WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

DIRECTORATE OF MEDICINE

JOB DESCRIPTION

CONSULTANT IN RENAL AND GENERAL MEDICINE

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Full Time or Part Time
POST OF CONSULTANT IN RENAL AND GENERAL MEDICINE
The Trust wishes to recruit an additional Consultant Renal Physician to strengthen the local renal service provided to the population of Worcestershire.

This post provides an opportunity for a highly motivated consultant to further develop renal medicine at Worcestershire Royal Hospital (WRH) where the post-holder will be based, with effective renal outreach to the Alexandra Hospital Redditch (ALX) on a rotational basis. The trust’s ultimate vision is to establish renal services across the county of Worcestershire, with the post-holder collaborating with three renal consultants established at WRH. The post holder will provide advice on renal problems for inpatients under other consultant teams and liaise with general practitioners on all aspects of renal care, as necessary.

The trust is committed to improving services for renal patients and has agreed a strategy which includes building a multi-professional renal team, establishing acute inpatient dialysis in WRH and managing the care of local patients with end stage renal failure.

The successful applicant will be expected to play a major part in the further development and implementation of this strategy.

The postholder will also provide general medical work by taking part in the rota for the general medical on-call (1:14) and in the rota for general medical inpatients looked after by team B (1:6). Six consultants currently lead team B on a rotational basis.

RENAL SERVICES
Renal services form part of the Medicine Division that brings together the existing 3 hospitals into a cross county management structure for Worcestershire Acute Hospitals. As part of a team of four renal consultants, the post holder will work across these sites covering outpatient clinics and inpatient care at WRH and ALX. The post holders will provide expertise to develop services across the county, recognising the changing face of how services are commissioned and delivered. The consultant will establish working relationships with the urology department (based at ALX), vascular and interventional radiology department (based at WRH), ITU and acute medical admissions, and will visit these wards regularly to advise on patient care. Primarily “renal” patients are managed through on-going advice from the renal consultant, although they remain (particularly in terms of junior doctor support) under joint care with the referring team. Junior doctor support for renal patients on the general medical & renal ward Avon 3 in WRH is directly available through the medical team B, to which the renal SpR is also attached. Effective hand-over of critical patients to the weekend on-call team is mandatory.

The Renal consultants on the WRH site are:-

Dr M Ferring
Dr W Oh
Vacancy for this post
Vacancy for consultant renal physician with acute medicine

The renal county wide service currently will be supported by 2 renal registrars and 3 renal specialist nurses. There will also be support from 2 core medical trainees and 2 foundation year doctors.

Inpatients / Day-case:
The consultant will see and advise on inpatient referrals with acute kidney injury or other renal problems. Referrals are to be seen timely by clinical priority as judged by the renal consultant, and appropriate immediate advice should be given in urgent / emergency cases. The appointee expected to personally review on average 1 - 3 renal referrals daily.

It is desirable that the post-holder will have skills and expertise to carry out renal biopsies regularly, together with the other nephrologists and selected radiologists.
The post-holder will be responsible for looking after a 20-bedded general medical and renal ward (Avon 3 in WRH). The inpatients in this ward are looked after by 6 consultants who specialise in Renal Medicine, Diabetes and Endocrinology and Infectious Diseases with 2 consultants per speciality. The post holder, together with the other 5 consultants will share a 1 in 6 weeks rota to look after Avon 3 ward.

In addition, there will be general internal medicine (GIM) on-call commitments where the post-holder will join 13 other consultants in a 1 in 14 rota. The post-holder will be expected to lead the acute medical take and supervise junior doctor reviews during their on-call shift. There will be time off in-lieu for weekend on-calls. The post-holder will be given time off on the following Monday when undertaking the weekend on-call duties.

There are currently no out of hours commitments in renal medicine. This may be reviewed as the renal service expands through the annual job planning mechanisms, with appropriate time off in lieu for additional renal on-call time. Out-of-hours renal cover is currently managed through the renal on-call at the Queen Elizabeth Hospital, Birmingham, ensuring 7 day and 24 hour renal cover for Worcestershire.

Outpatients:
The post-holder will provide an outpatient service for all aspects of chronic kidney disease, including advanced renal disease. The post-holder will have 2 renal clinics a week based in WRH when not on duty for GIM inpatients or the ALX. The post-holder will do a general nephrology clinic on Wednesday am and an advanced chronic kidney disease clinic on Thursday am. The post-holder will also do a general nephrology clinic once a month on Tuesdays in the Kidderminster Treatment Centre. A team of three part-time renal nurses support the outpatient work, specifically for counselling for renal replacement therapy and for renal anaemia management. It is expected that the nurses’ commitment will expand to include a weekly session on electronic eGFR surveillance for renal clinic patients. The renal nurses will provide a weekly virtual review session of low clearance patients’ management supported by the renal consultants on rotational basis. Please refer to appendix 2 for the average renal outpatient workload.

Collaboration with regional tertiary renal unit
The Trust has an on-going collaboration with the regional tertiary renal unit which for many years has been the Queen Elizabeth Hospital. To maintain skills and expertise, the post-holder will be offered one day at the tertiary centre so as to join a dialysis clinic or a renal transplant clinic once a fortnight. In addition the post-holder will also have opportunities to attend renal biopsy meetings and nephrology journal club meetings to ensure continuous professional development. The post-holder is free to attend this educational service session at the tertiary centre provided that a renal colleague is available for renal cover for Worcestershire Hospitals NHS Trust, for which the post-holder has primary responsibility. At present all dialysis and renal transplant care are provided through other Trusts (mainly Queen Elizabeth Hospital Birmingham and Russell’s Hall Hospital Dudley); but the post-holder will become involved in the care of such patients in the future once the renal strategy focussing on more local care delivery is implemented; the consultant’s job plan would be subject to the annual job review process.

Renal service development
Part of the renal consultant work will be further renal service development including options to establish dialysis as part of renal services provided by WAHT.

Kidderminster dialysis unit
Although the dialysis unit is part of KGH and the nurses are employed by the Trust, all dialysis patients are currently managed medically through the renal services of Russell’s Hall Hospital Dudley.

Mentorship scheme
The Trust is fully committed to provide a mentor to the successful post-holder. This is in line with the recommendations by the Royal College of Physicians

Renal education meetings in Worcester Royal Hospital
There will be opportunities for the post-holder to develop a special interest in leading the education of renal medicine amongst junior doctors and fellow colleagues in the Trust. The post-holder would be expected to organise and plan the topics in renal medicine for the monthly renal education meetings on a Thursday afternoon.
DUTIES AND RESPONSIBILITIES - GENERAL

- The post-holder will be expected to provide a general renal service to patients of the Worcestershire Acute Hospitals NHS Trust, General Practitioners (as set out above) and to attend multi-disciplinary meetings. The successful candidate will be expected to work within multi-disciplinary teams in providing high quality clinical care. It is anticipated work will be undertaken on primarily in Worcestershire Royal Hospital, Worcester with an outpatient session in Kidderminster Treatment Centre.

- The post-holder will provide consultation and an advisory service to clinical colleagues in the Trust and Primary Care.

- The post-holder will attend cross-county & cross site meetings.

- To collaborate with colleagues to deliver a high quality, timely service and to work towards meeting the Trust’s and departmental objectives.

- The post-holder will develop close collaborative links with Clinicians working in his/her area of specialist expertise and work to develop services to patients in these areas to the highest standard, according to departmental protocols and Trust guidance. To include development of diagnostic and where appropriate therapeutic protocols and guidelines, where appropriate this will involve active participation with Primary Care colleagues.

- The post-holder will participate in the Trust’s annual appraisal as appropriate as described by DOH and leading to revalidation and job planning process.

- The post-holder will record any absence from the Trust such as annual leave, professional leave, study leave & other leave and make available this record at your job plan review.

- The Renal Consultants will provide cross cover for periods of annual and study leave. The primary duties of the post-holder are for Worcestershire Acute Hospitals NHS Trust; the post-holder may attend two days within a six week period at the tertiary centre (unless no other renal consultant is available to provide renal cover for Worcestershire).

- To facilitate effective quality assurance and audit and to ensure that services comply with national standards and guidance.

- The post-holder will take part in departmental and multi-disciplinary audit programmes in addition to undertaking individual audit. Participation is required in the Departmental Clinical Governance Programme.

- The post holder will be expected to keep the Royal College of Physicians CPD diary and participate in the weekly physician’s meeting and attend conferences in renal and general medicine. The post holder is also expected to play an active role in teaching and supervising the renal registrars as well as the core medical trainees. The post holder will have annual appraisal to ensure that their practice is in keeping with the principles of GMC. The post holder will be expected to participate in weekly mortality reviews and will be asked to contribute to SI reports as necessary.

- Share responsibility for data protection arising out of the use of computers.

- Comply with all relevant Trust policies and procedures.

- Adhere to the pledges as laid out in the NHS Constitution.

- For the purposes of Appraisal and Revalidation the post holder will be assessed by a trained appraiser the WAHT clinical lead.
LINKS WITH OTHER CLINICAL SERVICES
An indicative list of services include:

- WAHT Radiology Department
- WAHT ITU Department
- WAHT Vascular Surgery Department (Based at WRH)
- WAHT Urology Department (based at ALX)
- WAHT Dialysis Unit (Based at KTC), managed by Dudley Renal Physicians
- Dudley Group Renal Department
- UHB Nephrology Department.
- UHCW Renal team

PROVISIONAL JOB PLAN AND TIMETABLE
A formal job plan will be agreed between the Post-holder and his/her Clinical Director, on behalf of the Chief Medical Officer, three months after the start date of the post. This will be signed by the Chief Executive. The job plan for the first three months will be based on the provisional timetable shown below.

The Job Plan is subject to annual review, following the Appraisal Meeting. The Job Plan will be a prospective agreement that sets out a consultant’s duties, responsibilities and objectives for the coming year, covering all aspects of professional practice including clinical work, teaching, research, education and managerial responsibilities. It will provide an agreed schedule of commitments, both internal and external. In addition, it will include personal objectives, including details of their link to wider service objectives, and details of the support if any required by the consultant to fulfil the job plan and the objectives.

PROVISIONAL ASSESSMENT OF PROGRAMMED ACTIVITIES IN JOB PLAN:

FOR A FULL TIME CONTRACT

Direct Clinical Care:
8.5 PA’s on average per week – of which 1 PA is counted for the on-call work (includes clinical activity, clinically related activity, predictable & unpredictable emergency work)

Time for travel has been incorporated in the job plan. The workload tends to be less in Alexandra hospital and therefore this allows time to be easily built into the job plan. Cross-site travel and clinical administration time is included in each session of DCC

Supporting Professional Activities:
2.5 SPA’s per week (includes CPD, audit & teaching and service development)

Depending on previous experience, it may be possible for the post-holder to assume a leadership role within the directorate. If a specific departmental leadership role is undertaken by the post-holder it is expected that 1 or more DCCs will be converted into an SPA session to allow for additional duties. Additionally, 0.25 PA per trainee is allocated for a formal Educational Supervisor role.

The following provides scheduling details of the clinical activity and clinically related activity components of the job plan, which occur at regular times in the week. Agreement should be reached between the post-holder and their Clinical Director with regard to the scheduling of all other activities, including the Supporting Professional Activities. To explain the different roles (default of WRH renal cover, 1:4 renal rotation to the ALX, 1:6 rota to general medical ward inpatient duty) the time-table is spread over 6 weeks. The SPA requirements are approximately fulfilled over the 6 week cycle and include student teaching, audit, service improvement, service development, supervised learning events for junior doctors and optionally research. We recognise that renal biopsy is not an essential requirement of the renal curriculum and this post; if the post-holder is not able to carry out the procedure, he/she would join to provide more renal referral cover instead.
### REPRESENTATIVE TIMETABLE

<table>
<thead>
<tr>
<th>Week</th>
<th>1 WRH (KGH)</th>
<th>2 WRH GIM</th>
<th>3 WRH (tertiary)</th>
<th>4 ALX (Evesham)</th>
<th>5 WRH (KGH)</th>
<th>6 WRH (tertiary)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
<td>AM: SPA 1PA</td>
<td>AM: Ward team B DCC 1PA</td>
<td>AM: SPA 1PA</td>
<td>AM: ALX clinic DCC 1PA</td>
<td>AM: SPA 1PA</td>
<td>AM: SPA 1PA</td>
</tr>
<tr>
<td></td>
<td>PM: Grand Round SPA 0.25PA WRH renal ref DCC 0.75 PA</td>
<td>PM: Grand Round SPA 0.25PA Clinical admin DCC 0.5PA Ward team B DCC 0.25PA</td>
<td>PM: Grand Round SPA 0.25PA Clin Admin DCC 0.75PA</td>
<td>PM: ALX renal ref DCC 1PA</td>
<td>PM: Grand Round SPA 0.25PA WRH renal ref DCC 0.75 PA</td>
<td>PM: Grand Round SPA 0.25PA SPA 0.75PA</td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>AM: KGH clinic DCC 1PA</td>
<td>AM: Ward team B DCC 1PA</td>
<td>All day: Tertiary centre DCC 1.5 PA SPA 0.5 PA</td>
<td>AM: Evesham clinic DCC 1PA</td>
<td>AM: SPA 1PA</td>
<td>All day: Tertiary centre DCC 1.5 PA SPA 0.5 PA</td>
</tr>
<tr>
<td></td>
<td>PM: KGH clinic DCC 1PA</td>
<td>PM: Clinical admin DCC 0.5PA Ward team B DCC 0.5PA</td>
<td></td>
<td>PM: ALX renal ref DCC 0.5PA Clin admin DCC 0.5PA</td>
<td>PM: SPA 1PA</td>
<td>PM: KGH clinic DCC 1PA</td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>AM: WRH clinic DCC 1PA</td>
<td>AM: Ward team B DCC 1PA</td>
<td>AM: SPA 1PA</td>
<td>AM: WRH clinic DCC 1PA</td>
<td>AM: WRH clinic DCC 1PA</td>
<td>AM: WRH clinic DCC 1PA</td>
</tr>
<tr>
<td></td>
<td>PM: R biopsy DCC 0.5 PA WRH renal ref DCC 0.5PA</td>
<td>PM: Teaching FY1 SPA 0.25 Clinical admin DCC 0.5PA Ward team B DCC 0.25PA</td>
<td>PM: R biopsy DCC 0.5 PA Clin Admin DCC 0.5PA</td>
<td>PM: ALX renal ref DCC 0.5PA Clin admin DCC 0.5PA</td>
<td>PM: R biopsy DCC 0.5 PA WRH renal ref DCC 0.5PA</td>
<td>PM: R biopsy DCC 0.5 PA Clin Admin DCC 0.5PA</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>AM: Clinical admin DCC 1PA</td>
<td>AM: Ward team B DCC 1PA</td>
<td>AM: SPA 1PA</td>
<td>AM: WRH clinic DCC 1PA</td>
<td>AM: Clinical admin DCC 1PA</td>
<td>AM: WRH clinic DCC 1PA</td>
</tr>
<tr>
<td></td>
<td>PM: SPA 0.5 PA WRH renal ref DCC 0.5PA</td>
<td>PM: Renal Education SPA 0.25PA Clinical admin DCC 0.5PA Ward team B DCC 0.25PA</td>
<td>PM: WRH low clear MDT DCC 0.5PA Clin Admin DCC 0.25PA</td>
<td>PM: ALX renal ref DCC 0.5PA Clin admin DCC 0.5PA</td>
<td>PM: SPA 0.5 PA WRH renal ref DCC 0.5PA</td>
<td>PM: WRH low clear MDT DCC 0.5PA Clin Admin DCC 0.25PA</td>
</tr>
<tr>
<td><strong>Friday</strong></td>
<td>AM: SPA 1PA</td>
<td>AM: Ward team B DCC 1PA</td>
<td>AM: SPA 1PA</td>
<td>AM: SPA 1PA</td>
<td>AM: SPA 1PA</td>
<td>AM: SPA 1PA</td>
</tr>
<tr>
<td></td>
<td>PM: WRH renal ref DCC 1PA</td>
<td>PM: Clinical admin DCC 0.25PA Ward team B DCC 0.5PA Handover DCC 0.25PA</td>
<td>PM: ALX renal ref DCC 1PA</td>
<td>PM: WRH renal ref DCC 1PA</td>
<td>PM: WRH renal ref DCC 1PA</td>
<td>PM: Clinical admin DCC 1PA</td>
</tr>
<tr>
<td><strong>DCC / SPA</strong> (average: 7.54 / 2.46)</td>
<td>7.25 / 2.75</td>
<td>9.25 / 0.75</td>
<td>7.25 / 2.75</td>
<td>7 / 3</td>
<td>7.25 / 2.75</td>
<td>7.25 / 2.75</td>
</tr>
</tbody>
</table>
Total P.As: 10PA + 1PA general medical on-call
There is currently no on call commitment for renal medicine (there is cover though through the renal on-call at the Queen Elizabeth Hospital Birmingham). This may be reviewed as the renal service expands through the annual job planning mechanisms.

INTRODUCTION
Worcestershire Acute Hospitals NHS Trust regards itself as one of Worcestershire’s employers of choice and welcomes applications from all sections of the community. Our staff are our greatest asset and the quality and safety of care we provide for our patients is directly linked to our success in recruiting and retaining dedicated and professional staff.

It is vital that we, as the employer, and all our employees, understand and accept our respective rights and responsibilities.

Please read the statement below carefully and make sure you have a clear understanding of the commitment we are asking you to make.

By submitting your application, you are telling us that you understand, and are happy to accept, your rights and responsibilities as detailed below and the associated Job Description of the post you have applied for. Failure to do so will affect revalidation, eligibility to apply for CEA’s and pay progression.

If there is anything which you do not understand, or something which you feel uncomfortable in agreeing, please seek further advice from the Chief Medical Officer or Clinical Director.

GENERAL BACKGROUND
Worcestershire is a largely rural county, with four main towns – Bromsgrove, Kidderminster, Redditch and Worcester – lying between the Cotswolds, the Welsh border and Birmingham. There are four further substantial market towns, Droitwich, Evesham, Malvern and Pershore.

Worcestershire has many sites of historical interest and natural beauty. The economy of the county is based on agriculture, horticulture, light engineering and service industries.

There are a number of high quality state and private schools across the county and the University of Worcester is continuing to expand and develop. The University has a £100m investment programme to provide for new, improved and refurbished facilities. Recently completed projects include its new City Campus, home to the Worcester Business School.

The major motorway network of the M42, M5 and M6 provide excellent links to the rest of the West Midlands. Local leisure facilities are well developed and the area has easy access to Birmingham where the National Indoor Arena. International Convention Centre are located. Stratford and the Royal Shakespeare Company are within easy reach.

Worcester City lies on the banks of the River Severn. It has a world famous cathedral and is home to Worcestershire County Cricket Ground, Worcester Warriors Rugby Club and Elgar’s Birthplace Museum. The county has further leisure facilities in the Malvern Hills - an area of outstanding natural beauty - and the Wyre Forest.

TRUST PROFILE
Worcestershire Acute Hospitals NHS Trust runs services from three main hospital sites: The Alexandra Hospital, Redditch; Kidderminster Hospital and Treatment Centre; and the Worcestershire Royal Hospital.

We also run some services and clinics at The Princess of Wales Hospital, Bromsgrove (outpatient clinics); Evesham Community Hospital (Burlingham Ward); Malvern Community Hospital (outpatient clinics); and Tenbury Community Hospital (outpatient clinics).
We have three main commissioners: Redditch and Bromsgrove Clinical Commissioning Group; South Worcestershire Clinical Commissioning Group; and Wyre Forest Clinical Commissioning Group.

We have an annual budget of £350million and service a population of more than 550,000 providing a wide range of surgical, medical and rehabilitation services. We have nearly 6,000 staff and provide services predominantly to the people of Worcestershire. However, patients do also come from further afield, most notably from Herefordshire, Dudley, South Staffordshire, Shropshire, Warwickshire and Birmingham. Every year we care for nearly 800,000 patients including 90,000 people who need operations, 130,000 people in A&E and 500,000 outpatients. More than 6,300 babies are born in our Trust every year.

ALEXANDRA HOSPITAL, REDDITCH
The Alexandra Hospital in Redditch opened in 1985. It serves a population of approximately 200,000 and has 360 beds. The hospital is the major centre for the county’s urology service. The hospital has seven operating theatres, MRI and CT scanners and cancer unit status for breast, lung, urology, gynaecology and colorectal cancers. There is a multi-disciplinary education centre with library, teaching and study areas.

Our plan for the Alexandra Hospital is to increase the amount of planned elective activity carried out at the hospital, especially in orthopaedics.

KIDDERMINSTER HOSPITAL AND TREATMENT CENTRE
Kidderminster Hospital houses Kidderminster Treatment Centre which offers outstanding clinical facilities and patient accommodation for a wide range of daycase, short stay and inpatient procedures. The nurse-led minor injuries service is open 24 hours a day and treats more than 2,000 patients every month. It can deal with a wide variety of injuries including simple fractures, soft tissue injuries, lacerations, bites, burns and scaled. Other facilities at the Kidderminster site include a full range of outpatient clinics – including outpatient cancer treatment in the Millbrook Suite – MRI and CT scanners and a renal dialysis unit. There is also a modern education centre with seminar rooms, IT suite, library and break out areas.

Our plan for Kidderminster is to increase the number of daycase, short stay and inpatient procedures performed and for it to become an elective centre for the Trust.

WORCESTERSHIRE ROYAL HOSPITAL
Worcestershire Royal Hospital is the latest of the Trust’s three sites. The main hospital was built under the private finance initiative (PFI) and opened in 2002. It provides specialist services for the whole of Worcestershire including stroke services and cardiac stenting. The hospital has nine operating theatres including four laminar theatres. It has a level 2 neonatal intensive care unit and a cardiac catheterisation laboratory. The 24/7 Primary Percutaneous Coronary Intervention (PPCI) service began in October 2013. It has 500 beds and serves a population of more than 550,000.

The county’s brand new, state-of-the-art Oncology Centre was officially opened by HRH the Princess Royal in April 2015. Developed in partnership with University Hospitals Coventry and Warwickshire, the £25 million Worcestershire Oncology Centre will enable 95 per cent of radiotherapy to be delivered within Worcestershire. For patients, their families and their carers, who previously had to travel to Coventry, Cheltenham or Wolverhampton for radiotherapy treatment, cancer services will be more accessible than ever, saving an estimated one million miles of travel every year.

The Meadow Birth Centre has four birthing rooms and up to 1,000 women are expected to give birth in the unit every year. The brand new £500,000 birth centre is run by 14 experienced midwives and 7 maternity support workers, and opened in March 2015. The Centre offers a safe and comfortable environment for ‘low risk’ women who have had no complications or medical problems during their pregnancy to give birth in. University of Worcester Vice Chancellor Professor David Green has praised the Meadow Birth Centre following a visit to celebrate the success of a joint working partnership.

Our plan for the Worcestershire Royal is for it to specialise in more complex and tertiary services for patients from across the county, giving them access to services that they would previously have had to travel out of county for.
We have recently opened our state-of-the-art Worcestershire Oncology Centre, which will provide radiotherapy services in county for the first time. Other developments include a dedicated Breast Unit which opened in 2016.

**FUTURE OF ACUTE HOSPITAL SERVICES IN WORCESTERSHIRE**

The Future of Acute Hospital Services in Worcestershire programme is led by Worcestershire’s three Clinical Commissioning Groups (CCGs) and aims to secure high quality, safe and sustainable acute hospital services. The Programme has developed a clinical model for Worcestershire.

Proposals to improve local health services in Worcestershire have been approved. The three Governing Bodies of NHS Redditch and Bromsgrove, NHS South Worcestershire and NHS Wyre Forest – who are responsible for buying healthcare services for Worcestershire residents – made the decision to support a clinical model which will bring stability and certainty to the local acute hospital service.

The model, which has taken over five years’ to develop, will see the:

- Centralisation of emergency surgery to Worcestershire Royal Hospital with skilled staff which will improve outcomes and patient experience
- Creation of centres of excellence for planned surgery at the Alexandra Hospital
- Retention of emergency and urgent care services at the Alexandra Hospital
- Centralisation of inpatient care for children at Worcestershire Royal Hospital with the majority of children’s care remaining local
- Centralisation of births at Worcestershire Royal Hospital with ante-natal and post-natal care remaining local
- Day-case and short-stay surgery increased at Kidderminster Hospital and Treatment Centre.

In addition they made a number of recommendations on future staffing levels, transport, maternity services and the quality of services.

The decision follows an extensive consultation process.

**MANAGEMENT STRUCTURE OF THE TRUST**

Overall responsibility for the Trust rests with the Trust Board. Operationally the Trust is divided into four divisions – Medicine, Surgery, Women’s and Children’s, and the Specialised Clinical Support Division. Services are run on a countywide basis.

**QUALITY OF CARE**

Patients managed by the Trust expect and deserve the highest quality care available. You have a duty to ensure that high quality care is delivered. Quality care is defined as:

- Evidence based care
- Delivered safely
- Meeting patient expectations.

You will demonstrate:

*Evidence based care* is being delivered by regular planned audits demonstrating levels of compliance with care delivery and outcome measures.

*Safe delivery* of care by regular planned morbidity and mortality reviews using tools such as the Institute for Healthcare Improvement Global Trigger Tool and the Dr Foster database.
That care delivered meets *patient expectations* by regular planned surveys of patient groups under their care.

The outcomes of these quality assessments lead to a cycle of continuous improvement by generating and implementing demonstrable quality improvements.

This activity will be reviewed as part of your annual appraisal and job plan review.

**PROCUREMENT AND USE OF EQUIPMENT AND PRODUCTS**

You will comply with Trust rules and practices in respect to the purchase and use of equipment and products (including medicines). This includes compliance with relevant ordering systems such as the Pharmacy Department “Ascribe” Ordering system.

**NOVEL THERAPEUTIC INTERVENTIONS POLICY (ANY INTERVENTION NEW TO THE TRUST)**

To ensure patient safety any procedure that has not been previously performed in the Trust must be approved by the Patient Safety Committee. The Committee needs to be assured that the intervention is safe and effective and that the staff involved are appropriately trained. The Committee may also have a view on ongoing audits.

**RESPONSIBILITY FOR JUNIOR DOCTORS**

Consultants are responsible for the patients under their care including care delivered by junior doctors on their behalf. You will be expected to supervise and line manage junior doctors in accordance with Trust and Health Education West Midlands protocols.

**MANDATORY TRAINING**

We are required to ensure that staff undertake training specific to the nature of their working environment (mandatory training). You have a duty and responsibility to ensure you undertake mandatory and essential training as deemed appropriate for their role.

**APPRaisal AND JOB PLANNING**

You have a responsibility to ensure you actively participate in an annual appraisal and job planning in line with Trust policy and practices.

**MENTORING**

New consultants will be allocated a senior consultant in the Trust to meet with and provide support during their first years.

**COMPLAINTS**

Health care is a publicly funded service with constantly rising public and user expectations. Whilst recognising on occasions complaints may be arise from unrealistic expectations the vast majority are absolutely justified. We expect you to constructively accept comments from complaints, respond within 20 days, learn from them and offer an apology when it is due. As an ambassador of the Trust you should listen to the patients concern and work with them to provide a solution; suggesting they should complain to get something done is wholly unacceptable.

**E-CONSENT**

In line with best practice you are not expected to take consent for a procedure you would not normally do unless specifically trained to do so. The Trust has invested in an e-consent system that enables specific information to be provided to patients and also ensure only appropriate individuals consent the patient. You will need to familiarise yourself with the system and if appropriate work with the Trust to ensure the e-consent system is appropriately tailored for their practice.

**EDUCATION**

The post-holder will be expected to assist in teaching and training of junior medical staff and other professional groups within the Trust. The Trust will be receiving increased numbers of medical students in the next academic year and an interest in teaching and training would be an advantage.
The Trust is playing an increasingly important role in the training of Birmingham University medical students and Warwick University undergraduates. In addition, The Trust plans to assist Medical Schools in the strategic planning and delivery of medical courses. The Trust has two Heads of Clinical Teaching Academy who lead and manage undergraduate clinical education.

It is hoped therefore that the post holder will play a role in the planning and delivery of the medical students training programme in Renal Medicine. An allocation of 0.25 PA per trainee is available for a formal Educational Supervisor role.

**ORGANISATION OF WARDS AND SERVICES**
In order to offer the best possible care to all patients, the Trust requires that all patients are discharged from an acute setting as soon as they are clinically fit to do so. We use the Department of Health approved system for ‘Expected date of discharge’ (EDD). Medical plans are to be recorded in patient’s notes to facilitate nurse-led discharge. The post-holder will work within our agreed Standards of Medical Ward Rounds.

These standards are that Consultant rounds will take place in a planned manner with nursing and (as appropriate) MDT input. Consultants routinely work in specialty and ward based teams to enable patients to be reviewed on a daily basis by a decision making Doctor. Our standard also requires all patients to be reviewed by a Consultant within 15 hours of admission (24 hours on weekends and Bank Holidays).

**PROFESSIONAL MANAGEMENT RESPONSIBILITIES**
The post-holder will supervise junior doctors, relevant nursing and allied healthcare professionals and will assist in their training in accordance with established departmental policies and protocols and appraisal where appropriate.

Participate in undergraduate/postgraduate teaching as appropriate. There are regular rotations of medical students from the University of Birmingham.

**SECRETARIAL SUPPORT & OFFICE ACCOMMODATION**
Post-holder will be provided with office accommodation, including IT facilities, and secretarial support. PCs with intranet and internet access are provided across the Trust.

**CLINICAL DEVELOPMENT AND RESEARCH**
Worcestershire Acute Trust has a long tradition of providing excellent clinical based research within a District General setting. There is a strong and active R&D Department and a regular R&D Committee which all Consultants can attend. An interest in research activity would be accommodated by negotiation in the post-holder’s job plan if possible.

In the past the R&D Department has been very successful in obtaining Support for Science monies and prior to that Culyer funding.

Several Research Nurses have been funded by the Department to pump prime research projects. There is an independent Islet Research Laboratory which has been on site for many years and provides cellular research. There are very strong links with Academic Departments, particularly the University College Worcester which has the National Pollen Laboratory and a number of departments have co-sponsored PhD students in the past.

Worcester is also fortunate in being close to QinetiQ and there have been a number of combined research projects in clinical medicine including neurophysiology and obstetrics.

Further information regarding the Department can be obtained directly from R&D on 01905 760221.

**COMPETENCE**
The post holder is responsible for limiting his/her actions to those which s/he feels competent to undertake. If the post holder has any doubts as to his or her competence during the course of his/her duties then s/he should immediately speak to their line manager or supervisor.
CODES OF CONDUCT
All employees of the Trust are required to be registered with a professional body, to enable them to practise within their profession. All employees are required to comply with their code of conduct and requirements of their professional registration as well as the Code of Conduct for Private Practice.

DISCLOSURE AND BARRING SERVICE (FORMERLY CRB) DISCLOSURE
The Trust aims to promote equality of opportunity for all, with the right mix of talent, skills and potential. Criminal records will be taken into account for recruitment purposes, only when the conviction is relevant. The Trust will undertake the relevant Standard or Enhanced DBS disclosure in accordance with 2012 Protection of Freedom Act and DBS guidance. In summary, a Standard Check will be used where an individual’s work is concerned with the provision of healthcare services, which is of such a kind to enable the holder of that employment to have access to recipients of such services in the course of their normal duties. An Enhanced DBS Check (including the Children’s and Vulnerable Adults barring lists) will be used if they engage in what is defined as “Regulated Activity” which are jobs that involve caring/supervising or being in sole charge of children/vulnerable adults.

CONFIDENTIALITY & INFORMATION SECURITY
All our staff must recognise and respect the need for confidentiality. Other than in the performance of normal duty or with the specific consent of the Trust, you must not, during your employment with the Trust, disclose or use any confidential information relating to patients, staff, visitors or Trust business.

The Trust fully upholds the ‘Caldicott Report’ principles and you are expected within your day to day work to respect the confidentiality of patient identifiable information. This includes the safeguarding of all personal data stored on computers and memory devices.

The Trust is required to comply fully with the provisions of the Data Protection Act 1998. You must not at any time use any personal data held by the Trust for any purpose not described in its Register entry or disclose such data to a third party. In addition, you must follow Trust rules and instructions on all issues of data protection.

RECORDS MANAGEMENT
All employees of the Trust are legally responsible for all records that they gather, create or use as part of their work within the Trust (including patient, financial, personnel and administrative), whether paper or computer based. All such records are considered public records and all employees have a legal duty of confidence to service users. Employees should consult their manager if they have any doubt as to the correct management of records with which they work.

HEALTH & SAFETY
Employees must be aware of the responsibilities placed on them under the Health and Safety at Work Act (1974) and the Manual Handling Operations Regulations (1992). This ensures that the agreed safety procedures are carried out to maintain a safe environment for employees, patients and visitors to the Trust.

INFECTION CONTROL
Employees must accept personal responsibility and accountability for Infection Prevention and Control practice. Employees should ensure they are familiar with, and comply with, all relevant Infection Control policies for minimising the risk of avoidable ‘Health Care Associated Infection’. All Employees must undertake annual mandatory updates in Infection Control.

NON SMOKING POLICY
The Trust’s approach to smoking is in line with the government’s on-going initiatives for an eventual smoke-free environment. It aims to adhere to the Worcestershire Health Community Campaign to help Worcestershire stop smoking.

A no smoking environment policy exists within all Trust premises including entrances and exits to hospital buildings and on other Trust property (with the exception of staff resident in staff residences, as these are the
homes of staff). In June 2014 a ban was implanted which meant staff, contractors and volunteers were no longer permitted to smoke in any of the hospital grounds, including car parks.

Further to this, The Alexandra, Kidderminster and Worcestershire Royal Hospitals, have all become smoke free to all patients and visitors as of 17 June 2015. This means that, as well as staff, members of the public, patients and visitors are not allowed to smoke in any of the acute hospital grounds, including car parks.

RISK MANAGEMENT
It is a standard element of the role and responsibility of all employees of the Trust that they fulfill a proactive role towards the management of risk in all of their actions. This entails the risk assessment of all situations, taking appropriate actions, and reporting all incidents, near misses, and hazards promptly. It is a contractual obligation that all employees must co-operate with any investigations undertaken.

CHILDREN AND VULNERABLE ADULTS
You have a responsibility for promoting and safeguarding the welfare of the children/young people/vulnerable adults that you come into contact with or are responsible for in your job role and sphere of competence.

EQUAL OPPORTUNITIES
The Trust has a clear commitment to equal opportunities for all in employment practices based on an applicant’s ability, skills and aptitude for the post. A range of equality & diversity policy initiatives are in place and all successful applicants are expected to familiarise themselves with these. It is therefore the duty of every employee to comply with the detail and spirit of these policies and the law at all times. Any issues or concerns you have should be taken up with the recruiting manager or the human resource team as soon as possible.

CONFLICT OF INTEREST
The Trust is responsible for ensuring that the service provided for patients and its care meet the highest standard. Equally, it is responsible for ensuring that staff do not abuse their official position for personal gain or to benefit their family or friends. The Trust’s Standing Orders require any member of staff to declare any interest, direct or indirect, with contracts involving the Trust. Staff are not allowed to further their private interests in the course of their NHS duties.

The purpose of this post should remain constant, but the duties and responsibilities may vary over time within the overall role and level of the post. The post holder may from time to time be asked to undertake other reasonable duties. Any such changes will be made in discussion with the post holder in the light of service needs.

Signed

Post Holder’s Name________________________________________________________

Signature_________________________ Date________________________

Manager’s Name_______________________________________________________

Signature_________________________ Date________________________
Appendix 1

Medical Consultant Staffing – Trustwide

Respiratory Medicine
Dr A Lal, Consultant Physician (Respiratory)
Dr D Brocklebank Consultant Physician (Respiratory)
Dr S Tan, Consultant Physician (Respiratory)
Dr Ansari, Consultant Physician (Respiratory, locum)
Dr Khan, Consultant Physician (Respiratory, locum) Prof S O’Hickey, Consultant Physician (Respiratory)
Dr S Deacon, Consultant Physician (Respiratory)
Dr C E Hooper, Consultant Physician (Respiratory)
Dr Homewood, Consultant Physician (Respiratory, locum)
Dr. Cusworth, Consultant Physician (Respiratory)

Endocrinology/Renal Medicine Team –
Dr I Babar, Consultant Physician AH
Dr D Jenkins, Consultant Physician (Endo/Diabetes) WRH
Dr S Spencer, Consultant Physician (Nephrology) WRH
Dr M Ferring, Consultant Physician (Nephrology) WRH
Dr W Oh, Consultant Physician shared (Nephrology) WRH

Cardiology
Dr D Abban, Consultant Cardiologist AH
Dr T Khattak, Consultant Cardiologist AH
Dr R Taylor, Consultant Cardiologist AH
Dr A Scriven, Consultant Cardiologist WRH
Dr J Trevelyan, Consultant Cardiologist WRH
Dr H Routledge, Consultant Cardiologist WRH
Dr D Smith, Consultant Cardiologist WRH
Dr W Foster, Consultant Cardiologist WRH
Dr A French, Consultant Cardiologist WRH
Dr W Roberts, Consultant Cardiologist WRH
Dr D Wilson, Consultant Cardiologist WRH
Dr D Goyal, Consultant Cardiologist, WRH

Gastroenterology
Dr I Ahmad, Consultant Physician AH
Dr N Hudson, Consultant Physician WRH
Dr I Gee, Consultant Physician WRH
Dr A Elagib, Consultant Physician WRH
Dr T Haldane, Consultant Physician WRH
Dr D Cheung, Consultant Physician WRH

Geriatric Medicine
Dr R Mildner, Consultant Physician AH
Dr R Dutta, Consultant Physician WRH
Dr S Patanwala, Consultant Physician (locum) WRH
Dr Siddiqui, Consultant Physician (locum) AH
Dr Qureshi, Consultant Physician (locum) AH

**Stroke Medicine (WRH – Stroke Unit)**
Dr B Vincent, Consultant Physician (Stroke Medicine, locum)
Dr Arshad, Consultant Physician (Stroke Medicine, locum)
Dr A Garcia, Consultant Physician (Stroke Medicine)
Dr N Ribeiro, Consultant Physician (Stroke Medicine)

**Acute Medicine (MAU AH & WRH)**
Dr D Brocklebank, Consultant Physician AH
Dr A Lal, Consultant Physician AH
Dr S Tan, Consultant Physician AH
Dr D Jenkins, Consultant Physician WRH
Dr M Marimon, Consultant Physician WRH
Dr Oh, Consultant Physician shared WRH
Dr K Elnasri, Consultant Physician WRH (locum)
Dr Elkatim, Consultant Physician WRH (locum)
Dr Naas, Consultant Physician (locum)
Dr Maharaj, Consultant Physician (locum)

**Neurology**
Dr T Heafield, Consultant Neurologist
Dr M. Wilmot Consultant Neurologist
Dr B Wright Consultant Neurologist
Appendix 2

**ACTIVITY DATA**
Patients per clinic = 12 patients - 3 new, 9 follow-ups
30 minutes per new
15 minutes per follow up