



Clinical Fellow Higher (ST3-ST5) in Anaesthetics (General)

Post Reference No. 180-CFH-4745

Medical Staffing Department

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Cambridge University Hospitals NHS Foundation Trust

Cambridge Biomedical Campus

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The Department of Anaesthetics

Introduction

The main theatre suite currently has 22 theatres. There are also 3 additional theatres for neurosurgery, 2 theatres in the Cambridge Eye Unit, 2 obstetric theatres in the Rosie Hospital, 6 theatres in the Addenbrooke's Treatment Centre, 2 theatres in the Princess of Wales Day Surgery Unit in Ely and 3 theatres in the new Cambridge Movement Surgical Hub. This makes a total of 40 theatres in our extended complex. The department also provides services at up to five remote sites per day including paediatric oncology, radiology, endoscopy and Cambridge IVF at Kefford House.

The Department of Anaesthesia provides comprehensive anaesthetic services to the following specialties:

- Accident Service/Orthopaedics/Major Trauma Centre
- Breast Surgery
- Community Dental Clinic
- ECT
- ENT
- General Surgery, including upper Gastro-intestinal and Colorectal
- Gynaecology and Gynaecological Oncology
- Neurosurgery
- Obstetrics
- Ophthalmology
- Oral Maxillo-Facial Surgery
- Paediatrics/Neonatology
- Plastic Surgery
- Radiotherapy/Oncology
- Transplantation - Renal, Pancreatic, Corneal, Liver, Multi-visceral
- Urology
- Vascular Surgery

Staffing: NHS and Academic

The present medical staff establishment comprises:

| NHS Consultants | |
|-------------------------------|---|
| General Anaesthesia | Additional role(s) or interests outside of subspecialty (if applicable) |
| Mark Abrahams | Chronic pain management |
| Famila Alagarsamy | Clinical Lead for Practical Procedures; Upper GI and Major Trauma |
| Jithesh Appukutty | Complex airway anaesthesia; Equipment Co-Lead |
| Ylva Bengtsson | Vascular anaesthesia; Lead for ACSA; Lead for Emergency Theatres |
| Parveen Dhillon | Chronic pain management |
| David Dugdale | Complex airway anaesthesia; Recovery Lead |
| Petrus Fourie | Upper GI and vascular anaesthesia, NELA Lead |
| Serena Goon | Vascular anaesthesia, Lead for Core Trainees North and ACCS TPD, Guardian of Safe Working |
| Lisa Grimes | Vascular anaesthesia, Preassessment |
| Anand Jain | Upper GI anaesthesia; Equipment Co-Lead |
| Muhilan Kanagarathnam | Clinical Director Anaesthesia |
| Michalis Karvelis | Chronic pain management |
| Giuseppe Mariconda | Regional anaesthesia; Lead for Day Surgery; Joy in Work Co-Lead |
| Elisa Masoni | Lead for Trauma Anaesthesia |
| Ian Munday | Vascular and Upper GI anaesthesia |
| Andrea Ortu | Divisional Quality and Safety Lead, Lead for General Anaesthesia |
| Rebecca Owen | Vascular anaesthesia and preassessment |
| Naomi Pritchard | Pre-hospital medicine |
| Tanya Smith | Preassessment |
| David Tew | Regional and orthopaedic anaesthesia |
| Evan Weeks | Chronic pain management |
| Obstetric Anaesthesia | |
| James Bamber | |
| Tracey Christmas | Lead for Obstetric Anaesthesia, College Tutor; Trauma anaesthesia |
| Garry Davenport | |
| Pushpaj Gajendragadkar | |
| Richard Haddon | Lead for Subspecialty Fellows; Vascular anaesthesia |
| Megan Jones | Lead for High-Risk Peripartum Care; ENT anaesthesia |
| Laura Kessack | Trustwide LTFT Champion |
| Julia Neely | |
| Anita Patil | |
| Svet Petkov | Clinical Lead for Preassessment; Vascular anaesthesia |
| Tamsin Poole | Transfusion committee member |
| Rakesh Tandon | Complex airway anaesthesia |
| Claire Williams | Trauma and orthopaedic anaesthesia |
| Paediatric Anaesthesia | |
| Amr Abdelaal | Paediatric neuroanaesthesia |
| Nicola Barber | |
| Kate Bush | Lead for Paediatric Anaesthesia; Paediatric neuroanaesthesia |
| Rosalie Campbell | |
| Joel Chin | Paediatric neuroanaesthesia |
| Anna Hutton | |
| Johanne Lynch | |
| Louise Oduro-Dominah | Departmental Rota Writer |
| Heike Prinzhausen | Wellbeing Lead |
| Katherine Railton | |
| Stewart Reid | Paediatric intensive care |
| Paul Rolfe | Chronic pain management; Paediatric Pain Service Lead |
| Christine Tjen | Paediatric neuroanaesthesia |
| Helen Underhill | Training Programme Director for Anaesthesia EoE |

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|--------------------------------|--|
| Transplant Anaesthesia | |
| Hemantha Alawattegama | Transplant Anaesthesia |
| Brock Andreatta | Speciality Lead for Anaesthesia and Theatres |
| Timothy Baker | |
| Katrina Barber | Joy in Work Co-Lead |
| Vibhay Kakhandki | Co-Lead for EPIC |
| Elena Marini | Lead for Senior Clinical Fellows |
| Vishal Patil | |
| Anand Puttappa | |
| Anand Sardesai | Transplant Anaesthesia Lead; Regional anaesthesia |
| Rokas Tamosauskas | Adult Chronic Pain Management Lead |
| Beate van Wyk | Departmental Rota Writer |
| Neuroanaesthesia | |
| Ram Adapa | Departmental rota writer; Orthopaedic anaesthesia |
| Thomas Bashford | Lecturer in the University Department of Engineering |
| Anne Booth | Clinical Lead for Adult Transfer Service, TPD for Virtual Learning |
| Cinzia Cammarano | |
| Derek Duane | Neurocritical care |
| Lisa Harvey | Website Administrator |
| Sylvia Karcheva | Departmental Rota Writer |
| Vaithy Mani | Lead for Neuroanaesthesia, Co-lead for EPIC |
| Amit Prakash | CESR Lead, Sedation Committee Chair |
| Eschti Schultenburg | College Tutor; Deputy Regional Advisor |
| Alessandro Scudellari | |
| Magda Smith | |
| Mark Vivian | |
| Intensive Care Medicine | |
| Peter Bradley | Vascular anaesthesia, vascular access |
| Peter Featherstone | |
| Stephen Ford | Lead for Recruitment |
| Milena Georgieva | |
| Ian Goodhart | OIR/PACU Lead |
| Christopher Hall | |
| Andrew Johnston | Vascular access, Upper GI anaesthesia |
| Meike Keil | |
| Raz Mahroof | |
| Jonathan Martin | |
| Andrew Conway Morris | Honorary Consultant in ICM |
| Vilas Navapurkar | |
| Kamal Patel | (non-anaesthetist) |
| Jacobus Preller | (non-anaesthetist) |
| Susan Stevenson | |
| Charlotte Summers | Professor of Intensive Care Medicine; (non-anaesthetist) |
| Monica Trivedi | Lead for Rapid Response Team |
| James Varley | Specialty Lead for Intensive Care; Vascular access |
| Neuro-Critical Care | |
| Rowan Burnstein | Trauma anaesthesia, Head of School of Anaesthesia for the EoE |
| Jonathan Coles | University Lecturer |
| Ari Ercole | Deputy Chief Clinical Information Officer, Neuroanaesthesia |
| Arun Gupta | CUHP, Neuroanaesthesia |
| Alasdair Jubb | Neuroanaesthesia |
| Andrea Lavinio | Neuroanaesthesia |
| Virginia Newcombe | Emergency medicine; (non-anaesthetist) |
| Vikram Malhotra | |
| Basil Matta | Neuroanaesthesia |
| David Menon | Professor and Head, University Division of Anaesthesia |
| Ronan O'Leary | Specialty Lead for Neuro Critical Care; Trauma anaesthesia |
| Aoife Quinn | Lead for Recruitment |

Training posts

| | | |
|------------------------------------|----------|---|
| Specialty Registrars | 32 | Including two from Norwich at any one time seconded for neuroanaesthetic experience |
| Senior Clinical Fellows (Post CCT) | Up to 20 | |
| NCCU StR / Fellows | 15 | Who do not necessarily have an anaesthetic background |
| ITU StR / Fellows | 12 | Who do not necessarily have an anaesthetic background |

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|-------------|---|------------------------------|
| Secretaries | 4 | 3 Whole-time and 1 part time |
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The Academic Department of Anaesthesia

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|--------------------------|--------------------------|
| Professor David Menon | Professor of Anaesthesia |
| Professor Jonathan Coles | Honorary Consultant |

Duties of this post

It is expected that the appointee will participate in the general main theatres on-call rota in the first instance, working alongside the anaesthetic specialty trainees, providing on call emergency anaesthetic cover. The level of on-call will be appropriate to the appointee's prior experience, training and clinical interests and we strongly promote team working between all the on-call trainee tiers at night.

The "on-call" team at night and at weekends consists of:

| | |
|---------------------------------|--|
| 1 st on call trainee | General Theatres |
| 2 nd on call trainee | General Theatres, Trauma Calls and support for all other on call anaesthetic trainees. |
| 3 rd on call trainee | Primary responsibility for thrombectomy service and managerial responsibility for all other on-call tiers |
| Neuro on call trainee | Neurosurgical emergencies plus advisory cover to Neuro-Critical Care Unit |
| Obstetric trainee | Responsibility for the Rosie Hospital – no responsibilities outside maternity services but can be supported by other trainee tiers |
| PACU trainee | Primary responsibility for patients in the Overnight Intensive Recovery Area |
| 1st on Consultant | General emergency anaesthesia |
| 2nd on Consultant | Liver transplant |

In addition, there are consultant subspecialist on-call rotas in adult intensive care, obstetrics, neuroanaesthesia, neuro intensive care & paediatric anaesthesia.

The general (adult) intensive care unit and neuro-critical care unit are covered by a separate full shift rota of trainees.

All trainees and higher clinical fellows work a 1 in 8 Full Shift pattern.

Teaching and Training

According to the RCoA guidelines the appointee will receive a minimum of 3 consultant supervised training lists per week.

Appraisal within the hospital is conducted by the College Tutor/Educational Supervisor every six months. As well as assessing the attainment of targets, this also presents an opportunity for the trainee to discuss career objectives and exam aspirations.

1. Departmental Teaching

In addition to clinical teaching in theatre day to day there are monthly departmental teaching sessions which all trainees, higher clinical fellows and CESR fellows are to attend. Teaching is designed around the RCOA curriculum.

Final FRCA candidates can attend the regional FRCA Course teaching days on scheduled dates shared by the region. Study leave is required for this course.

There is a course for preparation for the Final FRCA written examination. In addition a tutorial programme is organised in the run up to the oral examinations. Intensive viva practice is organised prior to each Final FRCA Structured Oral Examination sitting.

2. Governance

Each year there are 12 Quality and Safety half-day meetings, at which attendance is mandatory for those on daytime shifts. These meetings provide an opportunity for trainees and fellows to present complex cases and quality improvement work. There is an early morning journal club on these days and dedicated trainee/fellow teaching all afternoon

3. Regional Courses

As well as the day-release FRCA course, there is a 3-day FRCA revision course, alternating between Cambridge and Norwich, prior to each sitting of the Final FRCA examination. Fellows have access to teaching provided by the School of Anaesthesia through Bridge as a virtual learning platform as well as in person (if numbers allow).

Department research is undertaken within the University Division of Anaesthesia under the supervision of Professor David Menon and Professor Coles or one of the other Principal Investigators in the Department.

The Acute Brain Injury Program involves clinical and basic scientists from the Wolfson Brain Imaging Centre. The program provides access to multimodality bedside monitoring, MRI, MRS and PET for acutely brain injured patients. Our research programs address acute brain injury, neural function in coma, anaesthesia and the vegetative state, and cognitive function following brain injury. Broader connections within the Cambridge neuroscience community (MRC Cognition and Brain Sciences Unit, the Cambridge Centre for Brain Repair, and Wellcome /MRC Brain and Cognitive Neurosciences Institute (BCNI)) provide a context for additional clinical and experimental studies. This work is funded by the Wellcome Trust, MRC, Academy of Medical Sciences, and the Royal College of Anaesthetists.

Expertise and collaboration developed through TBI research is being used to address questions regarding cognitive dysfunction in critical illness. The JVF ICU has an active collaboration with the MRC Cognition and Brain Sciences Unit (Dr Dalgleish) addressing post-traumatic stress after critical illness. Our follow up already comprises an active outreach service and a follow up clinic, and we are initiating collaboration with the Department of Public Health (Prof Danesh) to allow us to answer community based questions regarding outcomes of critical care.

The Division has a substantial program of research in Pain Medicine, supported by the NIHR and the Medical Research Council. Specific themes include molecular genetics of extreme pain phenotypes (in collaboration with Prof Woods [Clinical Genetics], Prof McNaughton [Pharmacology] and Neusentis Ltd), and translational studies of a novel molecular pain target (with Prof McNaughton).

The evolving collaboration with Public Health is part of a wider aim to develop population based research. This development builds on a significant history of collaboration with the Intensive Care National Audit and Research Centre (ICNARC; where Prof Menon is on the Board of Management and a grant holder on joint grants [SwiFT, RAIN]), and ongoing genetic association studies (UK wide collaboration in the GAINs network, and Prof Smith and Dr Clatworthy in the Cambridge Institute for Medical Research).

Study and Research

You are eligible for up to 30 days study leave per annum pro rata in agreement with your clinical lead. Study leave allowance is £300 per annum, pro rata.

Arrangements for Leave

The annual leave entitlement for a full-time Clinical Fellow is based on a standard working week of five days:

- a. On first appointment to the NHS: 27 days
- b. After five years' completed NHS service: 32 days.

Arrangements for booking leave are departmental and will be confirmed as part of local induction.

Educational Opportunities

EDUCATIONAL OPPORTUNITIES AVAILABLE IN THE DEPARTMENT

- **In theatre** – Our higher clinical fellows will be given similar educational opportunities as the Stage 1 and 2 specialty trainees.
- **In clinics** – There is an opportunity for a clinical fellow on an airway module to attend an ENT nasal endoscopy clinic. PRIME clinic is a consultant led pre-assessment clinic with opportunities for trainees and higher clinical fellows to attend.
- Higher clinical fellows can expect to rotate through all the training modules we offer at Addenbrookes depending on availability. These operating lists include sessions in neuro-anaesthesia; general duties: airway management, critical incidents, anaesthesia for day surgery, general, urology and gynaecology, head and neck, maxillofacial and orthopaedics, non-theatre based anaesthesia, obstetrics, paediatric anaesthesia, perioperative medicine and pain management. Modules will be allocated according to the doctor's current level of experience, clinical interests and list availability.
- During their time at Addenbrookes trainees and higher clinical fellows are supported to pass the Final FRCA examination if applicable.
- Higher clinical fellows will have the opportunity to complete some of the Stage 1 and 2 domains of the RCOA 2021 curriculum (with the exception of cardiothoracic anaesthesia).
- **In procedural session** – Higher clinical fellows will have the opportunity to perform insertion of arterial and central venous cannulae, and perform ultrasound guided regional blocks. They will learn more advanced airway management skills using adjuncts and be able to perform an asleep fibre-optic intubation. They will be involved in the management of obstetric cases both for labour management and anaesthesia for delivery. They will be involved in advanced life support and care of the critically ill patient in theatre.
- **Handover** – they will participate in shift hand over sessions on the emergency lists.

LOCAL / REGIONAL TEACHING

- Regional – This is provided for core and specialty training.
- Attendance at the regional teaching programme is strongly encouraged and higher clinical fellows may take study leave for this purpose.
- Programme details are available on the HEEOE School of Anaesthesia website: <https://heeo.e.hee.nhs.uk/node/3468>.

QUALITY IMPROVEMENT / AUDIT

- Attendance at department Quality and Safety meetings - Clinical governance (patient safety, audit, risk management and quality improvement).
- At least one quality improvement or audit project should be completed and presented each year either at local, regional or national meeting. Higher clinical fellows are expected to attend the monthly ½ day directorate's clinical Quality and Safety meeting. Clinical fellows are required to provide evidence of attendance.

DEPARTMENTAL/LOCAL INDUCTION

- Higher clinical fellows will receive corporate and departmental induction in the first week of joining trust.
- All trainees and fellows have an Educational Supervisor allocated to them by the College Tutor.
- Fellows will meet with their Educational Supervisor within first 2 weeks of joining the Trust. If this proves difficult due to consultant leave/absence the trainee will meet with the College Tutor. During this initial meeting the Personal Development Plan will be established and the Initial Training Plan completed. All meetings will be documented on the RCOA Lifelong Learning Platform.
- The Fellow will organise a Mid-Term / Interim Progress Meeting with their educational supervisor at 4-6months. The completed WPBAs, logbook and Consultant feedback will be reviewed and the interim progress report will be generated. Trainees complete a 360 feedback every year.
- The Fellow will organise a meeting with their educational supervisor at 10-12 months. The completed WPBAs, logbook, consultant feedback and MSF will be reviewed.
- Research: this is not a research post but we do have strong links with the University Department of Anaesthesia.
- Quality Improvement: all fellows will be supported to participate in department quality improvement projects with a view to presentation at local, regional and national meetings.
- Teaching: there are many opportunities to be involved in teaching of medical students, foundation trainees, GP trainees and junior specialty trainees within CUHFT. This can be bedside, tutorial based, formal lectures and simulation based. Clinical fellows are encouraged to provide evidence of all teaching they have given, plus feedback collated.
- Leadership and Management: higher clinical fellows who have an interest in management are encouraged to complete a leadership course.
- The anaesthetic department has junior and senior trainee representatives who provide the interface between the department's senior management team, the college tutors and the trainees/fellows.

Cambridge University Health Partners, the academic health sciences centre, in conjunction with the Institute of Continuing Education at The University of Cambridge are pleased to offer a one year Postgraduate Certificate in Clinical Medicine to all clinicians employed in Cambridge. Further details and registration: www.ice.cam.ac.uk/ClinMed

Person Specification

| | ESSENTIAL CRITERIA | DESIRABLE CRITERIA |
|-------------------------------------|--|---|
| Education / Qualifications | <p>MBBS or equivalent qualification</p> <p>Primary FRCA (or equivalent)</p> <p>Full Registration and a Licence to Practice with the General Medical Council upon commencement</p> | <p>ATLS/ALS Course</p> <p>PALS</p> <p>Presentations/Publications</p> |
| Experience | <p>At least 2 years anaesthesia experience including:</p> <ul style="list-style-type: none"> • General Surgery • ENT • Orthopaedics • Gynaecology • Urology • Intensive Care (3 months) • Obstetric anaesthesia (2 months) <p>Evidence of smooth progression through training programmes</p> <p>Able to deal with general emergency admissions</p> <p>Logbook indicating validated experience of appropriate range and number of clinical procedures</p> | <p>1 year UK anaesthesia experience</p> <p>Experience in:</p> <p>Ophthalmic anaesthesia</p> <p>Paediatric anaesthesia</p> <p>40 labour epidurals, 20 LSCS at appointment</p> <p>6 months - 1 year in other relevant specialty e.g. A&E, neonatology, general medicine</p> |
| Skills / Ability / Knowledge | <p>Invasive monitoring</p> <p>Ventilator management</p> <p>Spinal and epidural anaesthesia</p> <p>Good organisation</p> <p>Ability to organise own learning and time</p> | <p>Basic computer skills including Microsoft word and Outlook</p> <p>Peripheral/regional anaesthetic nerve blocks</p> |
| Qualities / Attributes | <p>Ability to work as part of a team</p> <p>Ability to keep good medical records and communicate with other hospital departments and primary care</p> <p>Ability to understand and communicate with patients and colleagues</p> | <p>Ability to undertake research and quality improvement projects</p> <p>Show interest in investigative, audit and research work outside immediate clinical responsibility</p> |

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| <p>Other requirements</p> | <p>The applicant must have demonstrable skills in listening, reading, writing and speaking in English that enable effective communication about medical topics with patients and colleagues, as set out in the GMC's Good Medical Practice (2013).</p> <p>If the Primary Medical Qualification including clinical contact was not carried out using English, applicants must either:</p> <ul style="list-style-type: none"> • Have an academic IELTS score of at least 7.5 in each domain and overall, or demonstrate equivalence by providing evidence of English language skills <p>Or</p> <ul style="list-style-type: none"> • Complete the Occupational English Test (OET) and achieve grade B in each of the four domains tested in the OET to meet the GMC's requirements | |
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SECTION 6

General Information

Cambridge University Hospitals NHS Foundation Trust (CUH) in profile

We are one of the largest and best known acute hospital trusts in the country. The 'local' hospital for our community, delivering care through Addenbrooke's and the Rosie, CUH is also a leading regional and national centre for specialist treatment.

The hospital fulfils a number of important functions; its three main core activities are clinical care, research and teaching. It is the local hospital for people living in the Cambridge area, providing emergency, surgical, medical and maternity care but as well as delivering care, it is also:

- A leading national centre for specialist treatment for rare or complex conditions such as organ transplantation, cancer, neurosciences and paediatrics. (For further information about clinical services www.cuh.nhs.uk/services-0)
- A government-designed biomedical research centre and part of the National Institute for Health Research (NIHR)
- One of six academic health science centres in the UK
- A university teaching hospital with a worldwide reputation
- A partner in the development of the Cambridge Biomedical Campus.

Our vision is to improve people's quality of life through innovative and sustainable healthcare.

Our **CUH Together** Strategy has been developed with staff, patients and partners. Patients are central to everything we do and we want to ensure that CUH is an exciting and supportive place to work. Our vision is to improve people's quality of life through innovative and sustainable healthcare. We will deliver our vision in a way that is consistent with our values of **Together – Safe | Kind | Excellent**, and the associated behaviours that define how we care for our patients and work with our colleagues and partners.

Our strategy has four key priorities:

- Improving patient journeys
- Working with our communities
- Strengthening the organisation
- Contributing nationally and internationally

We share our site with a range of other organisations including the University Clinical School, the National Blood Authority, and laboratories funded by the Medical Research Council (MRC), the Wellcome Trust and Glaxo SmithKline, University of Cambridge Hutchison/Cancer Research UK (CRUK) Cancer Centre and The Medical Research Council's facility to house the Laboratory of Molecular Biology. The most recent addition is Royal Papworth Hospital which relocated to the Campus in April 2019. Building is currently underway on a new global R&D Centre and Corporate HQ for AstraZeneca.

In December 2018 it was announced that The Cambridge Children's Hospital will be added to the campus with enabling work beginning this year and main building work due to commence in 2026. The Children's Hospital vision is to treat the whole child, not just the illness or condition.

The children's hospital project will be delivered through an innovative joint proposal between ourselves, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), providing mental health services and the University of Cambridge, providing world-leading academic research. We are acutely aware that this hospital needs to provide support to develop and strengthen paediatrics across the whole region and we will be working with our networks to build a shared vision for this. The partnership is pioneering the full integration of physical and inpatient mental healthcare in the same setting, alongside ground breaking genomic science and mind and body mental health research to find new ways of preventing and detecting childhood diseases. The

hospital will provide a permanent and sustainable home for CPFT's inpatient children and young people's mental health services currently provided on the Ida Darwin site in Cambridge.

In addition, the Cambridge Cancer Research Hospital (CCRH) will be a new, purpose-built, specialist cancer research hospital. The new building will include additional beds that are needed to accommodate increasing numbers of patients and more single rooms that are suitable for novel therapies and reduce the risk of hospital-acquired infections. It will also deliver additional capacity for day treatment and clinical trials and an expanded emergency assessment unit for cancer patients. Specifically, it will include: wards for Oncology, Haematology, Bone Marrow Transplant and a Young Adult Cancer ward, an outpatient department and diagnostic suites, day units for Oncology and Haematology and a Breast Unit. Groundworks are beginning in 2024 with main building work due to commence in 2025.

It is an exciting time for the city and the region. For us at CUH, being based at the heart of the Cambridge Biomedical Campus means we are perfectly situated to make the most of the opportunities that are arising. We pride ourselves on the teamwork, energy and commitment of our excellent staff – they are our most important assets. Recognising this, we have taken a positive approach to supporting them in their work through schemes to help work-life balance, improvements in the working environment and initiatives to make it easier for staff to explore new career opportunities and to develop professionally and personally.

Cambridge University Hospitals - Board of Directors

Chair and Chief Executive:

Dr Mike More – Chair
Roland Sinker – Chief Executive

Non-Executive Directors:

Daniel Abrams
Dr Annette Doherty
Professor Ian Jacobs
Ali Layne-Smith
Professor Patrick H Maxwell
Dr James Morrow
Rohan Sivanandan
Professor Sharon Peacock

Executive Directors:

Nicola Ayton – Chief Operating Officer
Dr Sue Broster – Director of Innovation, Digital and Improvement
Mike Keech – Chief Finance Officer
Dr Ashley Shaw – Medical Director
Claire Stoneham – Director of Strategy and Major Projects
Lorraine Szeremeta – Chief Nurse
Ian Walker – Director of Corporate Affairs
David Wherrett – Director of Workforce

Cambridge University Hospitals NHS Foundation Trust in detail

Last year 57,626 men, women and children were treated as inpatients, 137,827 people attended accident and emergency, and there were 862,874 visits to outpatient clinics (2022/2023 figures). CUH medical staff hold clinics in 14 different regional hospitals so that patients do not have to travel to Cambridge. Nearly 100 of our Consultants hold some form of joint appointment with a dozen neighbouring hospitals.

CUH is a teaching hospital for medical undergraduates and postgraduates, nurses and students in other clinical professions and has a variety of initiatives to encourage life-long learning'. Many training schemes are in place in our National Vocational Qualification Centre, Postgraduate Medical Education Centre and Learning Centre. Training schemes include cadet schemes in nursing, office technology, science, modern apprenticeships in clinical engineering and supporting training placements for biomedical scientists.

CUH has:

- Around 12,700 staff of which approx. 2,500 are medical and dental staff
- 5,445 births per year
- 198,721 admissions including inpatients, day cases and births (2022/2023 figures)

During the 2022/23 year we saw a slight increase in total admissions of 1.67% compared to the same period in 2021/22. This was the net result of an increase in day cases and in-patient elective admissions offset against lower maternity and emergency admissions (for under 85's) in addition to a lower number of births. During 2022/23 the Trust continued to manage high levels of infectious illness including COVID and Respiratory syncytial virus (RSV), with influenza levels rising significantly during December 2022. There were high levels of occupancy across the period.

Addenbrooke's history

Addenbrooke's was one of the first provincial, voluntary hospitals in England. The Hospital opened its doors in 1766 with 20 beds and 11 patients. Dr John Addenbrooke, a fellow and former Bursar of one of the Cambridge Colleges, left just over £4500 in his will "to hire and fit up, purchase or erect a small, physical hospital in the town of Cambridge for poor people".

In 1540, two centuries before Addenbrooke's was founded, the Regius Professorship of Physic in the University of Cambridge was founded by Henry VIII. Medical training on a modest scale developed at Addenbrooke's during the late 1700s, and in 1837 (the year of Queen Victoria's accession to the throne) the hospital became a recognised school of medicine.

Addenbrooke's grew rapidly during the 19th and early 20th centuries, as medical science developed. By the 1950s, the hospital was having difficulty accommodating the expansion generated by the introduction of the National Health Service. In 1959, building began on a new 66-acre site south of Cambridge, and the first phase of the Hospital was opened by Her Majesty the Queen in May 1962. Work continued to provide the majority of Addenbrooke's as we know it today, with a fully-fledged Clinical School being established in 1976.

History

- 1766 Addenbrooke's Hospital was opened in Trumpington Street
- 1847 The first general anaesthetic using ether at Addenbrooke's was carried out two weeks after it was first used in the USA
- 1918 Addenbrooke's welcomed its first female medical student
- 1962 New site on Hills Road was officially opened by the Queen
- 1966 The first kidney transplant in the NHS was carried out at Douglas House Renal Unit
- 1968 Professor Sir Roy Calne carried out the first liver transplant in the NHS
- 1975 The first open heart surgery was carried out at Addenbrooke's
- 1981 Addenbrooke's first whole body scanner opened by Prince of Wales
- 1983 The Rosie Hospital was opened on the Addenbrooke's Campus
- 1984 Last patient left the 'old' Addenbrooke's Hospital site in Trumpington Street
- 1992 Addenbrooke's NHS Trust formed
- 1995 MRC Cambridge Centre for Brain repair opened by Duke of Edinburgh
- 2004 Addenbrooke's Hospital becomes a Foundation Hospital as is known as- Addenbrooke's Hospital Cambridge University Hospitals NHS Foundation Trust
- National Centre for pancreatic surgery was opened

- 2006 Addenbrooke's Hospital was named one of five National Institute for Health Research comprehensive biomedical research centres
- 2007 New European headquarters for Cancer Research UK based on the campus were opened by the Queen
- 2009 CUH and local partners in clinical care, education and research became one of the government's new academic health science centres, forming an alliance called Cambridge University Health Partners
- 2009 CUH was named by Dr Foster as one of the country's best performing trusts for patient safety
- 2012 CUH is now the designated level 1 Major Trauma Centre for the East of England region
- 2014 Our new electronic patient record system (EPIC) was implemented at CUH making us the first hospital in the UK to go paperless
- 2019 The Royal Papworth Hospital was opened by Queen Elizabeth II
- 2023 Cambridge Movement Surgical Hub opened

Positioning for the future

Cambridgeshire is one of the fastest growing counties in the UK and it is estimated that the number of people over 45 years of age will rise by 55% over the next 20 years, and the county will see the continued expansion of research, business and high-tech industries.

Planning is already well advanced for additional capacity to meet this growing local demand. But it is not just a matter of providing extra beds and recruiting extra staff. The hospital needs to ensure high standards of patient care by supporting training and education for staff, and work closely with NHS partners and others to ensure that care is tailored to the needs and expectations of users. This is likely to involve developing some alternatives to hospital-based care. Another challenge will be to ensure that improvements in clinical facilities keep up with the rapid pace of research investment, and that processes and governance support this growing research activity, some of which involves sensitive ethical, legal and social issues.

CUH contributes to the economic strength of the greater Cambridge area as a major employer and, with our research partners, to the biotechnology sector. As a public benefit corporation, the new NHS Foundation Trust will work in partnership with other local bodies, primarily local authorities and education providers, to support sustainable economic development in the locality.

Research and development

Cambridge medical research enjoys a world-wide reputation. More organisations and more individuals continue to be attracted to the city; working alongside each other they have created one of the richest pools of clinical and scientific knowledge and expertise not only in the country but in the world. At CUH this is reflected in clinical teams working in the hospital alongside world-class scientists from a wealth of internationally renowned organisations such as the Medical Research Council (MRC) which shares the hospital campus. Doctors and scientists collaborate across disciplines and specialties and it is this co-existence of experience and expertise that fosters translational research – turning basic science into new drugs and new therapies giving patients innovative and excellent care.

With the University of Cambridge, CUH is a partner in the National Institute for Health Research (NIHR) Cambridge Biomedical Research Centre (CBRC). This partnership uses our combined strengths in biomedical science – the science that forms the basis of medicine including scientific laboratory-based knowledge and understanding – and translates them into clinical research. Established in 2007 the centre was recently awarded funding of £114.5m for 2012 to 2017. It was judged by the international selection panel as to have an outstanding breadth of world-leading investigators and represented the UK's primary academic resource in biomedical research.

Outstanding facilities for research exist in Addenbrooke's Clinical Research Facility (ACRC) which includes the Wellcome Trust Clinical Research Facility and the Clinical Investigation Ward. For example the CIW includes a research endoscopy suite and area dedicated to intravenous treatment including cancer chemotherapies.

University of Cambridge School of Medicine

The University of Cambridge School of Clinical Medicine is a major centre for biomedical research and education of world leading quality. In the most recent University Funding Council Research Selectivity Exercise Cambridge shared the highest score for any Medical School in the country. Whilst the University of Cambridge has granted medical degrees since at least 1363, the university could not offer undergraduate clinical education until the Clinical School was formally established in 1975 with purpose built accommodation at Addenbrooke's. In addition to these facilities comprising lecture theatres, seminar rooms and first class medical library, a postgraduate education centre was opened in the Clinical School building in 1980. The most recent HEFC teaching quality assessment of the undergraduate clinical education judged the learning facilities and the teaching in the clinical school to be of the highest quality.

Cambridge University Health Partners, the academic health sciences centre, in conjunction with the Institute of Continuing Education at The University of Cambridge are pleased to offer a one year Postgraduate Certificate in Clinical Medicine to all clinicians employed in Cambridge. Further details and registration: <http://www.ice.cam.ac.uk/mst-clinical-medicine>

General Information

Cambridge is a city in the East of England, home to the University of Cambridge and one of the fastest growing technology hubs in the UK. The Arts Theatre within Cambridge is thriving and there are many musical activities to enjoy. The Fitzwilliam Museum is world famous.

For those with children of school age, there is a full range of public and private education institutions covering all age groups.

Cambridge is served by the national motorway network and regular train services to London King's Cross or London Liverpool Street have a journey time of less than one hour.

Within CUH, the main concourse offers shopping facilities; an advice centre; cafés; clothes boutique; financial advisory services; hairdressing salon; Marks and Spencer Simply Food; newsagent; The Body Shop; gift shop and on site solicitors. There is a Food Court which offers "fast-food", as well as conventional options 24 hours a day. In addition the Frank Lee Leisure and Fitness club provides comprehensive facilities for swimming, racquet sports, a multi-sports hall, a floodlit outdoor multi-sports facility, gym and bar facilities.

The Cambridge University Postgraduate Medical Centre has catering facilities as well as the library, lecture theatres and seminar rooms. Within the University of Cambridge, there is an unrivalled range of educational facilities, diverse cultural, sporting and other leisure activities.



Our Trust values and behaviours

| Values | Behaviours | Love to see | Expect to see | Don't want to see |
|---|----------------------------------|---|---|---|
| Safe I never walk past, I always speak up | Safety | Shares lessons learned to help others to improve safety. | Always follows agreed safety and wellbeing procedures. Learns from mistakes and asks for help if they need it. | Shows a lack of focus on safety and wellbeing in their day-to-day work. |
| | Raising concerns | Encourages others to raise concerns about safety or attitude. | Speaks up every time standards on safety, care or dignity are not met. Welcomes feedback. | Keeps concerns to themselves, and rejects feedback about their own behaviour. |
| | Communication | Seeks ways to enhance understanding of information being communicated to meet people's needs. | Keeps people informed and gives clear explanations in ways people can understand. | Doesn't give people the information they need. Uses jargon inappropriately. |
| | Teamwork | Encourage others to contribute and demonstrates better ways of working within and across teams. | Works as part of a team. Co-operates and communicates with colleagues. Values other people's views. | Excludes others and works in isolation. |
| | Reassuringly professional | Is constantly aware that what they say and do affects how safe other people feel. | Is calm, patient and puts people at ease. Takes pride in their own appearance and our environment. | Passes on their negativity/stress. Is critical of other teams or colleagues in front of others. Displays unprofessional appearance. |
| Kind I always take care of the people around me | Welcoming | Goes out of their way to make people feel welcome. | Is polite, friendly, makes eye contact, smiles where appropriate and introduces themselves. 'Hello my name is...' | Ignores or avoids people. Is rude or abrupt, appears unapproachable/ moody. |
| | Respectful | Applies a broader understanding of the diverse needs of patients/ colleagues. Supports others to be themselves. | Treats everyone as an equal and valued individual. Acts to protect people's dignity. | Ignores people's feelings or pain. Makes people feel bullied, belittled or judged. |
| | Helpful | Thinks about the needs of others. Goes the 'extra mile' for other people. | Is attentive and compassionate, helps people who need help, or finds someone who can. Never walks by. | Makes people feel like a burden: 'It's not my patient / job / problem'. |
| | Listen | Makes time to listen to people even when busy. | Listens to people in an attentive and responsive manner. | Disinterested, dismissive or talks over people. |
| | Appreciate | Goes out of their way to make people feel valued for their efforts and achievements. | Encourages people's efforts. Notices when people live up to our values, says thank you. | Doesn't notice or appreciate people's efforts. |
| Excellent I'm always looking for a better way | Aiming high | Their positive attitude inspires others to achieve the highest levels of quality. | Always aims to achieve the best results. | Accepts mediocrity or moans without looking for solutions. |
| | Improving | Helps others to find creative solutions to problems and shares good practice. | Suggests ideas for better ways of doing things and looks for opportunities to learn. | Resists change: 'we've always done it this way'. |
| | Responsible | Shows enthusiasm and energy to achieve excellent results. | Takes responsibility and has a positive attitude. | Avoids responsibility. Blames or criticises others. |
| | Timely | Always respects the value of other people's time. | Is on time, efficient, organised and tidy. Apologises and explains if people are kept waiting. | Misses deadlines or keeps people waiting, without explanation/apology. |
| | Makes connections | Helps others to understand how services connect. | Thinks beyond their own job and team to make things easier for people. | Focuses on their own department needs to the detriment of the people they serve. |

Together-**Safe** | **Kind** | **Excellent**

General Conditions of Appointment

1. This appointment shall be governed by the **Terms and Conditions of Service for Clinical Fellows at Cambridge University Hospitals 2018**, as amended from time to time, and adhere to Trusts policies and procedures as appropriate.
2. All matters relating to patient's health and personal affairs and matters of a commercial interest to the Trust are strictly confidential and under no circumstances is such information to be divulged to any unauthorised person. Breach of Trust policy may result in disciplinary action in accordance with the Trust's disciplinary procedure. A summary of the Trust's Confidentiality Policy, Data Protection and IM & T Security Policy are provided in the Staff Handbook.
3. Cambridge University Hospitals NHS Foundation Trust is committed to a policy of Equal Opportunities in Employment. A summary is detailed in the staff handbook. Any act of discrimination or harassment against staff, patients, service users or other members of the public will be subject to disciplinary proceedings which could include dismissal.
4. As an employee of a Trust, you are expected to develop the IT skills necessary to support the tasks included in your post. You will therefore be required to undertake any necessary training to support this. As a user of Trust computer facilities you must comply with the Trust's IM & T Security Policy at all times.
5. You are normally covered by the NHS Hospital and Community Health Services indemnity against claims of medical negligence. However, in certain circumstances (especially in services for which you receive a separate fee) you may not be covered by the indemnity. The Health Departments therefore advise that you maintain membership of your medical defence organisation.
6. The Trust will ensure compliance with the Health and Safety at Work Act 1974.
7. The post is based on a whole time appointment calculated on an average of 40 hours work per week; the salary for this appointment at ST3-ST5 equivalent is 55,329 per annum (April 2023 figures). This is a fixed nodal pay point and does not increase incrementally.
8. In addition weekend and on-call allowances will be paid where appropriate for agreed hours of duty within the working pattern.
9. This post is superannuable and you will be subject to the NHS Superannuation Scheme unless you chose to opt out.
10. The successful candidate will be expected to complete a medical questionnaire and attend the Cambridge Centre for Occupational Health at Addenbrooke's for clearance of the form.
11. The Trust requires the successful candidate to have and maintain registration and a license to practice with the General Medical Council and to fulfill the duties and responsibilities of a doctor as set out by the GMC.
12. With the Terms of DHSS Circular (HC)(88) – Protection of Children – applicants are required when applying for this post to disclose any record of convictions, bind-over orders or cautions. The Trust is committed to carefully screening all applicants who will work with children and you will be expected to undertake a 'disclosure' check.

The appointment is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of 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 the Trust. Any information given will be completely confidential and will be considered in relation to an application for positions to which the Order applies.

13. The appointment is conditional upon the following being received prior to the commencement of employment; full occupational health clearance, satisfactory references, evidence of GMC/GDC registration, immigration status and all medical qualification.
14. This post is not recognised for training.
15. Removal expenses will be available to successful applicants within the limits of the Trust policy.

