


Consultant Psychiatrist

job description and person specification

Post and specialty:	Consultant Psychiatrist – Adult In-patients, Broadoak Unit This is an in-patient post that is available due to the previous post holder moving to a different role within the Trust.		
Royal College of Psychiatrists approval details:	<i>Approval details to be completed by RCPsych</i> RCPsych Ref No: NW MERS-CO-NTH-2022-00307 		
Base:	Albert ward, Broadoak Unit, Thomas Drive, Liverpool, L14 3PJ		
Contract:	Full time, permanent post. Plus 10% R&R		
	Total PAs: 10 +10% R&R + 10% acuity (until review)	SPA: 2.5	DCC: 7 .5
Accountable professionally to:	Deputy Chief Medical Officer (Mental Health): Dr Anna Richman Deputy Chief Medical Officer (Mental Health): Dr Kuben Naidoo		
Accountable operationally to:	Clinical Director for in-patients : Dr Nanda Dayalan		
Key working relationships and lines of responsibility:	Line Manager : Dr Hannah Ruth Modern Matron : Tonia Smith Clinical Service Manager : Toni Manley Clinical Director : Dr Nanda Dayalan Associate Clinical Director : Dr Hannah Ruth Responsible Officer : Dr Noir Thomas Head of Service : Donna Robinson Deputy Chief Medical Officer (Mental Health): Dr Anna Richman Deputy Chief Medical Officer (Mental Health): Dr Kuben Naidoo Director of Operations : Dr Noir Thomas Medical Director : Dr Noir Thomas		

	Chief Executive : Joe Rafferty
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1. Introduction

Mersey Care NHS Foundation Trust is one of the largest Trust in the North West providing physical and mental health services and serving more than 11 million people.

We offer specialist in-patient and community services that support a physical and mental health and specialist in-patient mental health, learning disability, addiction and brain injury services Child and Adolescent Mental Health Services (CAMHS).

Mersey Care is one of only three trust in the UK that offer High Secure mental health facilities.

Our vision

Our vision is to strive for perfect, whole person care that helps people live happier, healthier lives.

Our mission

We are committed to delivering the **very best possible life-long care** in physical health, mental health, learning disabilities and addictions services. We are passionate about advancing the health of the people and communities we serve. We will achieve this through pursuing **clinical excellence** and **whole-person care, involving the people we serve** in every aspect of their care and through prevention and early intervention to help people keep well and **living well at home for longer**.

The care we offer is **built on strong relationships**, and we will work side-by-side with our staff, other organisations, and with people and communities themselves to activate, innovate and continually improve the prevention, treatment and support we provide. Together, we believe we can **exceed expectations of the health, care and wellbeing available** to the people we serve.

Our values are; **C**ontinuous improvement, **A**ccountability, **R**espect, **E**nthusiasm and **S**upport.

What we stand for

Mersey Care believes that service users, carers and staff should all be treated with dignity and respect, and be valued as citizens.

Equality and Diversity

Our vision is to be a champion and leader in promoting and managing diversity, and challenging discrimination. We are committed to be an organisation that has a Zero acceptance of racism, discrimination and disrespectful behaviours. Diversity implies that we acknowledge people's differences whether they are visible or non-visible and attempt to promote the differences in a positive way. We deliver our services via a workforce that is made up of many talented individuals with a large diversity of backgrounds, perspectives, styles and characteristics.

Our Strategic Objectives:

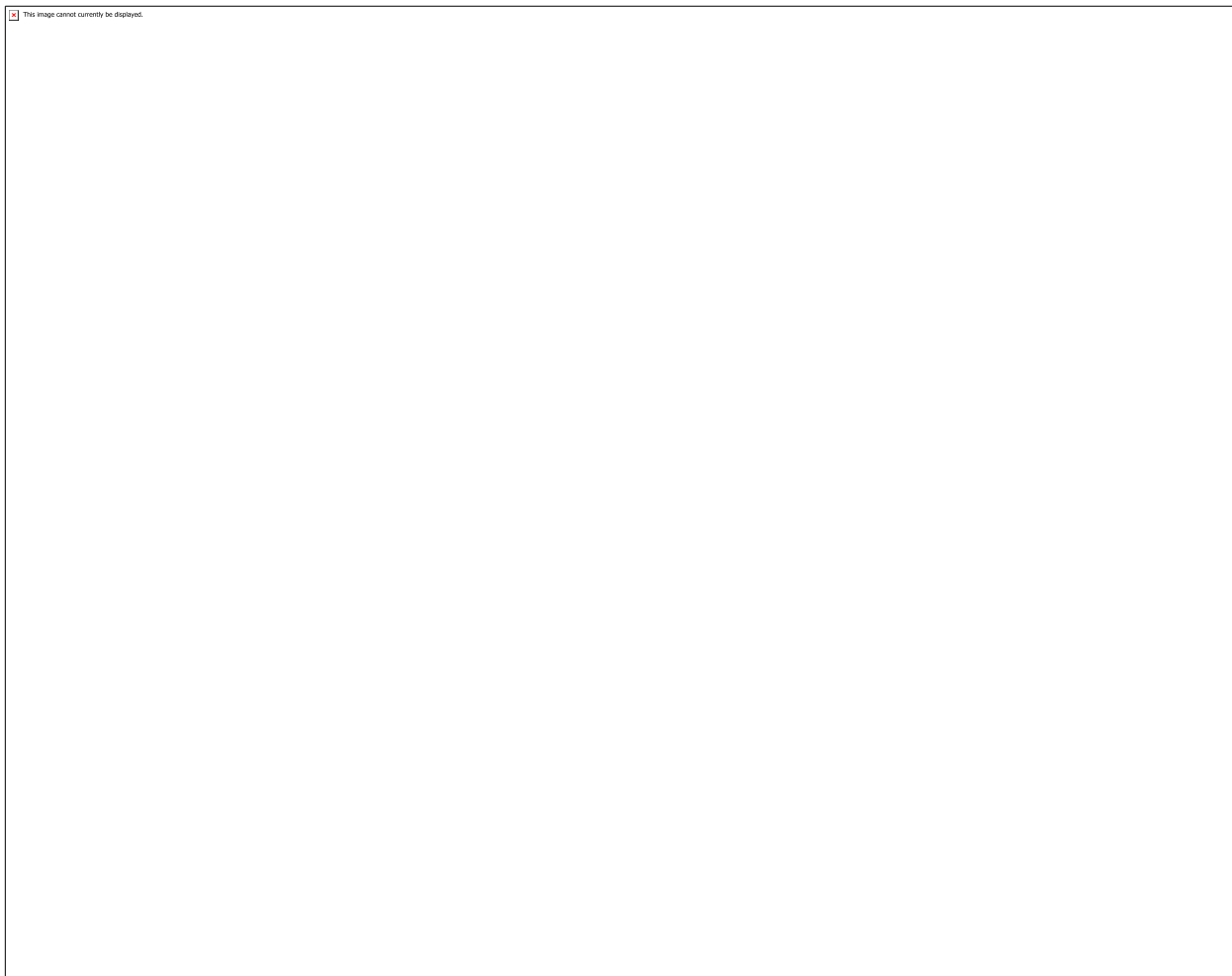
Our Services: We will combine clinical excellence with prevention and integration in our services to improve the health of the people and communities we serve.

Our People: More people will choose to work at Mersey Care. We will develop a deeper understanding of the people and communities we serve, and patients will have more control over their health.

Our Resources: We will use our resources – buildings, IT and money – to enable clinical excellence, prevention and integration in our services.

Our future: We will be a good partner and use our clinical and research expertise to tackle inequalities, improve services and outcomes for our populations.

Mersey Care NHS Foundation Trust covers the following areas:



2. Trust details

As of the 1st June 2021 we employ over 11,000 staff which makes us one of the largest health care employers in the North West. We provide in-patient facilities for approx. 1,000 patients and this includes one of only 5 in-patient addiction services in the country. Community support is at the heart of our organisation and we provide the biggest IAPT services in the NHS. Since 2012 we have undertaken over 5000 social prescriptions. We service 6 local authorities including Liverpool,

Sefton, Knowsley, St Helens, Halton and Warrington. We are one of three providers of High secures services and the largest provider of specialist forensic learning disability services. With a turnover of over 573m we serve a population of over 11m people in the North West and beyond.

Mersey Care CMHT Transformation – Community Excellence Plan

Mersey Care Community services are in an evolving position to align and deliver on the principles of the Community Mental Health Framework through our Community Excellence Program. The Trust is an early implementer site, having won one of the competitive bids awarded by NHS England transformation funds and has already launched the Step Forward service an enhanced psychological intervention service for those individuals with complex needs who require a more intensive structured psychological intervention ensuring that evidence based psychological interventions are delivered in a timely manner to those who need them most.

The aim of the community model is to deliver a whole population approach that is integrated and maximises on the work at the interface between Primary and Secondary care. We have already established these working models in parts of our service which have demonstrated great success in managing both the demand and the need for services at local level by working collaboratively with primary care and other partners. This work results in a reduction of up to 40% of our referrals and has maximised the opportunities for working collaboratively alongside our GP colleagues with those individuals who may experience mental health needs but who do not require to be on the CMHT caseload, consequently caseload sizes are reducing significantly in sites where this work has already been implemented.

Community Mental Health Teams will be aligned to the Primary Care Networks and Integrated Care Teams we will work with smaller secondary care caseloads, utilising structured interventions but will have an active role in delivering a population based approach. The opportunities for Consultants will be to have a varied experience in their post, in work that is dynamic and which will require leadership to engage and work with partners across the boundary of primary and secondary care. Providing care that is consultant led but delivered as part of a multidisciplinary team and maximising on the assets

3. Service details

The Local Division operates a total of 18 adult Community Mental Health Teams (CMHTs) based in 7 community hub sites across the North Mersey footprint.

All adult CMHTs operate within a “functional model” meaning that post holders work with community patients only and are not required to maintain responsibility for inpatients, which instead come under the care of the Inpatient Consultants.

There is an adult Single Point of Access (SPA) Team with its own dedicated Consultant and multi-

disciplinary team, which triages all referrals into the service. Only those referrals deemed appropriate for CMHT input following assessment are passed on to the adult CMHTs

Crisis and home treatment team is separate and referrals can be made for intensive home treatment, weekend cover and bed management.

The following additional services and teams are available within the Local Division to work alongside CMHTs:

- Acute Services (including 8 x Acute In-Patient Wards and 1 Psychiatric Intensive Care Unit (PICU), Crisis Resolution Home Treatment Teams, ED Mental Health Liaison Teams
- Perinatal mental health team
- Criminal Justice Liaison Service (operated within Courts, Police Stations and Prisons)
- Eating Disorder Service
- A&E Assessment and Liaison Teams based in the Accident and Emergency Departments of Royal Liverpool and Broadgreen University Hospitals Trust, Aintree University Hospital NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust with consultant psychiatrist input.
- Acquired Brain Injury Service
- Rathbone Rehabilitation Unit (low secure rehabilitation with dedicated Consultant and Junior Doctor)
- Psychotherapy Service and Specialist Personality Disorder Hub
- Early Intervention Service
- Older peoples Mental health service including General Hospital Liaison Services Royal Liverpool and Broadgreen University Hospitals Trust, Aintree University Hospital NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust
- CHART (Community Housing and Re-enablement team) works with the trust to ensure homeless and potentially homeless people with mental health problems in Sefton have access to appropriate housing, including emergency accommodation and 24-hour intensively supported accommodation.
- Child and Adolescent Psychiatric Services are provided by Alder Hey Children's NHS Foundation Trust

4. Local working arrangements

- Inpatient care for service users is provided by Consultants working within the Acute Care teams at Broadoak Unit, Clock View Hospital, Windsor House, all based in Liverpool, and Hartley Hospital based in Southport. The number of general adult beds across the Trust has temporarily reduced as a result of Covid-19, in order to adhere to social distancing guidance.
- Broadoak Unit is an adult mental health facility based on Broadgreen Hospital Site, Liverpool. There are 3 acute adult wards namely: Brunswick (mixed ward), Albert (male), and Harrington. All wards across the Trust take admissions, as well as patient transfers.

The ward composition at the Broadoak Unit is as below:

<u>Ward Name</u>	<u>Beds</u>	<u>Gender</u>	<u>Service line</u>	<u>Weekly average no. of admissions & discharges</u> (01/04/22 - 19/05/2022)
Brunswick	23 (pre-Covid) 22 currently	Mixed	Adult	5 admissions 4 discharges
Albert	24 (pre-Covid) 20 currently	Male	Adult	2 admissions 2 discharges
Harrington	19 (pre-covid) 17 currently	Female	Adult	4 admissions 4 discharges

Post details

The post has become vacant as a result of the previous post holder moving to a different position within the Trust. **There is 1 middle grade doctors, 1 physician associate and 6 junior doctors working alongside the 3 general adult consultants. There are 2 junior doctors allocated to Albert ward.**

The post holder would be responsible for up to 24 patients on Albert ward. Albert ward is a male ward with 24 beds pre-Covid. This has been reduced to 20 as a result of Covid. On average there are approximately 2 admissions per week to Albert in total with around 2 discharges. Approximately 25-50 per cent of the admitted patients are detained at any given time and there is on average one Mental Health Review Tribunal hearing each week.

The post holder will be supported by an inpatient ward manager, deputy ward manager and team of inpatient ward based staff. The staff composition is as follows:

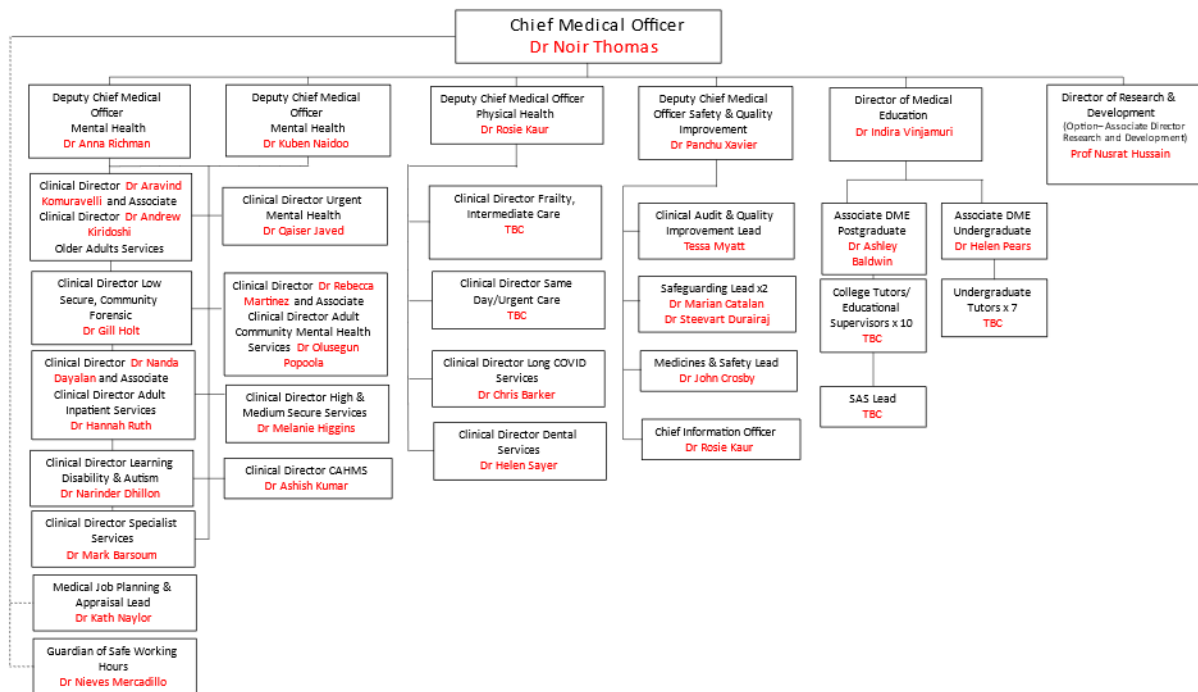
- 1 WTE Band 7
- 2 WTE Band 6
- 9.07 WTE Band 5
- 2 WTE Band 4
- 19.82 WTE Band 3
- 1 WTE Band 5 OT
- 1 WTE Band 3 OTA, 0.44 WTE OTA
- 1 Psychology Assistant – part time

5. Continuing professional development (CPD)

- Expectation to remain in good standing for CPD with the Royal College of Psychiatrists.
- Local arrangements for peer review group.
- Trust support for CPD activities, including study leave arrangements and appropriate funding.

6. Clinical leadership and medical management (currently undergoing restructure)

- Trust medical management framework.



- Dr Nanda Dayalan, and Dr Hannah Ruth are the Clinical Director and Associate Clinical Director for general adult in-patients respectively.
- The Deputy Chief Medical officers are:
 - Dr Anna Richman Deputy Chief Medical Officer (Mental Health)
 - Dr Kuben Naidoo Deputy Chief Medical Officer (Mental Health)
 - Dr Panchu Xavier Deputy Chief Medical Officer (Patient Safety and Quality)
 - Dr Rosie Kaur Deputy Chief Medical Officer (Physical Health)
- Participation in business planning for the locality and, as appropriate, contribution to the broader strategic and planning work of the trust.
- Leading the improvement of the quality of care within the team and contribute to improving quality across the system.

7. Appraisal and job planning

- Trust commitment to implementation of annual consultant appraisal, outlined in the NHS Executive Advance Letters (MD) 6/00 and (MD) 5/01.
- Trust process, including linkage to job planning.
- Trust processes to support appraisal, links to revalidation; named Responsible Officer.
- Details of any Consultant Induction Programme and mentoring scheme / arrangements.

8. Teaching and training

- Teaching commitments of post, and support in place to achieve these.

- Trust-wide teaching.
- Teaching arrangements in locality/team.
- Participation in undergraduate and postgraduate clinical teaching.
- Participation in the training of other disciplines.
- Providing educational supervision of trainees and other disciplines.
- Taking part in continuing medical education within statutory limits.
- DME is Dr Indira Vinjamuri
- Mersey Care has specific links with Liverpool Medical School and Edge Hill University Medical School.

9. Research

- Synopsis of R&D department; trust research strategy, link with clinical research networks and university as applicable.
- Support facilities.
- Specific research and development responsibilities expected of the post holder.

10. Mental Health Act and Responsible Clinician approval

- The post holder would be expected to be approved as a Responsible Clinician or be willing to undertake training to obtain Section 12(2) MHA and will be expected to renew this approval according to agreed procedures.

11. Secretarial support and office facilities

- The post holder will have access to allocated office space at Broadoak Unit with a computer with Internet access. A smart phone and laptop will be provided. Other specific technical support can be negotiated. The post holder will have access to a dedicated 0.5 WTE band 4 medical secretary.

12. Clinical duties of post holder

- Consultant psychiatrist responsibility for Albert ward at Broadoak Unit.
- Carry out comprehensive psychiatric assessments and provide treatment for inpatients.
- Support ward based staff to manage psychiatric emergencies.
- Conduct patient reviews and lead multidisciplinary ward reviews, CPA reviews and multi-professional meetings.
- To be the responsible clinician for the purposes of the Mental Health Act 1983 (amended 2007) and carry out duties in accordance with the code of practice.
- To provide verbal and written evidence to Mental Health Review Tribunals and Hospital Manager's hearings.
- To carry out comprehensive Risk Assessments and participate in Trust's risk management processes such as Health Risk Assessment and Management Meetings (H-RAMM) and Multi Agency Public Protection Arrangement (MAPPA) Meetings.
- To provide medical leadership to the inpatient team.
- Liaise with families / carers.
- Liaise with aspects of the Criminal Justice System regarding patients.
- Liaise with other stakeholders and interested parties.
- The post holder will be expected to maintain effective communication with other services, including in-patient and community mental health teams, and primary care.
- Provide clinical/educational supervision to junior colleagues.

13. Training duties

- Participation in undergraduate and postgraduate clinical teaching.
- Participation in the training of other disciplines.
- Providing educational supervision of trainees and other disciplines.
- Taking part in continuing medical education within statutory limits.

14. Clinical governance and quality assurance

- Expected contribution to clinical governance and responsibility for setting and monitoring standards.
- Participation in clinical audit and other local assurance processes.
- Participation in service/team evaluation and the planning of future service developments.

15. Quality improvement

- Leads and manages a team in a way that supports the development of a culture of continuous improvement and learning.
- Utilises a quality improvement approach to think systemically about complex problems, develop potential change ideas and test these in practice using a systematic QI methodology.
- Empowers the team to resolve local issues on a daily basis using the tools and method of quality improvement without staff having to seek permission.
- Promotes awareness and understanding of quality improvement, and shares learning and successes from quality improvement work.

16. General duties

- To manage, appraise and give professional supervision to junior medical staff as agreed between consultant colleagues and the medical director and in accordance with the Trust's personnel policies and procedures. This may include assessing competences under the Modernising Medical Careers framework.
- To ensure that junior medical staff working with the post holder operate within the parameters of the New Deal and are Working Time Directive compliant.
- To undertake the administrative duties associated with the care of patients.
- To record clinical activity accurately and comprehensively, and submit this promptly to the Information Department.
- To participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.
- To participate in annual appraisal for consultants.
- To attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.
- To maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) approval, and to abide by professional codes of conduct.
- To participate annually in a job plan review with the clinical manager, which will include consultation with a relevant manager in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.
- To work with local managers and professional colleagues in ensuring the efficient running of services, and share with consultant colleagues in the medical contribution to management.
- To comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the medical director and other managers in preparing plans for services.

17. External duties, roles and responsibilities

- The Trust actively supports the involvement of the consultant body in regional and national groups subject to discussion and approval with the medical director and, as necessary, the chief executive officer.

18. Other duties

- From time to time it may be necessary for the post holder to carry out such other duties as may be assigned, with agreement, by the Trust. It is expected that the post holder will not unreasonably withhold agreement to any reasonable proposed changes that the Trust might make.

19. Work programme

- It is envisaged that the post holder will work 10 programmed activities over 5 days. Following appointment there will be a meeting at no later than three months with the clinical manager to review and revise the job plan and objectives of the post holder. The overall split of the programmed activities is 7.5 to be devoted to direct clinical care and 2.5 to supporting professional activities (as per the Royal College of Psychiatrists recommendation). The timetable is indicative only. **A formal job plan will be agreed between the post holder and associate medical director or clinical manager three months after commencing the post and at least annually thereafter.**

20. On-call and cover arrangements

- The post holder will be included in the daily on-call rota for North Liverpool and Sefton. There is usually always a higher trainee ST4-6 first on call at night. On-call availability supplement is 1% - Band B low frequency, low intensity and has been consistently for many years. The rota is currently shared with approximately 14 FTE colleagues.

21. Wellbeing

- Effective local occupational health support (confidential, includes modalities of self-referral, promoted regularly at induction and when in post)

e.g. The post holder will have access to the Occupational Health (OH) Department, (full address, telephone and email). The OH team has access to a physiotherapist and psychologist, and the post holder may self refer or be referred through their manager. The post holder will have access to the 24 hour Health Assured service, which provides free counselling, including face-to-face, and well as legal and financial support, online CBT and wellbeing resources. Information about Occupational Health and Health Assured will be disseminated at the induction and regularly when in post to ensure the post holder has timely access to the details if help seeking is necessary.

- Proactive local organisational systems to support doctors' wellbeing following serious incidents

e.g. Supporting the wellbeing of the post holder after serious incidents that involve patients in their care (e.g. homicide or suicide) is paramount, and a dedicated senior clinician will provide support and advice as needed after the incident. Details of the senior clinician able to offer this support will be provided via the Medical Directorate at the time of initial induction.

- Timely job planning reviews when there are changes in regard to the pre-agreed workload
e.g. If there are changes to the pre-agreed workload (e.g. unexpected cover of a different unit/service outside the casual cross-cover arrangement) a timely meeting with the line manager before cover starts will enable discussion of the feasibility of the change within the constraints of needing to manage a safe workload. Additional support will be sourced if required. A timely job plan adjustment will be arranged if a new working arrangement is to proceed.
- Availability of local initiatives/resources that promote workforce wellbeing (example: self-care, work-life balance, stress management, coaching/mentoring, peer group support, Balint groups for consultants/SAS)
e.g. The trust has several initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include flexible working, flexible retirement, season ticket scheme, lease vehicle scheme, cycle scheme, retail and restaurant discounts, eye test scheme, free health checks, menopause support, gym discounts, wellbeing events, mindfulness courses, wellbeing walks and jogs, and parenting workshops. The post holder will form part of a consultant peer group who meet regularly.

22. Contract agreement

The post will be covered by the terms and conditions of service for Hospital Medical and Dental staff (England and Wales) as amended from time to time. Contracts have been agreed with the BMA local negotiators, but individuals may wish to discuss this further before acceptance

23. Leave

- The post-holder is entitled to 32 days annual leave, increasing to 34 days annual leave after seven year's consultant service. The entitlement for study leave is 30 days over three years, including £1500 study leave budget over the three years.
- Clinical cover will be provided by the Consultant's inpatient colleagues for all leave.

24. Visiting arrangements (key contact numbers, trust website etc.)

Suggested draft timetable:

Day	Time	Work	Category	No. of PAs
Monday	AM	MDT/Ward Work	DCC	0.5
	PM	S117 and discharge planning meetings	DCC	0.5
Tuesday	AM	Academic Meeting and Consultants meeting	SPA	0.5
	PM	MHRT work/Ward work	DCC	0.5
Wednesday	AM	MDT/Ward Work	DCC	0.5
	PM	SPA/Appraisal related activities	SPA	0.5
Thursday	AM	MDT/Ward Work	DCC	0.5
	PM	MHRT work/Report writing	DCC	0.5
Friday	AM	MDT/Ward Work	DCC	0.5
	PM	Admin / Junior Supervision/Audit	DCC/SPA	0.5

Unpredictable / emergency on- call work	1:14			
Total PAs	7.5			
	2.5			

25. Approval of this job description by the Royal College of Psychiatrists

This job description and person specification was approved by the Royal College of Psychiatrists' regional advisor on DD/MM/YYYY.

Appendix 1: Person specification/selection criteria for consultant

Abbreviations for when assessed: Scr: Screening prior to short-listing

SL: Short-listing from application form

AAC: Advisory Appointments Committee

Ref: References

Pres: Presentation to AAC panel

As an Equal Opportunities employer, the Trust welcomes applications from candidates with lived experience of mental health issues.

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
QUALIFICATIONS	MB BS or equivalent medical qualification.	Scr	Qualification or higher degree in medical education, clinical research or management. MRCPsych Additional clinical qualifications.	SL Scr SL
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment. Included on the GMC Specialist Register OR within six months. Approved clinician status OR able to achieve within 3 months of appointment Approved under S12 OR able to achieve with 3 months of appointment	Scr Scr Scr Scr	In good standing with GMC with respect to warning and conditions on practice	Scr
TRANSPORT	Holds and will use valid UK driving licence OR provides evidence of proposed alternative.	Scr		

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE	<p>Excellent knowledge in specialty</p> <p>Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge</p> <p>Excellent oral and written communication skills in English</p> <p>Able to manage clinical complexity and uncertainty</p> <p>Makes decisions based on evidence and experience including the contribution of others</p> <p>Able to meet duties under MHA and MCA</p>	<p>SL, AAC, Ref</p> <p>SL, AAC, Ref</p> <p>SL, AAC, Ref</p> <p>AAC</p> <p>AAC</p> <p>AAC</p>	<p>Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service</p>	<p>SL, AAC</p>
ACADEMIC SKILLS & LIFELONG LEARNING	<p>Able to deliver undergraduate or postgraduate teaching and training</p> <p>Ability to work in and lead team</p> <p>Demonstrate commitment to shared leadership & collaborative working to deliver improvement.</p> <p>Participated in continuous professional development</p> <p>Participated in research or service evaluation.</p> <p>Able to use and appraise clinical evidence.</p> <p>Has actively participated in clinical audit and quality improvement programmes</p>	<p>SL, Pres, AAC</p> <p>SL, AAC</p> <p>SL, AAC</p> <p>SL, AAC</p> <p>SL, AAC, Pres</p> <p>SL, AAC, Pres</p>	<p>Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post</p> <p>Reflected on purpose of CPD undertaken</p> <p>Experienced in clinical research and / or service evaluation.</p> <p>Evidence of achievement in education, research, audit and service improvement: awards, prizes, presentations and publications.</p> <p>Has led clinical audits leading to service change or improved outcomes to patients</p>	<p>SL, AAC</p> <p>SL, AAC</p> <p>SL, AAC</p> <p>SL</p> <p>SL, AAC</p>