



## CONSULTANT IN GERIATRICS

### Directorate of Older People's Services and Acute Care

#### Job Description

#### THE POST

This post is for a substantive Consultant in Geriatrics. We are looking for a highly motivated and dynamic individual who can deliver high quality care for our patients across our Older Peoples Services pathway.

The Royal Bournemouth and Christchurch Hospitals (RBCH) and Poole Hospital (PH) NHS Foundation Trusts merged in October 2020 to form University Hospitals Dorset, with plans for most acute services being based at the Royal Bournemouth site in the near future. At present we provide acute care for older people on both Poole and Bournemouth sites including our frailty admissions units, SDEC, acute inpatient wards and Hospital at Home services. We work with a large multidisciplinary team to provide high quality and innovative care. It is anticipated that the post holder will be required to work across both sites.

This provides an exciting backdrop of change and the chance to help develop innovative services and new pathways. The post holder should be an effective team player with a flexible approach who can embrace new ways of working and will be expected to take an active role in the running and development of our frailty pathway.

The successful candidate will have a background in Geriatric Medicine and – desirably – General Internal Medicine. We feel it is important that we appoint the right candidate who is flexible and can work across the primary and secondary care interface to develop innovative ways of providing care for older people. We are looking for an enthusiastic and self-motivated candidate who will be involved in further service improvement, and can work with and forge strong relationships with allied agencies in primary care and the community.

We can accommodate full-time, flexible or part-time working.

**Click here to find out more about us and what we can offer you:**

<https://www.youtube.com/watch?v=1dpitGnB4eI>

#### OLDER PEOPLE'S SERVICES

We form part of the Medical Care Group comprising of Older People's Services and Acute Medicine, Medical Specialities, Networked Medicine and Emergency Services. The department is led by the triumvirate of a Clinical Lead, General Manager and Matron and includes Older People's Services wards & The Day Hospital at Christchurch Hospital. Currently it has 29 consultants who are supported by a large team of junior doctors, Nurse practitioners and AHP's.

We believe our patients should be seen and assessed by a Geriatrician and the multi-disciplinary team within hours of arriving to the hospital. Our Frailty pathway enables us to identify frailty at the front door and provide the resource to get our patients home sooner. This means admissions from GP referrals and the Emergency department comes straight to our Older Peoples admissions units. Once

assessed, our patients will then move through our pathway to either short stay or complex care wards to continue their plan of care. Working together across the Older Persons directorate is key to developing this vision. Our inpatient care facilitates safe discharge and is crucial to flow throughout the hospital.

**OPAU** –Older Persons Assessment Unit (Bournemouth Site). **(50 beds)** Acutely ill medical patients of all ages are admitted to the Royal Bournemouth Hospital after a GP referral or through ED, initially under the on-call team. Patients requiring specialist comprehensive geriatric assessment are transferred directly to our Older Person's Assessment Unit (OPAU) where they are seen post-take by a Consultant Geriatrician. This early review and decision making by senior clinicians facilitates early discharge. Our consultants also take calls from GPs to facilitate direct admission from GP to OPAU again for specialist geriatrician input directly.

The Rapid Access Consultant Evaluation (**RACE**) Unit (Poole site) was developed in 2010 to provide rapid comprehensive geriatric assessment to older people referred to hospital and aid rapid discharge, where appropriate, with community services. This has been very successful with national recognition and a reduction in LOS in the department to about 7 days, a reduction in patients under OPS by about 40% and an increase of patients discharged within 48 hours to around 50%.

Both sites provide a Older People's Same Day Emergency Care (SDEC) where clinic runs daily with a consultant and a team of Advanced Clinical Practitioners, providing care to patients with the aim of admission avoidance & early follow up after an acute hospital stay.

We have worked with the Acute Frailty Network (AFN) to align our pathway with best practice guidance and have created a pathway for older people that signposts and manages complex patients with the compassion and care that they require to support their next steps through the hospital and their transfer of care into the community.

Working closely with our clinical commissioners, community health partners, GPs and local authorities, we are continuing to develop our discharge-to-assess service to support a seamless transition of care into the community following an acute hospital episode. We are also actively involved in community and intermediate care services across Poole, East Dorset and the Purbecks. This includes Consultant cover for inpatients and outpatient clinics in three community hospitals, Poole Intermediate Care Service (PICS), and more recently development of integrated locality-based multidisciplinary teams in line with Dorset ICB's strategy for integrated community and primary care services.

We are also developing our Hospital at Home Service within Older Peoples Services providing acute care to patients in their own home and facilitating earlier discharge from hospital. This is a service run by Advance Clinical Practitioners with Consultant support. We currently have 20 beds within the East Dorset area with aims to expand to 40 beds to cover across to the Poole area.

#### **Current Staffing and subspecialist interest**

Dr Karen Ackroyd – General Geriatrics

Dr Khaled Amar – Movement Disorders

Dr Tom Bartlett – UHD Hospital at Home Lead, Interface and Community Geriatrics

Dr Lucie Bishop – Interface Geriatrics and General Geriatrics

Dr Freyja Brown – Interface Geriatrics

Dr Nishan de Fonseka – Orthogeriatrics, Syncope

Dr Gillian Cumming – Interface Geriatrics and Hospital at Home

Dr Nick Evans – Stroke, Interface Geriatrics, Education

Dr Naomi Fox - Interface and Community Geriatrics, SDEC Lead and Education

Dr Sarah Green Interface Geriatrics

Dr Chris Guillebaud – Interface Geriatrics, Heart Failure

Dr Sarah James – Clinical Lead, Interface Geriatrics.

Dr Bama Loganathan – General Geriatrics

Dr Fiona Macdonald – Orthogeriatrics, Deputy Clinical Lead and Governance Lead

Dr Sally Mitchell – Interface Geriatrics and Deputy Clinical Lead

Dr Abi McGinley- Interface and Community Geriatrics

Dr Rebecca O'Connor – Interface Geriatrics and General Geriatrics

Dr Lynn Poynter - Interface Geriatrics, Director of Medical Education

Dr Peter Robinson – Perioperative Care for Older People

Dr Stuart Ruff – Interface Geriatrics, Community Geriatrics and End of life care.

Dr Phil Rushton – Interface Geriatrics, Education.

Dr David Sell – Interface and General Geriatrics

Dr Claire Spake - Interface Geriatrics, Perioperative Care for Older People.

Dr Matt Thomas – Interface Geriatrics

Dr Divya Tiwari – Old Age Neurology, Movement Disorders and General Geriatrics

Dr Sophie Tuhey – Interface Geriatrics, Education and Associate Clinical Director for Workforce

Dr Jennifer Turner – Interface Geriatrics, Education.

Dr Mike Vassallo – Falls, General Geriatrics and Education

Dr Adam Wheldon – Falls, Movement Disorders and General Geriatrics.

### **DEPARTMENTAL WORKLOAD**

The majority of admissions to OPS are emergency presentations (approximately 400 per month). There is some seasonal variation with peaks in July and January.

Outpatient clinics typically managing falls and neurological conditions in the elderly including Parkinson's disease are currently managed with appointments for approximately 250 new patients per month and 180 follow up.

Appropriate individual workload is agreed at annual group and individual job planning reviews.

### **THE CANDIDATE**

The successful candidate will have completed specialist training in Geriatrics and will be expected to have or develop a subspecialist interest which could include but not limited to

- Interface and community geriatrics
- Orthogeriatrics and surgical liaison
- Movement disorders

We are keen to appoint the right candidate who is flexible, enthusiastic and self-motivated and will enable the successful candidate to develop as a leader and to further enhance service delivery within our changing organisation. Research, a higher degree and overseas experience are not essential, although will be regarded favourably.

## **THE POST**

The Main purpose of the post is to support the provision of highest quality patient care through personal actions and continuous improvement. A variety of roles are available depending upon the individuals interests and some examples (for guidance only) are shown below. We are keen to recruit the correct candidate and will work to create a job plan that suits both the candidate and the needs of our patients.

### **Example Interface Geriatrics Post**

This post will have time dedicated to providing assessments of older people in the emergency department and Frailty Unit. Close working relations with our acute medicine physicians & ED consultants will be very important for the success of these posts.

The Post holder could expect to develop and support:

- Older People's Same Day Emergency Care (SDEC)
- Frailty Unit and Short Stay Unit post take ward rounds and ongoing clinical reviews
- Clinical administration, included in the sessional time allocation expected to be approx.1 DCC per week
- Integration with locality community MDTs to develop clear care pathways for frail older people
- Other duties as may be identified to meet the needs of the service
- Cover for colleagues during periods of absence.
- Support inpatient care in conjunction with departmental colleagues
- Teaching duties as required and take an active part in the Postgraduate Medical Education programme and in the teaching of junior medical & nursing staff, General Practitioners and other clinical professions.
- Take part in department, regional and national audits.
- Management and development of the service using Quality Improvement methodology.
- Domiciliary visits where agreed appropriate

If desired developing a research portfolio with Bournemouth University could be facilitated.

Both acute sites operate a separate frailty needs-related take. We now provide cross site on call cover over night with weekend working on both sites. New post holders are expected to join the Bournemouth weekend on call service which is currently a 1 in 8 weekend rota.

An example time table is provided although the exact timetable would be agreed at the time of taking up the post and would reflect the skills and special interests of the successful applicant.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Short stay unit	SDEC	Short stay unit	Older Peoples Admission Unit	Older Peoples Admission Unit
SPA (audit / clinical governance/ Educational Supervision)	SDEC.	Clinical Admin	TOIL for weekend working	SPA (audit / clinical governance/ Educational Supervision/grand round)

8 DCC, 2SPA, Total 10 PAs

An office and secretarial and IT support will be provided to all consultants. Mentoring will be provided at the base site.

### **TEACHING**

Both acute sites have active postgraduate programmes. There are daily educational lunchtime meetings for Stroke, Geriatrics, Neuroradiology and all physicians take part in the Friday Grand Round. There is a rolling programme of education for Internal Medicine Trainees and Foundation doctors. Both sites host the WESTEC training programme for Specialist Registrars in Geriatric medicine in Wessex once or twice a year.

There are formal postgraduate teaching programmes for the MRCP and the Royal Bournemouth Hospital is an MRCP Part II examining centre. Undergraduates from Southampton Medical School and St George's International School of Medicine attend for their medical attachments and we also receive many elective students from within the United Kingdom and other parts of Europe.

There are close links with the departments of Medicine and Geriatric Medicine at Southampton University and there is close co-operation over matters of teaching and research.

UHD takes the training of Registrars and Specialist Registrars very seriously, with time set aside for all aspects of specialist training including health service management. Specialist Registrars are provided with support and resources to pursue research, including one half day per week free of clinical work.

### **RESEARCH**

The wider department of Older People's Services also has an active research programme, and our new status as a University Hospital will provide even greater opportunity to develop strong research links with Bournemouth University.

The appointee will be encouraged to pursue research and to act as Principle Investigator in selected NIHR trials.

### **CLINICAL GOVERNANCE AND AUDIT**

All sites have established a robust framework for Clinical Governance and are looking to align these more and more in the next years following merger.

**TRANSFORMING HOSPITAL SERVICES IN DORSET** This is a very exciting time to join University Hospitals Dorset NHS Foundation Trust as we are transforming our services and redeveloping our hospitals in Bournemouth, Christchurch and Poole. This follows the merger of Poole Hospital NHS Foundation Trust and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in October 2020. We are working in alignment with our partners in the Our Dorset Integrated Care System (ICS), which will see over £400m investment in local services across Dorset.

**UNIVERSITY HOSPITAL STATUS** University Hospitals Dorset NHS Foundation Trust received university hospital status in 2020 in recognition of the depth of research, education and practice that exists between UHD and Bournemouth University. Both organisations are committed to helping people live better, for longer, with UHD actively engaged in supporting the learning of BU students through a series of clinical placements for nursing, midwifery and students on allied health courses. In addition, a number of research projects are taking place in fields such as orthopaedics and medical imaging, while BU also provides training and professional development opportunities for UHD staff. Drawing on this collective expertise creates opportunities for students and university and hospital staff and, crucially, promotes better patient outcomes.

**CLINICAL SERVICES REVIEW** Bournemouth Hospital will be the major emergency care hospital for east Dorset, with Poole Hospital becoming the major planned care hospital. This entails a substantial capital development programme with a review and design process for those services affected. Christchurch Hospital will continue to act as a community hub with a new in-patient palliative care unit and an enhanced range of outpatient services. The scale of the changes is huge and will take at least five years to implement, including:

- £201m investment in new hospital services in east Dorset
- New emergency department and critical care unit at Royal Bournemouth Hospital (RBH)
- Major redevelopment of operating theatres at Poole Hospital, including a new extension incorporating eight new theatres plus internal refurbishment work
- A new purpose-built women's and children's unit at RBH
- Innovative new community hub at Poole Hospital
- New community hospital beds at RBH and relocation of some services to Christchurch Hospital and community localities

Our vision is to join up our services so they can be delivered in a more integrated way, improving outcomes for patients, make better use of all our resources, and ensuring that services can be provided on a sustainable basis. Our aim is to develop our workforce, establishing modern, well-equipped centres of excellence, with standardisation of education and training that attracts and retains skilled clinical and non-clinical staff to Dorset.

Further information about our hospitals and services

## ROYAL BOURNEMOUTH HOSPITAL

RBH is located on the south coast, close to the New Forest in the east and the Jurassic coastline in the west. This is a major tourist area and during the summer months over one million holidaymakers visit Bournemouth including substantial numbers of foreign language students. The fluctuating population, three time's

greater growth than the average for England and Wales, and the high proportion of elderly present special issues for health care.

On this site are specialised services including the Dorset Heart Centre, a first class specialised adult cardiac services for a population of one million, including much of Dorset and parts of Wiltshire and Hampshire as well as general cardiology for the local population, elective orthopaedics, one of the largest hip and knee replacement centres in Europe, focusing exclusively on elective surgery, providing high quality comprehensive care for patients with painful bone and joint conditions. Our Eye Unit, a purpose built unit, with eye theatres, outpatient department, a one stop cataract clinic and glaucoma clinics, as well as urgent or emergency treatment.

Interventional radiology, is well equipped, with CT / MRI suite (four scanners) two dedicated digital imaging labs for interventional radiology and state of the art PACs implementation. There is also a busy imaging service located at Christchurch hospital. The Jigsaw Building, officially opened by Her Royal Highness, The Princess Royal in 2016, houses a multi -million pound centre with facilities for the treatment of cancer and blood disorders, and a Women's Health Unit on the first floor. There is a 24 hour Emergency Department with over 99,000 attendances annually – facilities include an upgraded emergency helicopter landing area.

As Royal Bournemouth Hospital becomes the major emergency care centre for east Dorset, we are building a new centre in front of the hospital which will house: □

- The new Emergency Department will be larger than both the existing Emergency Departments at Poole and Royal Bournemouth put together.
- The new Maternity Unit will be a brand-new purpose-built department. The delivery ward will have 16 birthing rooms in total, including seven rooms with pools, four standard rooms, two rooms for twin births, one higher dependency room and two specialist bereavement rooms. There will also be two obstetric theatres
- The Children's Unit will include two higher dependency beds, an assessment unit and an adolescent area. Being close to the Neonatal and Maternity Unit enables faster patient response times and better cohesion of the team as they are consolidated in one area.

## POOLE HOSPITAL

The hospital provides a wide range of acute services to people in Poole, east Dorset and Purbeck with over 600 beds, including 74 for day cases and serves as the major trauma centre for east Dorset. The hospital was built in 1970 and all the principal specialties are represented including medical, elderly, surgical and child health emergency admissions to include general surgery, trauma, ENT, oral and maxillofacial surgery, obstetrics, gynaecology, paediatrics, general medicine, neurology, rheumatology and dermatology. As the designated Cancer Centre for Dorset, the Trust provides cancer services for the whole of Dorset.

Poole Hospital is significantly expanding their operating theatre complex and day-case facilities, and opening 72 community beds. This will help reduce waiting times and prevent cancelled operations for patients requiring planned care. The hospital

received planning permission in 2019 for five new operating theatres at the hospital to improve the existing theatres.

Poole Hospital will become the major planned care centre for east Dorset with a major redevelopment, including a new extension incorporating eight new theatres plus internal refurbishment work. This will lead to: □

- fewer cancellations due to emergency admissions □
- a systemic and predictable workflow with less delays □
- increased patient safety through reduced variation □
- a clear and sustainable pathway for patients □
- getting patients to the right place first time/at the right time

The hospital will also have an expanded 24/7 Urgent Treatment Centre (UTC) treating around 60,000 patients a year.

## CHRISTCHURCH HOSPITAL

Two miles from the Royal Bournemouth Hospital, Christchurch Hospital is set in attractive grounds, which are listed as a conservation area, providing a pleasant environment for rehabilitation and a range of outpatient services. An all-age rehabilitation service has been developed, particularly in the award-winning Day Hospital. Most patients are elderly, reflecting the local population.

There is an excellent infrastructure to support rehabilitation with superb physiotherapy and occupational therapy facilities. Outpatient clinics have expanded over recent years and include gastroenterology, breast, oncology, plastic surgery, ophthalmology, podiatry and medicine for the elderly. Dermatology and rheumatology outpatient services are also provided at Christchurch Hospital together with diagnostic services and palliative care (the Macmillan Unit).

The hospital has completed a multi-million pound investment which will secure NHS services on site and ensure the hospital remains a key part of the community for years to come. Many patient services have been improved, a new entrance and X-ray Department has been built and a new GP surgery, a pharmacy and community clinics have been opened. A quality nursing home and senior living accommodation have also opened on site as part of the project. There are now plans to redevelop the site further, including replacing the palliative care Macmillan Unit, and creating a senior living facility.

## **INFECTION CONTROL**

Infection Control is everyone's responsibility. All staff, both clinical and non-clinical, are required to adhere to UHD Infection Prevention and Control Policies and make every effort to maintain high standards of infection control at all times thereby reducing the burden of healthcare associated infections including MRSA.

All staff employed by UHD have the following key responsibilities:

- Staff must wash their hands or use alcohol rub before and after each patient contact.
- Staff members have a duty to attend mandatory infection control training provided for them by UHD.
- Staff must adhere to the dress code stating that all staff must be "bare below the elbows" when in direct contact with patients.
- Staff members who develop an infection (other than common colds) that may be transmittable to patients have a duty to contact Occupational Health.

### **Safeguarding Statement**

University Hospital Dorset is fully committed to safeguarding the welfare of all children and young people and vulnerable adults by taking all reasonable steps to protect them from harm. All staff will receive appropriate training and induction so that they understand their roles and responsibilities and are confident about carrying them out.

## **POSTGRADUATE MEDICAL EDUCATION**

There is a Postgraduate Centre at the Royal Bournemouth Hospital and at Poole Hospital. The successful candidate will be expected to provide teaching for the doctors in training in their department. He/she will be expected to share with Consultant colleagues the role of Educational Supervision. This will involve the provision of supportive formal appraisals to doctors in training at regular intervals, induction at the beginning of their contracts and career advice as appropriate. Advice on the role of Education Supervisor can be obtained from the Clinical Tutor. There are exceptional libraries based in the Postgraduate Centres of both Bournemouth and Poole and meetings of general and specialist medical content are held regularly during the week. There is an active Medical Audit Committee supervising Medical Audit within the Hospital. The Dorset Research and Development Unit (RDSU) is based within Poole Hospital. UHD is fully committed to supporting continual medical education for Consultants, and study leave will be available according to statutory guidelines.

## **CONSULTANT APPRAISAL**

All Consultants are required to have a job plan setting out their main duties and responsibilities, including a work programme specifying their weekly timetable. This includes time allocated for relevant continuing professional development.

To support the GMC revalidation process the job description and job plan are subject to review once a year by the post-holder and the Clinical Director and General Manager

The appraisal process aims to be a constructive and developmental one, largely concerned with the continuing development of the Consultant's skill base and career as well as ensuring that they are on track for the revalidation cycle.

The postholder is required by UHD to take part in annual appraisal and performance review with a nominated peer. In addition a 5 year 360-degree appraisal will support the process of revalidation. Attendance at UHD Induction programme is required, commensurate with the post.

## **MAIN CONDITIONS OF SERVICE**

Registration with the General Medical Council and license to practice or eligibility for registration is necessary for this post.

This post is covered by the terms and conditions of service of Terms and Conditions – Consultants (England) 2003 which should be read in conjunction with the General Whitley Council Conditions of Service and as amended from time to time.

### **On-call**

Post-holder(s) will participate in Geriatric Medicine +/- General Medicine on-call duties (depending on base site) with a frequency of approx. 1 in 7 weekends (if PGH-based) and 1 in 8 weekends (if RBH-based). The weekday on-call requirement has a frequency of approx. 1 in 12. Clinicians required to work extra hours overnight or during the weekend will be compensated appropriately including consideration of time in lieu. On-call is subject to review following merger, and it is anticipated that the on call will be 1 in 10 weekends and as now will be remunerated by compensatory rest during the week at a rate of 1 PA per 3 hours worked. A typical weekend will be composed of 2 or 3 session days.

### **ANNUAL LEAVE**

Applications for annual leave should be made at least 6 weeks in advance.

### **STUDY AND TRAINING**

Attendance at the Induction programme, which will be arranged in protected time, **is a requirement.**

Each department has their own educational meetings and support to perform audit (Tuesdays at RBH, Fridays at PH). In addition, at Poole, there is a weekly general radiology meeting on Monday. Poole has a medical Grand Round on Thursdays and RBH has a Grand Round on Fridays. Both hospitals have an excellent reputation for training with a high success rate at passing PACES for MRCP.

The main libraries are in the Postgraduate Medical Centres at Royal Bournemouth and Poole Hospitals. Both are professionally staffed and provide comprehensive reference, lending and interlibrary facilities. – Computer aided literature searches are available. The Postgraduate Medical Centre (RBH) has a very active education programme- with the recent addition of a Clinical Skills teaching facility. There are regular weekly lectures, journal clubs, fortnightly SHO Core Curriculum and weekly Physicians Grand Round which supports the excellent specialty training programmes held departmentally.

Newly appointed postholders will be provided with access to mentoring and coaching to support personal and professional development needs.

## **OTHER FACILITIES**

The library is professionally staffed and there are comprehensive reference, lending and inter-library facilities. Computer aided literature searches are available. The library is available around the clock by means of a key available from the porters lodge. There are similar facilities at Poole Hospital and there is a specialised library in the Cardiac Department. The Postgraduate Medical Centre has a very active education programme to which the medical staff make a major contribution. There are regular weekly lectures, journal clubs, fortnightly SHO Core Curriculum and weekly Physicians Grand Round which supports the excellent specialty training programmes held departmentally. The library is professionally staffed. There are comprehensive reference, lending and inter-library facilities. Computer aided literature searches are available. The library is available around the clock by means of a key available from the porters lodge. There are similar facilities at Poole Hospital. There is a specialised library in the Cardiac Department.

### **Other on site facilities include:**

- Day Nursery
- Doctors' Mess (with IT facilities)
- IT Learning Centre
- Auto-bank
- Staff Car Park (subject to charge & availability)

## **DBS/DISCLOSURE and BARRING SERVICE (CRB)**

As part of our recruitment procedure this post will be subject to a Criminal Record Disclosure. A Disclosure is a document containing information held by the police and government departments. Disclosures provide details of a person's criminal record including convictions, cautions, reprimands and warnings held on the Police National Computer. Where the position involves working with children, Disclosures will also contain details from lists held by the Department of Health (DoH) and the Department for Education and Skills (DfES) of those considered unsuitable for this type of work.

## **REHABILITATION OF OFFENDERS**

This post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act (Exceptions Order) 1975.

Applicants are, therefore, not entitled to withhold information about convictions and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by UHD. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the exemption order is applied.

## **MEDICAL CLEARANCE**

The appointee will be required to complete a health assessment form and may be required to undergo a health assessment.

## **ACCOMMODATION**

A single room may be provided in the Hospital for which a charge will be made. Married accommodation is limited so early notification of your requirements is advised. Married accommodation is subject to a tenancy agreement and a charge will be made.

## **HEALTH and SAFETY**

Everybody within UHD has a legal responsibility for the health, safety and welfare of themselves and others at work. These duties are set out within the Health and Safety at Work etc. Act (HASAWA) 1974, the Management of Health and Safety at Work Regulations (MHSAWR) 1999, and in other relevant regulations and guidance notes.

### **All Staff**

In accordance with HASAWA and UHD Health & Safety policy, all staff have legal responsibilities;

- to take reasonable care for themselves and others that may be affected by their acts/ omissions
- to co-operate with their manager/ supervisor to enable them to carry out their legal duties e.g.
  - shall report all hazards and defects to their line manager/ supervisor
  - shall report all accidents, incidents, near-miss events to their manager/ supervisor and via an adverse incident report (AIR) form (UHD policy)
- to use all work equipment, materials and substances in accordance with any training and instruction provided (e.g. medical devices, chemicals, mechanical aids, machinery, plants, vehicles, and personal protective equipment)
- to ensure they attend all annual mandatory training and attend health and safety training as required for the post.
- to comply with UHD and department health, safety & risk policies and procedures
- not to interfere with or misuse anything provided to secure health and safety .e.g. wedge fire doors open, remove first aid equipment, break locks off systems

## **SMOKING**

UHD has a responsibility to provide a safe and healthy environment for everyone who is working, visiting or living on hospital premises. Smoking is NOT allowed on site except for within the designated smoking areas and shelters for staff and patients.

UHD will not tolerate smoking in undesignated areas and there is a zero tolerance approach to all staff who continue to do so. We will continue to provide support to staff, patients and visitors who want to give up smoking.

In the interests of promoting responsible healthcare all staff should refrain from smoking when off-site in uniform or wearing an identifying NHS badge in any public place.

## **INFECTION PREVENTION AND CONTROL**

The prevention and appropriate management of infection is of paramount importance in the quality and safety of the care of patients, and to the safety of visitors and members of staff. It is the responsibility of all staff to be aware of, assess and minimise these risks and comply fully with Infection Prevention and Control Policies.

The Health Act 2008 establishes a Code of Practice for the Prevention and Control of Health Care Associated Infections. It sets out criteria by which NHS managers ensure that patients are cared for in a clean environment, with a safe water supply, where the risk of Healthcare Associated Infections (HCAI) is kept as low as possible.

**Managers, Heads of departments and Clinical Leaders are responsible for ensuring that:**

In accordance with UHD Risk Assessment policy and Risk management strategy, all managers/heads of department and Clinical Leaders are responsible for ensuring that they and their staff comply with all UHD and department health and safety policies and procedures.

**Managers, Heads of departments and Clinical Leaders** are responsible for ensuring that:

- The necessary equipment and mechanisms are in place to support infection prevention
- health care workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAI

**DATA PROTECTION**

All staff are required to comply with the Data Protection Act and UHD Data Protection Policy. Staff are responsible for ensuring that any personal data which they hold is kept securely; that personal information is not disclosed either orally or in writing to any unauthorised third party; that personal data is only accessed where there is a legitimate business need and only where such processing is consistent with the purposes for which the data was collected.

**EQUALITY and DIVERSITY**

UHD is positively committed to the promotion and management of diversity and equality of opportunity. Equality and diversity is related to the actions and responsibilities of everyone – users of services including patients, clients and carers; work colleagues; employees; people in other organisations; the public in general.

All employees have a responsibility to ensure that they act in ways that support equality and value diversity and must comply with the responsibilities placed upon them by employment legislation and the equality duties.

**CARBON SUSTAINABILITY**

UHD is committed to continual improvement in minimising the impact of its activities on the environment and expects all members of staff to play their part in achieving this goal and in particular to work towards a 10% carbon reduction.

***This post is subject to the policies, procedures and rules approved by UHD and as varied from time to time. All staff are required to familiarise themselves with, and comply with UHD'S***

***policies, procedures, rules or statements of practice. These can be accessed through the Intranet, your Department Manager, or through Human Resources.***