

Job description and person specification

Post and specialty:	Consultant Psychiatrist – Park Lodge CMHT
Base:	Norris Green Hub, Falklands Approach, Liverpool L11 5BS
Contract:	Number of programmed activities: 10 + 1
Accountable professionally to:	Deputy Chief Medical Officer : Kuben Naidoo
Accountable operationally to:	Clinical Director: Rebeca Martinez
Key working relationships and lines of responsibility:	Line Manager : Olusegun Popoola Locality Manager : Clinical Director: Rebeca Martinez Chief Operating Officer MHD: Donna Robinson Responsible Officer : Noir Thomas Deputy Chief Medical Officer: Kuben Naidoo Chief Medical Officer : Noir Thomas Chief Executive : Dr Joe Rafferty
Contact details:	Associate CD: Olusegun Popoola Clinical Director: Rebeca Martinez Via 0151 4730303

Introduction - Who we are

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

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

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

Our vision

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

Our mission

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

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

Our values are; Continuous improvement, Accountability, Respect, Enthusiasm and Support.

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 Strategic Objectives:

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

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

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

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

Mersey Care NHS Foundation Trust covers the following areas:

Trust details

As of 1st June 2021, we employ over 11,000 staff which makes us one of the largest health care employers in the North West. We provide in-patient facilities for approx. 1,000 patients and this includes one of only 5 in-patient addiction services in the country. Community support is at the heart of our organisation and we provide the biggest IAPT services in the NHS. Since 2012 we have undertaken over 5000 social prescriptions. We service 6 local authorities including Liverpool, Sefton, Knowsley, St Helens, Halton and Warrington. We are one of three providers of High secures services and the largest provider of specialist forensic learning disability services. With a turnover of over 573m we serve a population of over 11m people in the North West and beyond.

Mersey Care CMHT Transformation – Community Excellence Plan

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

The aim of the community model is to deliver a whole population approach that is integrated and maximises on the work at the interface between Primary and Secondary care. We have already established these working models in parts of our service which have demonstrated great success in managing both the demand and the need for services at local level by working collaboratively with primary care and other partners. This work results

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in a reduction of up to 40% of our referrals and has maximised the opportunities for working collaboratively alongside our GP colleagues with those individuals who may experience mental health needs but who do not require to be on the CMHT caseload, consequently caseload sizes are reducing significantly in sites where this work has already been implemented.

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

Service details

The Local Division operates adult Community Mental Health Teams (CMHTs) based in several community hub sites across the North West of England footprint.

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

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

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

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

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

- Acute Services (including 8 x Acute In-Patient Wards, new (during 18/19) 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 unit
- 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

Local working arrangements

The Trust is seeking a consultant psychiatrist to join Park Lodge CMHT based at Falklands Approach, L11. The vacancy has arisen as a result of the previous substantive post holder moving post. This post is one of three CMHT general adult consultant psychiatrist posts (total of 2.6WTE) within the wider Park Lodge CMHT.

Park Lodge Community Mental Health Team covers the Liverpool 6 area, a more central area of the City that includes amongst its population areas of high mini scores reflecting higher levels of deprivation. The service at Park Lodge has however for many years successfully delivered flexible, service user focused care.

Park Lodge serves a population of approximately 71,079 adults aged 16-64 . It has in- patient numbers averaging approximately 15 at any one time, with a total community caseload of approximately 1000. Average numbers of open CRHT episodes are approximately 15 and come under the care of the CMHT consultants. This has both reduced internal hand-offs, and increased throughput and continuity of care for all service users in crisis.

The patch is covered by community teams comprising the full range/complement of multi-professional staff including recent additional psychological resource. Medical, MDT staff, team admin, and secretarial staff are all situated within the same building.

The post holder will carry no responsibility for inpatients.

This CMHT consists of:

- 1 whole time equivalent (WTE) consultant psychiatrist (this post)
- 0.5WTE Higher Psychiatric Trainee. (with potential for FY trainee once in post)
- 0.5 WTE dedicated medical secretary, Band 4 and a full time band 3 shared with the other 2 teams.
- 1 Band 7 team leader
- 6 WTE community psychiatric nurses (band 6 and band 5)
- 1 WTE senior occupational therapist
- 1 psychologist across the 2.6WTE Consultants.
- Input from the Hub Health and Well being Clinic.

New referrals average 4 per week from inpatient services, A&E and the access team. Referrals are screened daily and discussed in weekly MDT meeting and allocated to medical review, or CPN input as required.

CPA reviews (total 4-5 per session) take place in the community hub, with some service users being seen at home when indicated. Follow up clinics also currently take place in the Hub, with 5-6, 30min follow up slots, per session.

There are dedicated slots built into the Consultant clinic list for Clinical Supervision of New Patient Assessments by Junior Trainees. Very complex/high risk new to service assessments will be carried out by the post-holder in conjunction with other members of the CMHT.

The post-holder will be expected to manage a total caseload at present of approx. 370 patients. More complex service users subject to the Care Program Approach (CPA), working alongside care coordinators from the Community Mental Health Team. The remainder of the caseload (ie: non-CPA) are less complex service users.

Average numbers of CTO patients is 10. On average there were 10 MHRT/Managers meetings attended in the last 12 months. There are also 3 patients on a s37/41 who require 3 monthly MOJ reports.

Junior doctor resource is currently one ST trainee shared with another Consultant. The Post Holder will be supported to develop Educational and Clinical Supervisor Responsibilities for the junior trainee. There is also a hub manager and CMHT Manager.

The previous post-holder had a close working relationship with the nine GP practices that work with this CMHT. This would involve meeting with GPs to discuss their patients on either a 6, 12 or 24 weekly basis depending on caseload. This helped to provide fast, effective care for patients, to prevent unnecessary referrals and to discuss discharges.

While primarily responsible for delivering a quality clinical service, the consultant CMHT psychiatrist 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 CMHT 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

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e) Service development

1. Work with CMHT 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 lead consultant & 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
AM	Admin and MHRT work (DCC)	Academic meeting & Consultant meeting (SPA)	Non-CPA clinic (DCC)	New Patient Clinic (DCC)	MDT and clinical admin (DCC)
PM	CPA clinic (Community base) (DCC)	Non-CPA clinic (DCC)	Clinical admin / GP Visits (DCC) Junior doctor supervision (SPA)	CPA clinic (DCC)	CPD / audit / team performance (SPA)

The post holder will have access to allocated office space at Norris Green Hub 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 virtual postgraduate. This is well attended by Consultants and is a lively meeting. It includes case conferences and journal presentations. This occasionally 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 a Director for research, development and innovation (Prof Nusrat Hussain) who will lead the implementation of the trust’s R&D and innovation strategy. He 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 available 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.

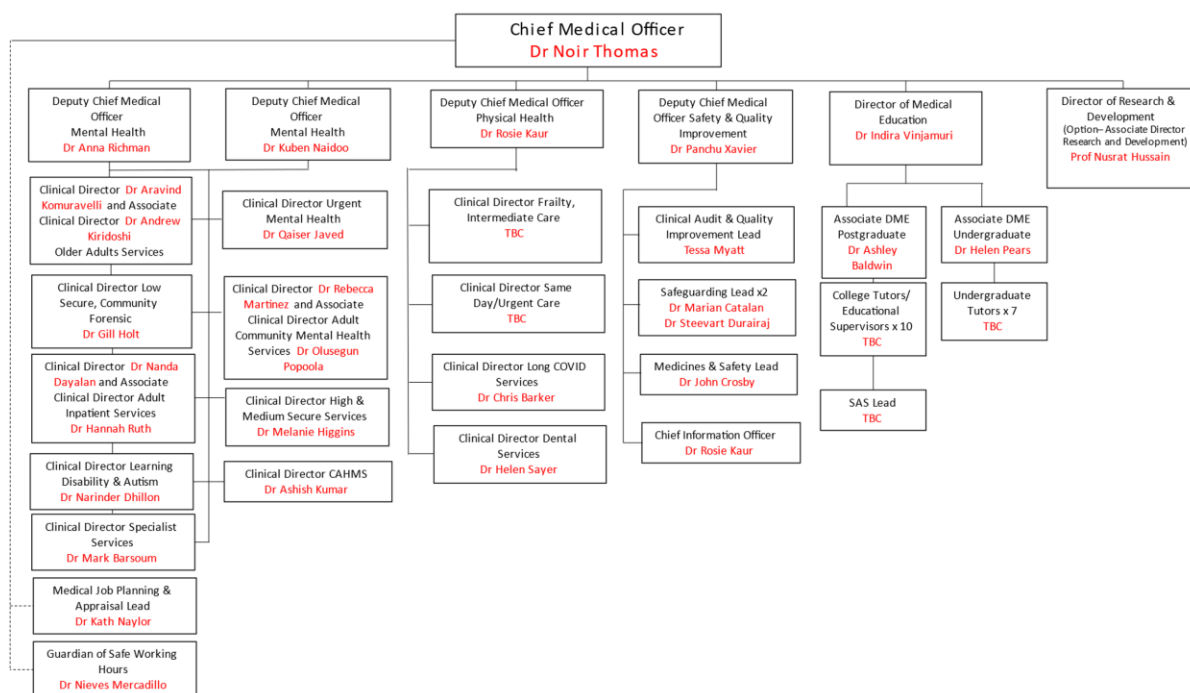
Leave

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' Deputy Regional Advisor on 16/01/2021.

Trust medical / professional 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