



CAJE REFERENCE: **CYM/Wales/2022/0036**

APPROVED: **15/02/2023**

JOB DESCRIPTION

JOB DETAILS

| | |
|-----------------------------|-------------------------------------|
| Job Title | Consultant Practitioner - Endoscopy |
| Pay Band | 8b |
| Division/Directorate | As allocated |
| Department | As allocated |

ORGANISATIONAL ARRANGEMENTS

| | |
|---------------------------------------|--------------|
| Managerially Accountable to: | As allocated |
| Reports to: Name Line Manager | As allocated |
| Professionally Responsible to: | As allocated |

THE CORE PRINCIPLES OF NHS WALES

We put patients and users of our services first



We reflect on our experiences and learn



We seek to improve our care



We work in partnership and as a team



We focus on wellbeing and prevention



We value all who work for the NHS



JOB SUMMARY

The Consultant Practitioner for endoscopy will:

- be an expert clinician, autonomously diagnosing, treating and discharging patients with complex gastroenterology and endoscopic care needs
- work independently and autonomously as a JAG (Joint Advisory Group on gastrointestinal endoscopy) accredited expert Advanced Practitioner performing diagnostic and therapeutic gastro-intestinal endoscopy
- be responsible for clinical and strategic leadership for health board wide practitioner clinical services. They will provide hospital and community clinics and innovate methods of remote open access follow up. be available to provide expert consultations on patient care both individually and collectively
- lead on nursing practice and service development, strategically working locally and nationally to enhance care for gastroenterology patients and enabling and enhancing standards and care pathways
- be an expert in implementing optimal endoscopy programs and will continue to work in collaboration with the national endoscopy modernization programs
- support the clinical director to develop and maintain seamless services across community and hospital and will work and an integral member of a multi-professional team delivering services to gastroenterology and endoscopy patients and will lead on development projects as applicable
- provide expert advice and direction to enable optimal delivery and enhancement of care for gastroenterology locally and nationally. They will work across the organization and be an active member of the nursing midwifery board which feeds directly into the executive board
- establish links with local Universities to influence curriculum, research planning, capability and assist with education of both pre/post registration students
- influence nationally and internationally through publication and conference presentations
- lead and educate a team of advanced practitioners, community resource team staff and ward staff to ensure that they have the underpinning knowledge and competencies to meet the needs of the person with gastroenterology needs and person undergoing endoscopy
- mentor and provide clinical supervision to advanced practitioners and community resource team and will influence their appraisals
- identify research required for this specific population; they will use this information to influence research on a local, regional and national level and through collaboration with the appropriate University
- lead on local research and evaluation of gastroenterology services and ensure that all development is supported by an evidence base that is up to date
- add to the evidence base through publication.

DUTIES/RESPONSIBILITIES

Expert Practitioner

1. Be a recognised and acknowledged expert within the field of endoscopy
2. Work as expert autonomous practitioner with a high degree of clinical reasoning & decision making to enable and ensure effective quality care delivery by performing diagnostic and therapeutic endoscopy, making diagnoses, requesting & interpreting investigations such as bloods and radiological investigations, prescribing care and treatments and discharging patients with appropriate care packages.
3. Be responsible for ensuring adherence to ethical and moral dimensions of practice
4. Be proficient in independently prescribing and reviewing medicines for the gastroenterology and endoscopy patient with complex care needs, including the prescribing of conscious sedation.
5. Make and receive appropriate referrals.
6. Have admission rights and responsibility for patients.
7. Be an innovator, capable of pioneering new approaches to enhance practice
8. Be a positive role model, demonstrating high quality, person-centred care
9. Act as a change agent, challenging existing practice to improve quality of care
10. Make complex decisions in challenging circumstances in the absence of clear boundaries
11. Develop strategies to empower service users and carers that will enable them to play an active role in care and service planning
12. Provide expert advice to a range of stakeholders across agencies, disciplines and organisational boundaries
13. Provide clear direction for practitioners with regard to legal, ethical and moral aspects of care
14. Gather, consolidate and share information, acting as a resource across the organisation to improve outcomes
15. Clinically supervise advanced practitioners, other registrants, support workers and junior doctors in delivering care gastroenterology and endoscopy patients.

16. Maximise on opportunity to improve dignity in care for gastroenterology and endoscopy patients.

Communication

The post holder will:

1. Make use of highly developed communication skills to deliver news of diagnoses to patients in an informative, empathetic manner. This will often include discussing highly sensitive information in highly emotive environments, such as delivering news of life-changing diagnoses, such as cancer, to patients who may also have communication barriers, such as learning difficulties or other mental health problems. The synthesis of information from numerous sources to aid decision making is required.
2. Provide patients with full and balanced explanations of endoscopy and radiology procedures, including benefits and risks, to allow patients to make an informed choice and give informed consent in line with the Health Board Consent Policy.
3. Where patients lack capacity to give informed consent, work with patients and advocates to facilitate access to service that are in the patient's best interests and in keeping with any wishes they had while they had capacity in line with the Mental Capacity Act (2005).
4. Accurately document all aspects of care delivered, including generating endoscopy reports.
5. Provide audit and research data where requested.
6. Engage and ensure good working relationships with range of professionals and multi-disciplinary clinical and non-clinical teams e.g. Consultants, senior managers and Clinical leads, GPs etc.
7. Participation in a number of National Networks e.g. British Society of Gastroenterology (BSG), Joint Advisory Group on Gastrointestinal Endoscopy (JAG), Welsh Association of Gastroenterology and Endoscopy (WAGE), Bowel Screening Wales (BSW).

Education, Training and Development

1. Work collaboratively with a University School of Healthcare Sciences and Medical School to undertake training needs analyses in gastroenterology and endoscopy

knowledge and clinical competence

2. Work with University partners, collaboratively develop, deliver and evaluate educational programs to meet assessed training needs
3. In partnership with local Universities and in house education, lead in the integration, research and practice development.
4. Develop appropriate in-house training sessions and programs to support quality of care enhancements and the implementation of clinical protocols
5. Clinically supervise advance practitioners and inform their personal development plans and appraisals.
6. Mentor practitioners on advance practice courses and masters level study.
7. Encourage practitioners to use critical analysis and synthesis of knowledge to improve patient care outcomes
8. Support practitioners' continuous professional development and be responsible for self-development towards meeting CPD requirements
9. Identify and support potential successors in order to ensure continuous service improvements
10. Disseminate information through publication and conference presentations
11. Promote and facilitate an active, positive learning environment to enable others to reach their full potential
12. Plan and develop training programmes and deliver the expert practice component of the role for students of endoscopic procedures i.e., training of medical Trainees and Nurse Endoscopist in endoscopic procedures. Also responsible for teaching and assessing practical and theoretical skills to nursing staff e.g., use of equipment for endoscopic procedures.
13. Plan, schedule, facilitate and deliver study days/events for regional endoscopy training courses.
14. Provide advice on the training needs analysis which reflects the future needs of the service in collaboration with the Clinical Nurse Lead.
15. Co-ordinate and monitor both Trainee and Trainer feedback to ensure continuous development of Endoscopy training within the department.
16. Support the Endoscopy department manager with the on-going development of the

Nursing Competency based Training programme.

17. Liaise with the Clinical Nurse Lead, Specialist Nurses, Corporate Leads and external providers to ensure appropriate educational opportunities for personal, professional and service development.
18. Take an active role in teaching informally and formally, to play an active role in health education and educating patients about their lifestyles and support national Training Programmes for Endoscopy.
19. Organise and facilitate competency training and assessment relating to endoscopy in order to facilitate Practice Development for Nurses, Medical staff and other Healthcare professionals.
20. Disseminate innovative best practice through publications and presentations at local, regional and national conferences. Identify and pursue expert academic, educational and professional development to meet the requirements of role.
21. Be accountable for completing mandatory updates annually.

ANALYSIS, PLANNING AND ORGANISATION

1. Analyse information and translate findings into recommendations, policy decisions and actions. Lead in generating, analysing and disseminating information across the organisation.
2. To analyse complex information from multiple sources and translate findings into recommendations, policy decisions and actions.
3. Assess patients using expert clinical skills and clinical judgement to plan and implement care for patients being accountable for care provided.
4. Analyse complex audit data and research findings, relating it to practice.
5. Critically evaluate and review innovations and developments relevant to Endoscopy.
6. Actively demonstrate critical thinking and diagnostic reasoning skills, differentiates between normal, variations of normal and abnormal findings, taking appropriate action based on these findings.
7. Lead the planning and implementation of audits to meet the needs of reviews,

service development and improvements in relation to JAG and BSG.

8. Lead on clinical benchmarking and audit to ensure a robust system of compliance with protocols and care pathways.

Patient and Client Care

The post holder will:

1. Request and undertake a range of clinical investigations, including endoscopic procedures, radiological procedures, blood tests, and faecal tests, reviewing results and acting on them independently.
2. Develop and deliver *highly specialised and complex* programmes of care, where the Consultant Practitioner Clinical Endoscopist will conduct physical assessments, examinations, and investigations, diagnose a range of complex conditions, and independently decide on treatment and follow up plans. *The Consultant practitioner will have autonomy to adjust programmes of care as required by patient needs.*
3. Independently prescribing and administer a range of medications, including controlled drugs and off-license medications used for endoscopic therapies.
4. Be accountable for the direct delivery and implementation of highly specialized clinical care on a day-to-day basis across the broad arena of gastroenterology and endoscopy services.
5. Provide detailed and transparent reports of workload and outcomes, as demonstrated in a practice portfolio, including case-based decisions and multi-source feedback.
6. Comply with Health and Safety and COSHH regulations and act accordingly e.g. handling of bodily fluids, specimens on a daily basis.

Practice and Service Development

1. Lead on the development of policy and procedures to enhance patient care and

professional practice

2. Develop and implement evidence-based, multi-professional standards of care, clinical guidelines and audit tools
3. Evaluate the impact of these protocols in relation to outcomes of care and quality of service delivery
4. Lead audit process using information to inform service developments and performance management
5. Develop a questioning and open culture within practice that will enable professionals, clients and carers to take part in the development of excellent care
6. Lead on developing seamless services for intermediate care between hospital and community care
7. Lead on development of policies, strategies, guidelines and pathways to support the seamless service identified above and that these meet national and corporate care agendas.
8. Inform clinical director, executive nurse and senior locality nurses when policy needs to be amended to come in line with new national policy or initiatives, and then if agreeable to lead on those policy changes.
9. Lead on strategic development of information to inform others of service delivered by own team.
10. Attend the gastroenterology management meetings, endoscopy user group meetings and endoscopy executive board and provide expert opinion on pertinent issues particularly those concerning endoscopy modernization, national endoscopy programs, clinical endoscopist strategy and patient pathways.

Leadership and Consultancy

1. Provide effective leadership, inspiring and empowering others and gains their continuing commitment
2. Exercise a high degree of personal professional autonomy and acts as an expert resource
3. Provide expert professional advice to Clinical Director, Executive Nurse and UHB to

inform policy and strategy development

4. Provide expert advice to nursing in respect of incident management, complaint investigation and strategic direction
5. Ensure appropriate nursing contribution is made in developing clinical and corporate frameworks
6. Contribute to the development of national strategy and policy via membership of appropriate networks
7. Develop effective communication channels to share good practice and enhance care delivery across agencies and boundaries
8. Provide consultancy to other directorates and, in consultation with executive nurses, clinicians and external agencies on request.
9. Participate with other senior staff in relevant recruitment and retention initiatives.
10. Have an exceptional understanding of the safeguarding issues relating to the vulnerable adult and is able to act as the advocate for the gastroenterology and endoscopy patient to ensure they receive effective appropriate quality care.

INFORMATION RESOURCES

1. Maintain accurate record-keeping documentation within case notes, integrated care pathways and utilise the endoscopy computer software package, enabling the clear understanding of other health professionals.
2. Manage the effective implementation, utilisation and development of information technology systems to ensure the provision of accurate clinical and statistical data.
3. Participate in data inputting and produce endoscopy reports on individual patients, after each procedure, providing the diagnosis, suggested treatment, medical follow-up and referral, as necessary to medical specialists, as required for the treatment of each patient.
4. Competent use of hospital electronic systems and any other relevant IT programmes.
5. Provide reports to senior members of the Health Board as required in relation to activity and service delivery
6. Retrieve patient information from computer systems including patient results acting

on them appropriately.

Research and Development

1. Lead research and audit in the clinical area and contribute to the Research and Development Strategy in the University School of Healthcare Sciences and the wider research agenda across Wales
2. Support and encourage dissemination of clinically effective practice through giving lectures, attending conferences and publishing work
3. Support others' research and assist other practitioners towards publication of work
4. Influence local, national and international guidelines for clinical practice
5. Promote the development of theory from practice and practice from theory
6. Develop the evidence base for practice through publication

Personal Development & Support

1. Undertake clinical supervision from the Clinical Director and Lead Consultant for Gastroenterology, who will provide monthly meetings, and together with the executive nurse and with input from head of nursing will review an annual appraisal and professional development plan.
2. Meet monthly with the head of nursing for support
3. Meet jointly with the executive nurse and other consultant practitioners on a regular basis
4. Attend the consultant nurse midwife and health professional (CNMHP) forum meetings and workshops for support
5. Be supported to undertake doctoral study as required.

Resources and management

1. Work autonomously and be able to work as a team leader according to individual job specification within defined boundaries.
2. Contribute to business cases, capital bids and specialist advice for the development & maintenance of nurse-led gastrointestinal endoscopy, and other areas of relevance as appropriate.

3. Be responsible for the safe use of expensive and highly complex equipment
4. Undertake Risk Assessments for practices relating to endoscopy, implement mechanisms to manage risk and ensure incidents are appropriately recorded and acted upon to maximise benefits to patient care
5. Knowledge of equipment and medical devices used in the clinical area and report the failure or mechanical problems of any items of equipment in line with the Health Board policies and procedures.
6. Have a constant awareness of the need to work in the most clinical and cost-effective manner, ensuring effective and efficient use of physical and financial resources.
7. Demonstrate the Health Board vision and core behaviours in delivering a quality service to both internal and external customers.
8. Undertake specific improvement projects as requested by the DCN within the endoscopy service and wider surgical division services as required.
9. Line management of nurse endoscopists and training nurse endoscopists

Job Plan

1. Work 37.5h per week.
2. Will deliver the following sessions (example: to be amended to suit Health Board requirements, national recommendation 4/5 lists per week):

| TIME / DAY | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------|----------------------|-------------------------|--|--|----------------------------|
| 09.00 to 12.45 | Endoscopy List | Endoscopy List | Endoscopy List | Research / Education / Professional personal development | Other Clinical duties |
| 13.15 to 17.00 | Vetting / validation | Endoscopy Training List | Service development/ Management and Leadership | Endoscopy List/ Training List | Specialist Clinic Activity |

There will need to be flexibility around non-clinical sessions to enable all components to be met.

PERSON SPECIFICATION

| ATTRIBUTES | ESSENTIAL | DESIRABLE | METHOD OF ASSESSMENT |
|--|---|--|---|
| Qualifications and/or Knowledge | <p>NMC or HCPC registration (or other relevant registration eg PAMVR)</p> <p>Minimum Master's degree education</p> <p>Independent Prescriber</p> <p>Teaching and Assessing Qualification</p> | <p>Working towards or achieved PhD level education</p> | <p>Application form and pre-employment checks</p> |
| Experience | <p>Have highly advanced clinical skills within the gastroenterology and endoscopy field, having worked at a senior level e.g., advanced practitioner</p> <p>JAG accredited Clinical Endoscopist with quality outcomes commensurate with JAG guidelines. Active JETS portfolio. Meeting JAG guidelines for number of procedures performed.</p> <p>Expertise in caring for gastroenterology and endoscopy patients with complex care needs and their families</p> <p>Expertise in autonomously diagnosing, prescribing,</p> | <p>Have experience of working with gastroenterology patients in both in primary and secondary care</p> <p>Experience of leading a team</p> | <p>Application form and interview</p> |

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| | <p>treating and discharging gastroenterology and endoscopy patients with complex care needs</p> <p>Effective clinical leadership and role modelling for multi-professional team</p> <p>Extensive experience of leading projects / patient pathway / policy developments</p> <p>Extensive experience of innovation and collaborate working</p> <p>Leading on the developing care and services for gastroenterology and endoscopy services at board level</p> <p>Undertaking audit and using results to influence practice</p> <p>Experienced at educating pre and post registration student nurses in a university and in-house environment</p> <p>Extensive experience of mentoring and supervising, including advanced practitioners and specialist nurses</p> <p>Sound research experience</p> <p>Publications and conference presentations</p> | | |
| Aptitude and Abilities | Competent in the use of IT: Microsoft Word, Outlook, | Ability to speak Welsh | Interview |

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| | PowerPoint and Excel Effective communication and interpersonal skills Ability to work to deadlines and under pressure High level of personal integrity | | |
| Other | | | Application form and interview |

Environmental Factors and Working conditions

| Effort Factors | Y | N | Daily | Weekly | Monthly | > Monthly | Example |
|---|----------|----------|--------------|---------------|----------------|---------------------|--|
| Physical Effort | | | | | | | |
| Working in uncomfortable/unpleasant physical conditions | √ | | √ | | | | Performing endoscopic procedures where there are frequent repeated encounters with faeces, foul linen, vomit, bile. Long periods carrying out endoscopies in visually darkened room. |

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| Working in physically cramped conditions | √ | | √ | | | | Area to perform endoscopy involves positioning self between endoscopy stack and trolley. The area is very cramped as the endoscope lead is quite short and is tethered to the stack. This can pose difficulties when trying to manoeuvre the scope and patient. Can occur 12 times per working day for periods of 30minutes to 1 hour. |
| Lifting weights/equipment with mechanical aids | | √ | | | | | |
| Making repetitive movements | √ | | √ | | | | Complex physical skills making repetitive movements to steer, handle and manoeuvre endoscope during performing endoscopic procedures e.g. torque steering, movement of endoscopy wheels while simultaneously pushing in endoscope, requires accurate fine motor skills |
| Manipulating objects | √ | | √ | | | | Complex physical skills to manipulate accessories during endoscopic procedures e.g. while taking a biopsy, removing a polyp involving the need for accurate fine motor skills. |

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| Standing/sitting with limited scope for movement for long periods | √ | | √ | | | | Standing for long periods of time without opportunity to relieve position during endoscopic procedures of up to 30 minutes to 1 hour in duration, repeated up to 6- 12 times / day. Office work can also render long periods sitting to complete electronic or written work. |
| Kneeling, crouching, twisting, bending or stretching | √ | | √ | | | | Excellent hand-eye, sensory co-ordination. Stretching, crouching, twisting and bending during endoscopic examination to achieve torque steering. |
| Standing/walking for substantial periods of time | √ | | √ | | | | Up to 5 times / week for duration of 4 hours standing to perform endoscopic procedures without opportunity to relieve position. |
| Pushing/pulling trolleys or similar | √ | | √ | | | | Pushing patient trolleys from recovery to near proximity endoscopic procedure room, approx 3 X / day. |
| Mental Effort | | | | | | | |
| Carry out formal student/trainee assessments | √ | | √ | | | | Formal student assessments nurses and other health care professionals, training of endoscopists daily. |

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| Carry out clinical/social care interventions | √ | | √ | | | | Daily autonomous decision making regarding complex symptom management, patient assessment, diagnosis, interventions and complex psychological support. Clinical interventions through examination and relevant clinical procedures. |
| Analyse statistics | √ | | √ | | | | Daily time utilization can be 2- 3 hours per day – investigational results, audit, and research data. |
| Operate equipment/machinery | √ | | √ | | | | Operate, be responsible for and trouble shoot expensive and delicate endoscopic equipment up to a value of £250,000 |
| Attend meetings (describe role): | √ | | | √ | | | Strategic meetings involving members of the executive team. Reporting progress, initiating or adjustment to plans with relevant evidence base discussion. Average 2-3 hours of time spent in meetings per week. |

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| Prepare detailed reports | √ | | √ | | | | Regularly prepare detailed strategic and developmental reports. Prepare detailed endoscopic reports on each patient, up to 12 X / day. Calculating sedation dosages, differential diagnosis, diagnosis, treatment and follow up plans to standard of Medical Practitioner Endoscopist. |
| Check documents | √ | | √ | | | | 1- 1.5 hours per each day. This may include ward documents, HB / national policies and procedures. Specific patient documents including histology results. |
| Drive a vehicle | √ | | √ | | | | To and from work, between sites which include the community to carry out endoscopic or gastroenterology patient assessment. Must own car. |
| Carry out non-clinical fault finding | √ | | √ | | | | 1- 2hours per week. May included IT technical difficulties, endoscopic equipment faults. |

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| Carry out calculations | √ | | √ | | | | Daily occurrence when prescribing drug therapies, calculating sedation dosages of controlled medication for conscious sedation. Use of time 1- 2 hours per day. |
| Carry out clinical diagnosis | √ | | √ | | | | Daily occurrence between 4-7 hours daily. Endoscopic and gastroenterology outpatient, inpatient, Ward and community based patients. |
| Emotional Effort | | | | | | | |
| Processing (e.g. typing/transmitting) news of highly distressing events | √ | | √ | | | | Processing of endoscopic/ clinic/ ward reports imparting delivery of bad news daily e.g. cancer diagnosis, diagnosis of life changing conditions: inflammatory bowel disease, failure of medical therapy, escalation to removal of bowel and formation of stoma. |

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| Giving unwelcome news to patients/ clients/carers/staff | √ | | √ | | | | Giving bad news to patients and their families e.g. cancer diagnosis, diagnosis of life changing conditions: inflammatory bowel disease, failure of medical therapy, escalation to removal of bowel and formation of stoma. |
| Dealing with difficult situations/ circumstances | √ | | √ | | | | Daily dealing with patients who have difficult / uncomfortable/ upsetting/ embarrassing endoscopic procedures. Adverse reactions to conscious sedation, emergency situations e.g. perforation, profuse bleeding, cardiac / respiratory arrest |
| Designated to provide emotional support to front line staff | √ | | | √ | | | Line manager for Advanced Practitioner and Practitioner team. Where they have been difficult and emotive situations support is provided 2-3 times per week |
| Dealing with people with challenging behaviour | √ | | √ | | | | Dealing with challenging behaviour due to high anxiety states, reaction to administered conscious sedation and breaking bad news |

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| Communicating life changing events | √ | | √ | | | | Daily e.g. diagnosis of life changing conditions: inflammatory bowel disease, failure of medical therapy, escalation to removal of bowel and formation of stoma. Advising / counselling patients and their families re treatment programs which they may find difficult to accept. |
| Arriving at the scene of an accident | | √ | | | | | |
| Working Conditions | | | | | | | |
| Unpleasant smells/odours | √ | | √ | | | | Frequency of occurrence – 6-12 times per day. Exposure / risks of bodily fluids, gastric and colo-rectal contents resulting in unpleasant odours during endoscopy e.g. faeces, vomit, bile, faecal/ gastric blood. |
| Use of VDU more or less continuously | √ | | √ | | | | Frequent use of VDU – 4 hours per day. |
| Unpleasant substances/non-household waste | √ | | √ | | | | Disposal of endoscopic accessories including biopsy forceps, snares, injectors, formalin. |

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| Infections Material/Foul Linen | √ | | √ | | | | 6-12 times per day from leakage of gastric or colo-rectal contents during endoscopic procedures especially faeces, blood, urine, vomit, bile. |
| Body fluids, faeces, vomit | √ | | √ | | | | 6-12 times per day during endoscopic procedures. |
| Contaminated equipment or work areas | √ | | √ | | | | Endoscopic equipment used to examine patients who may have known / unknown MRSA, CDiff, hepatitis, CJD, HIV. |
| Driving/being driven in normal situations | √ | | √ | | | | Driving to and from different LHB sites. |
| Fleas or lice | √ | | | √ | | | Frequent occurrence – 2- 3 episodes per months including intestinal worms. |
| Exposure to dangerous chemicals/ substances in/not in containers | √ | | | | √ | | Risk of chemical spill of endoscopic cleaning fluids housed in and in next room to endoscopic procedure. |
| Exposure to aggressive verbal behaviour where there is little/no support | √ | | √ | | | | Exposure/ risk of confrontational / challenging behaviour particularly from patients who have had administered conscious sedation, angry or distressed patients / families. |

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| Exposure to aggressive physical behaviour where there is little/no support | √ | | √ | | | | | | | Exposure/ risk of confrontational / challenging behaviour particularly from patients who have had administered conscious sedation, angry or distressed patients / families. |
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GENERAL REQUIREMENTS

Include those relevant to the post requirements

- **Values:** All employees of the Health Board are required to demonstrate and embed the Values and Behaviour Statements in order for them to become an integral part of the post holder's working life and to embed the principles into the culture of the organisation.
- **Registered Health Professional:** All employees who are required to register with a professional body, to enable them to practice within their profession, are required to comply with their code of conduct and requirements of their professional registration.
- **Healthcare Support Workers:** Healthcare Support Workers make a valuable and important contribution to the delivery of high quality healthcare. The national Code of Conduct for NHS Wales describes the standards of conduct, behaviour and attitude required of all Healthcare Support Workers employed within NHS Wales. Health Care Support Workers are responsible, and have a duty of care, to ensure their conduct does not fall below the standards detailed in the Code and that no act or omission on their part harms the safety and wellbeing of service users and the public, whilst in their care.
- **Competence:** At no time should the post holder work outside their defined level of competence. If there are concerns regarding this, the post holder should immediately discuss them with their Manager/Supervisor. Employees have a responsibility to inform their Manager/Supervisor if they doubt their own competence to perform a duty.
- **Learning and Development:** All staff must undertake induction/orientation projects at Corporate and Departmental level and must ensure that any statutory/mandatory training requirements are current and up to date. Where considered appropriate, staff are required to demonstrate evidence of continuing professional development.

- **Performance Appraisal:** We are committed to developing our staff and you are responsible for participating in an Annual Performance Development Review of the post.
- **Health & Safety:** All employees of the organisation have a statutory duty of care for their own personal safety and that of others who may be affected by their acts or omissions. The post holder is required to co-operate with management to enable the organisation to meet its own legal duties and to report any hazardous situations or defective equipment. The post holder must adhere to the organisation's Risk Management, Health and Safety and associate policies.
- **Risk Management:** It is a standard element of the role and responsibility of all staff of the organisation that they fulfil a proactive role towards the management of risk in all of their actions. This entails the risk assessment of all situations, the taking of appropriate actions and reporting of all incidents, near misses and hazards.
- **Welsh Language:** All employees must perform their duties in strict compliance with the requirements of their organization's Welsh Language Scheme and take every opportunity to promote the Welsh language in their dealings with the public.
- **Information Governance:** The post holder must at all times be aware of the importance of maintaining confidentiality and security of information gained during the course of their duties. This will in many cases include access to personal information relating to service users.
- **Data Protection:** The post holder must treat all information, whether corporate, staff or patient information, in a discreet and confidential manner in accordance with the provisions of the General Data Protection Legislation and Organisational Policy. Any breach of such confidentiality is considered a serious disciplinary offence, which is liable to dismissal and / or prosecution under current statutory legislation and the HB or Trust Disciplinary Policy.
- **Records Management:** As an employee of this organisation, the post holder is legally responsible for all records that they gather, create or use as part of their work within the organisation (including patient health, staff health or injury, financial, personal and administrative), whether paper based or on computer. All such records are considered public records and the post holder has a legal duty of confidence to service users (even after an employee has left the organisation). The post holder should consult their manager if they have any doubt as to the correct management of records with which they work.
- **Equality and Human Rights:** The Public Sector Equality Duty in Wales places a positive duty on the HB/Trust to promote equality for people with protected characteristics, both as an employer and as a provider of public services. There are

nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The HB/Trust is committed to ensuring that no job applicant or employee receives less favourable treatment on any of the above grounds. To this end, the organisation has an Equality Policy and it is for each employee to contribute to its success.

- **Dignity at Work:** The organisation condemns all forms of bullying and harassment and is actively seeking to promote a workplace where employees are treated fairly and with dignity and respect. All staff are requested to report any form of bullying and harassment to their Line Manager or to any Director of the organisation. Any inappropriate behaviour inside the workplace will not be tolerated and will be treated as a serious matter under the HB/Trust Disciplinary Policy.
- **DBS Disclosure Check:** The post holder does not require a DBS Disclosure Check.
- **Safeguarding Children and Adults at Risk:** The organisation is committed to safeguarding children and adults at risk. All staff must therefore attend Safeguarding Children & Adult training and be aware of their responsibilities under the All Wales Procedures.
- **Infection Control:** The organisation is committed to meet its obligations to minimise infections.
All staff are responsible for protecting and safeguarding patients, service users, visitors and employees against the risk of acquiring healthcare associated infections. This responsibility includes being aware of the content of and consistently observing Health Board/Trust Infection Prevention & Control Policies and Procedures.
- **No Smoking:** To give all patients, visitors and staff the best chance to be healthy, all Health Board/Trust sites, including buildings and grounds, are smoke free.
- **Flexibility Statement:** The duties of the post are outlined in this Job Description and Person Specification and may be changed by mutual agreement from time to time.