Curriculum Vitae: **Rachael Moses OBE D.Sc BSc (Hons), MCSP**

Personal Profile

Passionate about patients, education and leadership. Believes in sharing best practice and innovation to empower clinicians and deliver evidence based care to improve outcome and experience for patients and carers. Dedicated to the NHS and collaborative working.

Education

Establishment	Examinations Taken	Grade Awarded	Year Taken
Burnside High School 1993 – 1995	GCSE	3A* 3A 2B	1995
Burnside Sixth Form 1995 – 1997	A-Level Physical Education	A B B C	1997
University of Hertfordshire 1998-2001	BSc (Hons) degree Physiotherapy	2:1	
University of Bolton	Independent Non-Medical Prescriber		2018
Queens Birthday Honours	Order of the British Empire		2021
Ashridge Executive MBA	Leadership, Strategy, Future of Work		2021
University of Hertfordshire	Doctor of Science (Hons)		2022

Employment Current Roles:

Consultant Respiratory Physiotherapist (NHS/Charity and Medical Aid Palestinians)

National Clinical Advisor for Respiratory (including Long Covid) Personalised Care Team, NHS England (August 2021)

Head of Clinical Leadership Development, NHS Leadership Academy, People Directorate NHS England (September 2021)

Current and Previous Supporting Roles:

- Associate Editor BMJ Leader
- Previous CSP Council Member
- Honorary President Student Reference Group (CSP)
- AHP expert member Patient Safety Group NHSE
- Clinical Co-coordinator NCEPOD (U25 Ventilation Study)
- Multi-Media Editor Thorax BMJ (Impact factor 10.307)
- ACPRC Editorial Team
- Co-chair HMV-UK (National LTV Group)
- Chair Respiratory Leaders in Physiotherapy Group
- Physiotherapy Co-ordinator Medical Aid Palestinians
- Trustee/Board Member St Catherine's Hospice
- Digital Media Team Intensive Care Society

Previous Role: Associate Director Therapies and Rehabilitation Royal Brompton and Harefield London

The role of the Associate Director Therapies and Rehabilitation was to provide strategic, operational and clinical leadership to the allied health professionals, psychologists as well as support staff working across the Royal Brompton and Harefield Sites. The role involved the planning of workforce, budgets, people management, conflict and complaint resolution, risk assessment and management as well as supporting the executive board.

Start Date: June 2020
End Date: May 2021

Previous Role: Chief AHP NHS Nightingale Hospital London

The role of the Chief AHP Nightingale London is to provide strategic, operational and clinical leadership to the allied health professionals working at NHS Nightingale London. This fundamental role feeds directly to the Director of Nursing who will in turn reports to the senior management team. The Chief AHP is responsible for the design, implementation, development and delivery of the AHP clinical model. At NHS Nightingale London this is a dynamic model to meet the changing needs of our patients and operational needs.

Start Date: March 2020
End Date: June 2020

Previous Role: Consultant Respiratory Physiotherapist, complex ventilation and airway clearance Lancashire and South Cumbria Long Term Ventilation Service

Start Date: July 2015
End Date: April 2020

As a Consultant Physiotherapist I clinically led a regional long term ventilation service across Lancashire and Cumbria, This includes children from 13 years and above and covers 8 Clinical Commissioning Groups, an Integrated Care System of 5 local areas (Healthier Lancashire and Cumbria), 5 acute NHS trusts and we provide specialist respiratory care to over 1.7 million patients. We also provide locality care to 390,000 patients across 2 hospital sites.

This role involved clinical management of the service both in the acute environment (ED-ICU-Wards-Rehab) to Outpatient clinics, locality reviews in hospitals and hospices across the region, community settings including in care homes, patient and respite homes. It also includes the strategic, operational and financial management of the service, including governance reviews, performance monitoring, quality and continuous improvement strategies. This is across the entire pathway of admission to discharge to end of life for patients with respiratory disease.

I am also fortunate to have led a complex airway clearance service which accepted national referrals for this. More recently I secured 300k substantive funding to recruit full time into a dedicated regional tracheostomy service. This is the first of its kind in the UK and showcases the power of AHP led teams.

My role extended to being accountable for the 24 hour emergency respiratory physiotherapy on-call rota which includes supporting the clinical leads, investigating incidents, service development, governance and sustainability.

I also had line management responsibilities for my immediate Nurse and AHP led ventilation and tracheostomy team as well oversight of the respiratory physiotherapy team. This involves the usual annual leave and sickness management as well as annual appraisals and recruitment. We held monthly group forums, quarterly specialist meetings and annual governance half days for each service.

Finally I have a large leadership role not only in my trust but nationally. I chaired a national respiratory leaders network and promoted the potential of AHP led services.

Previous Role: Principal Respiratory Physiotherapist, Clinical Team Lead/Manager, St Georges Hospital, London.

Start Date Feb 2012
End Date: July 2015

Description of duties & responsibilities:
Clinical specialist and team lead for the acute physiotherapy services at St Georges Hospital London. This also included the community respiratory provision for the borough of Wandsworth with scoping work into SW London and neighbouring boroughs. Lead Physiotherapist for the acute ventilation service, from the emergency department through to ICU, medical wards and into community. I was also the link into the long term ventilation team at St Georges, the Royal Brompton and Lane Fox Unit.

I clinically led and managed the following services:

- Acute medicine (Respiratory management of patients in Resus, acute medical unit, and medical wards)
- Intensive Care Major Trauma (including Neuro-trauma/General and Cardiothoracic ICU)
- Surgical services (including amputee and vascular surgery)
- Tracheostomy lead (including Head and Neck and long term tracheostomy care)
- Haemophilia, Oncology and HIV and Infectious Diseases
- Pulmonary and Cardiac Rehabilitation
- Respiratory outpatients (including disorders of breathing, COPD and critical care follow up clinics)
- Community respiratory services (including management of ventilated patients, tracheostomies, neuromuscular patients and post-exacerbation management

I was also seconded part time into a service improvement management role with the paediatric physiotherapy team. This is currently to provide strategic direction and operational management to a team that is in need of professional leadership. This role worked on the integration between the acute services at SGH, the outpatient and community services across Wandsworth and the provision of physiotherapy into special schools.

I managed a vast number of specialities which necessitated a wide range of clinical skill and ability to divide my time equally across the divisions. It involved networking with a number of stakeholders, healthcare professionals, families and patients to ensure excellent care and outcome.

I ran the day to day operational management duties including team provision and support, staffing numbers, sickness reporting, rota duties (including weekend and on-call), datix reporting, communicating with general managers, divisional managers and department heads as well as commissioners and members of clinical commissioning groups. I wrote business plans, job proposals

and secured investment for new posts as well as re-designing existing services to maximise productivity and effectiveness.

I also had a strong educational role lecturing for pre and post-registration Physiotherapists and Nurses, on national study days, and present work in the UK and Europe.

Previous role: Senior Respiratory Physiotherapist (Band 7), Newcastle Upon Tyne Hospital NHS Foundation Trust

Start Date Sep 2002
End Date Feb 2012

Description of your duties & responsibilities:
Clinical Specialist Physiotherapist responsible for the delivery of acute respiratory services within a busy tertiary city centre teaching hospital. My area of expertise lay within intensive care, delivery of the physiotherapy led NIV service and lead physiotherapist in the long term ventilation team in Newcastle. This service provided home ventilation to a population of 3.5 million patients covering 300sq miles with over 400 patients requiring long term ventilation. The team was led by Dr Robert Bullock and Alison Armstrong with involvement from myself. I worked within a full time capacity (seconded position) and in a part time capacity based on the intensive care unit. My role involved seeing complex patients at home, assessing whether they could be issued with MI-E devices or required overnight studies for nocturnal hypoventilation either at home or being admitted for investigation. I would then work with the team to assess the need for LTV, initial set up, troubleshooting, training and education for patients, carers and family and competency assessment ready for home discharge. I also worked in a clinic environment assessing current ventilatory function through the use of spirometry, capillary blood gas analysis and Tosca monitoring. Home ventilation was often set up in the clinic environment with follow up clinics, telephone advice and home visits to offer patients a comprehensive care pathway to ensure efficient, effective timely service as indicated by patients needs. I also had a primary role in the weaning of complex patients on mechanical ventilation on the ICU. This involved decisions regarding preferential modes of ventilation, weaning plans, early extubation onto NIV, timing for tracheostomy, decannulation, re-intubation and appropriateness for escalation of therapy and establishing celling of care. I would then follow appropriate patients through to the primary respiratory and neurology wards to ensure progression of care and providing clinical expertise and skill for the ward medical and nursing teams.

I also worked very closely with our outreach teams. The outreach service was provided 24 hours a day and not only included ICU discharge but complex patients in respiratory failure on the wards. The decision making normally involved optimisation of medical care and decisions regarding appropriateness of non-invasive ward management v level 2/3 care
intervention. This role was Monday-Friday with on-calls, weekend working and 24 hour telephone advice as indicated.

Previous Employer: British Army (Nov 2001 - Nov 2006)

Description of your duties & responsibilities: British Army Officer (RAMC) deployed on operational duties as an intensive care trauma physiotherapist.
Responsible for the ward and intensive care management of injured soldiers and civilians in a field hospital. Also deployed in a mobile capacity to visit frontline trauma troops as needed. Educational responsibilities included teaching on Acute Illness Management (AIM) course and ICU module. I was BATLS and BARTS qualified (battlefield advanced trauma life support and battlefield advanced resuscitation techniques and skills)