



Lead NCHD Handbook

2026/2027



NATIONAL
DOCTORS
TRAINING
& PLANNING

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1. Welcome and Thank You for Taking on the Role

Congratulations on your new role as Lead NCHD.

This is a highly valued and important leadership role for the health service in Ireland. Initially established 11 years ago following the MacCraith Report the role has evolved and expanded with over 100 lead NCHDs appointed in 2025-26. The NDTP recognises the essential and productive contribution of these roles by both supporting your appointment and providing NCHD leadership through the National Lead NCHD Fellows who work directly with NDTP.

The health service has benefited significantly from the work of Lead NCHDs over the last decade. Fundamentally this role functions to provide bidirectional engagement with NCHDs and clinical management in our Health and Social Care regions. It recognises the key ability of NCHDs to provide insightful, productive and often pragmatic approaches to problem solving in our health environment. This reflects and is informed by your real world on the ground experience in clinical care. NDTP is committed to supporting your work as well as continuing to evolve these roles into the future. We welcome your input and encourage you to work closely with the National Lead NCHDs.

It is important to highlight the remit of NDTP as outlined in our 2022-2027 strategic plan¹. Our core function is to support and promote the development of initiatives that place a high value on training excellence and facilitate career development for our doctors to meet future healthcare needs. We are committed to assisting the implementation of key strategic initiatives for NCHDs. In order to consider critical issues of interest to you, it would be useful to talk to the Lead NCHD from last year but also to review the Taskforce Report on NCHD workforce published in 2024 as well as training accreditation reports from the Medical Council and Postgraduate Training bodies. The NDTP has appointed training leadership roles in each region last year. These Directors of Medical Education and Training are tasked with developing a high-quality clinical learning environment and will be a highly valuable resource for you during your tenure.

It is essential in the first month of your role to ensure that you have appropriate mentorship and supervision on site, that you complete a clear plan for the year, and that you consider a quality improvement initiative. The National Leads will assist you in this work and everyone in NDTP is keen to support you during this year.

The very best of luck in the new role and congratulations again.



Prof Anthony O Regan
Medical Director, NDTP



Prof John Cooke
National Clinical Lead, NDTP

¹ National Doctors Training and Planning. STRATEGIC PLAN 2022–2027 DELIVERING THE MEDICAL WORKFORCE VISION FOR IRELAND. Ireland. National Doctors Training and Planning.

2. Lead NCHD Job Description

Background and Context

- The Lead NCHD initiative is one of a range of initiatives taken at national level to improve NCHD recruitment and retention in the Irish public health system. It has been in place for over ten years and evolved into an important leadership role across the health sector with over 700 Lead NCHDs appointed over this time frame. Its functions to ensure structured communication arrangements with NCHDs are established, and to provide leadership training to NCHDs. Please see the timeline of the development of the Lead NCHD structure below.
- This initiative is implemented and funded by Health Service Executive (HSE) NDTP. The initiative has been welcomed by the Department of Health, the Irish Medical Council, the Forum of Irish Postgraduate Medical Training Bodies, the Clinical Director/Clinical Programme Steering Group, the Forum Trainee Subcommittee and the Irish Medical Organisation.

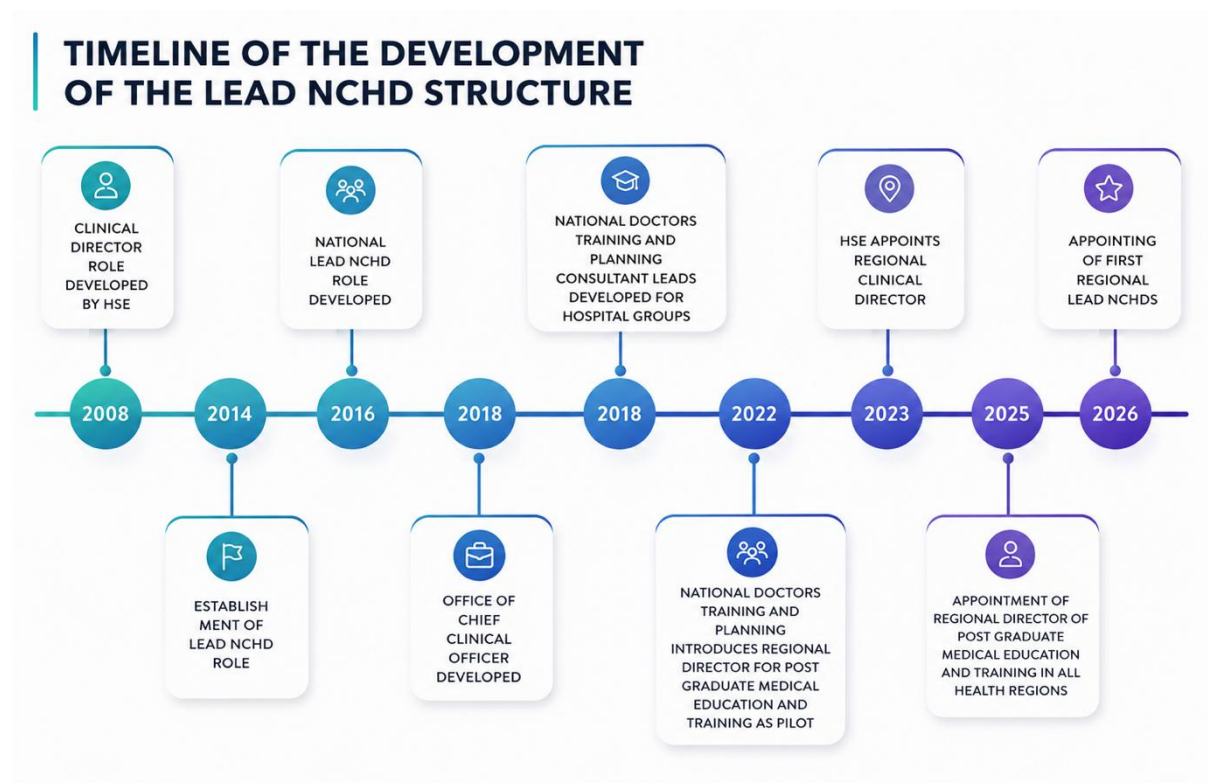


Figure 1 illustrates the timeline for the development of formal medical leadership within the HSE.

The current framework began in 2008 with the introduction of the Clinical Director role, created under the new consultant contract, which marked the first formal leadership role for consultants. In 2014, the Lead NCHD role was established at clinical sites across the country, followed in 2016 by the development of a National Lead NCHD role. Consultant leadership has since evolved further, with the creation of the Office of the Chief Clinical Officer in 2018 and, more recently, the appointment of Regional Clinical Directors for the new health regions and regional lead NCHDs. The National Doctors Training and Planning (NDTP) unit has also developed consultant leadership roles, including the introduction of Regional Directors for Postgraduate Medical Education and Training, which are currently being appointed across all regions. Given these developments, the Lead NCHD role—now over a decade old—may warrant review to ensure it remains aligned and integrated with the evolving consultant leadership structures within the HSE.

National Level Structures to Support the Lead NCHD Initiative

- The HSE supports the Lead NCHD initiative at national level through NDTP. Each year in-person workshops are organised for the cohort of Lead NCHDs to support them in taking on the role and to provide an opportunity for the Lead NCHDs to meet each other.
- The Lead NCHD role includes a provision of **4 hours per week of protected time for each Lead NCHD. This time allows for the Lead NCHD to carry out the duties of their role.** New lead NCHDs should attempt to request this time from their supervisors/department heads early in their tenure.
- The HSE aims to support the Lead NCHDs in developing consistency in the application of the role across the various clinical sites and to facilitate continuity as the role passes from one NCHD to another. In an effort to do this, the Lead NCHD Handbook is available to each new Lead NCHD to assist them in getting up and running in their new role.
- The majority of outgoing site lead NCHDs in July 2026 completed a handbook for site specific tips, ongoing projects, and important contact details which we will share directly with new lead NCHDs on notification of their start as site lead NCHD. This document will be extremely useful to allow you to hit the ground running.

National Lead NCHD

The appointment by the HSE of a National Lead NCHD since July 2016 is an additional support for the Lead NCHD cohort each year. The Fellow is employed directly as a member of the NDTP team for the duration of the Fellowship and works in collaboration with all relevant stakeholders to strengthen current initiatives and develop additional initiatives to further embed the Lead NCHD role in clinical sites around the country.

NDTP have appointed Dr Matthew Coalter as National Lead NCHD for the 2026/27 training year, in a part-time capacity. He can be contacted at nl.nchd@hse.ie. He will be in touch with all new site lead NCHDs upon gathering your contact details. Matthew was a site lead NCHD last year and thus has first-hand experience of your upcoming role. He is happy to be approached with questions or concerns.

Reporting Relationship at Site Level

The Lead NCHD at each clinical site will report to their nominated mentor. It is recommended that this mentor is a senior clinician, the local NDTP lead for post-graduate medical education and training, or the clinical director. It is recommended for the Lead NCHD and their mentor to meet regularly at agreed intervals e.g. fortnightly. These meetings provide an opportunity for the Lead and their mentor to discuss and highlight matters of mutual interest. These may be issues directly affecting NCHDs that require senior input, or issues highlighted by senior management that need to be addressed with NCHDs.

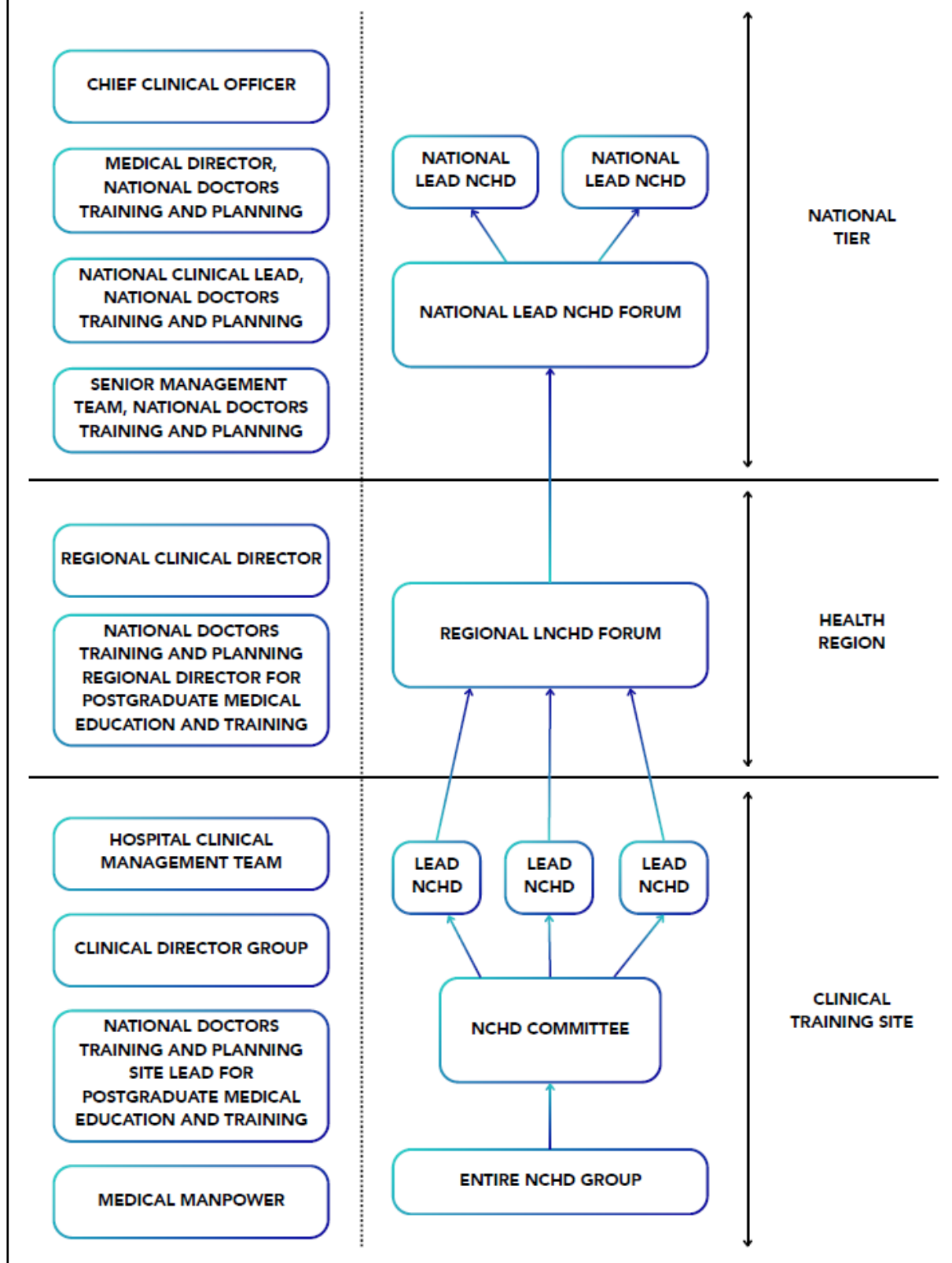
Key Working Relationships

In the execution of the role, the Lead NCHD should be supported by and engage with:

- NCHD Committee (see section 6)
- Relevant Executive Clinical Leadership (e.g. Regional Clinical Directors, clinical directors)
- Health Service Managers (e.g. REO, GM, Community Healthcare Network Manager, Mental Health Service Executive Management Team, COO etc)
- Medical Workforce Department
- Interprofessional Managers (Directors of Nursing & Midwifery, Health and Social Care Professional Representatives)
- Regional Directors of Education & Training and site educational leads
- National Lead NCHD + the NDTP

Please see the Lead NCHD programme structure and relationships in the diagram below.

LEAD NCHD PROGRAMME STRUCTURE AND KEY RELATIONSHIPS



Purpose of the Role

The role of the Lead NCHD is to

- Provide a formal link at management level between the NCHD cohort, NCHD Committee and the clinical directorate/hospital/mental health service management structure. This enables a structured, continuous two-way flow of engagement and communication between management and NCHDs. Through this NCHDs are provided with an opportunity to participate in discussions and decision-making regarding matters that affect NCHDs, the day-to-day running of hospitals/mental health services, and forming solutions/improvements to enhance patient care.
- Support integration of all NCHDs into their clinical site and improve the experience of NCHDs (induction, education, support and direction).
- Develop quality improvement initiatives relevant to the experience of NCHDs on clinical sites, where possible aligned to local or national strategic plans.
- Promote and support their NCHD peers in implementing positive change initiatives, and representing themselves at a management level.

Principal Duties & Responsibilities

The Lead NCHD role encompasses the following key elements:

- When interacting with hospital management act on behalf of all NCHDs, both training and non-training, within the clinical directorate structure
- Organize regular meetings with their nominated mentor to discuss issues pertinent to NCHDs including NCHD welfare, training provision and access, European Working Time Directive (EWTD) obligations, any executive decisions affecting NCHDs and individual/group grievances
- Regularly attend the hospital senior management team meetings and participate in discussions and decision making, where invited
- Where invited, Lead NCHDs should attend (or nominate other NCHD Committee Members) to attend relevant meetings and hospital committees such as:
 - Medical Board/Medical Executive
 - Clinical Directors
 - Physicians Sub-Group
 - Surgical Sub-Group
 - EWTD
 - Bed Management
 - Infection Prevention and Control / Sepsis / anti-microbial stewardship
 - Drugs and Therapeutics
 - Audit Committee and/or Risk and Quality and Patient Safety
 - NCHD taskforce recommendations and strategies

- Where appropriate, attend hospital inspections such as healthcare accreditation, college, Medical Council inspections
- Chair the NCHD Committee (see section 6)
- Establish an avenue of communication with NCHDs working on relevant clinical site
- Work in conjunction with NCHDs and the NCHD Committee at all times
- Meet NCHDs within their hospital or directorate in a regular and structured fashion to inform and be informed of all issues pertinent to NCHDs
- Liaise with manpower/workforce to provide insight of NCHD work-patterns and clinical demand so that workforce may produce EWTD-compliant rotas. (NB: The responsibility for creating, administering, and maintaining the agreed rota lies with Medical Manpower Department)
- Liaise with the Senior & Executive Management as required
- Liaise with relevant medical departments and with individual consultants as required
- Liaise with health and social care professional representatives and nursing management representatives, on any matters of joint interest, including transfer of elements of NCHD workload, and support for NCHDs on-call
- Liaise and work closely with Education and Training Leads

Note:

- 1. It is not the role of the Lead NCHD to devise rotas or fill rota gaps.**
- 2. This is not an industrial relations (IR) role. IR matters should be progressed via existing mechanisms, however Lead NCHDs should be kept informed of progress with ongoing issues for discussion at clinical directorate or medical manpower management meetings.**

Quality Improvement

As part of their action plan, NCHDs are encouraged to undertake a Quality Improvement (QI) project. You will be supported in this regard by the National Lead NCHD and the Lead NCHD workshops. These projects can be undertaken at individual site or regional level. Many issues are not site-specific, and by working at a regional level, NCHDs may have additional support and guidance to achieve their aims.

Lead NCHD Action Plan

Following their appointment, the Lead NCHD should meet with their nominated mentor to agree the 'action plan' for their tenure as Lead NCHD. This may include a number of objective(s) to be achieved, agreement as to how the objectives will be progressed, and provide a means of tracking progress towards their achievement which can be reviewed at intervals as agreed. A sample 'action plan' is included in appendix A.

Certificate of Experience

Lead NCHDs can apply for a Certificate of Experience issued by NDTP providing they provide a written handover at the end of their tenure, outlining their contribution to

NCHD life on site, and facilitating a smooth transition and handover to the next incoming Lead NCHD (see section 5).

Regional Lead NCHD

Role Purpose:

The Regional Lead NCHD is a senior representative role designed to support and advocate for NCHDs across a defined hospital region in alignment with the six HSE regional health areas, with an additional appointee for Children's Health Ireland. This role strengthens the connection between doctors in training, postgraduate education, and health service leadership. It aims to improve NCHD professional development, recruitment and morale through a focus on working and training conditions, while also supporting leadership and academic progression for the post-holder.

Scope of Responsibilities:

1. Establish and chair a regional NCHD committee
2. Represent NCHDs at regional meetings where NCHD representation is sought, or nominate another NCHD to provide representation
3. Provide support to Site Lead NCHDs, alongside the National Lead NCHD
4. Represent NCHDs from the region at national level
5. Provide NCHD perspective to regional clinical directorate and regional offices of postgraduate medical education and training
6. Complete a quality improvement project
7. Provide a handover for incoming Regional Lead NCHD
8. Provide NCHD insight to medical manpower teams, though are not to be directly involved in development or implementation of shift patterns or rotas

Key Working Relationships:

- Work closely with the Regional Director of Postgraduate Medical Education & Training for their region
- Support the Site Lead NCHDs
- Receive support from:
 - National Lead NCHDs
 - Regional Clinical Director
- May work alongside:
 - Regional Peoples Office
 - Regional Quality & Patient Safety Teams
 - Regional Technology & Transformation Teams
 - Regional Simulation Learning Teams
 - Regional Communications Teams
 - Regional Executive Office
 - Regional Chief Academic Office

Eligibility Criteria:

- Registrar, Specialist Registrar or Senior Registrar grade
- Prior/current experience as Site Lead NCHD strongly desirable
- Prior experience within the region desirable

3. Lead NCHD Educational Fund

In acknowledgement of the work associated with the Lead NCHD role and with a view to supporting same from an educational perspective, each Lead NCHD will have access to an additional fund under the Training Supports Scheme (TSS) allowance. Funding up to €2,500 will be provided for a Lead NCHD in position for 12 months. The educational fund can be accessed through the usual TSS processes via the Leads National Employment Record account. It is strongly encouraged that Lead NCHDs use this fund to undertake an academic qualification in Management and/or Leadership Skills in the Republic of Ireland. Some available courses are highlighted in Appendix B. Others can be found, please check eligibility with HR/NDTP before paying for a course of your choosing if not listed. Many of these courses require sign up by end of August so it is advised to start thinking about this early.

4. Lead NCHD Networking

The HSE is working to support all Lead NCHDs around the country and recognises the value of Lead NCHDs networking with each other. To support this, workshops are organised to provide a valuable opportunity for Lead NCHDs to meet each other, and to share experiences and learning from across their clinical sites. It is strongly encouraged that all Lead NCHDs attend these workshops. Study leave can be taken to attend and all costs are covered by the HSE. Dates will be circulated soon to all lead NCHDs.

5. Outgoing Lead NCHD Handover

In order to maximise benefit for all NCHDs, Lead NCHDs should obtain a handover from outgoing NCHD Leads. See Appendix F for handover template. This will be distributed by national lead NCHD where received. If not, please attempt to directly contact the outgoing lead NCHD where possible.

6. Chairing the NCHD Committee

Overview

As the Lead NCHD, you will be responsible for leading the NCHD committee. The success of any committee stems from how it is organised, coordinated and conducted. It is essential that the committee has a clear purpose with a reasonable set of goals/terms of reference. This focuses the work of the committee paving the path for its success. Terms of reference should summarize the purpose of the committee, its composition and specific duties of the committee. The terms of reference document may already be in place from the previous NCHD committee and thus this document may need review and updating to reflect the purpose, goals and governance structure of the current NCHD committee. A sample terms of reference document is outlined in appendix

C.

Membership of the NCHD committee should be carefully considered. It is recommended that the group represents diversity and a variety of clinical specialties and perspectives within the clinical site in addition to having an interest in the overall purpose of the NCHD committee. To enhance the effectiveness of a NCHD committee it is important that any new members are orientated appropriately into the committee. Members need to be receptive and open to new ideas and other people's opinions. It is important that committee colleagues are treated with respect, listen to one another and work cooperatively even in the face of disagreement.

Key leadership roles should be appointed at the first committee meeting. These include:

- Chairperson(s) (Lead NCHD(s))
 - Responsible for implementing the agenda and ensuring all ground rules are followed.
- Vice-Chairperson
 - Assist the chairperson in their role.
- Secretary*
 - Responsible for summarising the agenda and minutes
- Treasurer
 - Responsible for financial aspects of the committee (e.g. Local NCHD Social/Entertainment fund, if established locally).
- Other roles can be determined by site specific needs but could include – education, research, quality and safety, health and wellbeing, social, doctors residence, intern rep

Members should receive an agenda and any supporting documentation well in advance of the meeting. Minutes of meetings should be recorded. They should outline the decisions/accomplishments, and any action points should be clear and distributed to relevant people. This includes who is responsible for follow up of each action point and the timeframe for follow up. Please see appendix D and E for sample agenda and minute templates respectively.

Productive meetings are where healthy discussions take place; clear decisions are taken; and progress from the previous meeting can be demonstrated.

** This role could be shared amongst committee members, however it is important that a record of agenda and discussion is kept.*

Ground Rules for Meetings

Agreeing a set of ground rules for how a NCHD committee will operate can be a useful way of ensuring that meetings run effectively and are of value to attendees. Below are some suggested ground rules:

- Start and finish meetings on time.

- Be open to hearing other people's perspectives and new ideas.
- Do not interrupt others while they are speaking.
- Arrive on time.
- Come prepared and ready to contribute.
- Be honest.
- Pay attention and show respect.
- Give everyone a chance to speak.
- Do not carry on sidebar conversations.
- Say what you think during the meeting and not afterwards.
- Respect confidentiality.
- Silence from the group on matters arising indicates agreement.
- Ask questions.
- Owners will be assigned to actions and timeframes identified to complete actions.
- Agendas will be prepared and circulated in advance.
- Summary minutes will be recorded and disseminated to all committee members.

Sources:

5 Steps to More Productive Meetings... The Ground Rules. Available at:

<http://joeypauley.com/5-steps-productivemeetings-ground-rules/>

The Fundamentals of Effective Meetings and Facilitation Skills. Available at:

<http://slideplayer.com/slide/219636/>

How to Use Meeting Ground Rules to Shape Behaviour and Improve

Performance. Available at: <https://intelliven.com/how-to-use-meeting-ground-rules-to-shape-behavior-and-improve-performance/>

Appendix A - Sample Lead NCHD Action Plan

Core Duties for the First Quarter

(The following are expected of all Lead NCHDs):

1. *Obtain handover from outgoing Lead NCHD*
2. *Establish contact with Lead Mentor and set schedule for regular meetings throughout post*
3. *Chair the NCHD committee*
4. *Attend the introductory National Lead NCHD workshop*
5. *Research courses of interest for bursary*
6. *Identify 1-2 key issues affecting NCHDs you wish to address during your tenure through the implementation of effective initiatives*
7. *Identify 1-2 key committees you would like to be part of, or nominate NCHD representatives who may be best placed to provide insight for those committees*

Initiatives

After your first committee meeting, you will have an idea of what issues might be most pertinent to all NCHDs. It is suggested you choose 1-2 of these issues to address during your tenure. The following are examples of initiatives implemented by previous Lead NCHDs:

1. Establish weekly NCHD Grand Rounds / teaching sessions
2. Formalise handover process
3. Improve 'Doctors Res' facilities
4. Establish a social and entertainment (Ents) committee
5. Increase the number of Medical Registrars/SHOs on Call

Initiative 1:
Initiative 2:

Committees

Attendance at varying hospital sub-group committees is an integral part of understanding hospital leadership. It provides an opportunity to engage directly with items that may affect NCHDs, and an opportunity to observe and understand different leadership styles in action. In addition to the NCHD committee, it is suggested that Lead NCHDs may consider involvement in one other committee. It is not recommended to join more than two committees and Lead NCHDs should nominate other representatives for those committees, if invited. Outgoing Lead NCHDs or Mentors can provide guidance on relevant committees, as they may vary from site to site.

Committee 1:

Committee 2 (optional):

Reflection

A key component of leadership is reflecting on the skills you have gained throughout your role, and identifying how you may improve or maintain them going forward. Throughout the year it is recommended you maintain a record of challenges and successes. This will provide the basis for your End of Year Report, and can be brought to Lead NCHD workshops for group discussion.

Challenges:

1.

2.

3.

Successes:

1.

2.

3.

Skills Obtained:

1.

2.

3.

Signed:

Lead NCHD

Mentor

Appendix B –Leadership Courses in Ireland (2026-2027)

Course	Duration	Cost
University College Dublin		
MSc Leadership, Innovation & Management for healthcare	3 years	€15,550
Professional academy diploma in leadership and management	12 weeks	€1695
Professional Diploma in Creativity, innovation and Leadership	6 months part time	€3000
Short Programmes: Leadership Fit for the Future of Work; Certificate in Healthcare Management Practice; Winning Negotiation Strategies; Leadership Communication for Results	2-7 days	€2,750 - €4,500
Royal College of Surgeons Ireland		
MSc in Healthcare Management	2 years	€13,750
MSc in Leadership & Innovation in Healthcare	2 years	€13,750
Professional Diploma in Clinical Leadership	9 months	€5,750
Professional Diploma in Leading Workplace Health & Wellbeing	9 months	€6025
Professional Diploma in Leading Digital health transformation	9 months	€5750
PgDip in Population Health Leadership	2 years	€7500
Micro-Credential: Leadership and Management (*Can accrue credits towards Prof Dip)	5 weeks	€1,000
Innovation in healthcare	Micro: 5 weeks ProfCert 6months	€1,000 / 2850
Institute of Public Administration		
MA Leadership & Strategy	2 years	€11,800
MA Healthcare Management	2 years	€11,800
Kotter Executive Masterclass	1/2 day	€980
Essentials of change management	1 day	€470
Institute of Management in Ireland		
Short Leadership Courses: Think on Your Feet; Managing People; Leading High Performance Teams; High Impact Leadership; Shaping Your Leadership Identity	2-7 days	€1,195- €1,500
Professional Diploma in Leadership	6 months	€11,445
South East Technological University		
Certificate in Management and Leadership for Healthcare	6 days	€900
University College Cork		
Micro-Credential: Clinical Leadership for Healthcare Quality Improvement	6 weeks	€900
Micro-Credential: Leadership, Quality Improvement and Governance for Advanced Clinical Practice	6 weeks	€1,100
Royal College of Physicians of Ireland		

PG Certificate in Quality Improvement Leadership in Healthcare	9 months	Free *HSE Contract
Professional diploma in healthcare leadership with Hibernia College	8 months part time	€4000
Trinity College Dublin		
Medical executive leadership programme	6 days full time in person	€4800
Health Policy and Management (M.Sc.)	2 years part time	€8400

This list is not exhaustive and this is not a direct endorsement of these course, only some ideas and options. There are additional innovation, quality improvement or other healthcare MSc, PG Diploma, PG Certificate, micro-credentials and self learning modules that may be of interest to Lead NCHDs.

[If any programme director wishes for their course to be included, please contact nl.nchd@hse.ie.]

Appendix C - Sample Terms of Reference

Title: <Insert NCHD Committee Name Here>- Terms of Reference*

Aim/Purpose

This would include the overall aim or purpose of the NCHD committee such as the vision or mission of the NCHD committee for the proceeding 12 months. This may also include a brief background to the need for and ambition of the NCHD committee in that particular hospital site.

Objectives

Include the objectives of the committee here. Perhaps objectives could be included in a SMART² (Specific, Measurable, Achievable, Relevant, Time bound) format. This should include the goals of the committee for its tenure/term.

Roles and responsibilities

This would include the title of each role and each role's responsibilities, for example:

Role	Responsibilities
Chair	Responsible for implementing the agenda and ensuring all ground rules are followed.
Vice-Chairperson	Assist the chairperson in their role.
Treasurer	Responsible for financial aspects of the committee (e.g. Local NCHD Social/Entertainment fund, if established locally).

Membership

This would include the position/title of each member and the name of each member. For example:

Role	Name
Chair	----
Vice- Chair	----

This section may include the quorum such as the minimum number of members required to be in attendance in order to proceed with the meeting.

² Worklife. How to write SMART objectives. [Internet] Worklife. [updated 2023 December 26; cited 2025 August 20] Available from: <https://www.atlassian.com/blog/productivity/how-to-write-smart-goals#:~:text=The%20SMART%20in%20SMART%20goals,M:%20Measurable>

Frequency of Meetings

This may include the frequency of meetings such as weekly, monthly or quarterly for example.

*This is a sample terms of reference and acts as a guide. One may choose to expand on this sample and include additions to the terms of reference based on the needs of structure of the committee.

Appendix D - Sample Agenda

Agenda

Title of Meeting and/or Name of Committee

Date of Meeting

Time of Meeting

Venue of Meeting

Minutes of the Previous Meeting <Date>

Matters Arising from the Minutes

Agenda Item	Person Leading Item Discussion
1.	
2.	
3.	
4.	
5.	
6.	
Any other business	

Date of Next Meeting

Appendix E - Sample Minutes

Minutes of meeting of <insert committee name>

Date of Meeting

Time of Meeting

Venue of Meeting

Attendees:

Apologies: (please insert names of committee members that were unable to attend)

Minutes of the Previous Meeting on <date>

Matters arising from previous minutes

Item 1

Item 2

Item 3 etc.

Any Other Business

Next meeting:

<Insert date time & venue of next meeting>

Appendix F – Handover

Lead NCHD **Handover**

Building a Legacy

Site / Hospital	
Health Region	
Outgoing Lead NCHD(s) Please add your email address <u>ONLY</u> IF you are happy to be contacted in July/Aug by the Incoming Lead NCHD	
Incoming Lead NCHD(s) (if known)	
Tenure (from-to)	
Mentor Name, Role & Email Address	

The National Lead NCHDs will store this document on a folder on a secure HSE server and will pass it on to incoming Lead NCHDs at your site only.

Access to Email, Shared Drives, Social Media or Other Communication Mediums
(Please provide details here of any email inboxes (address, passwords etc.), shared drives/folders (location, folder name, governance of folder) or WhatsApp Groups (name of group, administrator of group etc.) or other mediums of document storage or communications that you had access to during your tenure as Lead NCHD)

Lead NCHD Email Inbox	
Shared Drive	
WhatsApp Group	
Social Media	
Other	

1. The Role at this Site

The NDTP handbook describes the Lead NCHD role in general terms. This section captures how the role actually operates currently at your site, and in your experience of the role.

Scope and boundaries of the role on this site

What does senior management expect of you? What have NCHDs come to expect?

Protected time

How was this protected or enforced at your site?

NCHD committee at this site

Does this site have an established NCHD committee? How did it operate?

2. The People

This section aims to provide an overview of people you interact with regularly during the role. It may include the Clinical Director, Director of Nursing, Director of Quality & Patient Safety, Medical Workforce Manager etc.

You could also include other people within the organisation that you found helpful, and useful to be able to contact.

Name	Role	Contact Details	Other information

Name	Role	Contact Details	Other information

3. Active Projects & Committees

Active Initiatives

Project / initiative	Status & progress	Next action & owner	Risks / unfinished business

Project / initiative	Status & progress	Next action & owner	Risks / unfinished business

Committees

List committees the Lead NCHD attends, and any committees where another NCHD has been nominated as representative. Include frequency, primary contact, and a one-line note on what this committee is actually for and how engaged the NCHD voice should be.

Committee	Committee Purpose	Meeting Frequency	Meeting Location

4. Lead NCHD Programme Evolution at this Site

New Lead NCHDs can repeat predecessors' efforts because nobody told them what had already been tried. This is your chance to break that cycle.

What has been tried and worked

Initiatives that delivered. What made them work? Who supported them? What lessons should be carried forward?

What has been tried and failed

What was attempted, what blocked it, and would it be worth trying again under different conditions, or is it a dead end?

Other live issues

Industrial relations matters that are not the Lead's role but that you need to be aware of.

5. Quality Improvement Project (Please briefly summarise the aims, challenges and successes of your QI project)

6. Final Pieces of Wisdom and Advice (Please provide any information you think would be helpful to an incoming Lead NCHD, any words of advice, useful resources, or any initiatives or prospective projects suitable for this clinical site)
