



BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST																			
JOB DESCRIPTION AND PERSON SPECIFICATION																			
Job Title	Consultant Psychiatrist, General Adult Psychiatry Maple Leaf Community Mental Health Team																		
Directorate	Integrated Community Care and Recovery (ICCR)																		
Royal College of Psychiatrists approval details:	<i>Approval details to be completed by RCPsych</i> RCPsych Ref No: XXXXXXXXX <i>RCPsych to insert Approval Stamp</i>																		
Base address	Maple Leaf CMHT 2 Maple Leaf Drive, Marston Green Birmingham B37 7JB Tel: 0121 301 4950																		
Contract	Full Time (10 PAs) as per Consultant Contract for England 2003 (revised 2018)																		
Accountable professionally to	Roisin Fallon-Williams, CEO through Dr Fabida Aria, Medical Director																		
Accountable operationally to	Dr Sunday Olotu & Liz Thurling, Clinical Directors, Integrated Community Care and Recovery (ICCR)																		
Key working relationships and lines of responsibility	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Trust Chair</td> <td style="width: 50%;">Philip Gayle</td> </tr> <tr> <td>Chief Executive</td> <td>Roisin Fallon-Williams</td> </tr> <tr> <td>Medical Director & Responsible Officer</td> <td>Dr Fabida Aria</td> </tr> <tr> <td>Director of Operations</td> <td>Vanessa Devlin</td> </tr> <tr> <td>Deputy Medical Director – Quality and Safety</td> <td>Dr Sadira Teeluckdharry</td> </tr> <tr> <td>Deputy Medical Director- Medical Workforce, Professional Practice, MHA Legislation and Transformation</td> <td>Dr Imran Waheed</td> </tr> <tr> <td>Associate Director for ICCR</td> <td>Elaine Murray</td> </tr> <tr> <td>Clinical Directors for ICCR & Line Manager</td> <td>Dr Sunday Olotu & Liz Thurling</td> </tr> <tr> <td>Clinical Service Managers</td> <td>Ms Emma Brogan (Solihull), Mrs Cindy Meikle (South, West and ADHD) and Ms Aliya Osmani (North and East)</td> </tr> </table>	Trust Chair	Philip Gayle	Chief Executive	Roisin Fallon-Williams	Medical Director & Responsible Officer	Dr Fabida Aria	Director of Operations	Vanessa Devlin	Deputy Medical Director – Quality and Safety	Dr Sadira Teeluckdharry	Deputy Medical Director- Medical Workforce, Professional Practice, MHA Legislation and Transformation	Dr Imran Waheed	Associate Director for ICCR	Elaine Murray	Clinical Directors for ICCR & Line Manager	Dr Sunday Olotu & Liz Thurling	Clinical Service Managers	Ms Emma Brogan (Solihull), Mrs Cindy Meikle (South, West and ADHD) and Ms Aliya Osmani (North and East)
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1. Job Summary

We are currently working towards the Community Mental Health Transformation as part of the Long Term Plan (NHSE) and there are exciting opportunities available for working across an Integrated Care System with no barriers between primary and secondary care. The developments include clearer pathways for those suffering from Severe and Enduring Mental Illness, those with Eating Disorders and Personality Disorders and those who will benefit from Community Rehabilitation Models. We are working closely with third sector/voluntary sector partners and experts by experience to implement a variety of new roles across various pathways.

It is envisioned that this post will align to these upcoming transformations and the post-holder will have opportunities to input into these service developments and changes as they progress.

As part of setting up the Primary Care Pathways, the Local Implementation Groups have been set up and are supported by the Community Mental Health Transformation Programme Team and the Operational/Clinical Leads. We have our Neighbourhood Mental Health Teams in place.

Currently, referrals into the CMHTs are from GPs (via Single Point of Access) and from other BSMHFT teams such as the Home Treatment Teams, Inpatient Services and Liaison Psychiatry. CMHTs also accept transitions of those 25 years and over from Forward Thinking Birmingham.

It is anticipated that referrals and caseload numbers are likely to reduce as part of the Long-Term Plan's Community Mental Health Transformation work where there will be less of a focus on static caseloads and more focus on partnership working in local neighbourhoods aligned to Primary Care Networks.

2. Introduction

Thank you for expressing an interest in our Trust.

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) provides a comprehensive mental healthcare service for residents of Birmingham and Solihull and to communities in the West Midlands and beyond.

Birmingham is the second largest city in the UK and as a result brings with it a whole range of cultural, social, sporting and leisure opportunities. It is one of the youngest cities in Europe which adds to the vibrancy of the area.

We operate out of more than 50 sites and serve a culturally and socially diverse population of 1.2 million spread over 172 square miles. We have an annual budget of £240 million and a dedicated workforce of over 4,000 staff – making us one of the largest and most complex Mental Health Foundation Trusts in the country. Our catchment population is ethnically diverse and characterised in places by high levels of deprivation, low earnings and unemployment. These factors create a higher requirement for access to health services and a greater need for innovative ways of engaging people from the most affected areas.

This gives us the perfect opportunity to try new ways of engaging, educating and interacting with our population. This additional creativity is essential to enable us to fulfil our ambition to ensure that all members of our population with mental illness access the care and the help that they need at the time that they need it.

We provide a wide range of inpatient, community, and specialist mental health services, including:

- Adult community and inpatient services
- Substance misuse services
- Mental health services for older people
- Services for children and young people
- Specialist and complex care, including perinatal, deaf service, eating disorders and neuropsychiatry
- Offender health, including delivery of healthcare services at HMP Birmingham
- Specialist psychological services
- Services for homeless people
- Liaison Psychiatry service within acute hospitals
- Improving Access to Psychological Therapies (IAPT)

Together, these services include elements of rehabilitation, crisis and home treatment, assertive outreach, early intervention, addictions, day services and mental health wellbeing.

The address of our Trust Corporate Headquarters is:

Birmingham and Solihull Mental Health NHS Foundation Trust
Uffculme Centre, 52 Queensbridge Road, Birmingham, B13 8QY

Tel: 0121 301 1111

Email: bsmhft.commsteam@nhs.net

Website: www.bsmhft.nhs.uk

3. Our Vision and Values

Our Vision

As an organisation, our vision describes what we want to achieve – our aspiration for the future. Our vision is at the heart of everything we do and every decision that we make.

Our vision is simple: ***Improving mental health wellbeing***

We are working in four keyways to achieve this vision which the following themes running through our strategy:

Driving change

Leading the way and encouraging collaboration across systems to develop joined up, integrated mental health services for our population.

Continuous improvement

Continually seeking to question, improve, learn and innovate through our practices, our research and our developments.

Working together

Co-producing our strategies and plans with our people, our partners and our service users, families and carers.

Reducing inequalities

Working in a way that tackles discrimination, addresses stigma, and encourages equality for all.

Our Values

Our values are core to our Trust, are integral to our strategy and who we are. They are promoted through everything we do.



Compassionate

- Supporting recovery for all and maintaining hope for the future
- Being kind to ourselves and others
- Showing empathy for others and appreciating vulnerability in each of us

Inclusive

- Treating people fairly, with dignity and respect
- Challenging all forms of discrimination
- Valuing all voices so we all feel we belong

Committed

- Striving to deliver the best work and keeping service users at the heart
- Taking responsibility for our work and doing what we say we will
- Courage to question to help us learn, improve and grow together

4. Our Operating Structure and Services

The Trust Chair is Philp Gayle and the Chief Executive is Roisin Fallon-Williams. Our Trust Board currently comprises our Chair, six Non-Executive Directors, the Chief Executive and four Executive Directors. The Board has collective responsibility for the direction and performance of the Trust and to ensure that the Trust meets its obligations to the current independent regulator for Foundation Trusts, Monitor.

We work beyond our borders to support our neighbouring trusts as part of the Mental Health Alliance for Excellence, Resilience, Innovation and Training (MERIT). This is made up of the local Trusts in the West Midlands working in partnership to transform the way acute mental health services are provided to service users, patients and their carers across the region.

BSMHFT is a Digital Exemplar trust and as such we have an ambitious programme of improving patient care and efficiency using digital technology and systems. This has already seen tremendous success with digital records and digital prescribing and will be extended further in the future.

Quality is an important focus for our Trust. These innovations help to raise the quality of care our service users and families receive, we are keen to improve the quality of care further in collaboration between service users, clinicians and academics. The aim is to ensure quality is embedded in every aspect of our work.

The Trust has the following Service Directorates:

Integrated Community Care and Recovery (ICCR)

Includes Community Mental Health Teams, Assertive Outreach Teams, Inpatient Rehabilitation Units, Solihull CAMHS SOLAR, Solihull Addictions SIAS, Specialist Psychotherapy Service, Homeless CMHT, Homeless Primary Care and Recovery Near You Wolverhampton

Acute Care and Urgent Care

Acute care includes Crisis and Home Treatment Teams, Acute Adult Inpatient Units and Psychiatric Intensive Care Units;

Urgent care includes Liaison Psychiatry, Street Triage, Place of Safety, Psychiatric Decision Unit

Older People and Specialties

Adult Services - Older Adult CMHTs and OA Inpatient Units and Specialist Services including Neuropsychiatry, Eating Disorders, Perinatal Services and Specialist Mental Health Services for the Deaf

Secure and Offender Services

Includes Community Forensic Teams, FIRST Team and Inpatient Forensic Services

Each of these Directorates is led by an Associate Director and a Clinical Director. The Directorates are further supported by Heads of Service and Clinical Service Managers who work closely with the Team Managers and Clinicians of the relevant teams.

5. Our Academic Links – Undergraduate and Postgraduate Medical Education

BSMHFT has teaching status, and this reflects the close relationship between the Trust and Birmingham University's in all aspects of education, research and development. The Department of Psychiatry of the University of Birmingham is currently located within the National Centre for Mental Health in the Barberry building which itself lies in close proximity to the medical school and main university campus. The current Head of the Department of Psychiatry is Professor Femi Oyeboode. The department is part of a wider Division of Neurosciences at the University.

We are the largest teaching Trust for medical undergraduate psychiatry training with over 450 students enjoying placements with the Trust each year. Students are received from both the University of Birmingham and Aston University Medical Schools. Clinical teaching of psychiatry occurs during the fourth and fifth years and all Consultants are required to participate through the attachment of medical students to their clinical team. We have a thriving teaching community and there are opportunities for Consultants and SAS doctors to teach on lecture programmes and to supervise medical student projects. For those with greater interest and commitment to teaching and research, the department offers honorary status together with Senior Academic Tutor posts, which carry additional responsibility for training of medical students.

The Trust also delivers high quality post-graduate training at foundation, core, and higher specialist training levels. The Associate Medical Director for Medical Education is Dr Ruth Scally who leads a dynamic postgraduate medical education department. Consultants are expected to promote a supportive training atmosphere through supervision of individual trainees, contribution to local teaching and training programmes and assist in clinical exams. Creativity and innovation in teaching is encouraged with an emphasis on simulation and the use of digital technology. Mentoring and training will be offered to consultants who wish to pursue an interest in medical education

All trainee doctors receive one hour of education supervision time per week, over and above day to day clinical supervision.

There is a weekly postgraduate programme of case conferences, journal clubs and audit meetings which the post holder is expected to participate in.

In addition to our educational links with Birmingham and Aston, we have a strong partnership with the University of Warwick Medical School primarily through Associate Clinical Professor Vivek Furtado, in Forensic Psychiatry. The School of Mental Health and Wellbeing at the university offers a unique combination of experts in psychiatry, public health, cardiovascular health, psychology, social sciences and community paediatrics. Their research activities include epidemiology, trials of complex interventions at individual, family and community levels, and understanding socio-cultural and environmental determinants of mental health and wellbeing. For forensic psychiatry, Associate Professor Furtado leads on research spanning forensic psychiatry, long term care in forensic psychiatry, old age psychiatry, prison psychiatry, old age forensic psychiatry, systematic reviews and health economics.

6. Research and Innovation

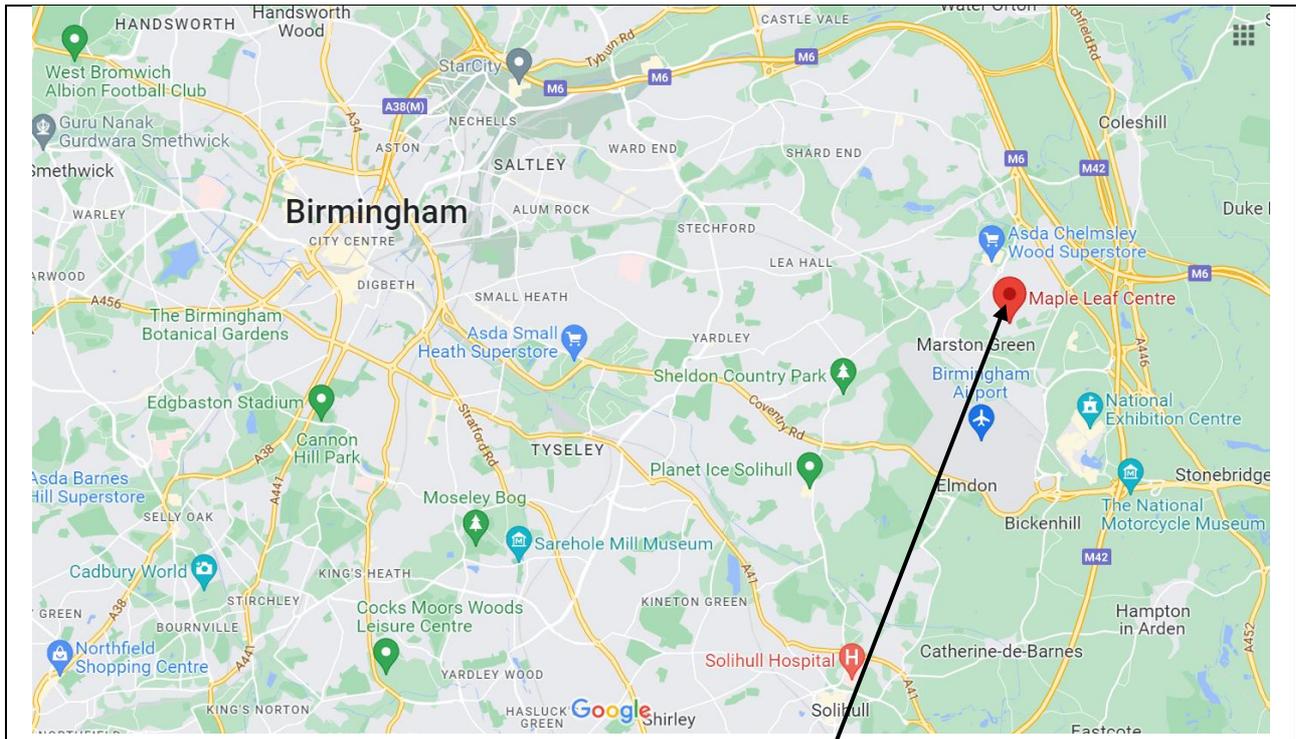
The Trust has an approved Research and Development (R&D) strategy, which aims to make BSMHFT one of the most research active mental health trusts in the UK and internationally, while also aiming to ensure that our service users benefit from this locally. The Trust is an active participant in local and national Clinical Research Networks (LCRN). A number of academic psychiatrists employed by the University undertake clinical activities within BSMHFT and some BSMHFT staff have honorary positions with the University in research or teaching roles.

We see the expansion of our research capacity, capability and activity as key to ensure service users and families receive the very best care. We want our clinicians to operate at the cutting edge of research and innovation, to ensure that we provide the highest quality services to our patients. We believe that this will enable us to recruit and retain the highest calibre of healthcare professionals which will bring about the best outcomes for our population.

We will support post holders to be involved in research and innovation at the Trust by ensuring that they are up to date with the creation of the latest evidence base. This may be either as part of supporting professional activities, via internal and external applications for research and innovation funding to enable backfill and/or more formally through negotiation with their Clinical Director to ensure that research and innovation activities are part of the job plan. Consultants involved in supporting recruitment to National Institute for Health Research (NIHR) Clinical Trials Portfolio are also able to bid to the Trusts annual R&I Investment fund for backfill and/or Research Assistant resource.

7. The Service, Demographics and Caseload numbers

Location of base : Maple Leaf CMHT, The Maple Leaf Centre, 2 Maple Leaf Drive, Marston Green, Birmingham, B37 7JB



Maple Leaf CMHT is one of two CMHTs in the Solihull Community Hub and looks after adults over the age of 25 years. The other CMHT is Lyndon.

As part of the Long Term Plan, it will be part of the innovative development of Local Neighbourhood Primary Care MDTs. The Solihull Community Hub CMHTs are supported by the Solihull Home Treatment Team who support with mental health crisis, gatekeeping of admissions and step down from inpatient units. There is a Solihull Assertive Outreach Team that is part of the Solihull Community Hub. There are also other specialist services includes Solihull Early Intervention Services, SOLAR (Solihull CAMHS) and Solihull Addictions Service (SIAS).

The Solihull Community Hub has a medical workforce configuration of 4.0 WTE Consultant Psychiatrists, 3.5 WTE SAS/Middle Grade/Associate Specialist Psychiatrists, Advanced Nurse Practitioners and junior doctors.

Population Needs / Demographics

For this post, the estimated weighted population is in the range of 40,000 to 45,000 (age range 18 to 65 year olds).

This GP Population and weighted population data will be reviewed as part of the Long Term Plan's Community Mental Health Transformation with alignment the Primary Care Networks as part of Local Neighbourhood working.

For this, the caseload will be aligned to the medical workforce as per streams of cohesivity as follows:

- 250 to 300 patients with high needs/complex patients directly managed by the Consultant
- 300 to 350 patients with moderate needs managed by SAS/Middle Grade doctor
- Up to 200 patients with lower acuity/less complex needs managed by the Advanced Nurse Practitioner within the team with an aim to step down to Primary Care

Patients appropriate for the Primary Care MDT – to be managed in partnership with the CMHT, Primary Care, voluntary and third sector – will be managed via the Primary Care MDT (see Job

Plan/Timetable for these sessions) and with the support of a Primary Care Link Worker and the voluntary sector.

Caseload numbers

For the last year, for Maple Leaf CMHT:

- the referrals were 1004 (where 535 were New Referrals and 469 were Re-Referrals to the team)
- of which 588 patients were taken on into the caseload
- 1026 patients were discharged.
- The combined caseload for 2 Consultant Psychiatrists, 1.5 WTE Speciality Doctors and ANPs was 1492 (out of a total caseload of 3737 overall for the Solihull Community hub - comprising Maple Leaf CMHT and Lyndon Clinic CMHT)

It is anticipated that this number will reduce as part of the Long-Term Plan Community Mental Health Transformation work where there will be less of a focus on static caseloads and more focus on partnership working across Primary care, Secondary Care, the local authority and the voluntary sector in local neighbourhoods aligned to Primary Care Networks.

As part of the Community Mental Health Transformation (NHS England's Long Term Plan), the Primary Care Mental Health Teams have been set up, including in Solihull and supporting the Lyndon Clinic CMHT. As this team is growing, they have been supporting in triage of referrals that would have ordinarily gone to CMHT and also assisting in step down of CMHT patients back to Primary care. This model has been successfully tested out at other BSMHFT CMHTs and it is anticipated that in the upcoming 12 months there will be a reduction in the CMHT Caseloads with closer, more integrated working with the Primary Care Mental Health Team.

8. The Post

Consultant Psychiatrist in General Adult Psychiatry, Maple Leaf CMHT, The Maple Leaf Centre

This is a replacement post.

Responsibilities of the post will include assessing new referrals from GPs and other referrers, including transfers from Home Treatment teams and internal transfers from other teams within the Trust, making an appropriate diagnosis, formulating management plans in the short term and long term. The CMHT works very much in a multi-disciplinary way. Doctors work closely with the other members of the CMHT (Junior doctors, Specialist trainees, Advanced Nurse Practitioners (ANPs), an excellent group of CPNs, OTs, psychologists and psychotherapists with various approaches, physical health practitioners, and dietician).

Within the CMHT, the responsibility for assessments and follow ups is divided between the Consultant, the Specialty Doctors, ANPs (Advanced Nurse Practitioner who carry their own caseload and run their own clinics) and Junior doctors.

At least 50% of working time should be dedicated to face-to-face contact with patients and it anticipated that there shall be at least 32 such contacts per week (with a new assessment generally counting as 2 contacts). There are some patients who may require home visits, and sufficient time will be allocated for such visits in the Job Plan.

Since the Covid-19 pandemic, some appointments are now conducted via the telephone or via video call and it is anticipated that these modes of consultation will continue to be available for use by the CMHT for patients for whom this is clinically appropriate.

9. Role of post in terms of strategic service development and business planning

There is a strong Clinical Governance framework including service and overall programme committees, which report to the Trust CGC. Doctors are expected to regularly attend their local CGC and audit meetings and to supervise and participate in clinical audit usually with colleagues. There is a programme Clinical Governance Facilitator who supports governance activities.

Doctors are also expected to participate in Quality Improvement activities and can access Quality Improvement training if required.

Active involvement in National audits (eg. related to Physical health, POMH audits) and CQC inspection and action plans is expected of the Consultant.

CMHTs have a monthly Clinical Governance Meeting which is chaired by the Clinical Director for CMHTs and any outputs from this meeting report directly into the Trust Clinical Governance Committee. All clinicians and Team Managers, including the post-holder, are welcome to attend the CMHT CGC as part of their engagement in Quality and Safety processes and can raise any concerns at this meeting for inclusion on the CMHT Risk Register where follow up actions are reviewed and updated. Serious Incidents related to CMHTs are also discussed at the CMHT CGC and this a good opportunity for discussions around learning lessons to improve future Quality and Safety of clinical care.

Local CMHTs and MDTs have local Business meetings where they can discuss any information or issues that were disseminated from the CMHT CGC.

The post-holder will be expected to proactively support the requirements of Clinical Governance and to have responsibility both individually and with colleagues for the general management of the service. This will include dealing with complaints, identifying and reporting critical untoward incidents, fostering clinically effective and evidence-based interventions and good quality care to patients.

10. Duties & Responsibilities

1. Provide expert assessments for patients with mental health difficulties referred by General Practitioners from the designated catchment area or transferred from other services within the Trust e.g., Home treatment, RAID (psychiatric liaison services in Accident and Emergency departments) and formulate care plans informed by best evidence-based practice.
2. Develop risk assessment and management plans in conjunction with the Multidisciplinary team, service user, carers and other involved agencies and facilitate maximum empowerment of the service user and carer in developing informed choice of treatment interventions.
3. Be the Responsible Clinician and be willing to undertake training to obtain section 12(2) MHA and renew this approval according to agreed procedures. Undertake assessments to include Mental Health Act assessments where appropriate.
4. Provide Approved Clinician responsibility for the relevant patients.

5. Complete all documentation following each clinical contact using our electronic notes system (RIO) in a timely manner. The Trust policy requires input of all notes within a maximum 3 days, although normally clinicians aim to input notes on the same or the next day.
6. Proactively liaise with other mental health teams and primary care to ensure continuity of care and appropriate information sharing.
7. Contribute to the development of modern Community Mental Health Services, by actively contributing to continuing service improvements, in line with the Long Term Plan (NHS England), the Community Mental Health Transformation (NHS England) and the Trust's Clinical Strategy (2021).
8. Provide clinical leadership to the CMHT in delivering responsive, effective and inclusive mental health community services to the designated catchment area and associated Primary Care Networks/Local Neighbourhood as per the Long Term Plan (NHS England).
9. Develop and oversee the implementation of care planning through the MDT.
10. Provide evidence-based bio-psychosocial interventions to promote recovery and social inclusion, including integrative working with external agencies to ensure community engagement.
11. Promote equality of access to Community Services, ensuring services are provided in a culturally sensitive manner
12. Responsible for the prescription of appropriate treatments, including drug treatments.
13. Liaise closely with other functional teams and Trust services, as well as with General Practitioners within the locality to ensure provision of consistent and appropriate treatment services.
14. Maintain links, as appropriate, with the various statutory and non-statutory services involved in the care of individuals under your care.
15. Regularly attend (at least twice per month) the local PCNs' Primary Care MDT with other provider partners in the wider Integrated Care system as part of the Local Neighbourhood working with PCNs and the voluntary sector as per the Long Term Plan and Community Mental Health Transformation (NHS England).
16. Actively contribute to the clinical governance programme in the local hub / team and to the CMHTs' overall clinical governance agenda as well as to the programme's audit, research and Quality Improvement priorities.
17. Involvement in the teaching of junior doctors and medical students. To take part in the Directorate academic programme. The post-holder may also be asked to participate in the teaching of non-medical staff.
18. Provide clinical supervision of medical trainees within the team.
19. Participation in management duties including membership of committees, assigned duties and responsibilities.
20. Contribute to the Consultant on call rota.

21. Provide reciprocal cover for annual, study and sick leave of colleagues.

22. Remain registered for CPD and maintain up to date knowledge and expertise.

11. Job Plan and Timetable

An indicative job plan:

7.5 PAs Direct Clinical Care (DCC)

2.5 PAs Supporting Professional Activities (SPA)

Job plans are developed and agreed jointly with the clinical lead and are reviewed regularly or as the need arises.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	SPA Consultant CPD / Peer Group Meetings Research / Audit / Academic Monthly Forums: CMHT & Consultants' meeting	DCC Clinic New patients and follow up clinic	0.5 SPA PGME presentations 0.5 DCC Supervision of trainees / SAS Teaching – medical students / trainees	DCC Primary Care MDT Primary Care Liaison Primary Care reviews	DCC Home visits CTO Tribunals CTO Renewals CTO CTTs
PM	DCC Follow up clinic including HTT follow up and liaison	SPA Service development Specialist interest session Monthly: Medical Advisory Committee (MAC) CMHT CGC	DCC MDT meeting Clinical admin	DCC Duty cover Urgent reviews	DCC Clinical admin Telephone calls

Job plans are recorded electronically and will be reviewed annually or if there are any significant changes. Workload will be adjusted during job plan reviews. The job plan takes into account of travel time between sites.

SPAs provide ring-fenced time for supervision, CPD, audit and non-clinical admin.

12. On Call arrangements

The post-holder will be expected to take part in an on-call rota (currently 1 in 23) which attracts an on-call supplement of 3% (Category A). The rota is a three tier system with junior doctors in tier one and middle grade/SpR in tier two and consultants in tier three. The consultants cover liaison psychiatry at the accident and Emergency department(s), inpatient units and community adult services.

13. Support to the post holder and for the role

We know that moving to a new trust or a new role can be stressful and difficult. We will provide support to make this as easy as possible.

We offer a new consultant CPD programme which runs alongside the standard consultant CPD programme. This helps to ensure that new consultants receive support from their peers, but also helps to ensure that the trust can learn as much as possible from the new vision and perspective that new additions to the trust can offer. We offer additional induction to support with early tasks such as appraisal, job planning and consultant on-calls. We support the West Midlands RCPsych Mentorship scheme and encourage all new doctors to identify a mentor to support with transitional steps. All new consultants are met by the Medical Director and Deputy Medical Director shortly after commencing the post to help identify career ambitions and any additional training/support offer that may be helpful. As a trust we want all staff members to reach their full potential, and we want to support with every step of your development. We recognise challenges post Covid-19 pandemic and hope that our well-established wellbeing offer is able to support during difficult times. We want the best for our local population and to achieve this we strive to do the best for our staff.

There will also be Regular Management Supervision by the line manager.

Support from medical and non-medical colleagues:

The postholder will be supported by the local team (including a Team Manager, Clinical Service Manager, Clinical Director/Clinical Lead) in the active monitoring of caseload changes through Caseload Management introduced as part of Integrated Community Services' Quality Improvement.

Within the community function a 'twinning' arrangement is operated. At Maple Leaf (previously Newington) there are two Consultant Psychiatry posts that are 'twinned', with support of 1.5 WTE Speciality Doctors and ANPs in the Team

The medical workforce configuration of the Solihull CMHTs is 4.0 WTE Consultant Psychiatrists, 3.5 WTE SAS/Middle Grade/Associate Specialist Psychiatrists and junior medical trainees as per the allocation process overseen by the PGME, Associate Medical Director for Medical Education and the relevant Clinical Tutors.

Higher Specialist Trainees are allocated once the Consultant is an approved Higher Specialist Trainer.

The Consultant posts are also supported by Advanced Nurse Practitioners.

Secretarial and admin support:

The Consultant will have access to a medical secretary and team administrative support.

Office Arrangements and access to IT equipment:

The administrative base will be well-equipped and the Consultant will have office accommodation, single or shared, depending on location. A personal computer will also be provided

In addition, support for remote working will be provided with laptop connected to Rio and other Trust systems, along with a mobile phone, according to the requirements of the post. This can support flexible working and efficient on call work where applicable.

14. Continuing Professional Development (CPD)

The post-holder will be expected to be registered with the Royal College of Psychiatrists and to remain in Good Standing for Continuing Professional Development. The post holder will attend the Trust's monthly consultant CPD meeting and weekly postgraduate medical education programme. Time and resources will be made available for the post holder to effectively participate in CPD activities. The post holder will have access to a local CPD peer group.

Study Leave:

Consultants are entitled to 10 days of study leave per year with pay and expenses (for UK based events), in accordance with the study leave policy that requires appropriate cover to be arranged and an application form to be completed detailing the objective of the study leave, its connection to the applicant's PDP and the benefits of the leave to the applicant and the service area.

CESR Programme:

The Trust has a great CESR programme and has committed to the SAS Charter to help doctors progress in their career and gain Specialist Registration. SAS doctors are supported by the Trust SAS Lead and are encouraged to gain Approved Clinician status. A number of SAS doctors have been supported to obtain Consultant posts within the Trust.

15. Appraisal and Revalidation

The post-holder will be required to participate in annual appraisal. This will be undertaken by a trained appraiser and provides a supportive framework to ensure all Consultants have a personal development plan which supports their CPD activities. In addition, participation in multi-source feedback/360 appraisal is required as part of the GMC revalidation process.

16. General Terms and Conditions

Employer

The post-holder will be employed by Birmingham and Solihull Mental Health NHS Trust.

Remuneration

The salary will be in accordance with the Terms and Conditions – Consultants (England 2003). The salary scale from 1 April 2024 is £99,532 per annum to £131,964 per annum, based on a full time contract of 10 programmed activities (PAs) per week. The salary on commencement will depend on a Consultant's seniority.

The on-call supplement for the post has been agreed as 3% of the basic salary (Category A).

Progression through the thresholds will be dependent upon satisfactory performance, as assessed through the job planning and appraisal mechanisms.

The candidate will be eligible for Clinical Excellence Awards as per national and Trust procedures.

Relocation expenses may be reimbursed subject to eligibility. The policy provides for reimbursement up to £8,000.

Annual Leave

The post-holder will be entitled to the annual leave provision outlined in the Terms and Conditions – Consultants (England 2003) with additional leave approved at Trust level. Entitlements are:

33 days per annum rising to 35 days after 7 complete years of service.

Requests for annual leave should be submitted to the Clinical Director for authorisation. Adequate cover arrangements are the responsibility of the post-holder and should be in place prior to leave being taken.

In addition there is an entitlement to 8 public/statutory holidays as follows:

New Year's Day
Good Friday
Easter Monday
May Day
Spring Bank Holiday
August Bank Holiday
Christmas Day
Boxing Day

Cover for Colleagues

The post-holder will be expected to provide reciprocal cover for colleagues during annual, study and short-term sick leave.

Health Clearance

The successful applicant will be required to complete a health questionnaire and obtain clearance from the Occupational Health Department as a condition of employment.

Health and Wellbeing

All staff have access to a range of initiatives across the Trust. See Appendix 2 for full information.

Health and Safety

Staff must ensure that they are familiar with the requirements of the Health and Safety at Work Act (1974), the Trust's Health & Safety policies/codes of practice or regulations applicable to the workplace.

No Smoking

This Trust acknowledges its responsibility to provide a safe, smoke free environment, and to ensure that it makes provision for its employees, service users and visitors. The Trust therefore actively discourages smoking on Trust property.

SAS Charter

BSMHFT has fully signed up to the SAS Charter, a process developed by the British Medical Association for Specialist, Associate and Specialty Doctors, in relation to pay, working conditions and career development.

Rehabilitation of Offenders Act

Because of the nature of the work of this post, it is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exempt Order 1975). Applicants are therefore not entitled to withhold information about convictions, including those which are 'spent' under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in disciplinary action including dismissal being taken by the Trust. Any information provided will be treated with confidence.

Confidentiality

It is a condition of employment that staff will not disclose any information obtained in the course of their duties other than to those entitled to receive it. The postholder must ensure that the confidentiality of personal data remains secure and the terms of the Data Protection Act are met in respect of information held on the Trust's computerised systems.

Equal Opportunities

The Trust is committed to equality of opportunity. Equal opportunities is an important part of the human resource function and all staff are required to ensure that all policies and practices are in accordance with current legislation, good practice and the NHS Executive's Planning & Priorities Guidance 1996/7.

17. Contact details for further Information

For further information or to make arrangements to visit the Trust, please contact:

Dr Sunday Olotu
Clinical Director for ICCR Community Mental Health Teams
Email: Sunday.Olotu@nhs.net

Appendix 1 - PERSON SPECIFICATION:		
Consultant Psychiatrist, General Adult Psychiatry, Maple Leaf CMHT		
	Essential	Desirable
QUALIFICATIONS	<ul style="list-style-type: none"> • Full GMC registration with a licence to practice • Approved under Section 12(2) of the Mental Health Act (1983) • MRCPsych or equivalent 	<ul style="list-style-type: none"> • Additional qualification or higher degree in medical education, clinical research or another relevant field
TRAINING	<ul style="list-style-type: none"> • Obtained inclusion on the Specialist Register; or within six months of the award of a Certificate of Completion of Specialist Training (CCST) in General Adult Psychiatry; or eligible for inclusion on the Specialist Register • Commitment to personal programme of Continuing Professional Development. 	<ul style="list-style-type: none"> • Broad clinical training including both inpatient and community service
EXPERIENCE	<ul style="list-style-type: none"> • Substantial experience of psychiatry, including working with people suffering from severe mental illness, preferably in a community setting • Experience of providing psychological and/or social interventions • Experience of teaching and training at an undergraduate/postgraduate level 	<ul style="list-style-type: none"> • Experience serving a multi-cultural, multi-ethnic population. • Experience of stakeholder engagement in service delivery • Experience of contributing to or completion of a service improvement project
RESEARCH & AUDIT	<ul style="list-style-type: none"> • Commitment to clinical audit within multi-disciplinary team. 	<ul style="list-style-type: none"> • Completed clinically relevant audit projects
PERSONAL SKILLS	<ul style="list-style-type: none"> • Evidence of potential for effective leadership. • Excellent communication skills. • Ability to work creatively within multi-disciplinary team. 	
OTHER	<ul style="list-style-type: none"> • Demonstrable interest in the provision of gender sensitive mental health service • Willingness to be involved in management of service. 	
PERSONAL CIRCUMSTANCES	<ul style="list-style-type: none"> • Able to participate in Consultant on-call rota. • Able to travel 	

Appendix 2 – HEALTH AND WELL-BEING OFFER

Health and well-being support is available to all BSMHFT staff in a variety of forums and formats. We have a specific calendar of activities taking place throughout the year and toolkits available to support managers and staff. Further information on services available are provided below:

PAM Occupational Health support

People Asset Management Ltd (PAM) is our provider of occupational health and wellbeing services. They offer a number of services to help us take care of our physical and mental health. Referrals can either be made through your line manager or through self-referral.

Employee Assistance Programme (EAP) ‘PAM Assist’

A free, 24/7 confidential service, created to help you access guidance and support when you need it. Support is available via telephone, online, app or face to face, in a variety of areas, including:

Personal Life	Health	Growing Older
<ul style="list-style-type: none"> • Buying a new Home • Getting Married • Raising Children • Family Friction • Bereavement • Pregnancy • Addictions • Infertility • Miscarriage • Parents at Home • Abuse • Anxiety • Discrimination • Legal Problems • Housing • Neighbours 	<ul style="list-style-type: none"> • Health Advice • Health Terminal Illness • Drug / Alcohol Abuse • Long term illness • Accident & Injury • Post natal depression • Nurse Helpline 	<ul style="list-style-type: none"> • Retirement planning • Life after work activities • Early retirement • Relationships • Keeping healthy • Estate Planning • Loneliness
	At Work	Money Management
	<ul style="list-style-type: none"> • Employment disputes • Starting a new job • Returning to work • Redundancy • Dealing with Conflict • Flexible working rights • Mediation 	<ul style="list-style-type: none"> • Debt management • Budgeting • Reduced income • Identity theft • Credit cards • Interest rates and finance • Court proceedings

Physiotherapy

Whether your injury or discomfort has been caused by work or not, our occupational health provider (PAM) provide a comprehensive service and interventions to help you recover. Telephone advice and initial assessment is completed through the Physio Health Information Line which is PAM’s physiotherapy service

Workstation Assessments

PAM (our Occupational Health Provider) offer Ergonomic Workstation Assessments as part of their wellbeing service. An Ergonomic assessment are for staff with more complex issues or diagnosed conditions and are completed by specialist staff either from PAM or Posturite.

Staff physical spaces : Take a moment rooms

These rooms give colleagues a safe space to unwind, relax and take time out. We currently have four sites within the Trust with this provision at Juniper, Ardenleigh, Reaside and Rookery Gardens.

Compassionate Mind Training Sessions

Training to help us understand how our brains can lead us to feeling a sense of threat, which can make us very self-critical. Through learning to understand our bodies and minds and developing ways to bring compassion to our experiences, we can be better equipped to deal with life's difficulties.

Post incident support toolkit

Provides various support mechanisms and resources for staff or managers following and incident including how to access ongoing/longer term support and for staff who are required to give evidence in court or legal processes. Includes peer groups, Balint Groups and access to Mentoring and Coaching.

Needle Stick Helpline

We have a dedicate helpline available 24/7 for staff if they sustain a needle stick injury.

Menopause toolkit

As part of the Trust's wellbeing strategy a toolkit has been developed to support women and help managers to have conversations with staff about any support they need and to create an open and inclusive culture.

Financial wellbeing

As a valued NHS colleague you have access to a range of discounts and offers via a Blue Light Card and Vivup. In addition, whether you drive, take the bus or cycle, we have schemes and discounts available to support you in getting around.

Vaccination clinics

Flu and Covid-19 vaccination clinics provided to staff covering the majority of our Trust sites in line with the national calendar of vaccinations.

Caring Minds

Caring Minds is our Trust charity and raises funds to provide resources to enhance our wellbeing

Recovery College

Open to all staff, service users, families and carers. Provides a range of courses including *Beginning Mindfulness, Caring in a Crisis and Five Ways to Wellbeing.*

Staff Wellbeing Courses

Developed by our Learning and Development team to include *Mind Managing Mental Health Awareness at Work and Psychological First Aid*