

Additional Departmental Information

Grade: Consultant Haematologist

Department: Clinical Haematology

Reports to: Clinical Director of Oncology and Haematology

Additional Information:

Portsmouth Hospitals NHS Trust is a provider of Acute Health Services under contract to a range of Purchasers in the area of the Hampshire basin and Western South Downs. The catchment is in excess of 650,000 people. The area served by the Trust is on the Solent and English Channel and includes the City of Portsmouth and the Boroughs of Gosport, Fareham and Havant extending from Warsash in the west to Emsworth on the Sussex border and its northern boundaries encompass Petersfield and Liss. With the exception of the rural north, it is an essentially urban area having grown up around the Royal Naval establishments in Portsmouth and Gosport. It now provides a wide range of modern high-tech industry and the facilities associated with a commercial port and cross Channel ferry terminal.

Portsmouth is a thriving naval city, steeped in history, on the South Coast. It is ninety minutes from central London and has good transport links, including regular ferries to France and Spain. The major airports are easily accessible. It has some of the best water sports facilities in Europe and sandy beaches are within easy reach. Developments within the city itself and on the Gosport side of the harbour suggest a vibrant future for the area. Inland from the hospital is the beautiful and relatively unspoilt countryside of rural Hampshire. Close by is the New Forest and the recently designated National Park of the South Downs. The area combines the advantages of city life with pleasant villages and seaside towns. There are a number of first rate schools both in the state and private sector and it is an excellent place to raise a family.

Portsmouth Hospitals NHS Trust

Portsmouth Hospitals NHS Trust has a vision to be recognised as a world-class hospital, leading the field through innovative healthcare solutions, focusing on the best outcomes for our patients, delivered in a safe, caring and inspiring environment.

At present PHT provides the following services, Emergency Medicine, Trauma and Orthopaedic Surgery, Oncology, Radiology, Orthodontic and Oral Surgery, General and Specialist Medicine, General Surgery, Breast Screening and Surgery, Plastic Surgery, Renal Services, Acute Medical Admissions, Ophthalmology, Maxillofacial, ENT, Critical Care, Coronary Care, Elderly Medicine, Rheumatology, Elderly Medicine, Rehabilitation, Dermatology and Neurology.

The Department

Haematology Services

The Haematology service currently has eight Consultants (one part time) and an experienced Speciality Doctor who takes a full share in many of the consultant duties. There are four Haematology Speciality Registrars from the Wessex Rotation since August 2020. The Department prides itself in well organised team working with an equitable share of workload rotating between in-patient cover and laboratory duties. Consultants have individual clinic lists and are supported in clinic by the Speciality Registrars, Staff Doctors and Specialist Nurses.

At present all the other Consultants manage the full range of haematology malignancy cases. Lymphoma is run as a joint clinical service with oncology.

Clinical Haematology

The size and population base of the Hospital creates a wide-ranging clinical service. The Service Level is 3, with a full range of adult haematology care including acute leukaemia induction and complex chemotherapy, as well as the full range of other benign and malignant haematology conditions. The catchment area provides comprehensive secondary care and specialist services to a local population of 675,000 people across South East Hampshire. The trust also has tertiary services for a wider catchment in excess of two million people

Stem cell transplant referrals are sent to University Hospitals Southampton; the Portsmouth department has an excellent working relationship with the Wessex Bone Marrow Transplant Centre at Southampton, which performs sibling and matched unrelated bone marrow transplants. The Portsmouth Haematology service since August 2017 has looked after Autologous Stem cell transplants in a shared care arrangement with University Hospitals Southampton after patients have had their stem cell infusions.

The regional Renal Service is based in Portsmouth with dialysis and plasma exchange treatment facilities. As a result, we see a high proportion of patients from the region with myeloma and renal failure, renal amyloidosis and TTP. Portsmouth Haematology Department has regional expertise in the treatment of these disorders.

Malignant Paediatric Haematology cases are managed at Southampton with shared care at Portsmouth provided by the Paediatricians. The previous lymphoma CNS provided excellent local specialist support for Teenage and Young Adult Cancer patients. They have now taken up a new post with the Teenage and Young Cancer unit as a Regional CNS with duties at PHT.

Inpatients are housed on the Haematology & Oncology wards in the newer PFI part of the Hospital. Six of the bed spaces on F7 form the Acute Oncology Assessment Unit. There are a high proportion of single rooms, all with en-suite facilities including 10 HEPA-filtered rooms for neutropenic patients. There is an average of 20 haematology inpatients at any one time, principally acute leukaemia treatment, myeloma, elderly haematology and non-malignant haematology. Lymphoma inpatients are allocated to haematology or oncology depending on their clinic consultant.

Inpatient haemostasis patients can also be admitted to our own wards on the unit for care when appropriate. Many haemostasis or thrombosis cases present throughout the Hospital.

Six of the eight post holders, (7.4 WTE in total), Consultants rotate for a period of ward cover. The Ward Consultant manages all the malignant and general haematology inpatients on our unit, assisted by the ward registrar, SHOs and nursing teams. There is a weekly ward multidisciplinary meeting, supported by microbiology and palliative care colleagues.

There are seven haematology-oncology SHO-grade Doctors covering the wards and day unit.

One SHO is allocated to each of F5, F6, F7 wards and to the Acute Oncology Unit. One Doctor is scheduled to be on the twilight shift and one is on planned leave. Night cover is provided by Hospital at night.

All Consultants have admitting rights to available beds in the Haematology & Oncology Unit.

Where the Consultant is either an Educational or Clinical Supervisor for a trainee the trust will recognise this in the Individuals Job plan.

Outpatient Facilities

Clinics are held in the Haematology Oncology Centre on Level B. All Consultants have two or three main clinics a week, which include both new and follow-up patients. There are additional emergency/rapid review clinics on Monday and Friday lunchtimes. Specialist thrombophilia and haemophilia clinics are held weekly. There are two nurse-led anticoagulation clinics for new patients each week and one review clinic.

Additional general haematology peripheral clinics are held at Community Hospitals in Gosport and Petersfield. Dr Ann O'Callaghan is the Lymphoma lead (Consultant Medical Oncologist), Dr Corser, Dr Ayto and Dr Alderman (Haematology) form the Lymphoma Service with clinics on Tuesday and Wednesday.

The new Consultant would have at least two General clinic per weeks. These may be at the main site or one of the peripheral locations.

Day Unit

The Haematology & Oncology Day Unit is adjacent to Outpatients on Level B and administers intravenous chemotherapy, blood and platelet transfusions, immunoglobulin infusions, venesections etc. Bone Marrow Biopsies are performed on the Day Unit with MLA support.

Haemophilia, Haemostasis & Thrombosis

The department is a designated Haemophilia Treatment Centre working closely with the Southern Haemophilia Network to provide Comprehensive Haemophilia Care. Within the Portsmouth catchment there are 83 haemophilia patients of varying severities, around 130 patients with other inherited bleeding disorders such as Von Willebrand Disease and other clotting factor/platelet dysfunction deficiencies, are managed as shared care patients with Basingstoke CCC but are seen locally wherever possible. The service in Portsmouth is supported by a Full Time Haemophilia Nurse Specialist funded by the Haemophilia Network.

The Department currently also hosts a large anticoagulation/warfarin dosing clinic, point of care testing, counselling & advice service led by 3 WTE Anticoagulation Nurse Specialist for the local community, of around 3000 patients.

Our Lead Anticoagulant Nurse has recently taken part in a Nurse Prescribing Course and will take up an enhanced role in providing care for patients needing anticoagulation in the clinic in future.

There are haemostasis and thrombosis clinics each week and specialist haemophilia and thrombophilia clinics supported by visiting Consultants, physiotherapist and psychologist from the haemophilia network.

Portsmouth Hospitals NHS Trust Haematology Department look forward to developing robust pathways of care as part of a network model to enhance patient care locally and regionally. This would improve efficiencies and ensure effective use of resources. We hope this would lead to exciting research opportunities for the post holder.

Cancer accreditation

Our trust has been through the relevant accreditation process called Peer review. There is no formal Cancer Network structure in our region.

TYA patients are referred to UHS – University Hospitals Southampton NHSFT.

Conditions treated

All haematological cancers are treated unless they need specific TYA protocols. If the patient would benefit from a specific trial we refer them to UHS or to other local providers particularly Royal Bournemouth Hospital. Any allogenic transplants are referred to UHS.

We do not participate in Paediatric Haemato-oncology treatment. These cases are managed by shared care agreement with the UHS Paediatric Haematologist and paediatricians locally when appropriate.

Multidisciplinary Team

There are two MDT meetings each week, Haematological Cancer and Lymphoma. Both link on with UHS and St Richards Hospital every Friday with Video Conference links. This includes an allogenic transplant consultant to discuss all new cases suitable for transplantation. The post holder would be expected to present any cases if relevant to the MDT. Only those consultants who have specific Lymphoma clinical duties regularly attend the lymphoma MDT.

Laboratory Haematology

The Blood Sciences Department has an integrated haematology and biochemistry laboratory. It has UKAS ISO accreditation (May 2018). There is a high level of automation. Automated blood analysis, is performed on five Coulter DxH 800 analysers, with a separate automated slide stainers.

Anticoagulation utilises two ACL TOPS; platelet studies are performed on a PFA and an aggregometer. Blood transfusion uses three Orthobiotec gel stations for grouping, and now has electronic issue for most Red cell components. Dr Gwynn Matthias is the lead clinician for transfusion, and is the Haematology representative on the Hospital Transfusion Committee.

The onsite flow cytometry laboratory uses two Beckman Coulter FC500, Navios, FP1000 cell preparation and a TQ prep. Haematinics are on the automated biochemistry track, utilising a Beckman Coulter DXL 800. Haemoglobinopathy testing uses two TOSOH G8, and SEBIA HYDRASYS gel electrophoresis. The department provides a regional service for universal neonatal screening.

Management Structure

Clinicians are expected to take an active interest in the management of the Department, the Network Division, Care Group and the Hospital. They will be expected to work together with professional managers in the interests of improving the service provided and in the overall objectives of the Trust. Development of leadership and management skills will be encouraged. Haematology works across administrative boundaries:

The Hospital management structure changed in July 2018.

Clinical Haematology is of the Network Service Division from July 2018. The Chief of Service is Natalie Borman. Clinical Director for Haematology & Oncology in Dr Caroline Archer.

Clinical Lead for Haematology is Dr Charles Alderman.

Clinical Leads and Directors - when a post is vacant interested parties including Nursing, Allied Professional Staff and Medical Staff are invited to apply for the post by the Division Management and if successful at interview the post last for 3 to 5 years.

Laboratory Haematology is part of Blood Sciences, Clinical Lead Dr Laura Wainwright, part of the Pathology Directorate, Care Group Dr Andrew Flatt, within the Clinical Delivery Division. Dr Ruan Simpson is Clinical Director for Pathology

The Haematology Consultants' contracts and budget is held by the Network Services Division. One third of the budget has been cross-charged to the Clinical Delivery Division.

<u>Laboratory Workload (annual)</u>	<u>2017-2018</u>	<u>2018-2019</u>
FBC	613,498	646138 GP 227919, Hospital 394334 Other 23885
INR	156,738	149400 GP 66306 Internal 79417 Other 3677
Cross Matches	12,888	10349 GP 18, Internal 9252, Other 1079
Antibody Screen	47,025	47608 GP 264, Internal 46440 Other 904

Laboratory Staff:

Blood Sciences Laboratory Staffing

133.8	WTE staff in establishment.
5	Clinical Scientists - 3 x band 8 and 2 x band 7
15.2	Band 7 BMS
25.12	Band 6 BMS
13.3	Band 5 BMS

Senior Blood Sciences Staff

Clinical Lead, Consultant Clinical Scientist
Pathology Service and Quality Manager
Pathology Business Manager
Blood Sciences Head Biomedical Scientist
Operational Manager, Haematology Specialist
Transfusion Operational Manager
Consultant Clinical Scientist
Clinical Scientists x 3
Quality Lead for Blood Sciences
Senior Biomedical Scientist – coagulation x 2
Senior Biomedical Scientist – haematology x 3
Senior Biomedical Scientist – transfusion x 3
Senior Biomedical Scientist – haemoglobinopathy and neonatal screening x 3

Anticoagulation

The Department operates a postal anticoagulation service for 8000 patients. Community Phlebotomy INRs are analysed in the Laboratory and dosed on RAID software by Anticoagulation Specialist Nurses with assistance from the medical staff.

Haematological Cancers Improving Outcomes

There is no formal or funded regional SIHMD Service. Our MDT is combined with St Richards Hospital. We internally integrate diagnostic reports but this process is not formalised so we are not fully compliant with this guideline.

Reporting haematological samples

General Haematology and bone marrows including trephines are reported by all clinicians either of their own patients or for colleagues according to a weekly timetable.

Flow cytometry reports are compiled by our Laboratory specialist and authorised by interested clinicians.

Specialist thrombosis tests are reported by one of the Consultants and replacement for one of our colleagues who has retired would also participate in reporting these tests.

Haemoglobinopathy reports are mainly reported by one clinician but if they are on leave other consultants would be expected to cover this work.

The service is integrated fully with Clinical Haematology. Outpatient blood transfusion for Haematology patients occurs on the Haematology and Oncology day unit under Clinical Haematology budgets.

Transfusion committee

There is an active transfusion committee with an experienced Clinical Nurse Specialist, Kay Heron, Laboratory Lead, Alison Davies and our Trust Doctor Gwynn Matthias forming the transfusion team.

The Team meets weekly. They write and revise policies for submission to the Committee and wider Governance committees for ratification if needed. They analyse all clinical transfusion incidents and are responsible for leading in training of all Hospital staff. There are good links with NHSBT. A representative from NHSBT is invited to the Transfusion committee meeting and also acts as a key contact for the Hospital.

The committee meets once every quarter and is chaired by a consultant anaesthetist, Dr Peter McQuillan.

Quality management

Blood Sciences' has a quality Manager and a key quality management document describes this in detail. The Manager reports to the senior laboratory scientist and Head of Blood Sciences. There are also Pathology and Clinical Delivery quality Management meetings each month.

Clinical Departmental Statistics

2017/18 Haematology Activity (2015/16 in brackets)

General/Malignant Haematology New	1,086 (646)
General/Malignant Haematology Follow-up	11,008 (7,431)
Anticoagulation New	905 (499)
Anticoagulation Follow-up	3,365 (817)
Anticoagulation tests	83,484 (c. 104,000)
Thrombophilia New	162 (268)
Thrombophilia Follow-up	102 (161)
Lymphoma New	192 (160)
Bone Marrow Biopsies	524 (326)
Day Unit Activity	3,422 (3,084)

Inpatient numbers: elective	91 (93)
Inpatients: non-elective	303 (252)

The average number of inpatients is 20 under direct supervision in our own wards, with 10 to 20 outlier cases under review not fully supervised by Haematology.

Haematology and Oncology Day Unit

The scope of treatment on the Day Ward includes all Outpatient Chemotherapy, line care, insertion of OICC lines and Red cell and platelet transfusion. It is led by a Band 8 Ward Manager Mr Gavin Foley RGN, and a number of Senior Ward Staff. The majority of Nurses are trained or are training to give chemotherapy. They are shared with Oncology. Management is through the Clinical Director for Haematology and Oncology and the Cancer Care Group. There is a monthly Chemotherapy Governance committee which is involved in ratifying all relevant policies

Medical Staffing - Consultants

Dr Charles Alderman	Clinical Lead for Haematology General and Malignant Haematology, Lymphoma. Autologous Stem Cell Transplant Lead.
Dr Robert Corser	General and Malignant Haematology, Lymphoma. StR Education lead.
Dr Robert Ayto	General and Malignant Haematology, Lymphoma, MDT lead.
Dr Edward Belsham	General and Malignant Haematology. Governance & Audit Lead, Clinical Trials Lead.
Dr Tomas Cummin	General and Malignant Haematology, Lymphoma.
Dr Deborah Rahman	General and Malignant Haematology, Thrombosis.
Dr Mary Ganczakowski	General & Malignant haematology, Haemoglobinopathy lead. Laboratory Lead
Dr Izabela James	Haemostasis & Thrombosis
Dr Tanya Cranfield (0.1 WTE)	Laboratory Haematology.
Dr Anna Babb (0.8 WTE)	General and Malignant Haematology

Haemophilia Network Honorary Consultants (Employed by North Hampshire Hospitals NHSFT)

Dr Sarah Mangle

Trust Specialists and Specialty Doctors

Dr Gwynn Matthias -Speciality Doctor, Transfusion lead.

The Haematology medical team are assisted by and work closely with a comprehensive team of specialist and Senior Nurses and other support staff.

Trainees

4 Haematology Speciality Registrars from Wessex Rotation, rotating annually

7 CMT level "SHO" staff on the wards, rotating 4-6 monthly

1 Clinical Scientist Trainee

Clinical Arrangements within the Department

6 Consultants take part in the on-call rota.

On call rota varies to meet the service needs and leave. There is a master rota that the Rota Lead uses so all Consultants have a predicted plan. On call weekends are from Friday to Monday.

The Consultant's job plan is subject to change at any time, by negotiation with the Consultant, Chief of Service and Trust Management.

Medical Staffing - Consultants

The Consultant's job plan is subject to change at any time, by negotiation with the Consultant and Trust management.

Continued Professional Development

In addition to the Trust's Medical Library the Department holds an extensive library of journals and relevant educational materials to support CPD. There are opportunities to undertake relevant external duties to support and enhance CPD. These are agreed with the Clinical Director and Medical Director.

Revalidation

The job plan includes 2 PAs of SPA during which time the postholder will be expected to complete activities required for revalidation, continuing professional development and audit.

Annual appraisal and revalidation

The designated body is Portsmouth Hospital NHS Trust. The responsible officer is the Medical Director. The lead Appraiser current MR Michael Homer-Ward supervises the appraisal process and signs of the appraisals on behalf of the responsible officer. Yearly appraisals can be with the same appraiser for 3 years and is a personal arrangement with the appraisee and appraiser.

Job plan review is separate from this process. This is undertaken by a Trust lead, an Associate Medical Director in conjunction with the Divisional team structure and takes place from February to March each year.

Currently we use CRMS to hold this information and carry out the appraisals, but this is to change in 2020 to a new system, details to be confirmed.

Mentoring

There is a formal mentoring process for new Consultant Surgical colleagues to support adjustment to their new role within Portsmouth Hospitals. The ultimate aim is to make sure that all new Consultants within Surgery have an appropriate period of mentoring tailored to their individual needs to support professional development.

Following appointment there will be a meeting between the Clinical Director/ Clinical Lead and the new Consultant to agree mentoring arrangements.

Conditions of Service

The post is covered by the Terms and Conditions of Service Consultant Contract (2003)

The Trust expects all Medical and Dental staff to work within the guidelines of the GMC 'Guide to Good Medical Practice' which can be viewed on the GMC website www.gmc-uk.org.

Where the post holder manages employees of the Trust, the post holder will be expected to follow the local and national employment and personnel policies and procedures.

Accommodation

Shared office accommodation will be made available within the department together with secretarial support. A microscope will be available for the use of the appointed candidate.

Management

The post holder will be expected to work with local managers and professional colleagues in the efficient running of services including the medical contribution to management. Subject to the provisions of the Terms and Conditions of Service, the post holder is expected to observe agreed policies and procedures drawn up on consultation with the profession on clinical matters and follow the standing orders and financial instructions of the Portsmouth NHS Trust. In particular, Managers of employees of the Portsmouth Hospitals NHS Trust are expected to follow the local and national employment and personnel policies and procedures. The post holder will be expected to ensure that there are adequate arrangements for Hospital staff involved in the care of patients to be able to contact the post holder when necessary.

All Medical and Dental Staff are expected to comply with the Portsmouth Hospitals NHS Trust Health and Safety Policies.

All Medical and Dental Staff are expected to proactively, meaningfully and consistently demonstrate the Trust Values in their every day practice, decision making and interactions with patients and colleagues.

Study leave

30 days within a three-year period, subject to national and local policies will be allowed.

Status of Post

This is a Full-Time post. Applicants who are not able to work full time are invited to apply for the post and if appointed may discuss flexible or part time working.

Residence

Residence within either 10 miles or 30 minutes by road from Queen Alexandra Hospital is usually required unless alternative arrangements agreed with the Trust management. The private residence must be maintained in contact with the public telephone service.

Safe Guarding

Act in such a way that at all times the health and well-being of children and vulnerable adults is safeguarded. Familiarisation with and adherence to the Safeguarding Policies of the Trust is an essential requirement for all employees. In addition, all staff are expected to complete essential/mandatory training in this area.

Infection Control

In compliance with the Trust's practices and procedures associated with the control of infection, you are required to:

- Adhere to Trust Infection Control Policies assuring compliance with all defined infection control standards at all times.
- Conduct hand hygiene in accordance with Trust policy, challenging those around you that do not.
- Challenge poor practice that could lead to the transmission of infection.

Hand Hygiene Policy

The Trust has adopted "Naked below the elbow" strategy which means that when involved in patient care and direct physical contact with patients, you must wash or decontaminate your hands as per the Hand Hygiene Policy.

Compliance with the Hand Hygiene Policy is mandatory; you must wear short sleeved shirts/blouses/uniform, remove any out jackets and roll up your sleeves. No jewellery should be worn below the elbow (except a plain wedding band) and wrist watches must be removed.

Compliance with this policy will be monitored and any non-compliance may be subject to disciplinary action.

Rehabilitation of Offenders

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974 by virtue of the Rehabilitation of Offenders Act, 1974 (exceptions) order 1975. Applicants are therefore not entitled to withhold information about convictions. This could result in dismissal or disciplinary action from the Trust.

Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order is applied.

Post Vacant

The post is currently available, and the appointee will be required to take up the post no later than four months from the date of the offer of an appointment, unless a special agreement has been made between the appointee and Portsmouth Hospitals NHS Trust

If you consider it unlikely that you will be able to take up the appointment within such a period, you are advised to point this out at the time of your application.

Visiting Arrangements

Intending applicants may obtain further information and/or arrange a visit by contacting Dr Charles Alderman, on 02392 286000 ext 5746. Please note that Portsmouth Hospitals NHS Trust will reimburse expenses for one pre interview visit in respect of short listed candidates. Due to the high volume of recruitment and our desire to treat all applicants fairly it is not possible to meet with the Chief Executive, Mr Mark Cubbon, prior to the Appointments Advisory Committee.

However, arrangements to meet with Mr John Knighton, Medical Director, can be made by contacting Emily Wainwright on 023 9228 6342. Both Mr Cubbon and Mr Knighton are extremely committed and supportive of this appointment and to appointing the right candidate and, as part of the induction programme the successful applicant will have an opportunity to meet with them.