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University Hospital Southampton

Emergency Department LEADERSHIP pORTFOLIO

**Emergency Department Leadership Portfolio**

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# Clinical Lead

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| --- | --- |
| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | 4 PA |
| **Accountable to:** | Divisional Director of Operations, Divisional Clinical Director. |
| **Main Purpose:** | To act as the lead for the clinical workforce in the Emergency Department. |
| **Key Working Relationships:** | All medical and nursing staff within the ED, Trust Management and the Exec. |
| General Duties: | To act as lead for the medical workforce in the Emergency Department.  To act as the liaison between the ED and the Trust Management at care group, divisional and executive level.  To act as default point of contact for representatives from CCGs.  To act as the ED representative to the Trust Executive Board.  To Chair the ED Board  To work closely with the ED Matron to provide a strong working relationship between the ED medical and nursing staff, ensuring that the views of the nursing staff are considered in matters concerning the running and development of the ED.  To act as the default point of contact for General Practitioners and colleagues from other UHS departments and specialties.  To ensure that all consultants in the ED are appropriately job planned.  To ensure that all consultants are annually appraised, though this does not have to be personally delivered.  To lead on any disciplinary matters relating to the ED consultant body.  To present the views of the ED consultants and medical workforce to Trust management; to present the views of Trust management to the ED consultant body and workforce; to do so giving considered opinion that acknowledges the aims and beliefs of the trust whilst also taking into account the needs of the Department’s patients and the beliefs and well being of the Department’s staff.  To act as the ED representative to external organisations such as Monitor, CQC, etc  To oversee the medical workforce provision and development in the ED.  To support, encourage and promote the continuing development of the ED and its aim to provide a high quality service to our patients. |

# Clinical Governance Lead

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| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | 1.5 PA using clinical admin time as required |
| **Accountable to:** | Division B Governance Team, ED Clinical Lead |
| **Main Purpose:** | To lead the Governance group within ED to maintain continuous improvement in quality and safety of services including patient safety, experience and outcome. |
| **Key Working Relationships:** | ED Governance Team, Division B Governance Team |
| General Duties: | Chairing the monthly ED Governance meeting  Providing a summary report to Divisional Governance  Managing risk, maintaining the ED risk register in coordination with the Div B Governance team. Escalating risk to corporate levels when required.  Adverse event reporting  Investigating and responding to events, working in close liaison with Nursing leads.  Performing RCAs  Participating in scoping meetings and subsequent investigations of SECs/ SIRIs including attending SISG when required  Supporting medical staff involved in incidents  Coroners’ liaison for ED  Writing inquest statements for the coroner  Representing ED at inquests  Supporting Drs in training/ other health care staff involved in the inquest process  Producing an annual report summarizing adverse events/ Governance activities across the department  Chair 6 weekly ED risk and patient safety group  Sit on ED board to provide Governance focus to discussions/ decisions  Perform ad hoc audits/ thematic reviews as required by other agencies eg CQC or SISG |

# Lead for Complaints (Adults)

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| --- | --- |
| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | 1 PA using clinical admin time as required |
| **Accountable to:** | ED Clinical Lead, UHS Medical Director |
| **Main Purpose:** | To respond to any complaints involving the Emergency Department through the writing of a statement or through coordinating the provision of statements by others. |
| **Key Working Relationships:** | Liaison with UHS Complaints Department and other colleagues within the ED. |
| General Duties: | To respond to any complaints involving the ED through the writing of a statement or through coordinating the provision of statements by others.  If writing a statement personally this should be based where possible on a review of the ED clinical record and/or other relevant clinical records, and on information gained through interviewing the medical staff involved.  To work closely with the Nursing complaints lead to ensure a coordinated response that involves both medical and nursing issues.  To review the Trust’s formal complaint reply on behalf of the ED.  To represent the ED at any complaint meetings held with those who have complained, or with other members of the Trust.  To respond to any complaints upheld by the PHSO.  To provide support and feedback for those involved in a complaint.  To inform the relevant line managers, supervisors etc of persons involvement in a complaint if indicated.  To oversee the provision of a database of complaints the ED has been involved in.  To feedback through the ED Governance structure any concerns, themes or other information that is thought relevant that has bearing on patient safety.  To feedback to the Lead Clinician and/or other relevant parties any concerns, themes or other information that is thought relevant that has bearing on the quality of service provided in the ED.  To provide expert comment to the Trust’s legal services on any claims that involve the ED, and to provide feedback and support to any involved in the claims process.  To provide an annual complaint report to the Lead Clinician and ED Consultants. |

# Lead for Complaints (Children)

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| --- | --- |
| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | 0.25 PA using clinical admin time as required |
| **Accountable to:** | ED Clinical Lead, UHS Medical Director |
| **Main Purpose:** | To respond to any complaints involving the Children’s Emergency Department (CED) through the writing of a statement or through coordinating the provision of statements by others. |
| **Key Working Relationships:** | Liaison with UHS Complaints Department and other colleagues within the ED. |
| General Duties: | To respond to any complaints involving the CED through the writing of a statement or through coordinating the provision of statements by others.  If writing a statement personally this should be based where possible on a review of the ED clinical record and/or other relevant clinical records, and on information gained through interviewing the medical staff involved.  To work closely with the Nursing complaints lead to ensure a coordinated response that involves both medical and nursing issues.  To review the Trust’s formal complaint reply on behalf of the ED.  To represent the ED at any complaint meetings held with those who have complained, or with other members of the Trust.  To respond to any complaints upheld by the PHSO.  To provide support and feedback for those involved in a complaint.  To inform the relevant line managers, supervisors etc of persons involvement in a complaint if indicated.  To oversee the provision of a database of complaints the ED has been involved in.  To feedback through the ED Governance structure any concerns, themes or other information that is thought relevant that has bearing on patient safety.  To feedback to the Lead Clinician and/or other relevant parties any concerns, themes or other information that is thought relevant that has bearing on the quality of service provided in the ED.  To provide expert comment to the Trust’s legal services on any claims that involve the ED, and to provide feedback and support to any involved in the claims process.  To provide an annual complaint report to the Lead Clinician and ED Consultants. |

# College Tutor

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| --- | --- |
| **Grade** | Consultant of at least two years standing |
| **PAs per Week:** | 2 PA |
| **Accountable to:** | ED Clinical Lead  Divisional Director of Medical Education |
| **Main Purpose:** | To oversee the training of both Core Specialty and Higher Specialty Trainees in EM, on behalf of the CEM and the Trust Medical Director, or nominated deputy. |
| **Key Working Relationships:** | Emergency Medicine (EM) clinical and educational supervisors, Lead for EM Middle grade teaching, Lead for EM SHO teaching, College Tutor(s), Foundation Office, Divisional Director of Education, Senior nursing staff responsible for nursing/ENP education, EM simulation lead. |
| General Duties: | **Local**  Overseeing the delivery of medical education in the ED   * EM Middle grade education * EM SHO education * Consultant education   Ensuring allocation of clinical (and educational) supervisors for all trainees.  Ensuring all Educational Supervisors are up to date with appropriate local and regional training and are aware of their responsibilities  Be familiar with the structure of the training programme and curriculum of all PG trainees working in EM (please see Guide to Postgraduate specialty Training file in GDrive folder).  **Regional**  Be a member (or corresponding member) of the local EM School Education Committee or equivalent.  To liaise with the Trust Postgraduate Department, Educational Supervisors in EM and non-EM ACCS specialties and trainees, providing advice and guidance on the EM curriculum and assessment system.  Assist in the delivery of the Regional Training Programme, including preparation for the MCEM and FCEM examinations.  Ensure that a local EM Induction programme is in place and a record kept of attendees.  Ensure there is protected educational time for trainees, either departmental or regional but preferably both and, liaising with others responsible for training, ensure such time is appropriately used.  Advise on the balance between training and service needs and the impact of the Emergency Care Standard. Any issues relating to unnecessary duties without educational benefit, workloads or patient flows that have an impact on (or prevent) educational activities should be brought to the attention of the EM School, Local Education Provider and Regional Board for local resolution.  Be involved in the appointment process for Core and Higher Specialty trainees to the Trust, including participation in National Recruitment processes.  **Assessment of trainees**  The College Tutor will have a key role in co-ordinating appraisal and assessment of all EM trainees in the Trust.  Ensure that appraisals are held at the beginning and middle of each period of training, as outlined in the College curriculum and assessment system documents.  Ensure that all EM trainees have enrolled with the CEM for training and have access to the e-portfolio.  Ensure that all trainees have a personal learning plan, and that a final Structured Training Report is completed before the trainee’s ARCP.  Ensure workplace based assessments are completed according to College guidelines.  Ensure each trainee has been allocated an Educational and/or Clinical Supervisor whilst in the ED and whilst seconded to in-hospital specialties.  Assist with the ARCP process, using this periodic review to discuss possible improvements in the educational environment.  Ensure that all Emergency Consultants in their departments have been trained to an appropriate Deanery standard.  **Quality Assurance the training programme**  The College Tutor will participate in such actions as may be specified by the General Medical Council (GMC) and the Postgraduate School to monitor the  quality of training.  Facilitate local placement feedback, discussing any concerns raised with the relevant committee, and assisting in the correlation of problems.  Have a role in arranging and co-ordinating any necessary visits.  Have a role in assessing the educational value of individual posts for inclusion in the EM Training programme.  Provide an annual report to the Trust, EM School and Regional Board on the achievement of expected standards.  Have a role in making the CEM aware of any major concerns, particularly those relating to trainee or patient safety, which has not been resolved by local process.  Ensure all EM trainers utilise the EM curriculum in EDs and allied departments  Be available to sit on the local education committee  **Career advice and support**  The College Tutor will proved career guidance and practical support for trainees, in collaboration with Educational Supervisors and the EM School.  Have a role in providing specific advice and support to trainees in difficulty, in conjunction with the Training Programme Director.  Provide advice to trainees with particular training needs, including flexible training.  Meet with trainees and agree objectives for those who are unsuccessful in the MCEM or FCEM examinations.  Assist where trainees require confidential help from someone other than their Educational/ Clinical Supervisor.  **Link with the CEM regional boards**  The College Tutor will have close links with the CEM Regional Board and be expected to play a part in the delivery of Continuing Professional Development and training days, encouraging consultants in their Trust to attend.  Attend an annual training day, which will either be delivered locally by the School or centrally by the CEM.  Be expected to disseminate, and display in the ED, details of CEM activities relating to education and Continual Professional Development.  Represent the link between the trainees and the Regional Boards, expressing any concerns raised. |

# Undergraduate Education Lead

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| **Grade** | Consultant, Associate Specialist, Specialty Doctor |
| **PAs per Week:** | 0.5 PA |
| **Accountable to:** | ED Clinical Lead, ED Education Lead  Divisional Director of Medical Education |
| **Main Purpose:** | To coordinate all undergraduate medical educational activity within the ED |
| **Key Working Relationships:** | Leads for EM relevant portions of undergraduate programme (MIP3 lead, SSU3 lead, SSU5 lead, SSU5 P/H lead), Director of Medical Education |
| General Duties: | Overseeing undergraduate education in EM including   * UHS students - Medicine in practice 3 (MIP3), * 3rd year Selected Study Unit (SSU), * 5th year SSUs (EM and Pre-hospital). * Elective students (UK and International)   Ensure supervision of all undergraduate students in EM.  Provide teaching of undergraduate students in EM (according to the undergraduate curriculum).  Obtaining feedback from all medical students.  Attendance at all relevant undergraduate meetings.  Developing placement of EM within new medical school programme.  Keeping medical student calendar updated with all UHS/elective students attachments in EM.  Developing the EM undergraduate curriculum.  Keeping UHS EM Student Guide up to date.  Ensuring feedback from medical students is collected, collated, and forwarded to relevant staff. |

# AHP Education Lead

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| **Grade** | Band 8 Allied Health Professional |
| **PAs per Week:** | 1 PA |
| **Accountable to:** | ED Education Board (AHP), ED Board |
| **Main Purpose:** | To coordinate all AHP educational activity within the ED |
| **Key Working Relationships:** | ED AHPs, |
| General Duties: | Overseeing AHP education in the ED including  Ensure supervision of all ED AHPs.  Organise teaching of ED AHPs (according to the RCEM ACP curriculum).  Obtaining feedback about the education programme.  Attendance at ED Education Board. |

# Lead for Middle Grade Teaching

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| **Grade** | Consultant, Associate Specialist or Specialty Doctor |
| **PAs per Week:** | 0.25 PA |
| **Accountable to:** | ED Clinical Lead, ED College Tutor, Divisional Director of Medical Education |
| **Main Purpose:** | Organise the delivery an induction and weekly education programme for Higher Specialist Trainees, Specialty Doctors and CT3s. |
| **Key Working Relationships:** | ED Higher Specialist Trainees, Specialty Doctors, CT3s |
| General Duties: | Deliver a weekly education programme for Higher Specialist Trainees, Specialty Doctors and CT3s.  Ensure the teaching programme covers the RCEM FCEM syllabus.  Collate trainee evaluations after each session and feedback to those leading the session. |

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# Lead for SHO Teaching

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| **Grade** | Consultant, Associate Specialist or Specialty Doctor |
| **PAs per Week:** | 0.25 PA |
| **Accountable to:** | ED Clinical Lead, ED College Tutor, Divisional Director of Medical Education |
| **Main Purpose:** | Delivery of an induction and weekly education programme for FY2s, ACCS and GPVTS trainees. |
| **Key Working Relationships:** | ED FY2s, ACCS and GPVTS. College Tutor |
| General Duties: | Organise the delivery of a weekly education and induction programme for FY2s, ACCS and GPVTS trainees.  Ensure the teaching programme covers the RCEM EM syllabus.  Collate trainee evaluations after each session and feedback to those leading the session. |

# Lead for Simulation (Adult)

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| **Grade** | Consultant, Associate Specialist or Specialty Doctor |
| **PAs per Week:** | 0.25 PA |
| **Accountable to:** | ED Clinical Lead and ED College Tutor |
| **Main Purpose:** | The post-holder should introduce and maintain regular multi-disciplinary simulation within University Hospital Southampton ED. |
| **Key Working Relationships:** | All medical and nursing staff within the ED, |
| General Duties: | To introduce and maintain regular multi-disciplinary simulation within University Hospital Southampton ED.  To should champion simulation training within the ED and act as a liaison point for simulation training taking place elsewhere in the hospital and wider region.  Provide opportunities for staff to improve their simulation skills including simulation design, and debrief.  Facilitate the use of simulation to provide learning for individuals and teams; and to test systems or equipment.  The post-holder will provide a list of activities undertaken illustrating compliance with the job description 6 monthly.  To be made aware of any simulation occurring within the ED and ensure it adheres to best simulation practice (ie safe debrief, adequate dissemination of learning’s from simulation). |

# Lead for Simulation (Children)

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| --- | --- |
| **Grade** | Consultant, Associate Specialist or Specialty Doctor |
| **PAs per Week:** | 0.25 PA |
| **Accountable to:** | ED Clinical Lead, ED Paediatric Lead, ED College Tutor |
| **Main Purpose:** | The post-holder should introduce and maintain regular multi-disciplinary paediatric simulation within UHS Children’s Emergency Department (CED). |
| **Key Working Relationships:** | All medical and nursing staff within the CED, |
| General Duties: | To introduce and maintain regular multi-disciplinary simulation within UHS CED.  To should champion simulation training within the CED and act as a liaison point for simulation training taking place elsewhere in the hospital and wider region.  Provide opportunities for staff to improve their simulation skills including simulation design, and debrief.  Facilitate the use of simulation to provide learning for individuals and teams; and to test systems or equipment.  The post-holder will provide a list of activities undertaken illustrating compliance with the job description 6 monthly.  To be made aware of any simulation occurring within the CED and ensure it adheres to best simulation practice (ie safe debrief, adequate dissemination of learning’s from simulation). |

# Educational Supervisor

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| **Grade** | Consultant, Associate Specialist or Specialty Doctor |
| **PAs per Week:** | 0.25 PA per trainee |
| **Accountable to:** | Divisional Director of Medical Education. UHS Director of Medical Education |
| **Main Purpose:** | An educational supervisor is a named individual who is responsible for supporting, guiding and monitoring the progress of a named trainee for a specified period of time. |
| **Key Working Relationships:** | Educational Supervisee. College Tutor. ED Consultants. |
| General Duties: | To oversee the education of the trainee, acting as his/her mentor and meeting with the trainee to ensure that he/she is making the expected clinical and educational progress.  Ensure that all meetings occur in protected time and are held in a private and undisturbed environment.  They should meet with the trainee during the first week of his/her post to:-   * ensure that the trainee understands his/her responsibility for his/her own * learning, the structure of the programme, the curriculum, the educational opportunities available, the assessment system and the relevant portfolio * sign the Educational Agreement * develop a personal learning plan with the trainee which is mutually agreed and which will be the point of reference for future appraisals * establish a supportive relationship   Meet with the trainee to carry out regular educational appraisals, ensure review of and reflection on all aspects of Good Medical Practice.  Before each meeting, (and if necessary after the meeting) the educational supervisor should exchange information with those involved in the clinical supervision of the trainee and other key personnel with whom the trainee is working.  During each meeting:   * review progress with the personal learning plan * the personal learning plan should be updated if necessary * the supervised learning events, workplace based assessments and the attendance at formal teaching events should be reviewed * the trainee’s portfolio should be reviewed to ensure that it is being maintained and developed by the trainee. * clinical performance and professionalism should be * any complaints and / or serious incidents should be discussed and a reflective note written in the portfolio. These should be mentioned on the Educational Supervisors Report and the Enhanced Form R for the ARCP. * the trainee should be given honest and constructive feedback * the trainee should be given the opportunity to comment on his/her training and the support that is being provided. Any problems that are identified by the trainee should be discussed and a solution should be sought.   Ensure that the Educational Supervisor’s Structured Report is completed and returned to the Annual Review of Competence Progression Panel within the necessary timescales. This may require seeking feedback on the trainee’s performance from other Trainers and Clinical Supervisors.  Ensure that the trainee knows how to access careers advice and support.  If a trainee’s clinical performance and/or professionalism is not reaching the  required standard, the educational supervisor should ensure that   * This is discussed with the trainee as soon after the problem is identified as possible and that a written record of the meeting is kept * Remedial measures are put in place with clearly defined written objectives so that the trainee has the opportunity to correct any deficiencies * All relevant key personnel (including the Medical Director and the Postgraduate Dean) are kept fully informed.   If a trainee is otherwise in difficulty, the educational supervisor should ensure  that the local policy for managing trainees in difficulty is followed.  They should have received appropriate training for the role:-   * Completed the appropriate local / regional training * Understand educational theory and practical educational techniques * Be familiar with the structure of the training programme, the curriculum and * the educational opportunities available. * Be familiar with local policies for dealing with trainees in difficulty. * Have sufficient identified time in the job plan to carry out role effectively |

# Consultant Appraisal

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| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | Average of 0.25 PA across a year, but with most of this focussed around the time of annual appraisal. |
| **Accountable to:** | UHS Appraisal Lead, Henrick Steinbrecher |
| **Main Purpose:** | Annual appraisal is mandatory for all staff and should be performed by colleagues with expertise and training in the appraisal process |
| **Key Working Relationships:** | Liaison with those they are appraising, other appraisers within the ED and the UHS Appraisal Lead |
| General Duties: | To aid the ED and UHS as a whole deliver annual appraisal for all consultants and SAS doctors. Appraisal is separate from job planning.  The Emergency Department requires 4 Consultant Appraisers.  Each appraiser needs to undertake a minimum of 6 appraisals per annum.  Appraisers need to lead to collation of relevant generic appraisal supporting information for the department (Ghost folder or equivalent). This should include an annual report from leads for clinical and non-clinical roles.  Ensure preparation time for the appraisal meeting, including review of supporting information.  Allow 2 hours for an appraisal meeting.  Ensure time for writing up the meeting and review of any revisions to the PDP.  The meetings are confidential and should take place on Trust premises and in Trust time.  The Trust recognises each appraisal as taking 1.5PA for the appraiser.  All appraisers must have attended the Strengthened Medical Appraisal training run by the Trust.  Initial appraisals by a new appraiser need to be co-led with an established appraiser.  Appraisers are not able to appraise the same doctor more than 3 times in succession and this will need to be coordinated by the appraisers within the ED  Documentation must be completed and returned for submission within 28 days of the appraisal meeting.  A sample of Form 4s will be reviewed by the Trust.  Annual updates will be required as directed by the UHS Appraisal Lead, Henrick Steinbrecher (currently every 2 years, planned to be annual)  Training in Strengthened Medical appraisal is required by a trained appraiser for all Consultant, SAS and post CCT medical staff in the ED.  http://www.uhs.nhs.uk/Education/Informationforstaff/Doctors/Appraisalforseniormedicalstaff/AppraisalforSeniorMedicalStaff.aspx |

# Emergency Department Area Lead

**(Resus/Majors/Minors/Paeds/CDU)**

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| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | 0.5 PA |
| **Accountable to:** | ED Clinical Lead |
| **Main Purpose:** | To provide leadership within the different areas of the ED (Resus, Majors, Minors, Paeds, CDU). |
| **Key Working Relationships:** | Liaison with the Nursing Leads for each area |
| General Duties: | To promote a programme of continuous improvement in terms of quality and safety in their allocated area.  To utilise QIPs (quality improvement programmes) and audit to achieve this.  Where appropriate the continuous improvement should include strategies to increase compliance with the Trust’s 4 hour access target.  Wherever practicable, improvements should be measurable.  To liaise with the lead nurse for that area and with any relevant colleagues outside of the ED.  To respond in a timely fashion to all AERs for the area.  To report when necessary to the ED board and the ED clinical lead.  To attend ED governance meetings in person, or via a deputy, and supply a bimonthly written report.  To ensure completion of the ED governance reporting form for the governance meeting.  To attend ED risk meetings in person, or via a deputy, and supply a bimonthly written report.  To notify any new practices for dissemination via the ED communication strategy which will include the weekly update sent from the clinical lead.  To coordinate the response to any adverse incidents that occur in their area  Also see other area specific job descriptions where applicable. |

# Medical Workforce Lead

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| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | 0.5 PA |
| **Accountable to:** | ED Clinical Lead, Care Group Manager, Divisional Director of Operations, Divisional Clinical Director |
| **Main Purpose:** | To ensure medical staffing meets the needs of the ED. |
| **Key Working Relationships:** | All medical staff within the ED, ED Matron, Care Group Manager (CGM) |
| General Duties: | The medical workforce of the ED now numbers more than 50. There needs to be one individual responsible for the medical work force as a whole although a number of the tasks can be delegated.  To write, maintain and optimize medical rotas.  To liaise with the ED Clinical Lead and CGM regarding recruitment to new or replacement posts.  To lead the recruitment of new staff, including writing job descriptions, advertising, short-listing and interviews.  To have a thorough understanding of the budget for medical staff.  To contribute to departmental efforts to enhance staff well-being. |

# Quality Improvement Lead

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| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | 0.5 PA |
| **Accountable to:** | ED Clinical Lead and ED Board |
| **Main Purpose:** | Lead the development of a departmental process to foster QI projects and audits from idea through to delivery and reporting. |
| **Key Working Relationships:** | All medical and nursing staff within the ED, |
| General Duties: | Lead the development of a departmental process to foster QI projects and audits from idea through to delivery and reporting.  Lead the teaching of QI and audit both to all medical groups and work closely with nursing counterpart.  Develop an audit strategy- what we plan to audit, why, when and how often.  Be familiar with the concepts of QI and audit and ideally have undergone or planning additional training  Be responsible for reviewing QI and audit proposals, providing support and advice, and prioritisation  Supporting other educational supervisors who will be helping with audit projects  Be knowledgeable of the RCEM service improvement project, college audits and the relevant parts of the curriculum  Report bimonthly to the ED board.  Organise regular departmental events to share the learning from QI and audit.  Be responsible for provision of important audit data (from both local and national audits)  Represent the department at hospital audit committees and QI events  Maintain a record of ongoing QIPs within the ED. |

# Clinical Effectiveness Lead

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| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | 0.75 PA |
| **Accountable to:** | ED Clinical Lead, ED Board, Clinical Effectiveness and Outcomes Steering Group (CEOSG) |
| **Main Purpose:** | Lead the development of a departmental process to foster audits from idea through to delivery and reporting. To ensure the department is doing the right thing at the right time for the right patient by demonstrating improvements in quality and performance. |
| **Key Working Relationships:** | All medical and nursing staff within the ED, UHS Clinical Effectiveness Team, specialties involved in EM relevant audits. |
| General Duties: | Support the delivery of the trust clinical effectiveness strategy  Ensure minimum requirements for clinical effectiveness are met  Champion the use of evidence based practice and compliance with best practice guidance, particularly recommendations from NICE and NCEPOD  To promote clinical audit as means to evaluate care and implement improvements  To be audit champion and have delegated responsibility to authorise or decline permission to undertake audit projects  Represent your department on the clinical effectiveness and outcomes steering group.  Ensure learning from clinical review meetings  **Clinical Review Meetings**:  Organise regular Clinical Review Meetings  Ensure appropriate data collection  Attend sessions or appoint deputy.  Ensure notes on which pts are discussed and learning outcomes and circulate learning points to all staff  Liaise with trust Governance and Mortality group as needed  Liaise with other specialty consultants regarding cases when applicable  Publicise other M&M meetings that are occurring throughout the Trust |

# Major Incident Lead

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| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | 0.25 PA |
| **Accountable to:** | ED Clinical Lead  Trust lead for Major incident (Currently Sandra Hodkins) |
| **Main Purpose:** | To ensure that the department is sufficiently prepared and that staff are trained to respond to a major incident (inc CBRN). |
| **Key Working Relationships:** | The trusts emergency planning and resilience group, ED lead for major trauma and lead nursing staff for major incident equipment & training. |
| General Duties: | To ensure that the ED major incident and CBRN response plans remains current and update as new guidance is issued.  To assist with regular training of ED staff (all grades nursing & medical) to ensure they are prepared to respond to a major incident in conjunction with the lead nurse for major incident and CBRN preparedness through a combination of whole day training programmes and within existing departmental training sessions.  To attend regular meetings at the trusts emergency planning and resilience working group to ensure the needs of the department are represented and to feed back any specific problems.  To review, as required, the trust’s emergency planning documentation (major incident plans, mass casualty plans etc) as these require re-sanctioning yearly.  To attend and help plan the statutory training exercises held within the trust (approximately 2-3 per year).  To respond to specific threats the department may face in the future (eg Ebola, MERS etc). To coordinate the department’s response to these emerging threats and ensure staff are equipped and trained to a sufficient level. |

# Major Trauma Lead

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| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | 0.5 PA |
| **Accountable to:** | ED Clinical Lead  Trust Director for Major Trauma |
| **Main Purpose:** | To lead on the management of major trauma within the ED and to ensure the department is represented at meetings outside the ED. |
| **Key Working Relationships:** | The Major Trauma Working Group and the Major Trauma Education Team. |
| General Duties: | Departmental:  To feedback issues related to the care of major trauma patients to the ED.  To ensure that staff are up to date with latest trauma guidelines  To take an active role in the development of new ways of managing trauma patients in the ED  To respond to complaints or governance issues arising from major trauma patients  MTC:  To attend regular major trauma working group and governance meetings to represent the department  To work with the trusts lead for major trauma and major trauma education lead.  Network:  To participate in an issues that arise from network issues that are in the interests of the dept. This may require attendance at the network meetings if there are specific issues that need discussing. |

# Emergency Department Lead for Frailty

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| **Grade** | Consultant or Specialty Doctor |
| **PAs per Week:** | 0.5 PA |
| **Accountable to:** | ED Clinical Lead |
| **Main Purpose:** | To ensure the highest quality of care for patients with frailty and to lead on projects that focus on this patient group. |
| **Key Working Relationships:** | Working with the CEDT and Medicine for Older People. |
| General Duties: | To ensure the highest quality of care for patients with frailty and to lead on projects that focus on this patient group.  To attend ED Governance meetings and if unable to attend in person supply a bimonthly written update.  Attend Geriatric governance meetings  Liaise with the leads for ED “areas”  Development of clinical pathways.  To organise and deliver education, in conjunction with the ED Education Lead, to doctors of all grades and nursing staff regarding the needs of patients who are frail.  Supervision of QI projects if relevant.  Attendance at Regional and National EM/Medicine for Older People Meetings/Conferences as appropriate.  Liaison with others within community settings, eg Rapid response, Lymington hospital, Community Geriatricians. |

# Safeguarding for Children Lead

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| **Grade** | Consultant or Associate Specialist |
| **PAs per Week:** | 0.75 PA |
| **Accountable to:** | ED Clinical Lead and ED Board |
| **Main Purpose:** | Ensure that UHS develops and maintains robust Emergency Department (ED) safeguarding processes for children who present to the ED, or whose parents/carers present in a manner which may have significant psychosocial impact on the child(ren). These should protect both the children, and the ED, within the limitations of current resources. |
| **Key Working Relationships:** | All medical and nursing staff within the ED, |
| General Duties: | Lead on ensuring that UHS develops and maintains robust ED (ED) safeguarding processes for children who present to the ED, or whose parents/carers present in a manner which may have significant psychosocial impact on the child(ren). These should protect both the children, and the ED, within the limitations of current resources.  Ensure that UHS ED has processes that are up to the current expected national standard (RCEM/Intercollegiate guidance/National guidelines/CQC/peer-hospital equivalent), and strive to have outstanding results and reporting.  Attend, as able, twice monthly ED meetings with the paediatric Liaison Health Visitor (PLHV). Informally audit and review cases and completion of paperwork. Identify trends, missed opportunities, lessons to learn and agree on feedback to be given to staff to improve personal and departmental practice. (This is important immediate clinical safeguarding and underpins the key responsibility in this job description).  Develop revalidation-supporting paperwork in this respect, and development and maintainance of a database of safeguarding supervsion that fulfils LSCB requirements for monthly reporting of safeguarding supervision.  Lead strategic planning, and longterm growth and development, of the Safeguarding team within the ED. Encourage all the consultants with an interest in Paediatric EM to become actively involved to distribute the responsibility evenly throughout the PED Senior team and make use of the breadth of experience this team holds.  Lead on updating the ED Symphony system such that children, up to age 18, are highlighted regardless of area of treatment in the ED. Update existing easy-to-  spot red-flag reminders on paperwork for new concepts/developments in safeguarding such as the Looked After Child (LAC).  Develop and deliver with others educational strategies and learning practices that encourage identification of safeguarding issues/concerns in cases, both paediatric and adult carer/parent, which present to the ED  Develop and maintain effective, robust, relevant, usable and auditable safeguarding practices, processes, paperwork and pathways.  Share these processes and assist in aligning practices with other relevant departments, for example Eye Casualty (Div B) and Child Health (Div C) and Maternity (PAH)  Develop ED- relevant local safeguarding induction and ED-specific safeguarding-reminders cards and ensure consistent and updated safeguarding induction of new medical staff every 4 months with regard to ED-specific cases, recent highlighted cases with learning points, and processes.  Be a point of contact for the PLHV and CPT regarding actions/ feedback/ clarification in clinical cases of concern/ activation of Safeguarding alerts.  Mitigate risk to children who present to the ED regarding safeguarding concerns being missed or not acted on in a timely manner while the UHS PLHV team is still under resourced and UHS children’s social work team has been removed. This involves coordinating PED Consultants and senior Safeguarding-trained nurses to cover for periods when the sole PLHV is absent using ED clinical administration time to do so.  Attend, engage in and action the safeguarding outcomes from meetings of UHS Safeguarding Strategy/Local Children’s Safeguarding Board (LSCB)/Rapid Response/UHS Child Health Risk/ED Governance/Bluebird House when relevant or required..  Initiate and participate in Audit of safeguarding processes and development of Quality Improvement Projects to fulfil educational requirements of trainees and also further safeguarding strategic plan.  Ensure ED compliance with statutory safeguarding audit and reporting requirements of LSCB. |

# Lead for Favourable Event Reporting

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| **Grade** | Consultant, Associate Specialist or Specialty Doctor |
| **PAs per Week:** | 0.25 PA |
| **Accountable to:** | ED Clinical Lead |
| **Main Purpose:** | Develop a positive feedback system where good practice is recognised, celebrated and learned from. |
| **Key Working Relationships:** | All medical and nursing staff within the ED, Multidisciplinary FERF team: Matron,3 x senior nursing staff. |
| General Duties: | Daily:  Ensure FERF forms always available in all areas of dept (Printing, Refilling boxes  Collection of completed forms  Monthly:  Team meeting to read forms and plan  Scan and store forms in database  Prepare display board - select appropriate FERFs and design and write learning comments  Write personal email and send certificate for portfolio to each FERF recipient, copying in line manager  Feed back and action learning points to educational meetings -nursing/ medical/multidisciplinary + M&M to make sure they incorporate and acknowledge learning from FERFs - needs developing  Record outcomes to demonstrate effect of initiative  Occasional  Communication with whole team or staff groups within ED to inform, maintain interest and encourage discriminatory form filling |

# Informatics Lead

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| --- | --- |
| **Grade** | Consultant, Associate Specialist or Specialty Doctor |
| **PAs per Week:** | 0.5 PA |
| **Accountable to:** | ED Clinical Lead, ED Board |
| **Main Purpose:** | Lead the development of the informatics systems used within the emergency department |
| **Key Working Relationships:** | All medical and nursing staff within the ED, IT department, Information governance team, Trust Clinical IT lead |
| General Duties: | Ensure that there is clinical oversight for the informatics systems used in the emergency department  Close involvement in all informatics process changes.  Lead the teaching of informatics use to all medical groups and work closely with nursing counterpart  Develop an informatics strategy - what lessons can be learnt from other organisations.  Supporting audit/QI/research activity that utilises ED informatics systems  Be knowledgeable of the RCEM/DH ECDS project  Represent the department at meetings with the IT department regarding informatics issues |

# Ultrasound Lead

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| **Grade** | Consultant, Associate Specialist or Specialty Doctor |
| **PAs per Week:** | 0.25 PA |
| **Accountable to:** | ED Clinical Lead, ED Board, College Tutor, Head of School |
| **Main Purpose:** | Lead the development of point of care ultrasound in the ED |
| **Key Working Relationships:** | All medical and nursing staff within the ED, Department of Radiology, Head of School, Clinical Governance team |
| General Duties: | Oversight and governance of point-of-care ultrasound in the emergency department.  Maintain a list of Level 1 accredited users within the ED.  Maintain a list of clinicians able to sign-off Level 1 accreditation.  Organise regular audit of scans performed in the ED. Present data to senior team/registrars.  Facilitate Level 1 accreditation of all senior EM trainees rotating through UHS ED.  Organise 1-2 Level 1 courses yearly.  Work with the regional ultrasound lead and other departmental US leads within Wessex to facilitate joint learning and improvement.  Arrange peripheral access training for clinicians and nursing staff. |

# Research Lead

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| **Grade** | Consultant, Associate Specialist, Specialty Doctor or Consultant Nurse |
| **PAs per Week:** | 0.5 PA |
| **Accountable to:** | ED Clinical Lead, ED Board |
| **Main Purpose:** | Lead the development of research within the emergency department |
| **Key Working Relationships:** | Wellcome Trust Research Team, Lead for Wessex Injuries and Emergencies (CRN), Divisional R&D lead |
| General Duties: | To coordinate research portfolio activity in the ED.  To provide advice around study design, development and approvals.  To attend quarterly Wessex Injuries and Emergencies Specialty Group  To meet monthly with the ED research nurse team  To report to ED Board quarterly. |

# Appendix 1 – Leadership Roles 2015/16

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| **Role** | | **Name** | **SPA** |
| Clinical Lead | | Iain Beardsell | 4 |
| Clinical Governance Lead | | Sarah Robinson | 2 |
| Lead for Complaints (Adults) | | Nick Maskery | 1 |
| Lead for Complaints (Children) | | Jason Barling | 0.25 |
| College Tutor | | Jude Reay | 2 |
| Undergraduate Education Lead | | Michael Kiuber | 0.5 |
| AHP Education Lead | | Els Freshwater | 1 |
| Lead for Middle Grade Teaching | | Nicky Sparrow | 0.25 |
| Lead for SHO Teaching | | Steve Halford | 0.25 |
| Lead for Simulation (Adult) | | Chris Duncan | 0.25 |
| Lead for Simulation (Children) | | Jane Bayreuther | 0.25 |
| Educational Supervisor | |  | 0.25 |
| Consultant Appraisal | | Julia Harris | 0.25 |
|  | | Jude Reay | 0.25 |
|  | | Adel Aziz | 0.25 |
|  | | Helen Keeton | 0.25 |
| Area Lead | Resus | Chris Hill | 0.5 |
|  | Majors | Sanjay Ramamoorthy | 0.5 |
|  | Minors | Sarah Morrish | 0.5 |
|  | CDU | Marianne Smethurst | 0.5 |
|  | Paeds | Jason Barling | 0.5 |
| Medical Workforce Lead | | Diana Hulbert | 0.5 |
| Quality Improvement Lead | | Sarah Morrish | 0.5 |
| Clinical Effectiveness Lead | | Helen Keeton | 0.75 |
| Major Incident Lead | | Chris Hill | 0.25 |
| Major Trauma Lead | | Nick Maskery | 0.25 |
| Emergency Department Lead for Frailty | | Nicky Ellis | 0.5 |
| Safeguarding for Children Lead | | Tonia Donnelly | 0.75 |
| Lead for Favourable Event Reporting | | Jude Reay | 0.25 |
| Informatics Lead | | Michael Kiuber | 0.5 |
| Ultrasound Lead | | Michael Kiuber | 0.25 |
| Research Lead | | Rob Crouch |  |