on the following year's departmental and personal objectives will be identified, discussed and agreed. Where necessary, help and support will be provided and development opportunities agreed in line with service provision and knowledge and skills competency framework. Continuing professional development and training opportunities will be supported in line with the personal development plan.

8. Mandatory Trust responsibilities

Amending the job description

This role arises as a result of vacancies in a team managing a transition period of leadership. Changes may be necessary to the job description to ensure ongoing provision of clinical care. Changes will be made in consultation with the post holder.

Confidentiality

The post holder must at all times maintain a complete confidentiality of the material and information that they handle. Any matters of a confidential nature, in particular, information relating to diagnoses and treatment of patients and individual staff records must not, under any circumstances, be divulged or passed on to any unauthorised person or persons. The postholder must respect patient named confidentiality in keeping with "Caldicott principles".

Data protection

BHRUT relies on special provisions under data protection legislation to process personal information. Personal information includes name, address, national insurance number and date of birth as well as anything else confidential or sensitive. For example, racial or ethnic origin, trade union membership, health and the commission or alleged commission of any criminal or civil offences.

The Trust's fair processing notice on its [intranet](#) and [website](#) details what personal information the trust uses, why this is required, the lawful basis for processing (legitimate reasons for collection, storage, usage and sharing), how the Trust processes (uses, stores, retains, disposes and protects) personal information, retention periods, who we share personal information with, confirmation of your information rights and the process for reporting a complaint or concern.

The Trust will lawfully process your personal information in compliance with data protection legislation.

Leaders' agreement

If the post holder has leadership and/or line management responsibility, then they are responsible for demonstrating, and developing in line with, the standard of behaviour as outlined in the BHRUT Trust 'Leaders' Agreement'.

Policies and procedures

The post holder will be expected to comply with all statutory legislation, Trust Financial Framework Guidance and approved national and local policy. The post holder is also expected to be aware of our Trust's Risk Management Strategy, which includes the responsibilities placed on them by the Health and Safety at Work etc Act (1974) and the Clinical Governance Framework. All employees are expected to comply with all Trust Policies and Procedures.

Safeguarding children and vulnerable adults

Safeguarding and promoting the welfare of children, young people and adults is central to the care provided by our Trust and the post holder must be aware of their responsibilities and work in line with our Trust's Safeguarding Adult and Children Procedures.

Health and safety

Employees must be aware of the responsibilities placed on them by the Health and Safety at Work etc Act (1974) to ensure that the agreed safety procedure is carried out to maintain a safe environment for the other employees and visitors.

Sustainable development and our health and wellbeing

The Trust is committed to UK Climate Change Act and NHS Sustainable Development Unit strategy to reduce its business activity related carbon emissions and its impact on the environment. Our Sustainability vision is to “continually sustain, retain and enhance the savings and culture change to meet our sustainability commitments.”

All staff are required to support the Trust’s Sustainability vision, which aims to minimise environmental and healthcare impacts by developing preventative approaches. This will help improve the internal and external environment, reduce impact on natural and energy resources, reduce air pollution, prevent infection, provide financial savings and improve the health and wellbeing of staff, patient and the public.

All Managers Band 7 and above are required to take appropriate responsibility in their departments. They are expected to support in raising awareness, encouraging staff on waste segregation, energy savings, promoting active and healthy modes of travel, help reduce waste and embed sustainability by completing a Sustainability Impact Assessment on their local activity and business cases.

Infection control

Employees must be aware of the responsibilities placed upon them by The Health Act (2007) to ensure they maintain a safe, infection free environment. This includes the knowledge and understanding of the management of infected patients and the principles of Standard Infection Control Precautions including the correct technique for Hand Washing and the appropriate use of Personal Protective Equipment (PPE).

Smoke free

Our Trust buildings and grounds became fully Smoke Free on National No Smoking Day 11th March 2015. Our Trust expects all staff to promote healthy living and to set good examples in their own behaviour. Those not ready to quit smoking must remain smoke free during working hours and will not be able to smoke in Trust uniform, in Trust grounds including car parks, while driving on Trust business or take smoking breaks. Second hand smoke causes heart and lung disease, and is harmful to young children. However, disposable or rechargeable e-cigarettes (“vaping”) may be used outside hospital buildings.

General

The post holder will be expected to comply with all statutory legislation, Trust Financial Framework Guidance and approved national and local policy.

The postholder will be expected to be responsible for his/her continuing professional development and to take a proactive approach to maintaining personal and professional effectiveness in an evolving role.

The duties and responsibilities described in this Job Description are intended to be indicative but not exhaustive of the responsibilities of the postholder. As our Trust develops, the requirements of the job may change and the postholder is expected to adapt to these changes.

Equal opportunities policy

Our Trust operates in a multi-ethnic area. All members of staff are expected to consider equalities in all areas of work.

All employees are expected to abide by our Trust's equal opportunities policy, failure to do so could result in disciplinary action up to and including dismissal.

SUPPLEMENTARY HOSPICE RESPONSIBILITIES

The post-holder will be expected to have full medical protection/medical defence cover. As hospice sessions are not adequately covered by hospital protection Saint Francis Hospice will ensure coverage of costs for medical defence cover for these sessions.

The post-holder will be required to comply with hospice policies and procedures and standard health care setting regulations, including Health and Safety regulations, dress code, smoking and Information Governance/Data Protection/Confidentiality regulations.

The post-holder will need to travel easily to/from the hospice, which is currently hard to reach by public transport alone. During on-calls, the post holder would be expected to be within a one hour journey time to the hospice.

Date: 05.02.2004.

Prepared By: Dr Pippa Russell

Visiting arrangements:

Candidates are encouraged to visit BHRUT and Saint Francis Hospice prior to interview.

To arrange a visit or for any additional information please contact:

Dr. Pippa Russell: 01708 435026 (Mon-Tues), 01708 753319 ext 2235 (Wed-Fri)

pippa.russell3@nhs.net

9. Person Specification

Selection Criteria	Essential Criteria	Desirable Criteria	Means of Assessment
Education/ Qualifications	<p>Full Registration with the General Medical Council.</p> <p>MRCP, MRCP, FRCA or equivalent qualification.</p> <p>Be on the specialist register for Palliative Medicine or be within six months of entry at the time of interview.</p>	<p>Masters degree, or other higher degree in a relevant subject</p> <p>Post graduate teaching diploma or similar</p>	Application
Skills/ Abilities	<p>Demonstrable knowledge of all aspects of specialist palliative care.</p> <p>Ability to lead and work as part of multi-disciplinary team.</p> <p>Ability to organise and prioritise work effectively and be involved in the organisation of the department.</p> <p>Advanced communication skills with the ability to manage complex communication challenges, facilitate/ lead meetings and model/ teach these skills to others .</p> <p>Planning teaching programmes.</p> <p>Experience of audit management and quality improvement.</p> <p>Understanding of research as applied to this specialty.</p> <p>Ability to apply research outcomes to clinical problems.</p> <p>Excellent IT skills and confident in use of Microsoft Office.</p>	<p>Poster(s) or presentation(s) at a regional, national, or international forum</p> <p>Research publications</p>	Application Interview
Experience/ Knowledge	<p>Wide experience of Specialist Palliative Care in different settings.</p> <p>Ability to offer expert clinical opinion on a range of problems.</p> <p>Ability to take full independent responsibility for clinical care of patients.</p>	<p>Evidence of clear area of interest relevant to BHRUT and /or Hospice strategy</p>	Application Interview
Personal Qualities	<p>Emotional Resilience; Sense of humour</p> <p>Compassionate and kind</p> <p>Self-aware</p> <p>Collaborative</p> <p>Innovative</p>		Interview