



## Job Description and Person Specification

### Consultant in Paediatric Palliative Medicine (10 PAS)

### Children's Hospices Across Scotland (CHAS) and NHS Lothian, Royal Hospital for Children and Young People, Edinburgh

#### Overview of post

<b>Job Title</b>	Consultant in Paediatric Palliative Medicine
<b>Organisation</b>	Children's Hospices Across Scotland (CHAS) NHS Lothian (NHSL)
<b>Line management</b>	Medical Director, CHAS (Dr Annabel Howell) Clinical Director, NHS Lothian (Dr Sonia Joseph)
<b>Type of contract</b>	Permanent
<b>Hours per week</b>	10 PAs (8 + 2 on-call) <i>LTFT applications would be accepted</i>
<b>Location</b>	Rachel House, Children's Hospices Across Scotland Royal Hospital for Children and Young People, Edinburgh
<b>Salary</b>	NHS Scotland Consultant pay scale £96,963 – £128,841 (pay award pending for 2024/25) plus NHS Scotland Pension.
<b>Post date</b>	1 <sup>st</sup> August 2024 (can be negotiated)
<b>Closing date</b>	Sunday 7 <sup>th</sup> April 2024
<b>Contact</b>	Dr Annabel Howell, Medical Director, Children's Hospices Across Scotland; <a href="mailto:annabelhowell@chas.org.uk">annabelhowell@chas.org.uk</a>  Dr Sonia Joseph, Clinical Director, Royal Hospital for Children and Young People, Edinburgh; <a href="mailto:sonia.joseph@nhslothian.scot.nhs.uk">sonia.joseph@nhslothian.scot.nhs.uk</a>

## Scope of the role

This is a substantive 10PA appointment for a Consultant in Paediatric Palliative Medicine (PPM). The post holder will be a member of both CHAS hospice services (including national on-call service) and the Paediatric Palliative Care team within the Royal Hospital for Children and Young People, Edinburgh. The post holder will provide senior medical delivery of palliative care to infants, children and young people with life limiting and life-threatening conditions within the children's hospices, hospital, and community. The post holder will be expected to contribute to the strategic development of Paediatric Palliative care across Scotland, including the delivery of education, training, and research. The post holder will also have a sessional commitment (annualised 0.5 PA) to support NHS Grampian and NHS Highland.

## Objectives of the post

### Clinical:

- To deliver high quality palliative care for babies, children and young people with life-limiting condition and their families, across CHAS and NHS Lothian.
- To provide expertise in complex symptom management, supporting ethical and clinical decision-making, advance care planning and providing end of life care and bereavement support.
- To work within the established interdisciplinary MDT at Rachel House Children's hospice providing accessible and holistic palliative care.
- To provide senior palliative care support remotely to NHS Grampian and NHS Highland, for any children and young people requiring daytime advice and support, during the time at Rachel House.
- To support the development of paediatric palliative medicine services within CHAS in conjunction with CHAS Medical Director and medical/nursing staff. This will include line management of medics and clinically leading the team.
- To support the ongoing development of hospital paediatric palliative medicine within the Royal Hospital for Children and Young People further integration of palliative care into specialist paediatric services.
- To maintain and develop close interface working between hospice and hospital services, promoting seamless care for children and families requiring palliative care input.
- To contribute to the newly formatted national paediatric palliative medicine on-call service, providing a clinical advisory service across Scotland for professionals supporting babies, children, and young people at end of life.

### Strategic and Leadership:

- To contribute to the development of paediatric palliative care services locally, regionally and nationally.
- To support the work streams of the National Managed Clinical Network for Paediatric End of Life Care (PELiCaN).
- To represent Scotland at a national level within organisation such as Scottish Children and Young People Palliative Care Network (SCYPPN) and the Association for Paediatric Palliative Medicine (APPM).

- To contribute to and inform the CHAS strategic plan which works alongside the national strategy, ensuring the best holistic care for the children and families.

#### **Education and training:**

- To provide education and training in children's palliative care at all levels across hospice, hospital, and community.
- To support the development of sub-specialist paediatric palliative medicine training in Scotland and contribute to multi-professional educational supervision.
- To support the specialist training of Advanced Nurse Practitioners (ANPs) and Clinical Nurse specialists (CNSs) across both hospice and hospital, and to support their ability to educate other professional groups.
- To collaborate with colleagues and key stakeholders to support the ongoing development of palliative and end of life care training across Scotland.

#### **Research:**

- The appointee will be expected to collaborate in clinical research that is related to service delivery.

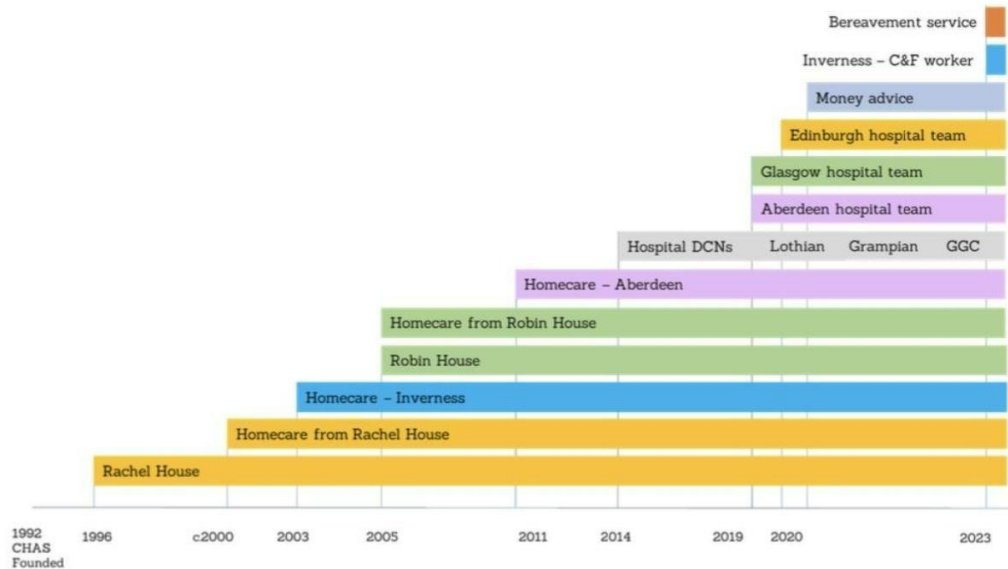
#### **Clinical governance:**

- To participate in clinical audit, incident reporting, adverse event analysis and ensure resulting actions are implemented.
- Participate in ensuring published guidelines and best practice recommendations are implemented.
- To ensure clinical guidelines and protocols are reviewed, implemented, and monitored.
- To maintain ongoing professional development.

## **CHAS**

Families who previously had to travel to Martin House in Leeds for paediatric hospice care set up CHAS in 1992. Rachel House was the first hospice which was built in Kinross, and homecare from Rachel House started shortly after. Most children with palliative care needs are in the central belt corridor, Aberdeen and Inverness, so homecare (now called CHAS at Home) evolved around this. The second hospice, Robin House, located in the Loch Lomond national park opened its doors in 2005. A pharmacist role was also created.

Paediatric palliative care within hospitals was enhanced with the Diana children's nurse roles, followed by teams in Aberdeen, Glasgow and Edinburgh. These roles included specialist nurses, admin, family support workers, and social workers. Other services in CHAS include advanced nurse practitioners (ANPs), physio, the activities and music team, spiritual support, sibling support, quality improvement and care assurance, money and energy advice and bereavement support the children and their families.



## Current PPM provision within Children's' Hospices Across Scotland

### Present staffing in Children's Hospices Across Scotland (CHAS):

#### Medical Director:

- Dr Annabel Howell, Medical Director

#### Hospice medical team:

- Dr Sarah Coy, Associate Specialist (SPIN trained in PPM) who also works in NHS Ayrshire and Arran and until August 2024 will work in NHS GGC,
- Dr Paul Eunson, Consultant Paediatric Neurologist,
- Dr Ann Scott, Associate Specialist,
- Dr Helen Edmond, Hospice Doctor and GP,
- Dr Kerri Greene, Hospice Doctor and Pro-Dean University of St Andrew's Medical School (Pastoral Support)

#### Hospice On call only:

- Dr Diana McIntosh, Consultant in Paediatric Oncology with SPIN in PPM (CHAS on-call only)

### Advanced Nurse Practitioners (ANPs), Independent Prescribers (IPs) and trainee ANPs:

We have advanced nurse practitioners in both hospices, and trainees at various stages of their training. They support admissions, MDTs and reviews and can support visits where directed by the hospice medics. We also have IPs who support safe prescribing.

#### Pharmacist:

CHAS have the only specialist pharmacist for PPC in Scotland. They oversee medicines management and governance and provide specialist advice across all settings.

### **Rachel House, Kinross:**

Rachel House is set in the small town of Kinross, north of Edinburgh. It is located in the walled garden of Kinross House, with views over Loch Leven. It is near to local amenities with the High Street only 500yards away.

There are eight children's bedrooms on the ground floor and eight parents/family rooms on the first floor where there is also a lounge, kitchen and laundry facilities. There is a Jacuzzi, sensory room, teenage den, quiet room and a rainbow room suite where children are cared for after death.

The staffing provided is 1:1 for most children. Care staff are trained to the needs of the child. Many are tracheostomy/ventilation trained. We support children receiving invasive and non-invasive ventilation and various forms of tube feeding. There is always a lead nurse co-ordinator on and back up support 'oncall' from a senior nurse and the medic on call.

The care database is the system used in the hospice and there is access via ECS to the medications any child is on, to enable medicines reconciliation.

Services include nursing and family support/social work, medical and clinical governance, education, physio, activities, bereavement and spiritual support, events support, fundraising and communications, admin, welfare and benefits advice, energy advice.

The Rainbow suite also supports children who have died outside of the hospice, according to the SOP and where the death does not require fiscal involvement, or the fiscal has approved the move. Support for the family is holistic in terms of psychological, practical and financial.

### **CHAS at Home (Rachel House)**

Each hospice has a co-located CHAS at home service which replicates the services available in hospice for those who wish to be at home. Respite visits and end of life care can be supported.

### **What our families, children and people tell us about CHAS:**



**Medical provision within CHAS:**

Currently the medical role in CHAS works with the multidisciplinary team to provide and oversee care. Daily (or more frequent) review of the children occurs, as well as attending MDTs with professionals out with CHAS, providing symptom advice and support. Family liaison and support is often required, particularly when providing care around death.

The team also perform annual (or more frequent) reviews on all children known to CHAS.

In the future, we envisage that the PPM consultants will contribute to this, enhance, and inform improvements to this alongside the development of PPM services across all settings.

**Teaching at CHAS:**

CHAS has an ongoing teaching programme delivered in part through a Project ECHO approach that enables collaborative learning and discussion around various topics for various groups. There is a national/international paediatric palliative care programme co-ordinated by our two Scottish trainees undergoing GRID training at GOS. There are also other programmes for community children's nursing, ANPs and locality-based programmes as needed.

CHAS also have a yearly update for basic life support and other key areas of knowledge.

Other opportunistic teaching occurs at the bedside/in medical meetings. We work closely with all NHS providers to encourage e.g. our trainee ANPs to gain experience in NHS facilities, widening their skills and learning opportunities.

**Research at CHAS:**

We are currently engaging in research with University of Strathclyde to explore the impact on siblings of having a child with a life shortening condition in the family and working alongside NHS GGC to facilitate C-POS (children's palliative outcome score) opening across Scotland. This is led by King's College, London.

Staff are encouraged to do pieces of research, approved through our clinical governance structure. Some staff are engaged in postgraduate education e.g. dissertations for Masters for ANPs, and PhDs e.g. the use of digital technology in death, dying and bereavement.

**Current PPM provision within the Royal Hospital for Children and Young People:****Royal Hospital for Children and Young People:**

RHCYP and paediatric services is co-located with neonatal and adult services at Little France campus. The hospital relocated from the old site at RHSC, in March 2021, to a state-of-the-art purpose-built children's hospital. The hospital is a quaternary referral centre and teaching and training facility. The teams work closely

across secondary and primary care to build on previous pathways of care to adapt to the requirements of the new location. Our comprehensive community paediatric service of 12 WTE consultants for Lothian takes the lead in child protection and neurodisability care.

There is an excellent teaching programme that includes weekly radiology meetings and well attended hospital grand rounds in addition to journal clubs and departmental teaching. Additionally, the RHCYP have an embedded quality improvement infrastructure, which aids project coaching, planning, and project progress with alignment to service goals whilst encouraging grass route improvement and innovation.

All paediatric medical and surgical subspecialties are represented, including general medical paediatrics, cardiology, neonatology, neurology, nephrology, respiratory, endocrinology, gastroenterology, immunology and infectious diseases, dermatology, critical care (encompassing, haematology/oncology, rheumatology, metabolic medicine, audiology, ophthalmology, ENT surgery, orthopaedics, paediatric neurosurgery and general paediatric and neonatal surgery.

### **The Paediatric Palliative Care team:**

The Paediatric Palliative Care team at the Royal Hospital for Children and Young Children (RHCYP), Edinburgh, had longstanding paediatric palliative care specialist nurses and an outstanding care 24 package including our community nursing team. In 2020, with CHAS funding, we had a new Paediatric Palliative Care Consultant commence with the team. They are currently on maternity leave with Locum Consultant service support. This partnership between NHS Lothian and CHAS has augmented and enhanced the provision of high-quality palliative care to children and young people accessing services within RHCYP.

The PPC team provide Specialist Paediatric Palliative Care across the paediatric spectrum, from the antenatal period, through infancy and childhood, and for young people until they reach their 16th birthday (and those who are 17-18 years but still accessing services at the RHCYP). The team provide consultative clinical advice and support across the full range on paediatric sub-specialities in symptom management, complex clinical decision-making and the planning and delivery end of life care. A key aim of the service is to promote true choice at end of life. The service provides an individual patient-centred pathway from diagnosis or recognition that a condition is life-threatening or life-limiting through to the provision of inpatient support for the RHCYP and a targeted outreach service in conjunction with CHAS, visiting patients and families wherever they are being cared for. The team are well integrated within RHCYP and have seen an increasing demand for integration of palliative care within established and patient-specific disease directed MDTs.

### **Clinical activity:**

The Paediatric Palliative Care team received referrals from disease-direct specialities (including Paediatric, and Neonatal Intensive units). The majority of referrals are for babies, children or young people with non-malignant diagnoses and for whom their phase of illness is unstable or deteriorating. The service supports the planning and delivery of end-of-life care across all settings. The Paediatric Palliative



Care team is a core service within the hospital, with excellent engagement from all medical and surgical-subspecialties. A key aim of the service is to promote true choice at end of life.

### **Present staffing in Royal Hospital for Children and Young People:**

#### **Consultants:**

- Dr Jillian Brown, Consultant in PPM, 10 PAs (Maternity Leave)
- Dr Robert Yates, Locum Consultant 4PA (Mat Leave cover)
- Dr Annabel Howell, Honorary Consultant 2 PA

#### **Diana Children's Nurse:**

- 1.0 WTE Diana Children's Nurse mainly working within the neonatal setting

#### **Clinical Nurse Specialists:**

- 2.0 WTE Clinical Nurse specialists

#### **Administrative support:**

- 0.8 WTE Administrator

### **Teaching at Royal Hospital for Children and Young People, Edinburgh:**

RHCYP is a tertiary teaching hospital. It is expected that all consultants will be familiar with the principles of effective teaching and supervision and will contribute to the developing training programmes and are expected to achieve recognition of trainer status.

The team provide education to both undergraduate medical students and post-graduate paediatric trainees (ST1-ST8); as well as targeted departmental teaching programmes. It is expected that the post holder will contribute to this teaching and training.

### **Research at Royal Hospital for Children and Young People:**

The Paediatric Palliative Careteam are active contributors to national research in PPM. The post holder will continue to develop the team's research activity. RHCYP also have an internationally acclaimed research centre within RHCYP site with active research activity within all paediatric specialties.

[https://children.nhslothian.scot/departments\\_services/clinical-research/](https://children.nhslothian.scot/departments_services/clinical-research/)

### **NHS Grampian and NHS Highland**

The post holder will be expected to provide remote cover for the NHS Grampian service to cover annual leave and holidays - the sessional commitment (annualised 0.5PA) reflects the small number of children and the current Grampian service. This consists of 0.5 WTE paediatric oncologist with a specialist interest in NHS Grampian (with extensive experience but no formal qualification) and the 1.0 WTE Diana Children's nurse who supports children in Grampian. Both NHS Grampian and NHS Highland teams will be supported via the National MDT weekly in addition to the above, this will not solely be the responsibility of the post holder.



## **National Paediatric Palliative Medicine MDT and On-call**

Through the creation of an additional 2 PPM consultant posts in Scotland, CHAS will be in a position to host a national specialist PPM medical on-call and MDT service. The MDT and on-call contributors will include the PPM consultants/associate specialists in NHS Greater Glasgow and Clyde, NHS Ayrshire and Arran and the new post-holder in NHS Lothian – all with either RCPCH accredited GRID or SPIN training in PPM.

A national PPM MDT will be established and offer a forum to discuss complex cases and support local services planning and delivering end of life care. The MDT will inform the on-call service and ensure appropriate plans (emergency care plans, symptom management plans, and end of life care planning) are in place and to support local teams developing these were needed. The national MDT will also provide peer review and clinical supervision for the medical team across all settings. In addition to the core medical team, the MDT will have core attendance from CHAS senior nursing staff, family support and chaplaincy.

The on-call service will be a clinically advisory service for professionals supporting babies, children and young people who are deteriorating or at end of life across all care locations as well as providing on-call support to Rachel and Robin House children's hospices.

The on-call is designed to be remote, utilising telephone or telemedicine, to support professionals across all care settings caring for children known to the national MDT. There is no expectation that medical staff will visit the hospice out of hours for children having short, planned breaks, however in exceptional circumstances, when a child is receiving end of life care in the hospices, a medical review may be undertaken where deemed necessary by the on-call clinician.

## **Proposed Job plan**

### **Job planning**

Consultant medical and dental staff are expected to participate in annual team and individual job planning review, which is a prospective agreement setting out duties, responsibilities, objectives and supporting resources for the coming year. Job planning should cover all aspects of a consultant's professional practice, including clinical work, teaching, education, research, and budgetary and managerial responsibilities. The objectives listed in the job plan are tasks, targets, or development needs that the team and consultant, or the consultant and the person with whom he/she has agreed the objectives, wishes to achieve. They should reflect the needs of the children and families we serve, the service, team, the consultant, the organisation, health community and health service.

Within three months of appointment, team job planning will include the role of the new consultant. Sessional commitments will be reviewed at this point to review DCC/SPA allocation depending on additional duties being undertaken.

## Clinical leadership, line management and appraisal

The post holder will have a CHAS contract and honorary contract with NHS Lothian to ensure seamless working across both sites. A joint approach to line management will be adopted between CHAS and NHS Lothian to represent both services that the post-holder will work across and provide a collaborative approach to job planning and review.

## Flexibility

The post must reflect a 50% split of sessions between hospice and hospital time. The post holder will have autonomy to respond to the clinical needs of the services whilst keeping within this. The job plan ensures cover in both of the main sites.

## Work Plan

The appointee will be contracted for 10 programmed activities per week. A suggested Job Plan is inserted below. The appointee will be expected to cover for colleagues annual, study and sick leave.

Day	Time	Location	Work	Categorisation	No. of PAs
Monday	09:00 – 17:00	Rachel House Children's hospice	Handover (09:00-10:00)	DCC	1
			In-patient clinical reviews (symptom management; advance care planning)		
			Clinical advice and liaison (10:00 -13:00)		
			Patient Admin and MDT preparation	SPA	1
			SPA (13:00-17:00)		
Tuesday	09:00 – 17:00	Rachel House Children's hospice	Handover (09:00-10:00)	DCC	2
			In-patient clinical reviews (symptom management; advance care planning) (10:00-12:00/14:00)		
			Remote support to NHS Grampian/Highland (0.5 PA annualised)		
			National MDT (14:00 to 16:30)		
			Patient Admin (16:30 – 17:00)		
Wednesday	09:00-17:00	RHCYP	Pan Scotland CHAS - MDT (09:00-09:30)	DCC	2
			Huddle (09:30–10:30)		

			RHCYP NHS Lothian PPM MDT (10:30-11:30)		
			In patient work – patient review / new patient referrals/ MDTs/ Patient admin Clinical advice and liaison (11:30 – 17:00)		
Thursday	<b>Non-working day</b>				
Friday	09:00 – 17:00	RHCYP	Handover (09:00-09:30)  In patient work – patient review / new patient referrals/ MDTs/ Patient admin Clinical advice and liaison  Handover (16:30-17:00)	DCC	2
On-call provision	1 in 5	Robin/Rachel House  Community  Hospitals	National on-call service	DCC	2
<b>TOTAL PAs</b>					
<b>Programmed Activity</b>			<b>No of PAs</b>		
Direct clinical care (including on-call)			9.0		
Supporting professional activities			1.0		
TOTAL PROGRAMMED ACTIVITIES			10.0		

### On-call availability supplement

Agreed on-call rota: 1 week (Monday to Thursday 5:00pm-09:00am; Friday 5:00pm until Monday 09:00am) on a 1 in 5 basis.

Agreed PAs: 2 DCC

On-call supplement: 8%

The current on-call attracts 2 PA with 8%. Once the new consultant appointments are embedded, a diary card exercise will be undertaken prior to the next round of job planning. These 2 PAs do also not have any annual leave allocated to them, which also applies to the other doctors providing CHAS on call.

### **Appraisal**

This will be through NHS Tayside. The Responsible Officer will, when required, make contact with the CHAS Medical Director, who will liaise with the Lothian Clinical Director.

### **Office Accommodation / Secretarial support**

Office accommodation including computer facilities are available for the Consultant. There is secretarial provision, which the appointee will share with colleagues.

### **Clinical Audit and Clinical Governance**

The post holder must be aware of clinical governance and clinical risk management and take an active part in their implementation, including audit.

### **Continuous Professional Development**

Continuous professional development is supported according to the guidance of the Royal College of Paediatrics and Child Health.

### **Educational Supervision of Junior Doctors**

The post holder may be responsible for supervision and training of junior doctors and will be expected to gain Recognition of Training status.

### **Annual Leave**

40 days per year inclusive of public holidays.

### **Study Leave**

In accordance with the needs of the service, and where the service is covered. Allocation is 30 days over a 3 year period.

### **Relocation**

A negotiable relocation package may be offered to support candidates meet the financial demands of relocating for employment with CHAS.

## Person specification

This table lists the essential and desirable requirements needed to perform the job effectively. Candidates will be shortlisted based on the extent to which they meet these requirements. Evidence for suitability in the role will be measured via a mixture of application form, and interview.

	Essential	Desirable	Assessment method
	E	D	A/I
<b>Academic/Professional qualification/Training</b>			
GMC specialist registration with a Licence to Practice (obtained by designated start date- (overseas candidates can be advised prior to application by CHAS/GGC)	E		A/I
MRCP, MRCPCH or equivalent post graduate qualification in Paediatrics	E		A/I
CCT/CCST in Paediatric Palliative Medicine (PPM) (or within 6 months at time of interview) or equivalent training and experience (i.e. CESR/CSAC approved grid equivalence)	E		A/I
Higher degree – PhD, MD or equivalent		D	A/I
Formal teaching qualification		D	A/I
Leadership or management qualification		D	A/I
<b>Experience/Knowledge</b>			
Extensive experience in Paediatric palliative care	E		A/I
Experience in the management of challenging clinical and ethical decisions	E		A/I
Experience of teaching students and multi-disciplinary team	E		A/I
Experience of leading in Clinical Audit processes	E		A/I
Published research in peer reviewed journals in relevant area		D	A/I

Clinical Governance through experience of participating in quality or safety improvement projects.	E		A/I
Experience of recruiting patients to clinical research trials		D	A/I
Experience of working in shared care clinics and clinical networks		D	A/I
Experience of clinical leadership or management		D	A/I
Knowledge and understanding of diverse backgrounds and perspectives.	E		A/I
Demonstrable contribution to advancing Equality, Diversity and Inclusion in the Workplace	E		A/I
<b>Skills</b>			
High level written and oral communication skills; advanced communication skills training	E		A/I
Ability to organise and prioritise own workload	E		A/I
Ability to work under pressure in a multi-disciplinary environment	E		A/I
Presentation skills	E		A/I
Understanding and proven ability to apply research findings in a clinical/organisational context	E		A/I
Excellent interpersonal and negotiating skills	E		A/I
Ability to work on own initiative within an ever-changing environment	E		A/I
Leadership skills		D	A/I
<b>Other requirements</b>			
Right to work in UK	E		A
Ability to meet on call requirements & Regional commitments	E		A/I
Drivers Licence		D	A

## Further Information

Medical Director, CHAS	Dr Annabel Howell	<a href="mailto:annabelhowell@chas.org.uk">annabelhowell@chas.org.uk</a>
Clinical Director, Royal Hospital for Children and Young People, Edinburgh	Dr Sonia Joseph	<a href="mailto:Sonia.joseph@nhslothian.scot.nhs.uk">Sonia.joseph@nhslothian.scot.nhs.uk</a>