

Royal Brompton and Harefield Clinical Group

Job Profile

Junior Clinical Fellow (ST1-ST2) in Cardiology/ITU

Harefield Hospital

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A System of Care

Guy's and St Thomas' NHS Foundation Trust comprises five of the UK's best known hospitals – Guy's, St Thomas', Evelina London Children's Hospital, Royal Brompton and Harefield – as well as community services in Lambeth and Southwark, all with a long history of high quality care, clinical excellence, research and innovation.

We are among the UK's busiest, most successful foundation trusts. We provide specialist care for patients including heart and lung, cancer and renal services as well as a full range of local hospital and community services for people in Lambeth and Southwark.

We have a long tradition of clinical and scientific achievement and – as part of King's Health Partners – we are one of England's eight academic health sciences centres, bringing together world-class clinical services, teaching and research. We have one of the National Institute for Health Research's biomedical research centres, established with King's College London in 2007, as well as dedicated clinical research facilities.

Royal Brompton and Harefield hospitals joined Guy's and St Thomas' in February 2021 and is the largest specialist heart and lung centre in the UK and among the largest in Europe. We provide treatment for people with heart and lung disease, including rare and complex conditions, offering some of the most sophisticated treatment that is available anywhere in the world.

Our integrated approach to caring for patients from before birth, through childhood, adolescence and into adulthood and old age has been replicated around the world and has gained Royal Brompton and Harefield an international reputation as a leader in heart and lung diagnosis, treatment and research.

We are working in partnership with King's Health Partners, to deliver our vision of creating a new centre of excellence, which will be the global leader in the research into and treatment of heart and lung disease, in patients from pre-birth to old age.

We have around 22,700 staff, making us one of the largest NHS Trusts in the country and one of the biggest employers locally. We aim to reflect the diversity of the communities we serve and continue to develop new and existing partnerships with local people, patients, neighbouring NHS organisations, local authorities and charitable bodies and GPs.

We strive to recruit and retain the best staff as the dedication and skills of our employees lie at the heart of our organisation and ensure that our services are of the highest quality, safe and focused on our patients.

Clinical Group mission and approach.




Our mission is to be the UK's leading specialist centre for heart and lung disease. We will achieve this mission through a strategy of focused growth in aspects of heart and lung treatment, such as congenital heart disease, arrhythmia, heart failure and advanced lung diseases. Our approach is based on:

- The continual development of leading-edge services through clinical refinement and research
- The effective and efficient delivery of core specialist treatment
- The transition of appropriate routine services to other centres to release capacity for new interventions

Remaining an autonomous specialist organisation is central to preserving and building our strong clinical and organisational record. However, we are equally convinced of the importance of effective partnerships particularly with major academic bodies to ensure a continuing pipeline of innovations to develop future treatments.

1.1 Performance and achievements in 2020/2021

Our experts in 2020/2021

| | | |
|--|---|---|
| <p>Cared for more than 152,000 patients in our outpatient clinics and over 52,000 'virtual' appointments</p> | <p>Treated 85 critically ill patients with cardiogenic shock through VV-ECMO and other therapies, achieving an 86% survival rate</p> | <p>Maintained one of the fastest 'arrival to treatment' times for UK heart attack patients – 30 minutes compared with a national median 39 minutes</p> |
| <p>Launched Rainbow badges showing that the Trust offers more open, non-judgmental and inclusive care for patients and their families and friends who identify as LGBT+</p> | <p>During the COVID-19 pandemic Harefield Hospital became one of two centres in London to maintain essential cardiac surgery involving Cardiac specialists from both our hospitals and colleagues from Guy's and St Thomas' NHS FT and Imperial College Healthcare</p> |  |
|  | <p>We are one of only five adult centres for ECMO (an advanced life support) in England. Treated more Covid 19 patients with ECMO than any other centre in Europe</p> | <p>Introduced sunflower lanyards which, when worn discreetly, indicate to staff that wearers have a hidden disability and may require additional support or assistance</p> |
| <p>Received a 96% recommendation score in the annual Friends and Family Test</p> | <p>Our researchers produced over 800 peer reviewed publications, maintaining the Trust's position as a leading centre for cardiovascular, critical care and respiratory research</p> | <p>Over 2,000 patients were recruited to research projects and there are now almost 200 active projects running</p> |
| <p>Improved our communication to patients with the introduction of digital appointment letters and text reminders</p> |  | <p>Maintained our environmental responsibility by reducing our carbon emissions and our energy consumption by 9% over the previous year</p> |

1.2 Range of Services

The Clinical Group provides first-rate clinical services and exceptional research output.

We have an outstanding Research and Development pedigree; with over 500 active research projects across 10 R&D programmes. Every one of these programmes has been consistently given the top rating by the NHS R&D Directorate. The table below illustrates the inter-relationship between our R&D activity and clinical services.

Several of our clinical services have been formally designated as national services by the Department of Health: Heart and Lung transplantation, Ventricular Assist Devices (LVAD), Pulmonary Hypertension and Primary Ciliary Dyskinesia.

| Research Programmes | | Clinical Services |
|---|---|---|
| Congenital Heart Disease | ↔ | Adult Congenital Heart Disease Pulmonary Hypertension Paediatric Respiratory Paediatric Congenital Heart Disease Fetal Cardiology Primary Ciliary Dyskinesia |
| Chronic Coronary Heart Disease and Atheroma | ↔ | Acquired Heart Disease |
| Failing Heart | ↔ | Heart Failure Heart & Lung Transplant |
| Critical Care | ↔ | Critical Care relating to Heart and Lung |
| Chronic Respiratory Failure | ↔ | Chronic Obstructive Pulmonary Disease Sleep Ventilation Pulmonary Rehabilitation Lung Volume Reduction |
| Lung Cancer | ↔ | Lung and Upper GI cancer services |
| Severe Respiratory Disease | ↔ | Interstitial Lung Disease Acute Lung Injury Asthma & Allergy |
| Occupational and Environmental Medicine | ↔ | Occupational Lung Disease |
| Chronic Suppurative Lung Disease | ↔ | Paediatric and Adult Cystic Fibrosis Non – CF Bronchiectasis Aspergillosis Mycobacterial Infections |

1.3 Organisation

The Trust Board and Clinical Group Board are constituted as follows:

| Non-Executive Members | Executive Members |
|---|--|
| Baroness Sally Morgan (Chair) | Chief Executive, Dr Ian Abbs |
| Mr Simon Friend (Deputy Chair) | Lawrence Tallon, Deputy Chief Executive |
| Dr Felicity Harvey, CBE | Mrs Avinderjit Bhatia, Chief Nurse and Vice President of the Florence Nightingale Foundation |
| Royal Brompton and Harefield Clinical Group | |
| Dr Richard Grocott-Mason, Chief Executive | Dr Mark Mason, Clinical Group Medical Director |
| Mr Nicholas Hunt, Executive Director | Mr Robert Craig, Clinical Group Director of Operations |
| Mrs Jo Carter, Clinical Group Director of Nursing | Mr Rob Davies, Director of Workforce (HR) |
| Mr Richard Guest, Chief Financial Officer | Mr Piers McCleery, Director of Strategy and Corporate Affairs |
| Mr Luke Blair, Head of Communication and Public Affairs | Mr Denis Lafitte, Chief Information Officer |
| Mr David Shrimpton, Managing Director, Private Patient | |

The Royal Brompton and Harefield Clinical Group Board is a formal sub-committee of the Guy's and St Thomas' NHS Foundation Trust Board, with delegated responsibilities and decision-making rights for the strategic and operational running of its services. These are set out in the Guy's and St Thomas' Scheme of Delegation, and the Trust's Standing Financial Instructions provide the delegation limits with regards to financial decisions.

The Guy's and St Thomas' NHS Foundation Trust Board of Directors holds legal accountability for the Trust including all aspects of the Royal Brompton and Harefield Clinical Group (RB&H). The Royal Brompton and Harefield Clinical Group Board provides assurance to the Guy's and St Thomas' NHS Foundation Trust Board of Directors on the overall operational, quality and safety and financial performance of Royal Brompton and Harefield Hospitals, and on the development and delivery of the Trust's strategy for its heart and lung services.

The Clinical Divisions are: Heart RBH (incorporating Cardiology, Radiology and Cardiac Surgery, Critical Care and Anaesthesia), Harefield (incorporating Cardiology, Transplant, Radiology, Respiratory and Cardiac and Thoracic Surgery), RB&H Lung (incorporating Respiratory Medicine, Radiology and Lung Surgery), and Paediatrics; and Directorates of Anaesthesia and Critical Care, Laboratory Medicine, Pharmacy and Rehabilitation and Therapies.

Non-clinical directorates are: Human Resources, Finance, Patient Services, Estates & Facilities, Communications and Public Affairs and Business Development & Commissioning.

1.4 Harefield Hospital Site

Harefield Hospital (HH) is a regional centre for cardiology and cardiothoracic surgery, and an international centre for adult heart and heart-lung transplantation. It is one of a small number of UK cardiac centres assisting in development of implantable mechanical ventricular assist devices in the management of end-stage heart failure. It also provides a primary intervention service for acute coronary syndromes to selected Trusts and the London Ambulance Service, in outer West London and the Home Counties. It has approximately 1,185 staff, 180 beds with 5 operating theatres, and 4 catheter laboratories.

1.5 Royal Brompton Hospital Site

The Royal Brompton Hospital (RBH) is a specialist cardiothoracic centre specialising in diseases of the heart and lung, with services for adults (Cardiology, Cardiothoracic Surgery, Radiology, and Thoracic Medicine) and Paediatrics. It has approximately 2,081 staff, 296 beds, 6 operating theatres, 5 catheter laboratories, a private patients' ward and extensive imaging facilities. A state-of-the-art diagnostic and imaging centre is due to open in the autumn of 2021. The Hospital benefits from a joint cardiac and respiratory clinical research facility and has strong links both with King's College London/ King's Health Partners and the National Heart and Lung Institute at Imperial College.

1.6 Clinical Governance and Quality

The Clinical Group has an extensive programme of clinical governance and quality led by Ms Jo Carter, Clinical Group Director of Nursing and Dr Mark Mason, Clinical Group Medical Director. The programme is delivered through the organisation's systems and processes for monitoring and improving services, including sections for:

- Clinical audit and information
- Clinical risk management
- Research and development office
- Infection prevention and control
- Patient feedback
- Clinical Quality and Improvement

Consultant appraisals form an integral part of the process with each consultant undertaking annual appraisal with their line manager. There is also a programme of mandatory training undertaken by all staff.

- **Regulation**

The Trust was inspected by the Care Quality Commission during Autumn 2018 and the inspection report was published in February 2019. Overall, the Trust was rated by the CQC as 'Good'. Within this rating, Harefield Hospital was rated as 'Good' and the Royal Brompton Hospital as 'Good' and identified several areas of outstanding practice.

- **Research and Development - King's Health Partners-Cardiovascular**

Cardiovascular research and clinical services (KHP Cardiovascular) are considered a "peak of excellence" across King's Health Partners (KHP) and the partners are embarked on a transformation of service delivery and the integration of research and education to revolutionise cardiovascular prevention and care.

KHP Cardiovascular builds upon more than 8 years of collaboration through the Cardiovascular Clinical-Academic group (CAG), which brings together the clinical cardiovascular services of Guy's & St Thomas' NHS Foundation Trust together with the Royal Brompton and Harefield Hospital and King's College Hospital NHS Foundation Trust and the academic Cardiovascular Medicine and Sciences School of the university, King's College London (see <https://www.kcl.ac.uk/scms>). The overall vision is to integrate clinical services, teaching and research across these groups in a world-class centre that delivers excellent outcomes and innovative research-based advances for patients.

The current phase of the KHP Cardiovascular development consists of closer collaborative working and clinical-academic integration of the existing groups, and the strengthening of the population network within which we deliver services. In practice, this means increasingly working as a single clinical and operational team, providing a seamless service to patients across KHP, faster research and innovation translation, and new educational programmes.

The ultimate aim is the development of a new clinical academic hub within a purpose-built facility at the St Thomas' site.

- **Mentorship**

All new Consultants at the Royal Brompton and Harefield Hospitals will be provided a detailed and focussed Trust and Departmental Induction upon their arrival. As part of the local induction, a Professional and Management Mentor will be allocated, with whom the appointee will meet for regular meetings

DEPARTMENT INFORMATION

THE CARDIOLOGY UNIT

Clinical Services

Harefield acts as a tertiary referral centre accepting both out-patients and in-patients from local, regional and national sources, as well as direct ambulance led admission for patients with ST elevation myocardial infarction. Direct GP referral is available to outpatient services which incorporate rapid access chest and heart failure clinics.

The work covers all aspects of adult cardiology with particular emphasis on interventional techniques including the established Primary Angioplasty Service which is one of the largest in the UK.

Harefield has a large interventional cardiology service performing more than 1500 coronary angiograms and 1500 percutaneous coronary intervention cases per annum. It runs a first class, highly successful 24/7 primary angioplasty programme with currently more than 1400 “activations” per year, which it is anticipated will continue to expand.

There is a large pacing service offering all forms of permanent pacing, complex device therapy and is a regional referral centre for device and lead extraction.

There is a large comprehensive electrophysiology service providing all forms of simple and complex electrophysiological studies and ablation.

The Cardiology Department is a modern facility providing all non-invasive investigations and is closely associated with the X-Ray Department. In addition there are four cardiac catheterisation laboratories, 2 cardiology wards, day-case unit and a large non-invasive imaging department.

Harefield is a tertiary imaging centre offering cardiac MRI, nuclear cardiology, transthoracic and transoesophageal echocardiography and all specialist echocardiographic modalities.

The hospital is a heart and lung transplantation centre incorporating surgical therapies for advanced heart failure with an active ventricular assist device service. Separate teams are responsible for these patients, though CT1 cardiology trainee will provide some on call cover for these teams.

Educational opportunities

There are weekly clinical meetings in Cardiology and Transplant medicine with educational opportunities including: weekly interventional cardiology meeting, weekly imaging meeting and a weekly joint cardiology and cardiothoracic surgery meeting, all held at Harefield Hospital. In addition there is one protected, consultant teaching seminar per week. There are compulsory monthly audit, morbidity and mortality meetings for all staff. We have a state of the art simulation centre where all trainees will be encouraged to develop clinical and practical skills including procedural and emergency scenarios.

DEPARTMENT STAFF

Consultant Cardiologists

| | |
|-------------------|--------------------|
| Dr C Ilsley | Dr P Clifford |
| Dr M Barbir | Dr H Binns |
| Dr M Mason | Dr S Dubrey |
| Dr Anthony Barron | Dr S Rahman-Haley |
| Dr T Wong | Dr J Wong |
| Dr W Hussain | Dr A Baltabaeva |
| Dr R Lane | Dr T Saluhke |
| Dr T Kabir | Dr R Grocott-Mason |
| Dr R Smith | Prof R Underwood |
| Dr D Jones | |

INTENSIVE CARE UNIT

The intensive care unit has over 1500 level 3 admissions per annum and has 24 level 3 beds. The case-mix is mainly intensive care following adult cardiac surgery (78% admissions), transplantation (11%), cardiology (6%) and thoracic surgery (7%).

The unit is approved for training in Intensive Care Medicine. Fellows would be expected to acquire the critical care competencies in accordance with the Intercollegiate Training Board in Intensive Care Medicine recommendations.

ANAESTHETIC & INTENSIVE CARE STAFF

Consultant Anaesthetists with an interest in Intensive Care

Dr D Hall (Lead for Intensive Care)
Dr J Mitchell (Director of Anaesthesia)
Dr I McGovern
Dr C Walker (Lead for acute pain)
Dr N Lees (Lead for ECHO in Intensive Care)
Dr O Kviatkovske

Consultant Intensivist

Dr A Rosenberg (Educational supervisor)
Dr C Hernandez Caballero (Lead for Clinical Governance)
Dr A Hurtado Doce
Dr E Galiatsou

Dr S Kaul

JOB DESCRIPTION

Duties of the Post

Aims and Responsibilities of the post:

The appointee is expected to undertake the admission and day to day care of cardiology patients. This includes a number of patients admitted for short term investigation and also patients requiring longer term treatment. Emergency cases are admitted daily incorporating all aspects of tertiary centre cardiology.

Main Duties and Responsibilities

The appointee is expected to attend regular cardiac clinics and ward rounds.

- Some experience may be gained in all aspects of non-invasive cardiac investigations and in addition, some experience in assisting at cardiac catheters may be obtained
- Some experience in procedural techniques including central line insertion, pleural taps and ascetic taps maybe obtained.
- He/she is expected to maintain good professional liaison with colleagues, nursing, para-medical and administrative staff.
- The rota is a partial shift working pattern which may be subject to change. Additionally there is resident on-call cover at SHO level.
- A cardiac arrest bleep is always carried by the SHO on call, local resuscitation training will be provided and completion of the ALS course supported
- SHO's are expected to provide cover for the absence of their colleagues during annual and study leave.
- Emergency management of all acute cardiac conditions.
- Attendance and case presentations at MDTs.
- Communication with primary and secondary care teams to plan safe and appropriate patient discharge will be a key role.
- Clinical audit.

Rota

The European Working Time Directive (EWTD) has set a minimum requirement for working hours, rest periods and annual leave. Junior doctors should not work over 48 hours a week. (over a 26 week reference period). This is a requirement under UK as well as European law.

Objectives of the training programme

The objective of this training programme is to provide the Fellow with advanced knowledge and clinical experience in delivering a broad spectrum of critical care including:

- Management of single and multiple organ failure secondary to cardiovascular intervention.
- Advanced techniques in ventilation including protective lung strategies and management ALI/ARDS, differential ventilation and prone ventilation.

- Management of patients post thoracic organ transplant
- Advanced haemodynamic monitoring including pulmonary artery flotation catheters and non-invasive cardiac output monitoring.

In addition the Fellow could acquire experience in:

- Postoperative peri-operative management of complex cardiothoracic surgical patients.
- Transoesophageal and transthoracic echocardiography and critical care ultrasound techniques.
- Intra-aortic counter-pulsation therapy, invasive and non-invasive cardiac output monitoring techniques and pacing.
- Non-invasive ventilation.
- Contribution to a clinical or basic science research project during their appointment.
- Contribution to an audit project
- Competency –based training at the Harefield SIM centre

Clinical experience

TOE training

- Basic and advanced peri-operative and critical care echocardiography education
- Initial training will focus on basic principles (physics, standard views for examination, Doppler principle and quantification etc),
- Training sessions on the Heartworks TOE simulator
- Further training may include sponsorship for attendance at a recognised external advanced training course.

Access to in house 3D echo cardiac training is currently being developed

Critical Care Ultrasound

- Vascular access ultrasound
- Chest and pleural space ultrasound
- FEEL/FATE focussed ultrasound

Transplant experience

- Contribution to retrieval, donor TOE and other transplant relating working groups
- Monthly morbidity and mortality audit meeting
- Education through attendance and participation in the Departmental Education Programme.
- Option to participate in assessment and retrieval of donor hearts and lungs

Research experience

- The Department actively supports research. The post holder will be encouraged to develop and undertake a research project, which may be undertaken in collaboration with the Heart Science Centre (Imperial College).
- There will be an initial assessment at the commencement of the post to assess individual aims and objectives.

- Suitable time will be made available within the weekly timetable to participate in appropriate research and clinical audit on discussion with the educational supervisor.

This is a substantive 6-month post, extendable to 12 months subject to satisfactory internal review, for those interested in developing a career in cardiothoracic medicine and an interest in Cardiothoracic/transplant ITU. The trainee would be expected to have a commitment within the cardiology and ITU services with a 1 in 8 on-call commitment.

The aim of the fellowship position is to enable the Fellow, by the end of twelve months:

- To function independently as an SHO to cover Cardio respiratory/Tx ITU
- To have gained clinical experience in cardiothoracic medicine relevant to higher medical training
- Take part in the non-airway management on call rota for ITU

Expected outcomes

- Be able to clinically assess, stabilise and manage sick patients requiring advanced cardiothoracic support
- Have a sound knowledge of ventilation, mechanical circulatory support (IABP, VAD – peripheral and central, ECMO) and nitric oxide.
- Practical skills to include
 - Line insertion (arterial, central venous, vas cath)
 - Chest drain insertion using Seldinger technique
 - Ultrasound
 - ECHO – TTE and TOE

Additional Information

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|-----------------------|---|
| Study Leave: | Up to 5 days per six months subject to operational constraints and approval. Study leave may be granted to the maximum consistent with maintaining essential services. It may therefore not be available if it is inconsistent with patient care. Trust grades and Speciality Trainees must always discuss this with their Consultants well in advance of considering the possibility of study leave. |
| Annual Leave: | Up to 16 days per six months subject to operational constraints and approval. Trust grades and Speciality Trainees must give at least 6 weeks' notice. No more than 2 Speciality Trainees/Trust grades to be away at same period. |
| Accommodation: | The post participates in a shift system with rostered night shifts. No out-of-hours accommodation is required. (Single room accommodation is subject to availability.) |

Library: Library facilities are situated at Harefield Hospital and in the National Heart and Lung Institute which is a departmental library of Imperial College School of Medicine. Services include interlibrary loans, photocopying and on-line searching using CD-ROM and network services including MEDLINE, EMBASE and Science Citation Index. The Audio-Visual Section provides a wide range of facilities including computer graphics, slide processing, poster titles, overhead transparencies and colour printing.

Sickness: On first day of sickness, e-mail notification must be sent to the Junior Doctor Rota Co-ordinator /Service Manager and Duty SHO /SpR for your area . On the 8th day, a medical certificate is to be submitted and to be continued at weekly intervals until fit to resume duty. Sickness is noted and the policy adhered to.

Our Aims:

Patient care To serve our patients by working with them to determine their needs, viewing the quality of care as being of paramount importance

Research Research is an integral component of the training programme. Post holders are encouraged and expected to participate in clinical or basic science research.

To translate the outcomes of research into improved patient care by evaluating new ideas and being innovative in how they are applied

Education To provide education and training for our staff, while encouraging teamwork and valuing each member of the team for their involvement and specialist expertise.

PERSON SPECIFICATION

| | ESSENTIAL | DESIRABLE |
|-------------------------------|--|---|
| QUALIFICATIONS | <ul style="list-style-type: none"> • MRCP 1 | MRCP (PACES) |
| ELIGIBILITY | <ul style="list-style-type: none"> • Eligible for full or limited registration with the GMC at time of appointment • Evidence of achievement of Foundation competencies by time of appointment in line with GMC standards/Good Medical Practice including: <ul style="list-style-type: none"> • Good clinical care • Maintaining good medical practice • Good relationships and communication with patients • Good working relationships with colleagues • Good teaching and training • Professional behaviour and probity • Delivery of good acute clinical care • Eligibility to work in the UK | |
| FITNESS TO PRACTISE | <ul style="list-style-type: none"> • Is up to date and fit to practice safely | |
| HEALTH | <ul style="list-style-type: none"> • Meets professional health requirements (in line with GMC standards/Good Medical Practice) | |
| CAREER PROGRESSION | <ul style="list-style-type: none"> • Ability to provide complete details of employment history | <ul style="list-style-type: none"> • At least 6 months' experience (at SHO level) in Cardiology (not including Foundation modules) |
| APPLICATION COMPLETION | <ul style="list-style-type: none"> • ALL sections of application form FULLY completed according to written guidelines | |
| EXPERIENCE | <ul style="list-style-type: none"> • Informal teaching experience | <ul style="list-style-type: none"> • Formal teaching experience |
| KNOWLEDGE | <ul style="list-style-type: none"> • Knowledge of the basic educational principles and their applications within clinical settings | <ul style="list-style-type: none"> • Good understanding of current issues and challenges within medical education |
| CLINICAL SKILLS | <ul style="list-style-type: none"> • Technical Knowledge & Clinical Expertise: Capacity to apply sound clinical knowledge & judgment & prioritise clinical need. Demonstrates appropriate technical competence & evidence of development of excellent diagnostic skills & judgement | |

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|-----------------------------------|---|---|
| ACADEMIC / RESEARCH SKILLS | <ul style="list-style-type: none"> • Research Skills: Demonstrates understanding of the basic principles of audit, clinical risk management & evidence-based practice. Understanding of research basic research principles, methodology & ethics, with potential to contribute to research | <ul style="list-style-type: none"> • Evidence of relevant academic & research achievements, e.g. degrees, prizes, awards, distinctions, publications, presentations, other achievements • Evidence of active participation in audit • Evidence of participation in risk management and/or clinical/laboratory research |
| PERSONAL SKILLS | <ul style="list-style-type: none"> • Judgement under Pressure: Capacity to operate effectively under pressure & remain objective in highly emotive/pressurised situations. Awareness of own limitations & when to ask for help • Communication Skills: Capacity to communicate effectively & sensitively with others, able to discuss treatment options with patients in a way they can understand • Problem Solving: Capacity to think beyond the obvious, with analytical and flexible mind. Capacity to bring a range of approaches to problem solving • Situation Awareness: Capacity to monitor and anticipate situations that may change rapidly • Decision Making: Demonstrates effective judgement and decision-making skills • Organisation & Planning: Capacity to manage time and prioritise workload, balance urgent & important demands, follows instructions. • Enthusiasm for medical education and training | <ul style="list-style-type: none"> • Teaching and training skills • Critical appraisal skills • Presentation or papers. |
| PROBITY | <ul style="list-style-type: none"> • Professional Integrity: Takes responsibility for own actions, demonstrates respect for the rights of all. Demonstrates awareness of ethical principles, safety, confidentiality & consent. Awareness of importance of being the patients' advocate, clinical governance & responsibilities of an NHS employee | |

Appendix

Core behaviours for all Trust staff

All staff will commit to:

- Act with honesty and integrity at all times
- Demonstrate respect for others and value diversity
- Focus on the patient and internal and external customer at all times
- Make an active contribution to developing the service
- Learn from and share experience and knowledge
- Keep others informed of issues of importance and relevance
- Consciously review mistakes and successes to improve performance
- Act as ambassadors for their directorate and the Trust
- Be aware of the impact of their own behaviour on others
- Be discreet and aware of issues requiring confidentiality

In addition, all managers and supervisors will:

- Value and recognise the ideas and contributions of all team members
- Coach individuals and teams to perform to the best of their ability
- Delegate work to develop individuals in their roles and realise their potential
- Give ongoing feedback on performance, and effectively manage poor performance
- Provide support and guidance to all team members
- Encourage their team to achieve work/personal life balance
- Actively listen to comments/challenges and respond constructively
- Lead by example, setting high standards
- Ensure that there are sufficient resources for their team and rebalance priorities accordingly
- Provide a safe working environment