

## Consultant psychiatrist job description and person specification

Draft v1

Post and specialty:	<p><b>Consultant Psychiatrist- Alderley</b></p> <p>This is a replacement post.</p> <p>This is a replacement post is based within the South East (Nether Alderley and Macclesfield) Locality of Cheshire and Wirral Partnership NHS Foundation Trust. This post sits within the clinical service unit for secure and rehabilitation services which includes 4 inpatient units and a forensic support (outreach) team. This is a replacement post due to the post-holder moving elsewhere within the organisation.</p> <p>The post holder is the medical lead for a 15 bed adult mental health low-secure (Saddlebridge) rehabilitation unit and the 7 step-down rehabilitation beds within Maple (a 20 bedded unit). The post holder will provide clinical leadership for discussions of referrals to these beds via the single point of access gate keeping / referral meeting. The post holder may also be expected to accommodate up to another 3 beds in Limewalk Unit if the needs arises as some patients may be moved from the step down beds into the 13 beds funded by the local clinical commissioning groups (CCG) at Limewalk Assessment and Rehabilitation Unit. There are no outpatient commitments with this post.</p> <p>The consultant will participate in the Consultant Psychiatrist on-call rota.</p>
Base:	<p>Alderley Low Secure Unit</p> <p>Chelford Road</p> <p>Alderley</p> <p>Macclesfield</p> <p>SK10 4UJ</p>
Contract:	<p>10 PAs + on-call supplement (1%)</p> <p>permanent</p>

Accountable professionally to:	Integration Place Based Clinical Director
Accountable operationally to:	Integration Place Based Clinical Director
Key working relationships and lines of responsibility:	Specialist/Place-based Clinical Director/ Line manager: Dr Sumit Sehgal Strategic Clinical Director : Dr Peter Wilson Responsible Officer : Dr Faouzi Alam Head of Clinical Services: Richard Kubilius Director of Operations : Suzanne Edwards Medical Directors : Dr F Alam & Dr A Sivananthan Chief Executive : Tim Welch Chair : Isla Wilson

## Introduction & Trust details

Cheshire and Wirral Partnership NHS Foundation Trust provides specialist Adult and Older Persons mental health, Learning Disability and Child and Adolescent mental health services to a population of approximately 1 million people. Additionally, in West Cheshire CWP has two GP surgeries, a GP out of hours service and delivers community physical health care.

The Trust was established on April 1<sup>st</sup> 2002 and operates a robust partnership network across our geographical area to ensure that service users and carers, social services, CCGs, NHS Foundation Trusts and other external agencies are central to our work.

Our services comprise:

- Adult mental health including out-patient facilities, early intervention and crisis teams, inpatient facilities widely adopting an acute care model, mental health resource centres, community teams, A&E liaison, day care and rehabilitation
- Older persons mental health including out-patient and in-patient facilities, community teams, speciality memory support and A&E liaison
- Child and adolescent mental health including a regional unit, out-patient and in-patient facilities, community teams and specialist 16-19 teams
- Psychology including psychological therapy services, psychosexual services and psychotherapy
- Learning disabilities including out-patient and in-patient facilities assessment, treatment and rehabilitation services, respite facilities and community teams
- 2 GP surgeries and community physical health care provision in West Cheshire.

These services are provided across three localities: CWP East Cheshire and CWP West Cheshire and CWP Wirral consisting of approximately 70 core sites, many of which house more than one speciality. In addition, we have a network of supported houses as well as GP surgeries and health centres from where clinics are run. Clinical services are managed through Adult & Older Peoples' Mental Health Division with close team working between the clinical directors and general managers.

With an income of approximately £140 million, we have 3,000 staff and 300 in-patient beds. Our Trust Board meetings are held monthly at locations across Cheshire and Wirral and include representation from service user and carer organisations as well as Social Services.

**Our strategic objectives are to:**

1. Deliver high quality, integrated and innovative services that improve outcomes
2. Ensure meaningful involvement of service users, carers, staff and the wider community
3. Be a model employer and have a caring, competent and motivated workforce
4. Maintain and develop robust partnerships with existing and potential new stakeholders
5. Improve quality of information to improve service delivery, evaluation and planning
6. Sustain financial viability and deliver value for money
7. Be recognised as an open, progressive organisation that is about care, well-being and partnership

Our Trust strategy is the CWP Five Year Forward View. Following on from NHS England's 'Next Steps on the NHS Five Year Forward View' (2017), our strategy sets out the things that we want to do and achieve by 2023.

[Read the CWP Five Year Forward View](#)

Our Forward View aims to meet the needs of people we support and ensure that our organisation continues to deliver the best services within the resources we have. This document shows our commitment to our local communities, partners, staff and all people we work with. We believe that future healthcare can only be delivered well when we all work together and support each other.

Importantly, everything we do will be done in a person-centred way. This means that we will work with people as unique individuals with their own strengths, abilities, needs and goals.

A clinical leadership restructure has recently been implemented with clinical services having moved into care groups to enable them to be "clinically led, managerially enabled."

**Specialist Mental Health:**

Strategic Clinical Director – Dr A Shetty

Head of Operations: Jo Watts

Specialist/Place-based Clinical Directors –

Wirral- Dr Nagraj Thiagarajan

West- Dr Sumita Prabhakaran

Central and East - Dr Sadia Ahmed

Bed based Services-

Wirral & West- Dr Raghu Saligrama

East – Dr Sadia Ahmed

**LD & Neurodevelopmental disorders:**

Strategic Clinical Director – Dr M Odiyoor

Specialty Clinical Director – Dr S Jaydeokar

**Children, Young People & Families:**

Strategic Clinical Director – Dr F Pender

Specialty Clinical Directors –

Wirral – Dr W Levine

West- Sophie Holt/ Dr Alec Pembleton

Central/East- N Ingirge

Tier 4- Dr A Mandara

**1. Service details**

The service is in an exciting phase of development and has recently been reconfigured into a single clinical service unit with a clinical service manager. The service currently has 68 inpatient beds and an outreach forensic support service. This clinical service unit includes

- Saddlebridge Recovery Centre, Chelford Road, Nether Alderley, Cheshire SK10 4UJ (15 beds, adult mental health, low secure rehab unit, all male patients)
- Maple Unit, Chester – 7 step Down Beds

The Saddlebridge Unit beds cater primarily to residents of the Cheshire and Wirral (CWP) catchment area requiring care within a low secure environment though when bed vacancies arise, residents requiring secure care admission from neighbouring trusts of 5 Boroughs and MerseyCare may be admitted in response to the demand, as NHS England manages the secure services funding throughout the region. Patients from CWP Trust patch requiring admission

to medium secure care is catered for by Scott Clinic Medium Secure Unit in St Helens, near Liverpool and Ashworth Hospital in Maghull, Liverpool if high secure care is required.

Referrals and patients admitted to Saddlebridge low secure rehabilitation unit are mostly from acute adult inpatient wards, PICU's, medium secure services and uncommonly directly from prison services. Over the past few years, the service has successfully consistently reduced the length of stay and maintained a robust throughput. There have been an increasing proportion of patients admitted from outside CWP patch and out of area secure placements. There has been an increase in patients admitted under the criminal justice sections of the act including restriction orders and transferred prisoners with typical forensic and rehabilitation needs. The patient group spans the age group of 20 to 50, complex co-morbidity of severe mental illness with substance misuse, personality disorder, treatment resistant psychosis, borderline to mild intellectual functioning or cognitive deficits (primary criteria is severe mental illness) and behaviours ranging from challenging behaviours to more serious offending inclusive of sexual offences, arson and manslaughter.

For commissioning purposes, of the 15 beds, 7 are classed as 5 year pathway beds (long stay) and 8 are classed as 2 year pathway beds (short stay). The approximate average length of stay for the 5 year beds is about 5 and half years and, for the 2 year beds, is 1 year. Based on data collection for years 2009 to 2013, there were 49 admissions and 47 discharges, providing an average of 9 to 10 admissions and discharges each per year. This is more than twice the admission and discharge rates in the years between 2001 and 2008. Over the past 6 years, the unit has consistently had 100% occupancy except for brief transitional periods during discharge and admission phases. All patients are detained under the mental health act.

The service operates a single point of access for referrals to secure services with a weekly gatekeeping meeting facilitated by the forensic support service which is attended by clinical representatives from all inpatient units within the clinical service unit. The forensic support service vets the initial referrals and those considered to be appropriate for gatekeeping are discussed within the referrals meeting. Members from the multidisciplinary team are allocated for the assessments including the medical staff. Over the past 5 years, almost all referrals have been found appropriate for admission, thus averaging about 9 to 10 assessments per year as much of the referrals which do not require admission are assessed and managed by the forensic support service.

The team is well established with multidisciplinary professionals

Consultant Psychiatrist (post holder)	0.6 wte
Core Trainee	1.0 wte
Staff Grade	1.0 wte
Clinical Psychologist	1.0 wte
Psychology Assistant	1.0 wte
Band 7 Ward Manager	1.0 wte
Band 6 Clinical Leads / Nurses	2.0 wte
Band 5 Nurses	10
Band 3 Clinical Support Workers	12
Social worker (Saddlebridge / Alderley)	1.0 wte
Band 3 Outreach (Saddlebridge / Alderley)	1.0 wte
Outreach Nurse	1.0 wte
Medical Secretary (Saddlebridge / Alderley)	1.0

## **2. Local working arrangements**

The consultant will be expected to undertake 10 programmed activities per week divided into 7.5 Direct Clinical Care (DCC) and 2.5 Supporting Professional Activities (SPA). In addition they will be expected to contribute to an on-call rota and will receive an additional 1 PA for emergency work. These duties will be negotiated with the Speciality Clinical Director Adult Mental Health Services, East locality but can be expected to include the following initially:

The post holder is expected to provide clinical leadership for the 15 bed adult mental health low secure (Saddlbridge) rehabilitation unit and the 7 step down rehabilitation beds within Maple. The post holder will provide clinical leadership for discussions of referrals to these beds via the single point of access gatekeeping / referral meeting.

In essence, the post holder will mostly provide medical leadership for up to 22 beds along with 1 full time equivalent of a Core / Speciality Trainee (from Northwest Deanery) and FT Staff Grade doctor.

He / she will work as part of the multi-disciplinary team providing assessment and treatment to the cases referred and in developing close working relationships with CMHTs, CCG's and other relevant agencies. He/she will have continuing responsibility for the patients in their charge and will be responsible for holding ward rounds and multi-disciplinary case conferences and developing close links with external agencies to ensure throughput of patients and discharge to appropriate accommodation. Once discharged from the service, patients will continue to receive care from their local CMHT or in other parts of the Trust's rehabilitation services based on their needs. At these points medical responsibility will transfer to consultants within those teams, although liaison and specialist advice may still continue for individual patients. It is expected that Care Co-ordinators will liaise closely with the consultant. The post holder will be expected to maintain their Section 12(2) and Approved Clinician Status and update the trust accordingly.

## **3. Continuing professional development (CPD)**

- There is an expectation that consultants will remain in good standing for CPD with the Royal College of Psychiatrists.
- There are several peer groups meeting in the Trust and externally. The post-holder will be expected to join and contribute to one.
- There is trust support for CPD activities, including study leave arrangements and appropriate funding. In addition the trust offers well regarded in-house CPD opportunities, including quarterly Grand Round Meetings.
- The trust offers a structured programme of support and development for newly appointed consultant medical staff, led by The Director of Medical Workforce (Dr Rachel McLoughlin.) It starts at induction to orientate the doctor to their new role, colleagues and medical manager, to the trust in general and to establish from the outset opportunities and expectations. It provides time and space to consider career progression, research and various other opportunities within the trust.
- A mentoring scheme exists for medical staff in the trust and is available to all doctors, including consultants, for guidance and support for as long as they feel the need for it.

This is actively encouraged for all newly appointed colleagues in their first Consultant post.

#### **4. Clinical leadership and medical management**

- It is expected that clinical leadership should be provided by all doctors, including leading the improvement of the quality of care within the team and contributing to improving quality across the system.
- Participation in business planning for the caregroup and, as appropriate, contribution to the broader strategic and planning work of the Trust.
- The Trust has a strong culture of medical leadership and management, and there are a wide range of opportunities and support available to aspiring and established medical managers to further their skills, experience and responsibilities.

#### **5. Appraisal and job planning**

- All doctors in the Trust are expected to engage with annual appraisal.
- The Director of Medical Workforce and Medical Appraisal and Revalidation Manager provide training to all doctors to clarify the opportunities and expectations from appraisal and to demonstrate the electronic platform used to support medical appraisal and job planning.
- Job planning takes place annually with the doctor's medical manager. Job planning meetings provide a review of objectives from the previous job plan and a mutually agreed set of objectives for the coming year. Individual job plans will be aligned to Trust, Care group, Service Line and personal objectives respectively.
- The Trust's Responsible Officer commits to make Recommendations on revalidation to the GMC in a timely fashion.
- The post-holder will be required to attend the Trust's induction programme.

#### **6. Teaching and training**

- Medical students are placed in the trust and the expectation is that all doctors will support them in learning and having a positive placement. The Medical Education Team collate feedback from students for individually delivered teaching sessions.
- The trust hosts a number of junior doctor placements and encourages Consultants to develop skills and access training relevant to their roles as accredited Clinical Supervisors.
- All doctors are encouraged to gain feedback from multi-professional teaching and training they have delivered and to include it in their annual appraisal portfolios.
- Trust-wide teaching occurs each Wednesday afternoon in Chester. All grades of doctors are encouraged to attend and participate. Additionally, a Grand Round is arranged quarterly, providing both the opportunity for doctors to share knowledge with colleagues and to themselves gain learning and skills.
- The Medical Education Team organise at least one CPD event annually for Educational and Clinical Supervisors and other events are available at neighbouring trusts.
- It is expected that the post-holder will take part in continuing medical education with study leave to support this.
- Dr Geraldine Swift is our Director of Education.

## **7. Research**

- Professor Taj Nathan is the Director of Research and is commencing an extensive programme trust-wide to extend research opportunities so that all medical staff can become involved and access appropriate support.
- The trust has a peripatetic Librarian and her team will access documents/books on request for all staff. In addition the post-holder can use the library facilities at Clatterbridge Hospital.
- The post-holder is encouraged to undertake research and to document involvement as part of the medical appraisal process.
- The trust provides free access to the Royal College of Psychiatrists CPD online.

## **8. Mental Health Act and Responsible Clinician approval**

- The post holder is required to be approved as a Responsible Clinician or be willing to undertake training to obtain Responsible Clinician/Section 12(2) MHA and is required to ensure Approval remains up to date.

## **9. Secretarial support and office facilities**

- The post holder will have access to a dedicated administrative support .
- The consultant's office is at Jocelyn Solly Resource Centre where a PC with internet access is available.
- The post holder will have access to the Trustwide ICT ServiceDesk.

## **10. Training duties**

- Participation in the training of other disciplines.

## **11. Clinical governance and quality improvement**

- Contribution to clinical governance and reflection at appraisal.
- Participation in clinical audit and quality improvement activities and documented reflections on the same in the appraisal portfolio.
- Participation in service/team evaluation and the planning of future service developments.

## **12. 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.

### **13. 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.

### **14. 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.

### **15. Wellbeing**

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 employee assistance 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 employee assistance will be disseminated regularly when in post to ensure the post holder has timely access to the details if help seeking is necessary.

The wellbeing of the post holder will be supported 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.

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

The Trust has several initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include flexible working, flexible retirement, lease vehicle scheme, cycle scheme, retail and restaurant discounts, wellbeing events, mindfulness course and wellbeing walks. The post holder will form part of a consultant peer group who meet regularly.

## **16. On-call and cover arrangements**

- *The post-holder will take part in the locality on-call rota which is a 1:?, low frequency, Category B rota. On-call supplement is paid at 1% or pro-rata.*
- *Trainee support, other out-of-hours services, e.g. crisis teams.*
- *It is the post-holders responsibility to arrange cover for on-call duties during periods of annual leave and to offer reciprocal cover to colleagues.*

## **17. 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

## **18. Leave**

The annual leave year runs from the anniversary of the consultant's appointment.

- The post-holder is entitled to 32 days of annual leave up to 7 years as a consultant and 34 days per year thereafter.
- 30 days study leave over three years.

## **19. Equality AND Diversity**

- To value diversity and promote equality of opportunity ensuring that individuals are treated fairly and respected for their contribution in terms of experience, knowledge and skills.

## **20. Visiting arrangements**

Please contact Dr Sehgal via email [s.sehgal@nhs.net](mailto:s.sehgal@nhs.net)

**19. Draft timetable (FOR FULL TIME POST – AMEND AS REQUIRED)**

Day	Time	Location	Work	Category	No. of PAs
<b>Monday</b>	AM	Saddlebridge	Clinical Work	DCC	1
	PM	Saddlebridge	Referral Meeting (Weekly)/ CPA Meetings	DCC	1
<b>Tuesday</b>	AM	Saddlebridge	Clinical Work	DCC	1
	PM	Saddlebridge	Admin	SPA	1
<b>Wednesday</b>	AM	Saddlebridge	Ward Rounds	DCC	1
	PM	Saddlebridge	Admin	SPA	1
<b>Thursday</b>	AM	Maple	Ward Round	DCC	1
	PM	Maple	Admin	SPA	1
<b>Friday</b>	AM	Saddlebridge	Clinical Work	DCC	1
	PM	Saddlebridge	Academic Meeting	SPA	1
<b>Unpredictable / emergency on-call work</b>			Unscheduled work arising from on-call, cover of colleagues etc	DCC	1
<b>Total PAs</b>	Direct clinical care				8
	Supporting professional activities				3

**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.*

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

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