

JOB DESCRIPTION

Post and specialty	Consultant General Adult Psychiatrist in Urgent Care based on Tansley Ward This is an established post with the vacancy arising due to planned relocation of the current postholder
Base	Hartington Unit, Royal Hospital, Calow, Chesterfield, Derbyshire
RCPsych approval details	TRENT-CO-NTH-2023-00077 (Approved) 
Contract	Number of programmed activities – 10
Accountable professionally to	Medical Director: Dr Arun Chidambaram
Accountable operationally to	Deputy Medical Director: Dr Mark Broadhurst Clinical Director: Dr. Radha Khurana Area Service Manager: Michelle Hague
Key working relationships and lines of responsibility	Responsible Officer and Medical Director: Dr. Arun Chidambaram Deputy Medical Director: Dr Mark Broadhurst Line Manager and Clinical Director: Dr Radha Khurana Interim Clinical Matron: Peter Collumbine Area Service Manager: Michelle Hague General Manager: David Hurn Managing Director: David Tucker Chief Executive: Mark Powell Chief Operating Officer: Ade Odunlade

	<p>On a day-to-day basis the consultant psychiatrist will be in a close working relationship with the local management structure, particularly the Clinical Director, Deputy Medical Director, Clinical Matron and Area Service Manager for Urgent Care Services.</p> <p>S/He will work closely with consultant colleagues in the Urgent Care pathway.</p> <p>S/He will have a close working relationship on clinical matters with the other Inpatient teams and the Crisis Resolution and Home Treatment Team, working together to ensure a smooth and safe pathway of patient care within Urgent Care services. They will also need to work well with the Recovery Teams, Early Intervention Teams, Rehabilitation staff and community consultants ensuring good communication about patients in the delivery of clinical care.</p> <p>On a more strategic level they will relate to the General Manager, Deputy Director and the Chief Operating Officer.</p> <p>From an overall professional perspective, they will relate to the Medical Director.</p> <p>In turn all are ultimately responsible within the Trust to the Chief Executive.</p>
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1. Introduction

A Full Time (10PA) Consultant in General Adult Psychiatry is required for Tansley ward which is at the Hartington Unit, Chesterfield Royal Hospital. Tansley ward currently being run as a male only 19 bed ward and covers the areas of Chesterfield, North East Derbyshire and the High Peak. There are also admissions from South Derbyshire when no local beds can be found in the Derby area.

This post is one of 3 consultant posts in a well staffed team based on the campus of the Chesterfield Royal Hospital in the Hartington Unit. The vacancy has arisen as the result of planned relocation of the current post holder

This post offers a varied job working closely with the multidisciplinary team. We put a high emphasis on quality of care, peer support and on clinical engagement in service development and management. We will welcome candidates who bring an enthusiasm for innovation, teaching and development and can work closely with colleagues from different professional backgrounds.

Chesterfield is an ancient and beautiful market town in the heart of England famous for St Mary's church and its Crooked Spire. Today it is a lively town in North Derbyshire with a host of local amenities. It has excellent road and rail transport links on mainline railway and the M1 motorway putting it within easy reach of South Yorkshire, Nottinghamshire and within easy commutes of major conurbations of Sheffield to the north and Derby and Nottingham to the south.

Derbyshire is a rural county with the beautiful scenery of the Peak District National Park. Chesterfield itself is within easy reach of the national park and its recreational activities as well as historic Chatsworth House, Matlock Bath and Derwent Mills (a UNESCO World Heritage site).

2. Trust details

Derbyshire Healthcare NHS Foundation Trust became a Foundation Trust on 1 February 2011. It was formed on 1 April 2002 as Derbyshire Mental Health Services NHS Trust following a merger between Southern Derbyshire Community Mental Health Services and the North Derbyshire Mental Health Confederation.

The Trust is the major provider of mental health services in the local area. We focus on services for those with severe and enduring mental health diagnoses although we also provide IAPT services across much of the County.

We provide a range of services which reflect the wide spectrum of mental health problems. This includes individuals who need support from community staff, through to inpatient and crisis resolution and more specialist services.

Our Equality, diversity and Inclusion (ED&I) mission is to be 'positively inclusive'.

We are committed to ensuring ED&I and human rights are central to the way we deliver healthcare services to our service users and how we support our staff.

This means we all play our part in:

- A caring and progressive organisation that promotes equality values and celebrates diversity. This has created an inclusive and compassionate environment for receiving care and place to work.
- Ensuring our staff provide inclusive services that are equally good to all service users, which meet their needs and are delivered with kindness, dignity and respect.
- Ensuring that all our team members are engaged, valued and treated equally with kindness, dignity and respect.

Working with REGARDS so that no-one gets left behind

(Race, Economic disadvantage, Gender, Age, Religion or belief, Disability & Sexual orientation) in Derbyshire Healthcare NHS Foundation Trust

Clinical services across the Trust

Adult Community Care (Neighbourhood Services)

Services are organised into locality-based Neighbourhood Teams aligned to GP practices and each serving a population of approximately 100,000 with the exception of City Neighbourhood which consists of 300,000 population and is divided into three teams. Each team has 2 consultants, junior medical staff and a multidisciplinary team with CPNs, occupational therapists and day service workers. Psychological services are integrated into locality teams in the North and in the South are provided by a specialist psychotherapy service.

Specialist mental health social workers had for many years been integrated into the mental health teams out as part of a reconfiguration of local social services are directly employed by local authorities however, close integrated working relationships remain.

Assertive outreach has been reintegrated into the recovery teams. There are 2 early intervention teams (North, South County and City) and these will remain as separate teams.

Older Adult Services

These take Service users at present over the age of 65. The Trust does not operate an “ageless” model but uses Royal College guidelines to determine which patients are most likely to benefit from older adult services.

There are memory clinics running in most localities and being developed in others.

In North Derbyshire, older adults with functional illness requiring inpatient care will be cared for on Pleasley ward at the Hartington Unit, while patients with organic illness are cared for by Trust medical staff in local community hospitals managed by the Derbyshire Community Foundation Trust.

In South Derbyshire and Derby City older adults with a functional illness are cared for on wards 1 and 2 based at Tissington Hospital Site. At the Kingsway site there are 50 beds spanning 3 wards caring for patients with a dementia diagnosis.

Adult Acute Care

Inpatient Services

There are 2 Acute Inpatient units: the Hartington Unit at the Chesterfield Royal Hospital Site serving North Derbyshire and the Radbourne Unit on the Royal Derby Hospital site serving South Derby County and the City.

The Hartington Unit has three inpatient wards: Tansley and Morton (for working age adults) and Pleasley ward which is currently a mixed ward for older adults with functional illnesses and a general adult ward.

There are current plans being discussed to update the Trust inpatient estate to eradicate dormitory rooms so as to comply with current regulatory and legislative requirements – that mental health wards should be built to consist of single rooms, with an en-suite bathroom where possible, and that no one should need to travel outside of their local area to receive acute mental health care. There are developments planned at the Chesterfield Royal Hospital site, Radbourne Unit and Kingsway sites. These plans provide the opportunity for the post-holder to be actively involved in service development.

Development planned at the Chesterfield Royal Hospital site

- A new 54-bedded facility with single rooms, across three wards, with flexibility to support men, women and non-binary patients on the Chesterfield Royal Hospital site.

Development planned at Kingsway Hospital

- Up to eight new beds in an 'acute plus' facility for women
- A new PICU (Psychiatric Intensive Care Unit) for 14 men.

There are also low secure inpatient services on the Kingsway site in Derby. These wards are run by the forensic teams.

ECT facilities are situated in the Radbourne Unit in Derby. The Trust has a Mother and Baby Unit at the Radbourne Unit and a 10 bedded enhanced care ward in the Radbourne Unit which serves the whole county.

Crisis and Home Treatment (CRHT)

There are 4 Crisis and Home Treatment Teams, these are located in Chesterfield, High Peak, Derby City and South County of Derbyshire. These teams gate keep all admissions to the inpatient units and facilitate early discharge. The team is funded to provide the care and treatment of the Crisis Fidelity Model.

All 4 teams cover allocated GP and Neighbourhood localities.

The CRHT North team have a gatekeeping role for Inpatient beds mainly in the North of the service.

The CRHT North also provide an In-reach service on to the wards and identify patients suitable for early discharge and home treatment.

The Crisis and Home Treatment teams are also part of the Assessment Service line working across Adult Acute Care. The Assessment Service line also includes Mental Health Liaison Services, The Derbyshire Mental Health Helpline and Support Services and 136 services.

Mental Health Liaison Teams

Our Mental Health Liaison Teams (MHLT) provide comprehensive advice, support and a signposting service to patients over the age of 18, where potential mental health and/or drug and alcohol issues are identified. Following referral from a health professional in Accident and Emergency (A&E) or an inpatient ward within the general hospital, the team will offer a high-quality intervention, assessment and discharge process that covers all aspects of mental health - including drug and alcohol use and self-harming. MHLT can also refer patients for CRHT input if this is needed post assessment.

Residential Rehabilitation Service

The Trust has one rehabilitation unit in South Derbyshire.

Learning Disability Services

These are well developed across the Trust. There is an inpatient unit in the North of the County and a network of community based residential and supported settings. They tend to focus on patients with moderate to severe disability, those with mild disability being cared for within general adult services in conjunction with social care.

Substance Misuse Services

These are well established services with consultants (North Derbyshire, South Derbyshire and City) supported by GPSI's and Nurse prescribers. There are multi-disciplinary specialist drug teams. The teams work closely with general adult colleagues in the care of patients with dual diagnosis.

Child & Adolescent Mental Health Service (CAMHS)

In the North, CAMHS services sit with other children's services within the Acute Hospital. In the South, they are provided by DHCFT in multidisciplinary community-based teams.

Childrens' Services

There are comprehensive Community Children's' Services including Health Visiting, School Nursing and Community Paediatrics delivered by the trust in the City and South County.

3. Service Details

The post is an Inpatient Consultant post on Tansley Ward at the Hartington Unit in Chesterfield.

The post holder will work as one of a team of 3 consultants working across the 3 acute in-patient wards based at the Hartington Unit, Chesterfield Royal Hospital.

The consultant posts are ward based and the consultant's role is thus to provide consultant and Approved Clinician responsibility for all patients on Tansley Ward.

The Consultant will be expected to take a leadership role on the ward and work closely with the ward manager to support and develop the ward team. Consultants are also an integral part of the unit business meeting working to maintain and develop high quality care on the Inpatient Unit.

The inpatient unit is part of the Urgent Care Pathway. Admissions are made via the Crisis Resolution and Home Treatment Team (CRHT). The CRHT also facilitate early discharge from the unit.

The acute wards are supported by a 10 bedded Enhanced Care Ward in Derby with its own consultant who can rapidly take patients who are too disturbed to be nursed on the general wards

Supporting resources:

Tansley Ward has a well-staffed nursing team managed by a ward manager. Multidisciplinary support to the team consists of:

- Junior medical support: 1 part time SAS doctor working 4 days/week, 1 Core Psychiatric Trainee, 1 foundation (FY1) trainee. A Higher Specialist Trainee can be allocated to the ward based on the Inpatient Consultant's trainer status
- A medical secretary and ward administrator.
- Pharmacist support. The ward team is supported by ward pharmacists who can attend ward rounds at request and support clinicians in maintaining good practice in prescribing.
- Occupational therapy: There is an active occupational therapy team which provides therapeutic and recreational activities and occupational assessments and interventions for inpatients. An Occupational therapist also attends ward meetings as and when needed.
- Psychology support: Two practitioners cover the Hartington Unit

The Hartington Unit is attached to a general hospital (Chesterfield Royal Hospital) with which we have good relations. We have good access to support with physical health care and investigation facilities. ECG technicians and Phlebotomists attend the ward via a service level agreement with the general hospital.

The post holder will be provided with his/her own office, computer and mobile phone.

Clinical environment:

The Hartington unit is a pleasant building with 3 wards, Tansley is a male-only ward currently, Morton a female-only ward currently and Pleasley is being run as a mixed general adult and old age ward.

There is a day activity area with a gym and a courtyard and a team providing recreational activities for inpatients.

Clinical duties of post holder

Workload:

The majority of the clinical work will be on the inpatient ward. The consultant would normally be responsible for approximately 19 inpatients.

Over the 24 months period up to February 2020 there were on average 47 admissions a month across the 3 wards. The unit has had an average length of stay of 44 days.

Consultants will be responsible for the treatment given to patients in their care; they will be responsible for the prompt and comprehensive assessment of admissions, for diagnosis and treatment of patients, for regularly reviewing patient and for the proper administration of the mental health act in relation to detained patients, preparing tribunal reports and attendance at tribunals.

They will be supported by the junior medical staff, as above, and the consultant is responsible for the appropriate delegation, organisation and supervision of the junior medical staff in the team.

There are dedicated consultants to the supervision of the ECT clinic and administration of ECT based at the Radbourne Unit in Derby.

Clinical care is delivered within the framework of CPA and the consultant will need to focus on liaison with community colleagues especially around discharges in order to ensure robust care planning takes place.

Consultants need to be confident in working across agencies especially in supporting the development of care packages for the discharge of complex patients, and in managing high risk patients using processes such as MAPPA and safeguarding procedures.

In complex or high-risk patients, the consultant will be supported by access to the enhanced care ward and the availability of advice from the two forensic consultants.

The Trust places emphasis on clinical care being delivered in line with national guidelines. Consultants all have IT access and are supported by the librarians and pharmacy in accessing the evidence base to support management in difficult cases. In addition, there is a system of peer supervision in consultant groups

The successful applicant will need to be Section 12 approved and have Approved Clinician status to be able to discharge relevant duties.

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. An example job plan is available under Clinical Duties of the post holder. A formal job plan will be agreed between the

post holder, clinical director and service line manager three months after commencing the post and at least annually thereafter.

Population and Local Needs

Population aged 18-64, projected to 2040	2020	2025	2030	2035	2040
Bolsover: total population aged 18-64	48,600	49,900	50,500	50,700	51,300
Bolsover: total population - all ages	80,900	84,000	86,500	88,900	91,200
Chesterfield: total population aged 18-64	62,600	62,000	61,500	60,800	61,000
Chesterfield: total population - all ages	105,000	106,000	106,900	108,000	109,200
North Dales: total population aged 18-64	20,000	19,750	19,350	18,950	18,800
North Dales: total population - all ages	36,150	36,700	37,200	37,750	38,250
High Peak: total population aged 18-64	55,200	54,900	54,200	53,600	54,100
High Peak: total population - all ages	92,900	94,700	96,300	97,800	99,200
North East Derbyshire: total population aged 18-64	57,800	57,600	57,200	56,900	57,200
North East Derbyshire: total population - all ages	102,100	104,200	106,100	107,800	109,500
Total population aged 18-64	244,200	244,150	242,750	240,950	242,400
Total population all ages	417,050	425,600	433,000	440,250	447,350

Data source: www.pansi.org.uk/

Ethnicity	White	Mixed/ multiple ethnic group	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group
Bolsover: Total population aged 18-64	98.07%	0.58%	0.87%	0.45%	0.03%
Chesterfield: Total population aged 18-64	96.59%	0.80%	1.58%	0.84%	0.20%
North Dales: Total population aged 18-64	98.40%	0.60%	0.71%	0.20%	0.09%
High Peak: Total population aged 18-64	97.81%	0.83%	0.93%	0.28%	0.15%
North East Derbyshire: Total population aged 18-64	97.97%	0.63%	0.92%	0.31%	0.17%
Total population aged 18-64 - %	97.63%	0.71%	1.06%	0.46%	0.14%

Data source: www.pansi.org.uk/

People aged 18-64 predicted to have a mental health problem, projected to 2040	2020	2025	2030	2035	204
Bolsover: People aged 18-64 predicted to have a common mental disorder	9,240	9,437	9,605	9,643	9,69
Bolsover: People aged 18-64 predicted to have a borderline personality disorder	1,173	1,198	1,219	1,224	1,23
Bolsover: People aged 18-64 predicted to have an antisocial personality disorder	1,629	1,659	1,680	1,686	1,69
Bolsover: People aged 18-64 predicted to have psychotic disorder	342	349	354	356	35
Bolsover: People aged 18-64 predicted to have two or more psychiatric disorders	3,515	3,587	3,646	3,661	3,68
Chesterfield: People aged 18-64 predicted to have a common mental disorder	11,857	11,745	11,670	11,519	11,59
Chesterfield: People aged 18-64 predicted to have a borderline personality disorder	1,505	1,491	1,482	1,462	1,47
Chesterfield: People aged 18-64 predicted to have an antisocial personality disorder	2,088	2,057	2,043	2,016	2,03
Chesterfield: People aged 18-64 predicted to have psychotic disorder	438	433	431	425	42
Chesterfield: People aged 18-64 predicted to have two or more psychiatric disorders	4,509	4,460	4,431	4,374	4,40
North Dales: People aged 18-64 predicted to have a common mental disorder	3,769	3,735	3,655	3,553	3,56
North Dales: People aged 18-64 predicted to have a borderline personality disorder	479	475	464	451	45
North Dales: People aged 18-64 predicted to have an antisocial personality disorder	669	661	649	630	63
North Dales: People aged 18-64 predicted to have psychotic disorder	140	139	136	132	13
North Dales: People aged 18-64 predicted to have two or more psychiatric disorders	1,437	1,422	1,393	1,354	1,35
High Peak: People aged 18-64 predicted to have a common mental disorder	10,450	10,420	10,277	10,193	10,23
High Peak: People aged 18-64 predicted to have a borderline personality disorder	1,327	1,323	1,305	1,294	1,29
High Peak: People aged 18-64 predicted to have an antisocial personality disorder	1,843	1,833	1,803	1,793	1,80
High Peak: People aged 18-64 predicted to have psychotic disorder	386	385	379	377	37
High Peak: People aged 18-64 predicted to have two or more psychiatric disorders	3,976	3,962	3,905	3,875	3,89
North East Derbyshire: People aged 18-64 predicted to have a common mental disorder	10,935	10,960	10,882	10,807	10,85
North East Derbyshire: People aged 18-64 predicted to have a borderline personality disorder	1,388	1,391	1,382	1,372	1,37
North East Derbyshire: People aged 18-64 predicted to have an antisocial personality disorder	1,922	1,913	1,911	1,897	1,90
North East Derbyshire: People aged 18-64 predicted to have psychotic disorder	404	404	402	399	40
North East Derbyshire: People aged 18-64 predicted to have two or more psychiatric disorders	4,157	4,158	4,135	4,106	4,12
Total: People aged 18-64 predicted to have a common mental disorder	46,251	46,297	46,089	45,715	45,94
Total: People aged 18-64 predicted to have a borderline personality disorder	5,872	5,878	5,852	5,803	5,83
Total: People aged 18-64 predicted to have an antisocial personality disorder	8,151	8,123	8,086	8,022	8,06
Total: People aged 18-64 predicted to have psychotic disorder	1,710	1,710	1,702	1,689	1,69
Total: People aged 18-64 predicted to have two or more psychiatric disorders	17,594	17,589	17,510	17,370	17,46

Data source: www.pansi.org.uk/

4. Local Working Arrangements

The vacancy has arisen as the result of planned relocation of the current post holder.

The Tansley ward team consist of:

17 Healthcare Assistants, 15 Mental Health Staff Nurses and 2.6 Lead Nurses, Ward manager and 2 Occupational Therapists, as well as input from a Clinical Matron for the overall Hartington Unit.

While primarily responsible for delivering a quality clinical service, the consultant psychiatrist is also expected to be actively involved in the strategic development of the team and broader services, being involved with the team manager, Clinical matron and Area Service manager in helping to steer the development of the service in line with the strategic direction of the organisation.

5. Continuing Professional Development (CPD)

All consultants are expected to maintain themselves in good standing for CPD. There are active consultant peer groups and the post holder will be invited to join one of these.

The Trust is committed to supporting consultants to achieve good quality CPD. The standard job plan sets aside a full PA for CPD allowing for attendance at the active

in-house teaching programme which consists of invited external speakers alternating with internal events and 2 hours' private study per week.

The Trust seeks to provide opportunities for the personal development of all consultant medical staff and requires consultants to undertake Continuing Professional Development. Each consultant has a study leave budget of £1000 per year (£850 personal allowance and £150 for in house CPD) and 10 days of study leave. There is an opportunity to be granted extra funding if appropriate on application to the Director of Medical Education and Medical Director.

The personal study leave budget is effectively augmented by high quality in-house CPD. This consists of a quarterly consultant CPD half day with external or internal specialist speakers whom we arrange to meet whatever consultants raise as their current educational needs. In addition, there are trust subscriptions to e-learning cpd resources.

We feel that this combination of locally facilitated high quality educational provision with a modest individual budget gives the best value in terms of ensuring all consultants can access adequate CPD.

Facilities for continuing medical education include a purpose built Psychiatric Education Centre including a well stocked and staffed Psychiatric Library at the Ashbourne Centre on the Kingsway Site, Derby which is 5 minutes drive from the Radbourne Unit. Books and other learning resources are available in the Post Graduate education room at the Hartington Unit as well. Resources can be posted to the Hartington form the Radbourne unit if required. In addition there is online access to a wide range of Journals and other resources from many sites in the district. The Mental Health Intranet provides access to a range of eLearning resources.

The Director of Medical Education coordinates medical education across the Trust. In addition there are Assistant Directors of Medical Education both in the North and the South, and a CPD coordinator for consultant staff. All consultants belong to local peer groups which meet monthly.

6. Clinical Leadership and Medical Management

There is a locally provided basic in house leadership programme for all senior staff involved in management and new consultants are encouraged to go onto this. In addition, there are on-going Trust wide leadership sessions and consultants and all consultants are invited to attend.

The Trust has updated its Management Structure to emphasise the importance of medical input into Trust strategy and decision making. The Trust is committed to good clinical engagement in management and are working towards a triumvirate model of consultant/senior nurse/operational manager working as a unit at all levels which will make and be responsible for joint clinical/operational decisions.

The post holder will be asked to undertake and participate in management activities which will include:

- To participate in developing overall strategy particularly working through Derbyshire Healthcare NHS Foundation Trust Medical Advisory mechanisms
- To collaborate with commissioners (health and social care), key stakeholders and partner organisations in developing and managing good quality clinical services by taking part in clinical governance committees
- Wider participation will be welcomed if the post holder wishes in line with job planning and professional development.
- Specific additional management responsibilities relevant to their position within Adult Acute Care will be agreed on an individual basis in the context of job planning.

The medical staff are represented in negotiation of terms and conditions by the Medical Staffing Committee and the Local Negotiating Committee. The Trust and staff representatives aim to develop partnership working and have developed fora to promote this. The trust has been recognised nationally for its work in developing a system of shared values which guide our attitudes to each other and our service users.

The Trust medical management structure consists of:

- Medical Director, **Dr Arun Chidambaram**
- Deputy Medical Director, Dr Mark Broadhurst
- Clinical Directors for:
 - Working age Adult Acute Services: Dr Radha Khurana and Dr Rahul Gandhi
 - Neighbourhood: Dr Sugato Sarkar and Dr Rais Ahmed
 - Specialist Services: Dr Gulshan Jan
 - CAMHS: **Dr Daniela Tomus**
 - Paediatrics: Dr Beth Howman
 - Forensic and Rehabilitation Services: Dr Chinwe Obinwa
 - Older Adults Services: Dr Paul McCormick
- Director of Medical Education: Dr Vishnu Gopal

The Medical and Clinical Director roles are primarily strategic although they also provide support to General Managers who provide operational management to consultant staff.

The post holder will have an induction arranged on starting and will be offered a mentor for the first year.

The Trust Clinical Governance Structure is shown in the appendix

7. Appraisal and job planning

The Trust was a pilot site for the electronic appraisal toolkit in 2010/11 and therefore has a robust team of appraisers. The Medical Director is the responsible officer and there are processes in place to ensure all medical staff participate in strengthened appraisal on a yearly basis and this is part of a process to ensure all consultants are

participating in the revalidation process. The process is supported by trained appraisers (consultant Peers) and a Trust Appraisal Lead. Appraisal quality is annually audited.

Job planning takes place on an annual basis on a recently introduced electronic platform called SARD and is aligned with the appraisal process in seeking to bring together the consultant's interests and skills and the Trust objectives. The Trust supports consultants in undertaking external duties within the College, University or Deanery. There are also opportunities for additional externally funded PAs in research or medical education for interested consultants.

8. Teaching and Training

Trainees

The appointed consultant will be responsible for the clinical supervision of the Core Psychiatric Trainee, the Foundation Year 1 and the SAS doctor in the department. This will include 1-hour weekly face to face supervision per doctor. They will be expected to be trained in the assessment of trainees Work Place Based Assessments (WPBAs).

The successful candidate will be invited to train as an educational supervisor and to teach on the in-house teaching programme.

There will be opportunities to train Higher Specialist Trainees as Special Interest sessions or apply to be approved as a Recognised Higher Specialist Trainer.

Undergraduate Training

The Trust provides undergraduate training for Sheffield, Nottingham and Derby Medical Students.

A number of consultants with special interest are involved in delivering the teaching and assessment for the students in addition to the clinical experience they gain in their clinical placements. There are Several Consultants with additional sessions each devoted to take a lead in undergraduate medical student teaching.

All consultants are expected to offer placements to and participate in the teaching of medical students. The successful candidate will be invited to participate in the teaching on the MRCPsych course on the rotation and to train as an educational supervisor

Nursing and AHPS

The trust is keen to develop and train nursing and allied healthcare professionals and it would be expected that consultants are involved in providing training for non medical members of the team including consideration of providing supervisory roles

in higher skills development (e.g. non medical prescribing).

9. Research and Audit

National Institute for Health Research (NIHR)

The Trust belongs to the UK Mental Health Research Network hosts a number of high-quality national studies adopted onto the NIHR clinical research network portfolio. There are opportunities for interested consultants to take principal investigator roles in research projects within the NIHR programme. Several consultants across the Trust are actively involved with this programme and have time provided within their job plans for this. The Trust has been very successful in recruiting patients for different regional and national projects adopted by NIHR. Clinical Studies Officers (CSOs) and Nurses within the Research Team assess feasibility, promote, facilitate and support these studies within the Trust in collaboration with clinicians.

All research studies carried out in the Trust must be approved by the Clinical Research Committee in order to meet the requirements of the Research Governance Framework. The Research Manager supports all researchers wishing to undertake research in the Trust to meet these governance requirements.

The trust has strong links with neighbouring universities of Nottingham and Sheffield as well as the University of Derby.

10. Mental Health Act and Responsible Clinician Approval

The post holder would be expected to be approved as a Responsible Clinician and will be expected to renew this approval according to agreed procedures. There are opportunities of getting involved in the 136 rota.

Mental Health Act implementation is supported by a dedicated team of mental health act administrators who ensure governance, provide support to clinicians and organise tribunals etc.

11. Secretarial Support and Office Facilities

The post holder will have their own office space, mobile telephone (email enabled) and computer. There is a responsive IT support service.

There is a part time band 4 medical secretary with additional clerical support to ensure that the typing and other admin duties are promptly fulfilled.

Digital dictation systems are used in the Trust. The Trust has an electronic patient record.

12. Clinical Duties of Post Holder

Draft Timetable	Monday	Tuesday	Wednesday	Thursday	Friday
AM	MDMs/Patient reviews	MDMs/Patient review	MDMs/Patient reviews	SPA	SPA/ Patient reviews
PM	MDMs/Patient reviews	MDMs/Patient reviews	Admin/DCC	SPA/CPD	Supervision/DCC
DCC	2	2	2		1.5
SPA				2	0.5
Total DCC	7.5				
Total SPA	2.5				

Clinical care is delivered within the framework of CPA and the consultant will need to focus on liaison with community colleagues especially around discharges in order to ensure robust care planning takes place.

They will be supported by the junior medical staff, as above, and the consultant is responsible for the appropriate delegation, organisation and supervision of the junior medical staff in the team.

Consultants need to be confident in working across agencies especially in supporting the development of care packages for the discharge of complex patients, and in managing high risk patients using processes such as MAPPA, MARAC and safeguarding procedures for Adults and Children

In complex or high-risk patients, the consultant will be supported by the availability of advice from the two forensic consultants.

The Trust places emphasis on clinical care being delivered in line with national guidelines. Consultants all have IT access and are supported by the librarians and pharmacy in accessing the evidence base to support management in difficult cases. In addition, there is a system of peer supervision in consultant groups

The successful applicant will participate in the on-call rota and will need to be Section 12 approved and have Approved Clinician status to be able to discharge these duties.

13. Well Being

The post holder will have access to the Occupational Health (OH) department, (OH Department, London Road Community Hospital, London Road, Derby DE1 2QY, 01332 254747, uhdb.occhealth@nhs.net). The OH team has access to a psychologist, and the post holder may self-refer or be referred through their manager. Information regarding OH services is given at induction and regularly during the post.

The post holder will have access to the Resolve Staff Support Service which is an on-site counselling service which offers free, 1-1, completely confidential talking therapies to support with all challenges, both at work and at home.

To ensure the doctors well-being in case of any serious untoward incidents involving their patients, there are support arrangements available via medical line managers i.e. Clinical Director, Deputy Medical Director, Medical Director and Acute care senior operational management team. Additionally, team and individual debriefs are organised at request by the Trust Psychology department. Resolve staff support service can also be approached to provide Individual and group support following any such incidents.

The Trust's employee assistance program, run by Confidential Care, offers debt and financial management support. Confidential Care is available 24 hours a day, seven days a week.

There are many local, system-wide and national mechanisms in place to support health and wellbeing. There is a dedicated Trust Well-being page on the Trust intranet with relevant information. This includes health advice and support, counselling, wellbeing support helplines, resilience support and free mindfulness apps amongst much more. The Trust also has several initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include flexible working, flexible retirement, lease vehicle and cycle schemes.

The post holder will form part of a Consultant peer group who meet regularly. The new Consultant will be supported within the Trust according to the college's sure start document. The successful applicant will be given an allocated mentor for the first 12 months of starting.

As well as access to OH and wellbeing support the Trust has a freedom to speak up guardian, runs various staff forums inc. BAME and LGBTQ+ and Schwartz rounds.

The Trust also operates to a "Just Culture" and family friendly working time directives.

14. General Duties of Consultants employed by Derbyshire Healthcare NHS Foundation Trust

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) and Approved Clinician 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.

To be involved in working with clinical and managerial colleagues in completing investigations into serious incidents and complaints.

15. External Duties, Roles and Responsibilities

The Trust supports consultant involvement in appropriate and relevant external duties; these will include participation in regional and national groups within the College, Medical Education or other professional activities. These will be subject to

discussion and approval with the medical director and chief executive officer.

16. 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.

17. 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 managers 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 Clinical director and Area service manager three months after commencing the post and at least annually thereafter. Working patterns may change in accordance with nationally agreed terms and conditions.

18. On-call and Cover Arrangement

The Consultant will participate with colleagues in general and older adult psychiatry and learning disability on the emergency duty rota. At present this is 1: 12. The on-call commitment is likely to reduce as new post holders are recruited. This rota is supported by 1st on call Core Psychiatric trainees or Foundation Year 2 doctors attached to the mental health unit and on occasion there can be a middle grade on call with the Consultant like a Higher specialist trainee or a SAS doctor.

The salary range is as prescribed in the nationally agreed consultant contract. The on-call supplement is 3%. Out of hours' activity is monitored on a yearly basis. The level of activity does not support prospective payments and out of hours work which is not remunerated through payments for MHA assessments can be taken back as Time in Lieu.

Annual leave entitlement follows the National Contract. The three consultants across the Inpatient Teams will provide reciprocal cover to each other for their wards.

19. 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

20. Leave

The post-holder is entitled to 33 days' annual leave per year pro rata in accordance with NHS service entitlement and 10 days' study leave

21. Visiting Arrangements

Prospective candidates are invited to visit the hospitals concerned by arrangements with the Medical Director, Deputy Medical Director or Clinical Director who will ensure that candidates meet the appropriate colleagues of all disciplines:

Dr Arun Chidambaram
Medical Director
Ashbourne Centre,
Kingsway Site,
Kingsway, Derby
DE22 3LZ

PA telephone number: 07557634372

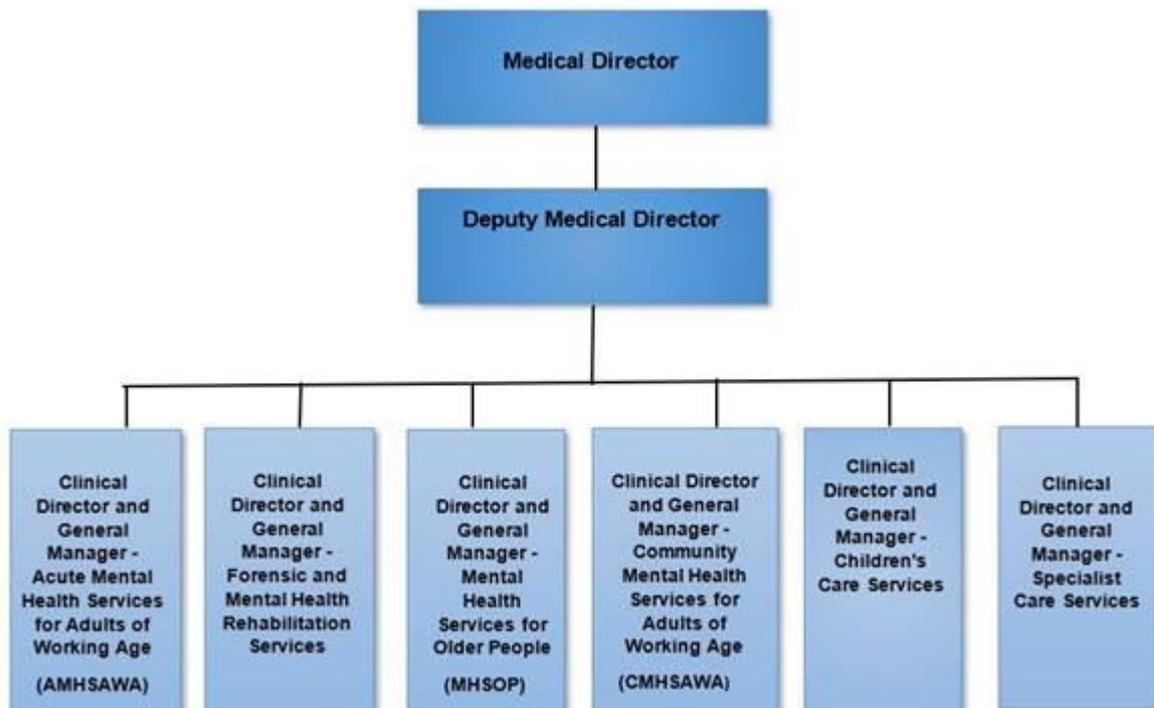
Dr Mark Broadhurst
Deputy Medical Director
The Ritz Building
27 - 29 Causeway Lane
Matlock
DE4 3AR

Tel: 01629 761600

Dr Radha Khurana
Clinical Director
Hartington Unit
Royal Hospital
Calow
Chesterfield
S44 5BL

Tel: 01246 512578

TRUST MEDICAL MANAGEMENT STRUCTURE



Appendix : Person specification/selection criteria for consultant

Abbreviations for when assessed: S: Screening prior to short-listing A: Short-listing from application form P: Presentation
to formal panel F: Formal Appointments Committee Interview R: References

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
QUALIFICATIONS	MB BS or equivalent medical qualification.	S	MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists	A
			Qualification or higher degree in medical education, clinical research or management. Additional clinical qualifications.	A
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment.	S		
	Eligible for inclusion on the GMC Specialist Register OR within six months of gaining CCT in general adult psychiatry	S	Dual accreditation or additional Endorsements	A
	Approved clinician status OR able to achieve within 3 months of appointment	S		
	Approved under S12 OR able to achieve with 3 months of appointment In good standing with GMC with respect to warnings and conditions on practice	S		
TRANSPORT	Holds and will use valid UK driving licence OR provides evidence of proposed alternative.	S		

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE	Excellent knowledge of the specialty	A F R	Evidence of wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service	A F
	Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge	A F R		
	Excellent oral and written communication skills in English	A F R	Evidence of additional experience or expertise in risk and suicidal behaviours	A
	Able to manage clinical complexity and uncertainty	F		
	Makes decisions based on evidence and experience including the contribution of others	F		
	Able to meet duties under MHA and MCA	F		
ACADEMIC SKILLS & LIFELONG LEARNING	Able to deliver undergraduate or postgraduate teaching and training	A P F	Evidence of being able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post	A F
	Participated in continuous professional development	A F	Reflected on purpose of CPD undertaken	A F
	Participated in research or service evaluation.	A F	Experienced in clinical research and / or service evaluation.	A F

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
	Able to use and appraise clinical evidence.	A P F	Evidence of achievement in education, research, audit and service improvement: awards, prizes, presentations and publications.	A
	Has actively participated in clinical audit.	A F	Has led clinical audits leading to service change.	A F