DIRECTORATE OF RADIOLOGY

SPECIALISED CLINICAL SERVICES DIVISION

COUNTY-WIDE

JOB DESCRIPTION

CONSULTANT RADIOLOGIST WITH AN INTEREST IN INTERVENTIONAL RADIOLOGY

FULL TIME/PART TIME

REF: 365-A-17-60849
INTRODUCTION
This new post develops and supports the Radiology service in Worcestershire, and joins a team of 26 Radiology Consultants across the County, including 4 Interventional Radiologists.

The post will be based at Worcestershire Royal Hospital with sessions across the county (Kidderminster Treatment Centre or Alexandra Hospital, Redditch).

Vascular Interventional radiology services are provided at Worcestershire Royal Hospital for the counties of Herefordshire and Worcestershire with a catchment population approaching 1 million. We provide a full range of vascular techniques including a comprehensive EVAR service and venous and peripheral arterial intervention including limb salvage procedures. We expect an increasing role with oncological intervention with the recent development of a comprehensive on-site oncology service at the Worcester site.

The Worcestershire Acute NHS Trust is a multisite Trust with acute services, including vascular surgery and arterial intervention provided at Worcestershire Royal Hospital. The urology service is based at the Alexandra Hospital with associated urological interventions.

The Directorate will be flexible and would wish to accommodate any particular special interests that candidates may have. The post holder will be expected to participate in an interventional radiology on-call rota of 1 in 6 frequency. Catchment area for out of hours referrals covers the neighbouring Worcestershire Acute and Wye Valley NHS Trusts. A final agreed work programme will be included within the job plan, which will be subject to annual review with the Clinical Director and Directorate Manager for Radiology.

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 *(includes clinical activity, clinically related activity, predictable & unpredictable emergency work)*

Cross-site travel and clinical administration time is included in each session of DCC.

Supporting Professional Activities:
1.5 PA’s per week *(includes CPD, audit & teaching)*

Although 1.5SPA is the minimum required amount for revalidation, there is currently no intention for the post-holder to assume a leadership role within the directorate. However, if a specific departmental leadership role is undertaken by the post-holder it is expected that 1 DCC 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.
On call: 1 PA for on call and Category A 5% on-call availability supplement. Rota frequency is anticipated to be 1 in 6.

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.

REPRESENTATIVE TIMETABLE

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A M</strong></td>
<td>PACS based reporting</td>
<td>WRH IR</td>
<td>ALX or KTC IR</td>
<td>Admin, planning, consent, support OP clinic</td>
<td>Flexible DCC with an emphasis on non-angio suite IR, such as CT guided interventions. An interest in developing tumour ablation techniques and novel therapies is encouraged.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P M</strong></td>
<td>WRH IR</td>
<td>ALX or KTC US</td>
<td>Vascular MDT and other Oncology MDT as per specialty interest to be negotiated and not essential requirement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bold = Direct clinical care. Non-bold = supporting professional activities

CONTINUING PROFESSIONAL DEVELOPMENT

This post has an allocation of study leave of 30 days over a 3 year period, pro rata. The Directorate encourages regular CPD and fundamental to this new contract is that you will receive an annual appraisal and develop a portfolio to record progress in your role, demonstrating this commitment in accordance with College guidance.

The Trust supports the requirements for Continuing Medical Education as laid down by the Royal College of Radiologists and is committed to providing time and financial support for these activities.

RADIOLOGY DIRECTORATE CLINICAL SERVICES

This is provided as a single cross-county Directorate, with main services on two Acute sites in Worcester and Redditch and at the Treatment Centre in Kidderminster. Additional community based services are hosted within Community Hospitals in Bromsgrove, Evesham, Malvern and Tenbury Wells without consultant radiologist presence.
Worcestershire Royal Hospital, Kidderminster Treatment Centre and the Alexandra Hospital have a single Trust wide PACS and this includes the community hospitals in Worcestershire. A comprehensive and user friendly Radiology information System is installed (CRIS). There is a well-developed Trust Intranet with the Royal College of Radiologists’ Guidelines for Doctors available on line. The intranet is linked to the World Wide Web and several medical literature and evidence databases.

Cancer services are provided on all three sites with regular Multi-Disciplinary Meetings and the new Worcestershire Oncology Centre provides radiotherapy services.

The Directorate is supported by a General Manager with a cross-county Chief Radiographer. The annual budget is £12 million.

Monthly cross county Directorate meetings are held with representatives of Consultant staff from each site. The Directorate has had considerable success in reducing waiting times, costs and improving cross-site team working with innovative service developments.

LINKS WITH OTHER SERVICES AND UNITS
Active involvement in relevant MDT meetings is expected. There is a weekly vascular MDT. Participation in one other oncology MDT is encouraged but not essential.

There is regular hospital grand round meetings each week, at the Alexandra and Worcestershire Royal Hospitals and the radiology directorate is frequently involved in these.

POST PROFILES
The exact programme activity allocation will be subject to agreement with the Clinical Director; an indicative Job Plan is included. The distribution of programmed activities will be similar to that of the other Consultant Interventional Radiologists with regard to reporting and other aspects of Direct Clinical Care. The remaining PA’s reflect supporting professional activities. These may include teaching, audit, research and CPD.

The Post-holder will join the Interventional Radiology on-call rota (initially 1 in 6) with a main base at Worcestershire Royal Hospital and in rare circumstances the Alexandra Hospital.

REPORTING TO
Clinical Lead/Director of Radiology

REVIEW OF JOB DESCRIPTION
This job description, together with the job plan, will be reviewed annually and agreed with the Chief Executive, Chief Medical Officer and Clinical Director to ensure that it continually reflects the areas of work, clinical responsibility of the post and purchaser requirements.

DUTIES AND RESPONSIBILITIES - GENERAL
- A suitably experienced post-holder will be expected to provide a clinical service in Radiology to patients of the Worcestershire Acute Hospitals NHS Trust and to General Practitioners.

- The post-holder will be expected to provide Radiology to patients of the Worcestershire Acute Hospitals NHS Trust, General Practitioners 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 three sites and closer to the patients home. The Trust is seeking to extend services to GP surgeries/health centres etc and job plans may be revised in due course.
• The post-holder will provide consultation and 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 described by DOH and leading to revalidation and job planning process.

• The post-holder will seek approval for 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 post-holder will participate in the on call rota to ensure that both emergency and urgent services are provided out of normal hours, to be shared equally with Consultant colleagues in post.

• The Trust would expect a consultant whilst undertaking on-call duties to attend the hospital site to review patients when clinically necessary. The consultant on call must be prepared to attend willingly whenever requested to do so by a member of their medical and nursing team.

• The post-holder, whilst undertaking weekend on call duties, will attend the hospital to undertake patient reviews.

• Consultants will provide cross cover for periods of annual and study leave.

• 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 participate in regular clinical meetings, post-graduate activities and maintain continuing medical education in accordance with the requirements of the relevant Royal College and General Medical Council. The Post-holder will ensure their own practice is up to date and they support the principles of revalidation by the GMC.

• 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.
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 £350 million 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 five 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 on-going 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 publically 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 a 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 Radiology. 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. The department is involved in the practical training of Radiology.

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.

The Trust supports the requirements for Continuing Medical Education as laid down by the Royal College of Radiologists and is committed to providing time and financial support for these activities.

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**

### CONSULTANT RADIOLOGISTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Special Interests, Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr R J Johnson, FRCR</td>
<td>WRH &amp; ALX</td>
</tr>
<tr>
<td>Clinical Director</td>
<td></td>
</tr>
<tr>
<td>(Special Interests, GU)</td>
<td></td>
</tr>
<tr>
<td>Dr J Braid, FRCR</td>
<td>WRH &amp; KTC</td>
</tr>
<tr>
<td>Clinical Governance Lead</td>
<td></td>
</tr>
<tr>
<td>(Special Interests, Cross section, GI, GU)</td>
<td></td>
</tr>
<tr>
<td>Dr S Wadhwani, FRCR</td>
<td>WRH &amp; ALX</td>
</tr>
<tr>
<td>(Special Interests, GU, GI, non-vascular intervention)</td>
<td></td>
</tr>
<tr>
<td>Dr S Rashid, FRCR</td>
<td>WRH &amp; ALX</td>
</tr>
<tr>
<td>(Special Interests, Intervention)</td>
<td></td>
</tr>
<tr>
<td>Dr M Malaki, FRCR</td>
<td>WRH &amp; ALX</td>
</tr>
<tr>
<td>(Special Interests, Intervention)</td>
<td></td>
</tr>
<tr>
<td>Dr H-J Stellingwerff, FRCR</td>
<td>WRH &amp; ALX</td>
</tr>
<tr>
<td>(Special Interests, MSK)</td>
<td></td>
</tr>
<tr>
<td>Dr A Vasilogiannakis, FRCR</td>
<td>WRH &amp; KTC</td>
</tr>
<tr>
<td>(Special Interests, Cross section and breast)</td>
<td></td>
</tr>
<tr>
<td>Dr U L Udeshi MB, BCh, FRCR</td>
<td>KTC &amp; WRH</td>
</tr>
<tr>
<td>(Special interests: Musculoskeletal Radiology &amp; MRI)</td>
<td></td>
</tr>
<tr>
<td>Dr. G. M'Kandawire FRCR</td>
<td>KTC &amp; ALX</td>
</tr>
<tr>
<td>(Special interests: Cross Sectional Imaging)</td>
<td></td>
</tr>
<tr>
<td>Dr B Wittkop FRCR</td>
<td>KTC &amp; WRH</td>
</tr>
<tr>
<td>(Special interests: Cross-sectional imaging, ENT &amp; Musculoskeletal Radiology, Nuclear Medicine)</td>
<td></td>
</tr>
<tr>
<td>Dr S Parsonage FRCR</td>
<td>Part time WRH &amp; KTC</td>
</tr>
<tr>
<td>(Special interests: Cross-sectional imaging)</td>
<td></td>
</tr>
<tr>
<td>Dr F H Jenkins FRCR, DMRD</td>
<td>ALX &amp; Breast Screening</td>
</tr>
<tr>
<td>(Special Interests: Paediatrics, Mammography &amp; Ultrasound)</td>
<td></td>
</tr>
<tr>
<td>Dr C J Phillips FRCR MBA</td>
<td>ALX</td>
</tr>
<tr>
<td>(Special Interests: Cross-sectional Imaging, Oncology &amp; Interventional)</td>
<td></td>
</tr>
<tr>
<td>Dr S R Bailey FRCR</td>
<td>Part time; WRH &amp; Breast Screening</td>
</tr>
<tr>
<td>(Special interests: Breast Radiology)</td>
<td></td>
</tr>
<tr>
<td>Dr P L Slaney FRCS (Ed) FRCR</td>
<td>WRH</td>
</tr>
<tr>
<td>(Special interests: Vascular imaging,</td>
<td></td>
</tr>
</tbody>
</table>
Interventional Radiology, CT)

Dr A Baxter  FRCR  WRH & KTC
(Special Interests: Cross-sectional imaging, Colorectal, Paediatric Radiology)

Dr S P Vijayraghavan FRCR  WRH & ALX
(Special Interest: Vascular Interventional Radiology, Neuro)

Dr A Lahiri, FRCR  WRH & KTC
(Special Interest Cross sectional imaging)

Dr J Heron, FRCR  WRH & KTC
(Special interest Interventional Radiology, UGI)

Dr I Nagra, FRCR  WRH & ALX
(Special interest cross sectional Radiology, cardiac)

Dr J Stevens, FRCR  WRH & KTC
(Special interests, Breast)

Dr P Haggett, FRCR  WRH
(Breast Clinical Lead)

Dr A Nilak, FRCR  WRH
(Cross section, paediatric radiology)

Dr S Ramnavas  WRH & ALX
(Cross section)

Dr K Karanth  WRH & ALX
(Cross section)

Vacancy x 2

DEPARTMENTAL PROFILES

ALEXANDRA HOSPITAL

TECHNICAL STAFF

Radiographic staff  21 WTE in post
Clerical staff  12 WTE in post
Radiographer Helpers - part-time  4 in post
Radiographer Assistant Practitioners  2 in post

Further qualifications:

Radiographers  8 hold DMU qualifications
3 hold a BSc degree
1 has HDCR
2 hold mammography accreditation
3 hold certificate in appendicular A & E
reporting. 1 holds a certificate in axial A&E reporting also
1 holds a certificate in mammography reporting
3 qualified in barium enema examinations
1 holds a diploma in IVU reporting
1 holds a CT certificate in CT Head scan reporting

FACILITIES AND EQUIPMENT

The Alexandra Hospital was opened in October 1986; the modern department has subsequently expanded and a regular programme of equipment replacement and additions has been made.

The facilities include:

- Philips Eleva digital screening / interventional room (2009)
- Philips Omni Diagnostic Screening room (2001)
- Philips Brilliance Multi-Slice (70) CT scanner (2010)
- 1.5T Philips MRI Scanner (2005)
- Linear Tomography and IVU room – Philips (2000)
- Orbix Skull Unit and Orthopantomograph/Cephalometry set
- General plain film Philips room
- General plain film Philips room (orthopaedic Centre)
- Hologic DR Mammo unit (2010)
- Two Mobile Image Intensifies
- Philips IU22 ultrasound units x2 (2002)

The pan-county Radiological Information System runs at all sites within the county. It provides facilities for patient registration, film location, appointments, reporting and disease indexing along with a wide range of statistical analysis (1998).

The X-Ray Department at The Princess of Wales Community consists of 1 General Purpose X-Ray room and 1 Ultrasound room. The department is filmless with Insignia PACS.

WORCESTERSHIRE ROYAL HOSPITAL

TECHNICAL STAFF

Radiographers 38.63WTE
Advanced Practitioner 3.26WTE
Sonographers (Advanced Practitioners) 10.02WTE
Assistant Practitioners 2.0WTE
Darkroom Staff/Helpers 10.16 WTE
Clerical Staff 13.06WTE
Nurses 2.44WTE

Further qualifications:
Radiographers 2 hold DMU qualifications
6 hold PG Dip. Medical Ultrasound
5 hold mammography cert. of competency
4 have PG Cert. Nuc.Med
1 has CT Cert. M Cert. CT head reporting
1 has DRI
2 hold qualification in Barium enemas
2 holds certificate in appendicular and Axial A & E reporting
2 holds certificate in appendicular A&E reporting

**FACILITIES AND EQUIPMENT**

County-wide Insignia PACS and integrated RIS on all sites. All units listed as install date 2002 other than the gamma camera are currently being replaced under the PFI hardware replacement programme.

Mammography – Mammatom Inspiration (2008)
4. Ultrasound Rooms (all equipped with Philips IU22 machines) (2009)
2. Toshiba 64 slice, 128 slice CT’s (2010-2011)
Nuclear Medicine: gamma camera duel headed Siemens E Cam Gamma (2002)
1.5 T Siemens Symphony MRI unit (2002)
Bone densitometry unit (2007)

**KIDDERMINSTER HOSPITAL AND TREATMENT CENTRE (KTC)**

**TECHNICAL STAFF**

Advanced Practitioners: 3.0 WTE
Radiographers: 12.51 WTE
Sonographers (Advanced practitioners): 2.6 WTE
Assistant Practitioners: 1.0 WTE
Helpers: 4.17 WTE
A & C: 10.54 WTE

The department has a 4 tier system for radiography staff. The skill mix is such that there are Practitioners undertaking Barium enemas, appendicular and axial reporting, many types of ultrasound and CT head reporting.

Radiographers Further qualifications
2 with DMU
1 with mammography accreditation
3 Undertaking barium Enemas
1 Appendicular and Axial reporting
1 CT Head CT scan reporting

**FACILITIES AND EQUIPMENT**

County-wide PACS and integrated RIS. The department is now ‘filmless and paperless’. A multislice CT Scanner was installed in 2002/03.
EQUIPMENT

2 General Radiography rooms including tomography Philips (2004)
Dental and OPG
Mammography and stereotactic localisation (2004)
3 Philips IU22 (2005)
(2005)
B & K Falcon Endoprobe (1999)
CT Scanner - Toshiba Aquillion multislice (2004)
Mobile Image Intensifier Xograph Ziem/Vista (2007)
Siemens 3T MRI Scanner (2010)

Tenbury Hospital has one general radiography room and processing facilities.

DEPARTMENTAL ACTIVITY PROFILES

WORCESTERSHIRE ROYAL HOSPITAL (Including Malvern & Evesham Community Sites)

ACTIVITY 2010/11:

<table>
<thead>
<tr>
<th>Total examinations</th>
<th>177,858</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Ultrasound</td>
<td>23,776</td>
</tr>
<tr>
<td>Obstetric Ultrasound</td>
<td>9,372</td>
</tr>
<tr>
<td>CT</td>
<td>18,051</td>
</tr>
<tr>
<td>MRI</td>
<td>6,879</td>
</tr>
<tr>
<td>Plain Films</td>
<td>107,918</td>
</tr>
<tr>
<td>Fluoroscopy</td>
<td>6,539</td>
</tr>
<tr>
<td>DEXA</td>
<td>3,582</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>1,741</td>
</tr>
</tbody>
</table>

KIDDERMINSTER HOSPITAL AND TREATMENT CENTRE (KTC) – (Including Tenbury Community Hospital)

ACTIVITY 2010/11:

<table>
<thead>
<tr>
<th>Total examinations</th>
<th>66,202</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Ultrasound</td>
<td>15,098</td>
</tr>
<tr>
<td>Obstetric Ultrasound</td>
<td>5,241</td>
</tr>
<tr>
<td>CT</td>
<td>8,058</td>
</tr>
<tr>
<td>MRI</td>
<td>5,449</td>
</tr>
<tr>
<td>Plain Films</td>
<td>30,378</td>
</tr>
<tr>
<td>Fluoroscopy</td>
<td>1,978</td>
</tr>
</tbody>
</table>

ALEXANDRA HOSPITAL – (Including Princess of Wales Community Hospital. Bromsgrove)

ACTIVITY in 2010/11

<table>
<thead>
<tr>
<th>Total examinations</th>
<th>125,994</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Ultrasound</td>
<td>21,599</td>
</tr>
<tr>
<td>Procedure</td>
<td>Count</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Obstetric Ultrasound</td>
<td>9,713</td>
</tr>
<tr>
<td>CT</td>
<td>13,140</td>
</tr>
<tr>
<td>MRI</td>
<td>5,471</td>
</tr>
<tr>
<td>Plain Radiography</td>
<td>72,847</td>
</tr>
<tr>
<td>Fluoroscopy</td>
<td>3,224</td>
</tr>
</tbody>
</table>