Peri-CCT
Surgical Fellowship
in
Lung Transplantation

Wythenshawe Hospital
Manchester University NHS Foundation Trust
Manchester

JOB DESCRIPTION

This post will provide comprehensive training for a thoracic surgery trainee, in the surgical management of advanced lung failure, including pulmonary transplantation and extracorporeal membrane oxygenator (ECMO) support.

The post will allow for thorough training in adult cardiac / thoracic surgery environment. The post-holder will be trained in all aspects of transplantation including donor organ retrieval, organ implantation, insertion of extracorporeal membrane oxygenation (ECMO).

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.
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 lung failure for transplantation

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

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
   - Adult Cardiothoracic Surgery: To maintain skills there will be an opportunity to participate in a general 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
   - Available to attend theatre sessions when a transplant operation or VAD/ECMO procedure is undertaken by one of the consultants.
   - Attend Lung cancer MDT meetings once a week

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 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>
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<tr>
<th>Day</th>
<th>Monday</th>
<th>Tuesday</th>
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<tr>
<td>am</td>
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<td></td>
<td>8.30 Ward Round</td>
<td>Lung cancer MDT</td>
<td>08:00 Transplant MDT (New patient)</td>
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<td>Transplant in patients MDT</td>
<td>Study, Research, Audit</td>
<td>Lung transplant clinic</td>
<td>Operating List (Alternate weeks)</td>
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<td>pm</td>
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<td></td>
<td>Lung biopsy Bronchoscopy</td>
<td>4.30 Ward Round</td>
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<td>Lung Transplant Clinic</td>
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<td>4.30 Ward Round</td>
<td>4.30 Ward Round</td>
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INFORMAL VISIT AND SELECTION PROCESS
Interested candidates are encouraged to discuss the post with one or more of the following people:

Mr. Venkateswaran; Please contact Transplant Secretary on 0161-291-2092.

Informal visits are welcomed.

Applications are available via the NHS jobs website.
Wythenshawe Hospital is part of the newly formed Manchester University Hospital NHS Foundation Trust and has an active heart and lung transplant program (>530 transplants since late 1980s) with an integrated transplant centre which in one block provides dedicated transplant theatre capacity, transplant ICU beds, transplant inpatient ward, outpatient department and a biopsy suite (for bronchoscopy and endomyocardial biopsy) with radiographic screening facilities. The assessment and post-operative care of the lung transplant patients is currently jointly managed by Dr Mo Al-Aloul and Dr Karthik Santhanakrishnan. The assessment and post-operative care of heart transplant patients is currently jointly managed by Dr Paul Callan and Dr Steve Shaw.

**Transplant Consultant Staff**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Clinical Director of Heart Lung and Director of Transplant</td>
<td>Mr Rajamiyer Venkateswaran</td>
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<tr>
<td>Respiratory Transplant Consultant</td>
<td>Dr Mo Alaloul</td>
</tr>
<tr>
<td>Respiratory Transplant Consultant</td>
<td>Dr Karthik Santhanakrishnan</td>
</tr>
<tr>
<td>Cardiology Transplant Consultant</td>
<td>Dr Paul Callan</td>
</tr>
<tr>
<td>Cardiology Transplant Consultant</td>
<td>Dr Steve Shaw</td>
</tr>
<tr>
<td>Heart Failure Cardiology Consultant</td>
<td>Dr Simon Williams</td>
</tr>
<tr>
<td>Respiratory Transplant Consultant</td>
<td>Dr John Blaikley</td>
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**Cardiac / Thoracic Transplant Surgeons**

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<th>Name</th>
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<tr>
<td>Mr Rajamiyer Venkateswaran</td>
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<tr>
<td>Mr Isaac Kadir</td>
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<tr>
<td>Mr Rajesh Shah</td>
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<tr>
<td>Mr Paul Waterworth</td>
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<tr>
<td>Mr Peter Kyriak</td>
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<tr>
<td>Mr Dimarakis</td>
</tr>
<tr>
<td>Mr Colm Leonard</td>
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<tr>
<td>Mr Barnard</td>
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<td>Mr Nwaejike</td>
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**Transplant Specialist Medical staff – On call for Organ Retrieval**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Dr Noman Khasati</td>
<td>Associate Specialist / Organ Retrieval Surgeon</td>
</tr>
<tr>
<td>Dr Ali Machaal</td>
<td>Associate Specialist/ Organ Retrieval Surgeon</td>
</tr>
<tr>
<td>Dr Korah Oommen</td>
<td>Associate Specialist/ Organ Retrieval Surgeon</td>
</tr>
<tr>
<td>Dr Jamal Salaie</td>
<td>Associate Specialist/ Organ Retrieval Surgeon</td>
</tr>
<tr>
<td>Dr Alpha Diallo</td>
<td>Clinical Fellow/ Organ Retrieval Surgeon</td>
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**Transplant Clinical Fellows**

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<tr>
<th>Name</th>
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<tr>
<td>Vacant Post</td>
<td>Transplant Respiratory Clinical Fellow</td>
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<tr>
<td>Dr Neeraj Kamat</td>
<td>Transplant Surgical Clinical Fellow</td>
</tr>
<tr>
<td>Dr Mohammed Elseoud</td>
<td>Transplant Cardiology Clinical Fellow</td>
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<tr>
<td>James Fildes</td>
<td>CT Transplant Researcher</td>
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Other Specialist Nursing Services within the Transplant Directorate

Lead Nurse for Heart Lung Directorate – Dawn Murray
Nursing Matron – Sarah Manson
Audit Nurse – Joanne Hasan

Organ Retrieval Nurses
- Sapna Mendiratta
- Shishir Kore
- Alison Lofthouse
- Nikki Collins
- Deepa Bandekar

Transplant Co-Ordinators
- Helen Newton
- Jane Nuttall
- Ruth Sutcliffe
- Laura Pate
- Christina Culshaw

Jim Quick – Transplant Ward - Ward Manager – Elaine Brazil

Transplant Outpatients – Nikki Collins

Transplant Administration Team - Office Manager – Holly Clowes

Transplant Social Workers
- Beverley Jones
- Laura Roberts

Transplant Psychologists
- Zoe Malpus
- Katie Silverman

Transplant patients are also supported by a dedicated team of Dieticians, Physiotherapists and Occupational Therapists.

The Transplant Unit is actively supported by The New Start Charity - The secretary Linda Ellis is based in the Transplant Unit

The Heart Lung Division includes four Directorates; Cardiology, Cardiac Surgery and Transplant, Thoracic Surgery and Lung Cancer, Respiratory Medicine.
The Cardiac Surgery/ Transplant Directorate and the Thoracic Surgery and Lung cancer Directorate provides services to the population of Greater Manchester and the North West of England.

The directorates work in collaboration with colleagues in Manchester Royal Infirmary) and the many district general hospitals and GP practices across Manchester to form a network of cardiac and thoracic care.

The Unit has close links with the North West Lung Centre as well as the other specialties within the Heart Lung Division.

As one of the supra regional centres for cardiothoracic transplantations, the Transplant Unit has a responsibility for harvesting all intra thoracic donor organs within its designated zone which has a population of approximately six million. With the proposed increase in donors, there may be an increase to the number of donor retrieval procedures and we have been asked to cover neighbouring zones as part of restructuring of donor services under the auspices of NHSBT. In the last two 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 that is now into its third year. 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 105 such devices including heart Mate 3. We currently have many patients enjoying an active life with their device.

PROFILE

About Manchester University NHS Foundation Trust

Manchester, Trafford and the surrounding areas provide an incredibly varied and dynamic challenge for the hospitals serving them. Working collectively under the umbrella of Manchester University NHS Foundation Trust, this Single Hospital Service was formed on 1st October 2017, and is the result of a merger between University Hospitals of South Manchester NHS Foundation Trust (UHSM) and Central Manchester University Hospitals NHS Foundation Trust (CMFT) – making the largest Trust in England and the third largest provider of specialist Services in the NHS. The Trust is also a forward thinking academic science centre at the heart of Health Innovation in this vibrant city of Manchester.

Single Hospital Service

The development of a Single Hospital Service (SHS) across Manchester is the most significant change in the provision of hospital services in the area for decades.

The new Trust will continue to deliver services from the existing hospital sites in Central, North and South Manchester and Trafford, but by bringing the clinical teams together, we will be able to provide better, more consistent hospital care that’s fit for the future.

It will also bring opportunities for us to expand our research and education portfolio and attract investment into the region. One of the biggest advantages will be the ability to recruit the best clinicians and researchers from across the country and internationally. Given the wide catchment of many of our services, this will benefit not just people living in Manchester and Trafford, but patients from across Greater Manchester who use our hospitals. The Single Hospital Service is therefore also an important element of the plans being developed through the Greater Manchester Health & Social Care Partnership.

We are creating this new organisation in two stages. Firstly, Central Manchester University Hospitals NHS Foundation Trust and the University Hospital of South Manchester NHS Foundation Trust joined together to create a new Foundation Trust on 1st October 2017. Then North
Manchester General Hospital (which is currently part of The Pennine Acute Hospitals NHS Trust) will join the new organisation around 12-18 months later.

**Organisational Model**

Our new organisation is large and complex. The graphic below is a depiction of the broad principles of how it will be structured, rather than a comprehensive organogram. It is necessarily simplistic and does not capture the other important dimensions of how we operate such as culture, values and behaviours and the decision making and committee structures.

The structure is closely aligned to the existing hospitals and aims to combine clear accountability based on hospital site, with a mechanism for driving standardisation across hospitals. It aims to exploit the synergies between services that might sit across different hospital sites.

The design has taken account of those services that are provided on a Greater Manchester, North West or national footprint. This is clearly not all services, but is those specialised services that are already delivered on a networked basis, such as cystic fibrosis services, and those that we might in future develop on a footprint that extend beyond the Trust.

![Organisational Model Diagram](image)

The model is based on a matrix structure with three entities:

* Hospital Sites
* Managed Clinical Services, and
* Clinical Standards Groups

**Group Management Board**

The leadership of the Hospitals Sites, MCSs and CSGs will be brought together with the Executive Directors in the Group Management Board (GMB). The GMB will be chaired by the Group CEO and will comprise Executive Directors, Hospital Site/MCS CEOs/Managing Directors, Medical Directors and CSG Leads as shown below.

The Group Management Board will necessarily be large but will enable the significant degree of senior clinical input to decision making that existed in both organisations to continue.
Board of Directors

Given the size, operating scale, workforce numbers, extent of estate and potential for further expansion, it is clear that the new organisation will require a highly experienced and capable Board of Directors underpinned by credible sub-board leadership. In essence the leadership structure will have to accommodate the fact the new Foundation Trust will be one of, if not the largest, NHS organisation in England. The Board of Directors (BoD) and sub-Board infrastructure will therefore need the best leadership possible both in terms of capability as well as capacity.

A number of factors were considered in deciding the optimal size and composition of the BoD to ensure sufficient very senior leadership capacity and capability including:

* Board composition, knowledge and skills; NHS boards should not be so large as to be unwieldy, but must be large enough to provide the balance of skills and experience that is appropriate for the organisation. The number of directors is defined in a Foundation Trust’s constitution.
* In most NHS organisations, governance is the responsibility of a unitary board, with at least half the board, excluding the chair, made up of independent NEDs.
* The need to ensure an effective balance of knowledge, skills and backgrounds. All directors must be appropriately qualified to discharge their roles effectively, including setting strategy, monitoring and managing performance and nurturing continuous quality improvement. NHS Directors must also demonstrate commitment to NHS values - and the behaviours that these imply.

Executive Director Positions

The regulatory requirements governing the constitution of NHS Boards of Directors require the following Executive positions to be members of the BoD:

* Chief Executive
* Medical Director
* Chief Nurse
* Executive Director of Finance

The following additional executive roles are considered essential to the provision of strong and effective executive leadership of such a large and complex organisation as the new Manchester University Hospital:

* Chief Operating Officer - whilst not a regulatory requirement, has leadership accountability for a significant number of national targets that form part of the overall NHS regulatory framework.
* Executive Director of Workforce and OD – the new FT will have circa 20,000 staff with the associated challenges of workforce engagement, productivity and cost. The impact on staff of the
significant changes to the organisation and across Manchester will require significant experience in OD & HR to ensure the workforce remains engaged and productive.

* Executive Director of Strategy – the degree and scope of change across the City of Manchester, GM and nationally which will require significant strategy thinking and effort to ensure

* Two Deputy Chief Executives - with the need to ensure an effective line of sight to support the Chief Executive in managing key strategic relationships, the national and local strategic environment and internal leadership of the largest NHS organisation in the UK.

Executive Director Appointments

* Chief Executive: Mike Deegan

* Deputy Chief Executives: Silas Nicholls & Gill Heaton

* Joint Medical Directors*: Bob Pearson & Toli Onon

* Chief Finance Officer: Adrian Roberts

* Chief Operating Officer: Julia Bridgewater

* Chief Nurse: Cheryl Lenney

* Director of Workforce & OD: Margot Johnson

* Director of Strategy: Darren Banks

*a full time medical director role is required given the scale and complexity of the new Trust. We have seized the opportunity to create a joint role to capitalise on the experience and commitment of both individuals.

Non-Executive Directors

To achieve the correct balance for the unitary Board of Directors, as there are nine executive positions there is a requirement for nine independent Non-Executive Directors excluding the Chairman. The balance of skills and experience required of the independent Non-Executive Directors will be determined by the strategic challenges facing the board; this will need to be kept under review and will form part of the usual independent evaluation of governance undertaken every three years.

* Chairman: Kathy Cowell (CMFT)

* Deputy Chairman: Barry Clare (UHSM)

* NEDs:

  o Dr Ivan Bennett (CMFT)
  o Nic Gower (CMFT)
  o John Amaechi (CMFT)
  o Christine McLoughlin (CMFT)
  o Jane McCall (UHSM)
  o Trevor Rees (UHSM)
  o Dame Susan Bailey(UHSM)
  o Roger Barlow (UHSM)
Hospital Leadership & Management Teams

Each of the six Hospital Sites/Managed Clinical Services will have in place a substantial leadership team based on the above model.