Peri-CCT Surgical Fellowship in Cardiothoracic Transplantation
Peri-CCT
Surgical Fellowship
in
Cardiothoracic Transplantation
University Hospital South Manchester NHS Foundation Trust
Wythenshawe Hospital
Manchester

JOB DESCRIPTION

This post will provide comprehensive training in the surgical management of advanced heart and lung failure, including cardiac and pulmonary transplantation, ventricular assist devices (VAD) and extra-corporeal membrane oxygenator (ECMO) support.

The post will allow for thorough training in adult cardiac surgery environment. The post-holder will be trained in all aspects of transplantation including donor organ retrieval, organ implantation, insertion of temporary and long term mechanical circulatory support.

This post is supernumerary to service requirements. It is non-resident and the post-holder will not be a part of any formal on-call rota. However, as the nature of this work is variable, the out-of-hours component will be unpredictable. A commitment to flexible working is therefore a requirement of the post.

The post-holder is expected to take appropriate compensatory rest and time off in-lieu of any out-of-hours work. The post-holder will work an average of 48-hours per week.

Tenure

This post is for 18 months, subject to a satisfactory appraisal every 6 months.
Overview

The following five statements define what it means to be a part of UHSM. We call them ‘The South Manchester Way’ – and they define the way we do things in our organisation. We are striving to make our Foundation Trust the best in the NHS and document will give you some background and why you should consider joining us.

- Patient care is at our heart
- We strive for excellence
- We lead learn and inspire
- We are honest and open
- We are one talented team

Patient care is at our heart - The University Hospital of South Manchester (UHSM) NHS Foundation Trust (FT) provides district general hospital services for its local communities and many specialist tertiary services for Greater Manchester and the whole of the North West. Our specialist tertiary services include cardiology and cardiac surgery, thoracic surgery, heart and lung transplantation, complex respiratory services, vascular services, burns care and plastic surgery, cancer services and breast care. Services are provided from our Wythenshawe Hospital and Withington Community Hospital sites.

The FT has a very strong reputation for quality, and our mortality rates are among the lowest in the UK. Our clinical services have gained a high standard of clinical risk management (NHSLA Level 2 for Maternity and for Level 3 for the FT as a whole), and although no longer externally assessed, we maintain the rigour of auditing recognised areas of high risk within our services, in order to minimise avoidable harm.

Authorised on 1 November 2006, the FT is developing a major health campus at Wythenshawe Hospital, and works in partnership with a number of other NHS organisations in offering services at other hospitals.

We lead, learn and inspire - In partnership with the University of Manchester and other education providers, we are recognised regionally and nationally for the quality of our teaching and research programmes. Our strong links with the University of Manchester ensure that we support excellent research in cancer, lung, vascular and gastro-intestinal diseases, tissue and wound management, and medical education.

We are one talented team – We employ 6500 staff including those employed by our Private Finance Initiative (PFI) partner in providing estates and facilities services. We also have more than 500 valued volunteers who give up their free time to help our patients and visitors.

We strive for excellence - Our capital investment programme is supporting our ambition to develop as a major health campus. Current developments include:

- A £12m extension to our A&E department to accommodate increased patient flow following the downgrade of the facility at Trafford General Hospital.
- Investment in hybrid theatres to meet the anticipated demand for vascular surgery.
- An electronic patient record (EPR) system - implementation to begin in summer 2015.

These investments compliment the Trust’s existing high quality estate, which includes a 400 bed PFI acute and mental health development.

The MediPark initiative presents a significant and unique opportunity to develop a world class biosciences and healthcare enterprise linked to UHSM. A joint venture vehicle in the form of a Limited Liability Partnership was established between UHSM and local development company Bluemantle and 2015/16 should see the first developments taking shape. In August 2013, UHSM entered an “exclusivity period” with a private hospital provider. This is expected to result in a formal agreement to develop a new private hospital linked to and working in collaboration with UHSM.

We are honest and open - Our membership has remained steady across public, patient and staff constituencies. We are committed to establishing, maintaining and developing an active and engaged membership, and are working to ensure that our membership is representative of the communities we serve.
Demand for UHSM services in 2013/14 included:
- 94,244 emergency department attendances;
- 88,744 inpatient and day case spells
- 471,372 people attending outpatient appointments.

UHSM has an annual turnover of over £490m including £20m of research and education income. We are currently implementing a financial recovery programme, this will deliver efficiencies to ensure the Trust retains its financial strength to reinvest and develop our services.

**UHSM’s Key Achievements**

- 97.7% of our patients would be happy for their family and friends to be treated by us, ranking us in the Top 20 of NHS Trusts nationally
- The National Health Service Litigation Authority (NHSLA) put us in the top 5% of all NHS trusts in its assessment of organisational, clinical and health & safety risks.
- In October 2014, The Manchester Evening News named UHSM as its reader’s top rated local hospital.
- UHSM is the only Trust in the region to improve its waiting times over the past year. We treated 89.5% of our patients within 18 weeks, compared with 82% last February.
- UHSM have signed Heads of Terms with Central Manchester University Hospitals NHS Foundation Trust (CMFT) to develop a single cardiac service providing care for patients in Greater Manchester and the North West.
- The past year has seen colleagues within ECG, Cardiology, Diabetes and Maternity win major national awards.
- 22 of our transplant patient won medals in British Transplant Games
- We are Britain’s Green hospital
- As a teaching hospital with strong affiliations to the University of Manchester UHSM is recognised as a centre of excellence for multidisciplinary research and development, and is proud to be a founding member of MAHSC (Manchester Academic Health Science Centre).

**Our Strategy**

The Trust intends to continue to deliver safe and sustainable services to its population for years to come. Therefore our strategic goals are:

- To position the Trust as a leading provider of tertiary and specialist services in the North West
- To be an excellent hospital for the residents of South Manchester, Trafford and East Cheshire
- To continue to be a prestigious internationally renowned centre for research and innovation
- To be at the heart of the regeneration of Manchester
- To be recognised as and be the best place to train and work

**Quality Diamond**

In Autumn 2013, more than 2,000 UHSM employees came together to talk about the challenges UHSM face over the next two years, and make a plan for the future.

Lots of ideas were generated to help us overcome our current challenges and these ideas were worked up into a number of projects forming a ‘Quality Diamond’. We aim to become a top 10 NHS provider in the country by focusing on four main areas for improvement:

- Patient safety and clinical outcomes
- Staff engagement
- Patient experience
- Value for money
Top 10 for Patient Safety & Clinical Outcomes 10 or patient

Right nurse, right time, right place - We are investing £1.8m on eight wards to make this happen. We will be monitoring staffing levels in real time and also publishing these so our patients and their families can see what is happening on the ward. We will offer different shift patterns to help improve the delivery of care and staffing levels on our wards.

Getting EPR - We are investing in an electronic patient record (EPR) system, and we will begin implementation of this in summer 2015. This is a big investment for UHSM, £30m in total over the next ten years and will help us to deliver safe and high quality care to all our patients.

Ward accreditation - We are developing a standard of excellence for all wards across the hospital in which all wards will be assessed and accredited. A pilot commenced in April 2014 and a full roll out is now following. Once the hospital ward accreditation is completed, we will work with community colleagues to develop a community services standard.

Stop the line - We will promote a safe environment for you to speak out when something is not right and to feel confident to prevent harm from occurring in clinical and non-clinical environments. By the end of the year, we will publish consultant outcomes in five specialties.

Partnerships - We are part of the Southern Sector Partnership and we are working together to find ways to provide safe and sustainable services for our patients. A number of specialties are working in partnership or exploring opportunities e.g. Pathology, Radiology and Finance. We are also actively involved in the Greater Manchester Healthier Together programme. We are looking at ways to develop collaborative cardiac services.

Top 10 for Patient Experience

Compassionate care - We will ensure we do things the South Manchester Way in which patients are at the heart of everything we do and we value one another; this will be enhanced by incorporating the 6Cs. We will provide better equality and diversity awareness training for colleagues who have patient-facing roles.

Patients’ length of stay - We are making changes to our discharge procedures, which will alleviate some of the A&E and ward pressures that we are currently experiencing. We are working with our community services colleagues to provide patient care closer to their home.
Day-case patients - We are reducing the number of patients who do not attend their appointments through the use of better systems and business intelligence. This will allow us to see more patients, which will reduce waiting times.

First impressions - We will provide a more welcoming, social and restful environment for patients, visitors and colleagues – for example, our PALS office is now relocated to our Outpatient entrance and we are redeveloping the courtyard trading area. We are improving car parking arrangements, staff rest areas and the location of a number of departments. Later this year we will start to build an extension to our Emergency Department which will open in September 2015.

Hospital without walls - We are working collaboratively with our community teams, clinical commissioning groups, GPs and other providers to ensure our patients in the community receive a consistent level of care. We will continue to look for opportunities to provide more hospital services out in the community.

Top 10 for staff engagement
Investing in you - We are expanding our training and development. We encourage team members to undertake research and seek out opportunities to improve the treatments and services through clinical research. We encourage all managers to listen and respond to great ideas or requests for development, and we are committed to developing our employee wellbeing programme.

Strong clinical leadership - We have three divisional medical directors on the Trust Board, who lead our divisions operationally, financially and clinically; they are supported by our operational directors. Similarly, we support our clinical directors in their directorates.

Efficient medical workforce - We will make sure that consultants’ activity meets today’s demand, with fair, transparent and accurate job plans and carefully planned rotas. This will mean patients receive the right care and we improve productivity.

Your ideas, your success – We celebrate success; such as with UHSM Quality Heroes Awards. We are reintroducing our team and employee of the month awards, recognising those who consistently deliver great service. We have launched a Bright Ideas campaign (through Change Champions); If it works, we make it happen.

Working with Sodexo - We are working with Sodexo to have our porters, cleaners and maintenance team available on time and delivering those services when you need them.

Top 10 value for money for money
Smart buying - We all can make a difference and are becoming smarter with our buying such as reducing the variation of products. This will mean we get a better price from our suppliers.

Investment to grow - We are growing services that we are best at and we are developing these into leading regional and national centres. We are working with local NHS organisations to create services that will give us a real competitive edge and help patient choice. We are working with private healthcare providers to develop a new private hospital on the Wythenshawe Hospital campus with linked investment into UHSM

Better use of resources - We are working with clinical and corporate services to make better use of our people resources and departmental budgets. We plan to reduce our high staffing costs through natural turnover of staff, reducing our reliance on bank and agency staff. This year we are making big improvements to our recruitment process and reduce medical and nursing vacancy levels.

Outpatient and theatre productivity - We are working with key departments to ensure there are no late cancelled operations. We all want well planned lists and appointment schedules; new systems and processes will ensure this is what we will do.

Charging for what we do - Coding errors are everyone’s responsibility – not just the coders. Poor coding cost millions and can damage reputation. We ensure that we charge CCGs for all the services we provide to our patients.

Team effort - Change is happening now at UHSM. There has never been a greater opportunity for you to join the Trust to help improve our services for our patients and the way we run UHSM.
UHSM Foundation Trust Structure

The Board of Directors has ultimate responsibility for the management of the Trust but is accountable to its membership through the Council of Governors. The Council of Governors is made up of 32 Governors comprising 5 appointed Governors, 7 elected Staff Governors and 20 elected Public and Patient Governors. UHSM has over 13,000 members. Our performance and compliance is regulated by the NHS Foundation Trust Regulator (Monitor), and our compliance with national service standards is also reviewed and rated by the Care Quality Commission.

The Board of Directors comprises five executive directors, five non-executive directors and non-executive Chair.

The executive directors are:

- Chief Executive: Silas Nicholls
- Chief Nurse: Mandy Bailey
- Chief Operating Officer & Deputy Chief Executive: Jon Scott
- Director of Finance: Tim Barlow
- Medical Director: Toli Onon

Non-voting members of our Board of Directors include:

- Director of Human Resources & OD: Janet Wilkinson
- Director of Strategy: Matt Graham
- Divisional Medical Directors: Richard Montegue, Richard Levi, Susan Beards

The non-executive directors are:

- Barry Clare (Chairman)
- Roger Barlow
- Philip Smyth
- Professor Martin Gibson
- Professor Graham Boulnois
- Lorraine Clinton

Our elected Governors represent the Membership of UHSM. Our Governors have an important role, as it is through them that the population served by the Trust is directly involved in influencing our strategic direction. UHSM had the following Membership numbers at the financial year end 31 March 2014

- Public Members: 6,956
- Staff Members: 6,656

THE CARDIOTHORACIC DIRECTORATE PROFILE

The cardiothoracic directorate includes the specialties of cardiology, cardiac surgery, thoracic surgery, heart and lung transplantation, Ventricular assist devices and ECMO. It provides specialist cardiology, cardio-thoracic surgery and heart and lung transplantation and mechanical devices to the population of Greater Manchester and the North West of England. The directorate works in collaboration with colleagues in Central Manchester Foundation Trust (CMFT/Manchester Royal Infirmary) and the many district general hospitals and GP practices across Manchester to form a network of cardiac and thoracic care.

The clinical director is Mr Rajesh Shah, consultant thoracic surgeon. The specialty clinical leads within the directorate are, Mr John Carey, cardiac surgery lead, Mr Venkateswaran, transplant director and Dr Sanjay Sastry, the cardiology specialty lead and Dr Julian Barker, CTCCU and ECMO lead. The directorate has strong academic links with the University of Manchester, with a Chair in CT surgery and transplantation and Readers in CT surgery and cardiology.
The clinical director has clinical and management responsibilities for the directorate, working closely with a directorate manager, two matrons and the clinical leads for each specialty.

**Thoracic (cardiac and pulmonary) transplant surgery:**

**The Department**
The Transplant Unit at Wythenshawe Hospital is the fourth designated unit in the country with its own purpose-built transplant centre. The Unit has five intensive care beds, an operating theatre, biopsy/bronchoscopy suite, out-patients clinic area, dedicated ward, and a research laboratory. Additionally there are dedicated bedsits and bungalows for transplant patients and their families.

The first heart transplant operation was carried out in April 1987. In the year 1994 - 1995 the Unit performed 52 transplants encompassing the full range of adult cardiothoracic transplantation including hearts, heart/lungs, single lungs and sequential double lung transplants. In the last financial year, 50 transplants were performed in this unit (25 lungs, 25 hearts). The Unit has close links with the North West Lung Centre as well as the other specialties within the cardiothoracic directorate.

As one of the supra regional centres for cardiothoracic transplantations, the Unit has a responsibility for harvesting all intra thoracic donor organs within its designated zone which has a population of approximately six million. In the last few years, we have developed non-heart beating lung donation and ex-vivo lung assessment (EVLP) to enhance the number of lung donors.

We also have a centrally-funded, active ventricular device programme. Initially, the service was mainly implanting temporary devices in acute heart failure as a bridge to transplantation. Since April 09, we started implanting longer term devices as a bridge to transplant and we have implanted over 75 such devices. We currently have many patients enjoying an active life with their device.

Recently the unit performed first Heartmate-3 LVAD pump in the UK and 28 such pumps have now been implanted. We have also purchased the TransMedics Organ Care system with generous donation from out New start charity to start DCD heart program.

**Cardiac surgery:**
The cardiac surgical department at UHSM is the larger of the 2 units in Manchester, it serves significant part of the greater Manchester region. It provide cardiac surgical services to patients from south Manchester as well as north east Cheshire, Tameside, Stockport, Oldham, Wigan, bury and Salford. The unit carry out a plethora of cardiac surgical subspecialty like Mitral surgery and Aortic surgery, TAVI in addition to coronary artery bypass surgery. It also provide on call cover for the GM region. The unit perform around 1200 open cardiac procedures annually among 6.5 surgeons.

**Transplantation Department:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Transplant Director</td>
<td>Mr R Venkateswaran</td>
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<tr>
<td>Consultant Transplant Surgeons</td>
<td>Mr R Venkateswaran</td>
<td>Consultant Cardiac Surgeon (Heart &amp; Lung TXP), Lead for MCS</td>
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<tr>
<td></td>
<td>Professor N Yonan</td>
<td>Consultant Cardiac Surgeon (Heart &amp; Lung TXP)</td>
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<tr>
<td></td>
<td>Mr J Barnard</td>
<td>Consultant Cardiac Surgeon (Heart &amp; Lung TXP)</td>
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<td></td>
<td>Mr P Waterworth</td>
<td>Consultant Cardiac Surgeon (Heart &amp; Lung TXP)</td>
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<td></td>
<td>Mr I Kadir</td>
<td>Consultant Cardiac Surgeon (Heart &amp; Lung TXP)</td>
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<tr>
<td></td>
<td>Mr R Shah</td>
<td>Consultant Thoracic Surgeon (Lung TXP)</td>
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<tr>
<td></td>
<td>Mr P Krysiak</td>
<td>Consultant Thoracic Surgeon (Lung TXP)</td>
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<tr>
<td>Consultant Pulmonary Transplant Physicians</td>
<td>Dr M Al Aloul</td>
<td>Pleural service lead in Respiratory Medicine</td>
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<td></td>
<td>Dr C Leonard</td>
<td>Interstitial Lung Disease specialist</td>
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<tr>
<td></td>
<td>Dr K Santhanakrishnan</td>
<td>Consultant in Respiratory Medicine</td>
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<tr>
<td>Consultant Cardiac Transplant Physicians</td>
<td>Dr S Williams</td>
<td>Trust lead for Heart Failure</td>
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<td></td>
<td>Dr S Shaw</td>
<td>Physician lead for mechanical circulatory support</td>
</tr>
<tr>
<td><strong>Consultant Anaesthetist/Intensivist</strong></td>
<td>Dr R Mosca</td>
<td>Consultant lead for transplant anaesthesia/intensive care, and intensivist lead for mechanical circulatory support</td>
</tr>
</tbody>
</table>
| **Clinical Psychologists** | Dr Z Malpus  
Dr H Scanlon  
Dr K Silverman | |
| **Cardio-pulmonary physiotherapists** | Laura McGarrigle  
Ruth Bradley | |
| **Transplant coordinators** | Jane Nuttall  
Helen Newton  
Laura Pate  
Christina Culshaw | |
| **VAD coordinators/clinical nurse specialists** | Rosanna Ridgeway  
Shishir Kore  
Alison Lofthouse  
Susan Ewings  
Sapna Mendiratta  
Jess Cunnington | |

| **EXTENDED Role** | **Name** | **Comments** |
| Cardiac imaging Specialist | Dr A Sharman | Consultant Radiologist |
| Consultant in Infectious Diseases | Dr E Muldoon | |
| Consultant Diabetologist | Dr J Beynon | |
| Consultant in Cystic Fibrosis | Dr A Brennan | |
| Medical Cardiac Transplant Fellow | Currently Vacant | Fellow starting in Februray-2016 |
| Medical Pulmonary Transplant Fellow | Dr Karl  
Dr A Ball (0.2 WTE) | Clinical Research Fellow in Respiratory Medicine with one day clinical service |
| Surgical Transplant Fellows | Mr N Khasati  
Mr A Machaal  
Mr K Oommen  
Mr J Salaie  
Mr A Diallo | Associate Specialist  
Associate Specialist  
Associate Specialist  
Senior Clinical Fellow, trained in management of post-lung transplant patients  
Clinical Fellow |
| Ward Doctor | Dr K Temov | Junior Fellow |
| Other clinical nurse specialists | Ebbe Karimi  
Dawn Murray | Advanced nurse practitioner  
Matron |
| Social workers | Beverley Jones  
Jan Withington | |
| Dietician | Ann-Marie Nixon | |
| Outpatient Sister | Sabine Manduell | |
| Jim Quick Ward Sisters | Evelyn Casserly | |
| Pharmacist | Dave Osman | |
| Occupational therapist | Suzanne Butternorth | |
| Palliative Care | Dr Sophie Harrison  
Michael Connolly | Consultant in Palliative Care  
Nurse Consultant in Palliative Care |
Duties and Responsibilities

1 Under the direction and supervision of the Consultants in transplantation, participate in:
   - Donor care, optimisation and donor organ retrieval
   - The care of heart and lung failure patients, transplant recipients and VAD patients on the intensive care unit and on the ward.
   - Management of immunosuppressed patients (both infective & non-infective complications)

2 Patient Assessment
   - Participation in the assessment of patients with heart and lung failure for transplantation or for mechanical assistance.

3 Donor organ evaluation:
   - Discuss donor offers and matching to suitable recipients with the Transplant Co-ordinators and the Duty Consultant Transplant Surgeon.
   - Undergo comprehensive training in donor organ assessment, optimisation and retrieval (including travel to donor hospitals to carry out full assessment and resuscitation of donors and procurement of donor heart and lungs according to departmental procedural protocols).
   - Preservation, maintenance, resuscitation and ex-vivo assessment of donor organs when required.
   - Undergo training in using organ care system (OCS) for ex-vivo heart perfusion and ex-vivo lung perfusion using vivoline system

4 Surgery:
   - Transplant Surgery: participate in surgery for the implantation of donor organs and/or the implantation of mechanical circulatory support devices; cannulation for ECMO and BIVAD
   - Adult Cardiothoracic Surgery: To maintain skills there will be an opportunity to participate in a general cardiac or thoracic operating list at least once a week.
   - Although dedicated operating slot is available once a week the candidate will get ample opportunities to get more theatre slots by making themselves available and participate in Saturday operating sessions.
   - Available to attend theatre sessions when a transplant operation or VAD/ECMO procedure is undertaken by one of the consultants.

5 Post Operative Care:
   - Participate in the care of early post-operative patients on the ICU and on wards in conjunction with allied professionals.
   - Participate in the daily morning and evening ward rounds.
   - Assess and manage patients re-admitted with medical and surgical complications of transplantation.

6 Completion of accurate records including patients' clinical notes and discharge summaries.

7 Maintaining medical audit records as required by the UHSM Trust.

8 Participation in teaching of junior medical staff, undergraduate students and other non-medical staff as required.

9 To adhere to the clinical protocols of the Department and support its developments, projects and practices.

10 To actively participate in research and audit. Presentations and publications in relation to intra-thoracic transplantation are expected during the tenure of this post.

11 To undertake other duties as appropriate to the level of responsibility for the smooth running of the service.
Timetable

This is an indicative timetable only:

The candidate will get minimum of one operating session a week, however there will be adequate opportunity available during the week and also on the regular Saturday operating session. The candidate is encouraged to make themselves available to get the most out of the training.

<table>
<thead>
<tr>
<th>Day</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Weds</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>am</td>
<td>09:00</td>
<td>Operating list (Alternate weeks) 08:00 Cardiology/Cardiac Surgery MDT</td>
<td>8.30 Ward Round</td>
<td>8.30 Ward Round</td>
<td>08:00 Transplant MDT (New patient)</td>
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<tr>
<td></td>
<td>CTCCU &amp; Ward round</td>
<td>8.30 Transplant in patients MDT 09:30 Ward/CTCCU rounds</td>
<td>8.30 Ward Round</td>
<td>(Alternate weeks)</td>
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<tr>
<td></td>
<td>Tx Out Patients/ Cardiac Biopsy/RH catheter List</td>
<td>Tx Out Patients/ Cardiac Biopsy/RH catheter List</td>
<td>Study, Research, Audit</td>
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</tr>
</tbody>
</table>

| pm  | 4.30 – VAD & Transplant Ward Round | Lung Transplant Clinic | Admin Private study Audit | 4.30 Ward Round | 4.30 Ward Round |
|     | Pre-op visit (Alternate weeks) | 4.30 Ward Round | 4.30 Ward Round | | 4.30 Ward Round |

INFORMAL VISIT AND SELECTION PROCESS

Interested candidates are encouraged to discuss the post with one or more of the following people:

Mr. Venkateswaran and Prof. Yonan. Please contact Transplant Secretary on 0161-291-2092.

Informal visits are welcomed.

Applications are available via the NHS jobs website.