

## Job description and person specification

Post and specialty:	<b>Consultant Psychiatrist – Single point of access and Urgent Care Team</b>
Base:	Clock View Hospital, 2a Oakhouse, Liverpool, L9 1EP
Contract:	Number of programmed activities: 10 + 1
Accountable professionally to:	Deputy Medical Director for Workforce : Kuben Naidoo
Accountable operationally to:	Clinical Director Liverpool: Anna Richman
Key working relationships and lines of responsibility:	<p>Line Manager : Mark Barsoum</p> <p>Locality Manager : Denise Williams</p> <p>Deputy Chief Operating Officer Liverpool: Lynn Hughes</p> <p>Clinical Director Liverpool: Anna Richman</p> <p>Chief Operating Officer for Local Services: Donna Robinson</p> <p>Responsible Officer : Noir Thomas</p> <p>Deputy Medical Director Workforce: Kuben Naidoo</p> <p>Deputy Medical Director of Operations : Noir Thomas</p> <p>Medical Director : Noir Thomas</p> <p>Chief Executive : Joe Rafferty</p>
Contact details:	<p>Deputy Clinical Director : Mark Barsoum</p> <p>Clinical Director: Anna Richman</p> <p><b>Via</b></p> <p><b>0151 4730303</b></p>

## **Introduction - Who we are**

Mersey Care Foundation Trust provides specialist mental health services in North West England and beyond. We are passionate about mental health and wellbeing and delivering the best possible services for the people we serve.

Our vision is to become the leading organisation in the provision of mental health care, addiction services and learning disability care. Quality, recovery and wellbeing will be at the heart of everything that we do.

## **Our vision, values and aims**

Care has always been at the heart of everything we do. But our ambition now is to deliver Perfect Care and become a leading organization in mental health, addiction and learning disabilities.

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

## **What we stand for**

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

**Our Purpose** - to see the person, meet the need and challenge the stigma.

**Our Vision** - to be recognised as the leading organisation in the provision of mental health care, addiction services and learning disability care.

**Our Strategy** - Our four pronged strategy has one simple goal: to realise our vision to be the leading provider in our field with quality, recovery and wellbeing at the heart of everything we do –

- Perfect Care - to continuously improve the quality and productivity of our services;
- Better services - to ensure our services meet people's needs effectively, help people recover and are financially viable in the future;
- Partnerships - to develop partnerships that deliver improvements in quality, or enhance recovery and wellbeing for people with mental health needs;
- Our organisation - to become a highly effective organisation with empowered service users, fully engaged staff and good governance.

An important part of delivering Perfect Care is providing our services in buildings with facilities that are comfortable, modern and support people towards recovery. Mersey Care's ambitious five year estates plan means that by 2020 everyone who uses our services will be cared for in new or refurbished buildings; people who need to be admitted will stay in a single bedroom with an ensuite bathroom.

Clock View Hospital our new state of the art £25million acute mental health inpatient facility opened in 2015 and plans are underway for a second unit to replace inpatient units in central Liverpool and Southport , with similarly modern buildings.

## **Trust Details**

Our **Local Services Division** provides specialist inpatient and community Mental Health, Learning Disabilities, Addiction management and acquired Brain Injury services for the people of Liverpool, Sefton and Kirkby, Merseyside.

Our **Secure Services Division** provides secure mental health services for the North West of England, the West Midlands and Wales. We are one of only three trusts in the country that provide these services.

Our **Specialist Learning Disability Division** provides secure Learning Disability services across Lancashire, Greater Manchester, Cheshire and Merseyside. This is currently delivered from the former Calderstones NHS Trust site in Whalley Lancashire.

All three clinical divisions are supported by our **Corporate Services Division** based at our offices in Prescot, Merseyside.

### **During 2018/19, Mersey Care:**

- provided care, treatment and support to 20,621 service users from May 2017 to March 2019 (20,387 in local services and 240 in secure services)
- across over 36 sites both of its own and premises rented from others
- had 760 inpatient beds as at 31 March 2018
- had 351,306 outpatient attendances and contacts

. (Statistics based on audited figures for 2018/19)

- 2020 is an exciting and challenging year for Mersey Care NHS FT. We are four years through a five year programme of organisational and service transformation in order to improve the quality of the care that we provide and safely reduce our costs, so that we can continue to invest in meeting considerably in new buildings and technology, and very importantly, support our frontline staff to continue to improve the service they provide.
- On 1<sup>st</sup> April 2018 the Trust acquired Liverpool Community Health services following a tender process with a plan to deliver a truly integrated Bio-Psycho-Social community health service in Liverpool and South Sefton.

## **Local division details**

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

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

There is an adult Single Point of Access (SPA) Team with its own dedicated Consultant (this post) and multi-disciplinary team, which triages all referrals into the service. Only those referrals deemed appropriate for CMHT input following assessment are passed on to the adult CMHTs

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

The following additional services and teams are available within the Local Division:

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

## **Service Details**

The Trust is seeking a consultant psychiatrist to join Single point of Access team at Clock View Hospital. The vacancy has arisen with service expansion and new model of working as part of the 24/7 Mental Health Service.

### **Structure of the 24/7 Mental Health Service:**

The 24/7 model comprises of 4 key components to ensure that service users, carers and referrers receive an efficient and timely response when accessing mental health services or seeking advice, support or signposting to appropriate services to support mental health needs. The key components are:

- 1) 24/7 self referral mental health support line for service users or carers. Currently the service is taking between 2000-2500 calls per month.
- 2) Single point of access for GP's, Emergency Services, NHS 111, Social Workers or key stakeholders including triage referrals away from A&E in accessing specialist mental health assessment and treatment. Currently receiving approximately 700-800 referrals per month across Liverpool, Sefton and Kirby.
- 3) S136 and S135 management outside A&E settings. **This is managed medical by on-call Consultant.**
- 4) Crisis Resolution and Home Treatment support (includes gatekeeping all admission requests) as an alternative to hospital admission.

The post holder would NOT carry responsibility for S136 /S135 management, CRHT, but may be required to give advice to practitioners on the 24/7 mental health support line, **during working hours. This may include advice on risk management, medical advice, signposting and urgency of assessment.**

### **Single Point of Access model and structure:**

- Act as the single point of access into all secondary adult mental health services, 24/7, 7 days a week.
- Work to agreed thresholds for entry into secondary adult mental health services across MCFT

- Robustly triage all calls and referrals, ensuring that patients are only referred onto secondary mental health services, where there is an assessed need for that service
- Adhere to clear timeframes for assessment of accepted referrals, working to the agreed referral deadlines of emergency (4 hour), very urgent (24 hour), urgent (72 hour) or routine (4 week) assessment. The response times are part of the model. It is managed through the team managers and agreed at the triage meetings re: new referrals. It is a team response and the consultant is part of a team but not directly responsible for managing this response.
- Signpost/direct referrals to other appropriate services and to work with partner organisations in doing this.
- Aim to reduce DNA rates for both initial and follow up appointments
- Work to reduce waiting times from referral to assessment
- Of the 700-800 referrals per month, approximately 50% are triaged to more appropriate services for assessment/intervention including back to referrer with advice and guidance. Urgent referrals are managed on the day by the senior practitioner in triage and the remaining are booked into routine referral slots.
- There are about 80-100 assessments over a 7 day week. All by mental health practitioners unless a medic is indicated as more appropriate. Currently there has been less than one MHA assessment referral per week.

Single Point of Access will signpost but is not a referral point of contact for the following:

- Drug and Alcohol Services
- IAPT Services
- Life Rooms
- ADHD, Learning Disability, Asperger's
- Eating Disorders
- Complex Care (all dementia and functional 70+)
- Perinatal
- CAMHS

The post holder will carry no responsibility for inpatients.

**Team Structure of the 24/7 Mental Health Service (EXCLUDING CRHT) (For points 1-3 above) PROPOSED STRUCTURE RECRUITING INTO TO START APRIL 2021**

- 1 whole time equivalent (WTE) consultant psychiatrist (this post)
- 1WTE SAS Doctor
- Trainee could be allocated once substantive Consultant in post
- 1 Band 8 – Operational manager
- 1 Band 7 team manager
- 5 x Band 7 Clinical Leads / Advanced Practitioner
- 31 x Band 6 Practitioners
- 6 x Band 5 Practitioners
- 5 x Support Workers
- 0.5 WTE dedicated medical secretary, Band 4 and a full time band 3
- Access to Health and Wellbeing Clinic.

While primarily responsible for delivering a quality clinical service, the consultant is also expected to be actively involved in the strategic development of the team as part of wider community mental health services of the Local Division.

While primarily responsible for delivering a quality clinical service, the consultant psychiatrist is also expected to be actively involved in taking a strategic lead in on-going developments and support the Trust's strategic aims of delivering "Perfect Care".

The post holder will be included in the on-call rota for Liverpool. This is a rolling and involves daytime cover. The rota is presently 1 in 15.

The Trust is committed to the provision of effective seven day care and endorses the Royal College of Psychiatrists support of the Academy of Royal Medical Colleges paper Seven Day Consultant Present Care and the Government's stance on this issue. There is a 1% supplement available for the on call banding.

a. Clinical

1. Consultant psychiatrist responsibility for their caseload
2. To supervise and support team members who carry out assessments of patients referred to the team.
3. To carry out comprehensive psychiatric assessments and provide treatment for patients.
4. Supporting staff to manage psychiatric emergencies
5. To conduct patient reviews and lead Multidisciplinary reviews, CPA reviews and multi-professional meetings
6. To be the responsible clinician for the purposes of the Mental Health Act 1983 (amended 2007) and carry out duties in accordance to the code of practice.
7. To carry out comprehensive Risk Assessments and participate in Trust's risk management processes such as Health Risk Assessment and Management Meetings (H-RAMM) and Multi Agency Public Protection Arrangement (MAPPA) Meetings
8. To provide medical leadership to the team.

b. Liaison

1. Maintain high level of effective communication with other parts of the Mental health service across the Trust
2. Liaison with families / carers
3. Liaison with aspects of the Criminal Justice System regarding patients.
4. Liaising with other stakeholders and interested parties.
5. The post holder will be expected to maintain effective communication with Access services, community mental health teams, and primary care.

c) Governance

1. Programmed activity time will allow for management and audit of the service and reporting of audit programmes.
2. Regular stakeholder meetings if required
3. Partnership Forums involving service user representatives and advocacy
4. Involvement with critical incident / serious untoward incident reporting and response
5. Protocol development
6. Attendance at twice monthly Consultants meetings

d) Training

1. Direct supervision of junior medical staff
2. Role in in-house MDT training / education sessions
3. Education of other services / professions with relation to CMHT (including all stakeholders)
4. Participation in Research and Clinical Audit

e) Service development

1. Work with service development and transformation within the Trust



**Suggested draft timetable:**

This is a 10 session post split into 7.5 sessions for Direct Clinical Care and 2.5 sessions for Supporting Professional Activities.

The timetable is indicative only. A formal job plan will be agreed between the post holder and the Deputy Clinical Director & Clinical Director three months after commencing the post and at least annually thereafter. There is some flexibility in finalising the timetable however any agreed timetable must take account of the needs of service users and coherence of the team.

	Monday	Tuesday	Wednesday	Thursday	Friday
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<b>AM</b>	Triage, MDT and clinical admin  (DCC)	Academic meeting & Consultant meeting  (SPA)	Triage, MDT and clinical admin  (DCC)	New Patient Clinic (2-3 x 1 hour) (DCC)	Triage, MDT and clinical admin  (DCC)
<b>PM</b>	Non-urgent clinic ( 5 x 30 mins)  (DCC)	Non-urgent clinic (5 x 30 mins)  (DCC)	Urgent reviews (DCC)  Junior doctor / NMP supervision  (SPA)	CPD / audit / team performance  (SPA)	Urgent reviews  (DCC)

The post holder will have access to allocated office space at Clock View Hospital with a computer with Internet access and a fax. A smart phone and laptop will be provided. Other specific technical support can be negotiated. **The post holder will have access to a dedicated 0.5 WTE band 4 medical secretarial and dedicated 0.5 WTE band 3 transcriptionist support in post.**

### **Appraisal, CPD and job planning**

The Trust insists on participation in the CPD programme of the Royal College of Psychiatrists, and the post holder must join a local CPD peer group. Consultants are encouraged to take their study leave entitlement in line with learning objectives identified in personal development plans. An annual study leave budget of £450 per consultant is available for use. The post holder will work with a consultant colleague, medical manager or clinical director to draw up a PDP whilst being appraised annually. The trust has a well organised appraisal system and trained appraisers are allocated to consultants by the Responsible Officer.

The Trust is aware of the need for senior psychiatrists to meet regularly for support and CPD. The post holder will be included with other general adult psychiatry colleagues in a programme of postgraduate educational meetings.

Newly recruited consultants will attend the Essential Mandatory Trust Induction and be provided with a local induction by their Medical Manager. Induction includes training on the Trust's clinical information system. 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.

The Trust has a well respected and active Medical Education Department, led by Director of Medical Education Dr Indira Vinjamuri. The Trust has close links to the NWHEE through the wide participation of its Consultant staff

in teaching and Educational roles at all levels. This includes facilitating a large number of clinical placements for University of Liverpool Medical School medical students throughout teams within the Trust

Job planning is conducted annually and led by the post holder's Lead Consultant with support from the Clinical Director and Chief Operating Officer as necessary. Individual job plans will be aligned to Trust, Division, Service Line and personal objectives respectively.

### **Teaching and training**

The post holder will receive any necessary training as provided by HENW in order to achieve Level One trainer status, which will allow them to act as a clinical supervisor to trainees. Once approved the post holder will have the opportunity to take on the role of clinical and educational supervisor responsibility for the trainees based with the team.

The successful applicant will be expected to provide clinical supervision and training for junior doctors according to the requirements laid down in the contract held between the Trust and the Postgraduate Dean. Each team can provide a clinical attachment for a medical student, and Consultants are responsible for organising their teaching.

The post holder will regularly attend the Tuesday morning postgraduate programme at Mossley Hill Hospital as part of their weekly SPA sessions. This is well attended by Consultants and is a lively meeting. It includes case conferences and journal presentations. One meeting per month is an audit programme with a prize twice a year for the best audit. Occasionally it includes mandatory training slots and guest speakers.

There are established local PDP peer groups. There is a designated budget for Consultant CPD and study leave is readily available and supported.

The Consultant Group has one lunchtime continuing professional development meeting each month. This involves presentations by invited speakers on topics agreed by the Consultant group, or discussions of clinical cases primarily intended for peer support.

There is a well resourced and expanding clinical effectiveness, research and resource library developed within the Trust. It has a dedicated space at Rathbone Hospital site where there is access to various databases both locally held and Internet based.

### **Research**

Mersey Care NHS Trust has an active audit department and the post holder will be involved in audit and supervising junior Doctors' audits.

As part of its new "Perfect Care" strategy the Trust is keen to expand and develop existing research opportunities for interested Consultants. The Trust has appointed an Deputy Medical Director for research, development and innovation (Dr Cecil Kullu) who will lead the implementation of the trust's R&D and innovation strategy. The Deputy Medical Director takes a particular responsibility for the development of the Centre for Perfect Care (CPC). The Trust is also keen to develop strategically important relationships with the Academic Health Science Network and other major partners.

### **Clinical governance**

The activity of the team will be supported within the reporting arrangements of the Local Division Governance Committee which itself will report to the Executive Director of Operations (Mark Hindle). This committee will establish and maintain an effective system of clinical governance across the whole of the Division's activities that support the objectives of the Division and the Trust as a whole. It will do this by creating a structure that is focused on quality, particularly; Safety, Effectiveness, and Patient Experience.

### **External duties, roles and responsibilities**

The Trust actively supports its consultant staff who may wish to undertake roles outside the Trust that are of benefit to medical practice at regional, national and international level, and recognises the value of such roles for the reputation, and standing of the Trust.

Consultants should however undertake such duties only after discussion with colleagues and with the agreement of the Clinical Director or Deputy Medical Director and should be sensitive to the increased workload undertaken by colleagues in support. They must be able to fully account for these activities in terms of interest to the Trust, professional society, college or wider NHS.

### **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.

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

The post holder will be included in the daily on-call rota for South Liverpool. There is usually always a higher trainee ST4-6 first on call at night. On-call availability supplement is 1% - Band B low frequency, low intensity and has been consistently for many years. The rota is currently shared with approximately 18 FTE colleagues, from adult, addictions and learning disability services.

### **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

### **Wellbeing**

There is dedicated Occupation Health based at Trust Headquarters. There is psychological support available for all staff. Physiotherapy services are also available at various sites across Mersey Care. A voluntary Consultant peer support service is also in development at Mersey Care NHSFT. There are regular Consultant social events, which have helped inclusion and wellbeing. There is currently a working group on improving Consultant and Doctors' wellbeing.

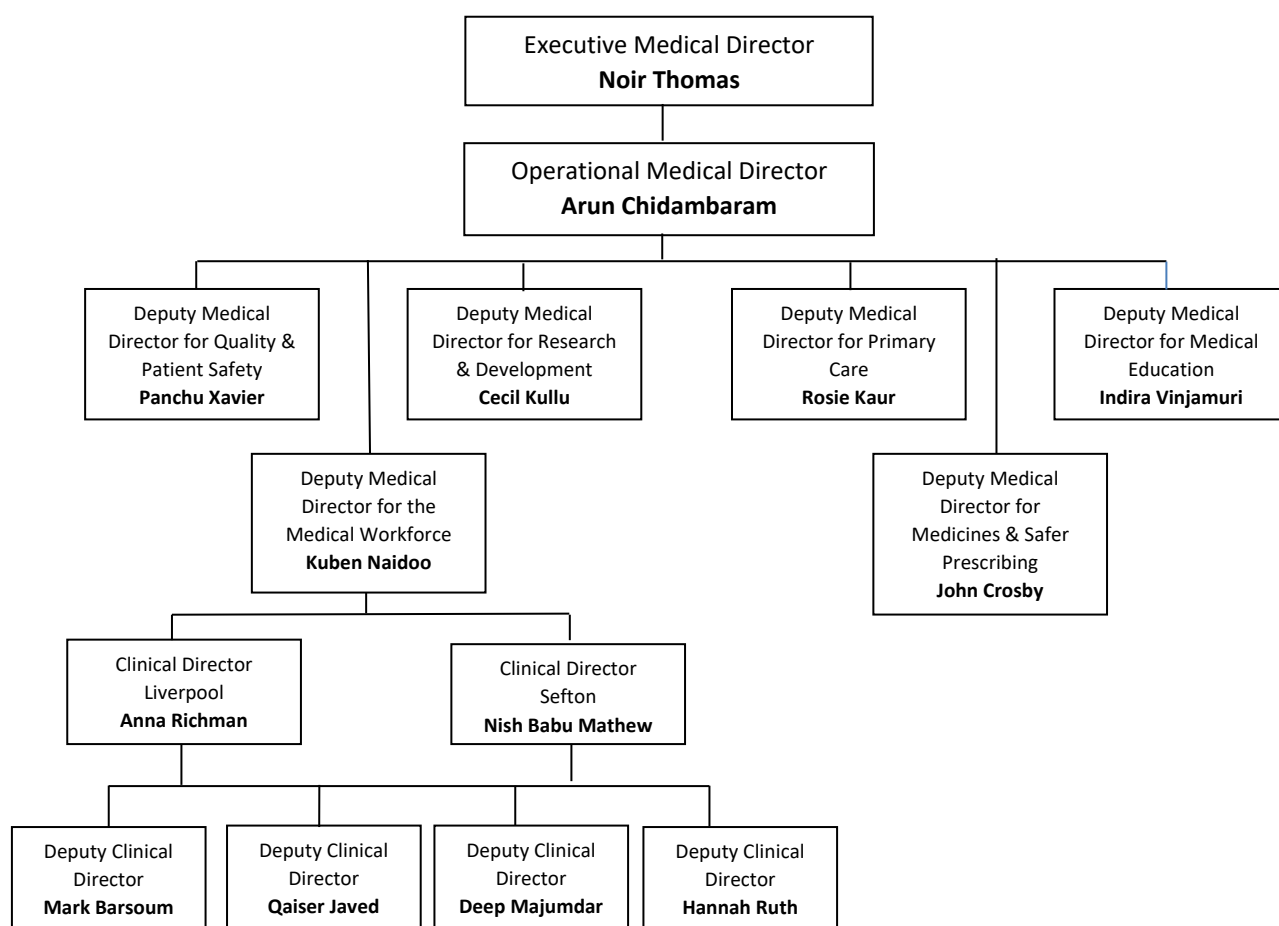
### **Leave**

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

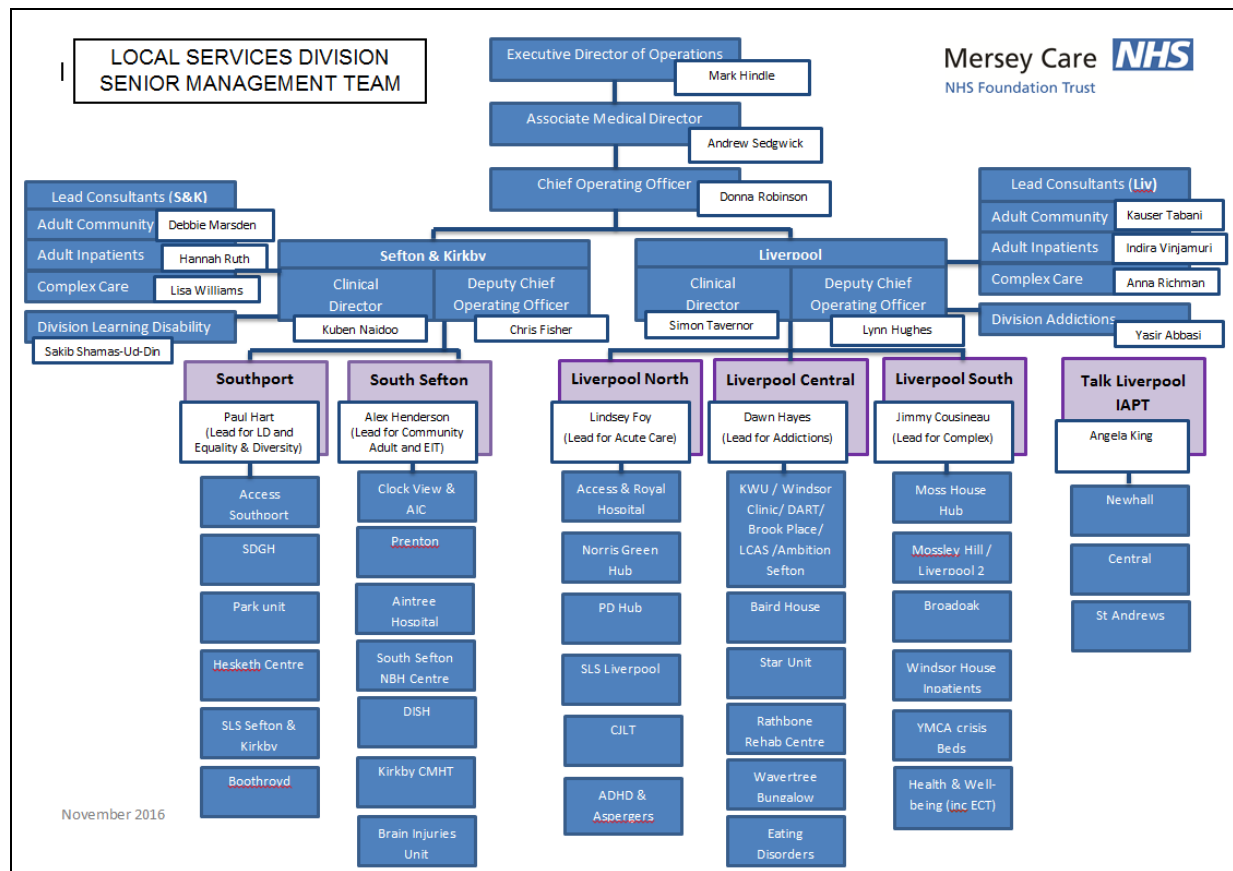
### Approval of this job description by the Royal College of Psychiatrists

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

### Trust medical / professional management framework:



**Local Services Division operational management framework:**



## Appendix 1: Person specification/selection criteria for consultant

**Abbreviations for when assessed:** S: Screening prior to short-listing

A: Short-listing from application form

F: Formal Appointments Committee Interview R: References

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

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE	Excellent knowledge in specialty of General Adult Psychiatry	A F R	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		
	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		
	Ability to work constructively in and to lead a multidisciplinary team	A F		
ACADEMIC SKILLS & LIFELONG LEARNING	Able to deliver undergraduate or postgraduate teaching and training	A F	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
	Able to use and appraise clinical evidence.	A F	Evidence of achievement in education, research, audit and service improvement: awards, prizes,	A



			presentations and publications.	
	Has actively participated in clinical audit.	A F	Has led clinical audits leading to service change.	A F