

Consultant Forensic Psychiatrist Low Secure: Newsam Centre, Leeds

Job Description and Person Specification



Consultant Psychiatrist Job Description and Person Specification

Post and specialty	Consultant Forensic Psychiatrist Low Secure	
Contract	Substantive	
Programmed Activities	10 PAs	
Base	Designated bases in Newsam Centre, Leeds, LS14 6WB	
Accountable professionally to:	Medical Director Dr Chris Hosker	
Accountable managerially to:	Clinical Lead Psychiatrist – Dr Jonathan King	
Accountable operationally to:	Chief Operating Officer – Joanna Forster Adams	
Key working relationships and lines of responsibility:	Lead Psychiatrist : Dr Julie Robinson Operations Manager: Ms Claire Layton Head of Operations: Mr Steven Dilks Clinical Director: Dr Sophie Roberts Medical Director: Dr Chris Hosker Responsible Officer: Dr Wendy Neil Chief Operating Officer – Joanna Forster-Adams Chief Executive – Sara Munro	

1 INTRODUCTION	5
2 TRUST DETAILS	5
3 SERVICE DETAILS	11
4 LOCAL WORKING ARRANGEMENTS	14
5 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)	14
6 CLINICAL LEADERSHIP AND MEDICAL MANAGEMENT	16
7 APPRAISAL AND JOB PLANNING	17
8 TEACHING AND TRAINING	17
9 RESEARCH AND DEVELOPMENT	18
10 MENTAL HEALTH ACT AND RESPONSIBLE CLINICIAN APPROVAL	20
11 SECRETARIAL SUPPORT AND OFFICE FACILITIES	20
12 CLINICAL DUTIES OF POST HOLDER	20
13 TRAINING DUTIES	21
14 CLINICAL GOVERNANCE AND QUALITY ASSURANCE	22
15 QUALITY IMPROVEMENT	22
16 GENERAL DUTIES	23
17 EXTERNAL DUTIES, ROLES AND RESPONSIBILITIES	24
18 OTHER DUTIES	24
19 WORK PROGRAMME	24
DRAFT TIMETABLE	25
20 ON CALL AND COVER ARRANGEMENTS	25
21 WELLBEING	25
COVID-19	27
	3

22 CONTRACT AGREEMENT	27
23 LEAVE	28
24 VISITING ARRANGEMENTS	28
25 COLLEGE APPROVAL	ERROR! BOOKMARK NOT DEFINED.
APPENDIX 1 : PERSON SPECIFICATION	29

1 INTRODUCTION

Leeds and York Partnership NHS Foundation Trust is a specialist organisation providing mental health and learning disability services to the entire population of Leeds, with additional specialist services (Forensic and Child and Adolescent Psychiatry) to areas of York, Selby and Tadcaster. The Trust has close links with the University of Leeds, providing psychiatric placements for fourth year undergraduate medical students and a successful Core Psychiatry Core Training Programme that acts as a vehicle for preparing trainees for Membership of the Royal College of Psychiatrists examinations.

Leeds is a city rich in 3rd sector providers and good working relationships are enjoyed with Leeds Social Services and the 3rd sector where there is an alliance of organisations that provide services or have contact with people experiencing mental health problems.

West Yorkshire is an area of great ethnic and social diversity with Leeds bidding to be European Capital of Culture 2023: Leeds and York Partnership NHS Foundation Trust is seeking applicants with an enthusiasm to serve the needs of a region enriched by such cultural diversity.

2 TRUST DETAILS

Leeds and York Partnership NHS Foundation Trust (LYPFT) is the main provider of specialist mental health and learning disability services in Leeds. We also provide specialist services across York the Yorkshire and Humber region, and some highly specialised national services.

The vision of LYPFT is to provide outstanding mental health and learning disability services as an employer of choice. This means supporting service users and carers, our staff and the communities we serve to live healthy and fulfilling lives to achieve personal and professional goals, and live free from stigma and discrimination.

LYPFT employ approximately 2,500 substantive staff, including 70 Consultant Psychiatrists. Currently 114 trainee and SAS doctors work within LYPFT services.

In 2016, at their last visit 77% of our services were rated as "good" or outstanding", by the CQC. More information is available on the Trust's website:

https://www.leedsandyorkpft.nhs.uk

where the report "Living our Values to Improve Health and Lives: Our Strategy 2018 – 2023" can be found, with further details of the organisation.

The Trust's overarching purpose of "Improving Health, Improving Lives" is underpinned by its strategy, values, goals and objectives.

Our new Trust values	Behaviours you can expect from staff
We have integrity We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.	 We are committed to continuously improving what we do because we want the best for our service users. We consider the feelings, needs and rights of others We give positive feedback as a norm and constructivelv challenge unacceptable Behaviour We're open about the actions we take and the decisions we make, working transparently and as one team with service users, colleagues and relevant partner organisations.
We are caring We always show empathy and support those in need.	 We make sure people feel we have time for them when they need it We listen and act upon what people have to say We communicate with compassion and kindness.
We keep it simple "We make it easy for the communities we serve and the people who work here to achieve their goals."	 We make processes as simple as possible We avoid jargon and make sure we are Understood We are clear what our goals are and help others to achieve their goals.

Our five year strategy for 2018 to 2023

Our purpose	Our vision	Our ambition	
Improving health, improving lives	To provide outstanding mental health and learning disability services as an employer of choice.	We support our service users and carers, our staff and the communities we serve to live healthy and fulfilling lives. We want to achieve our personal and professional goals; to live our lives free from stigma and discrimination; and to improve the lives of people with a learning disability and mental ill health.	
	Our values		
We have integrity	We keep it simple	We are caring	
We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.	We make it easy for the communities we serve and the people who work here to achieve their goals.	We always show empathy and support those in need.	
	Our strategic objectives and priorities		
 We deliver great care that is high quality and improves lives. 	2. We provide a rewarding and supportive place to work.	3. We use our resources to deliver effective and sustainable services.	

Meet the Board of Executive Directors



Dr Sara Munro Chief Executive Deputy Chief Executive



Dawn Hanwell Chief Financial Officer and



Dr Christian Hosker Medical Director







Cathy Woffendin Director of Nursing and Professions

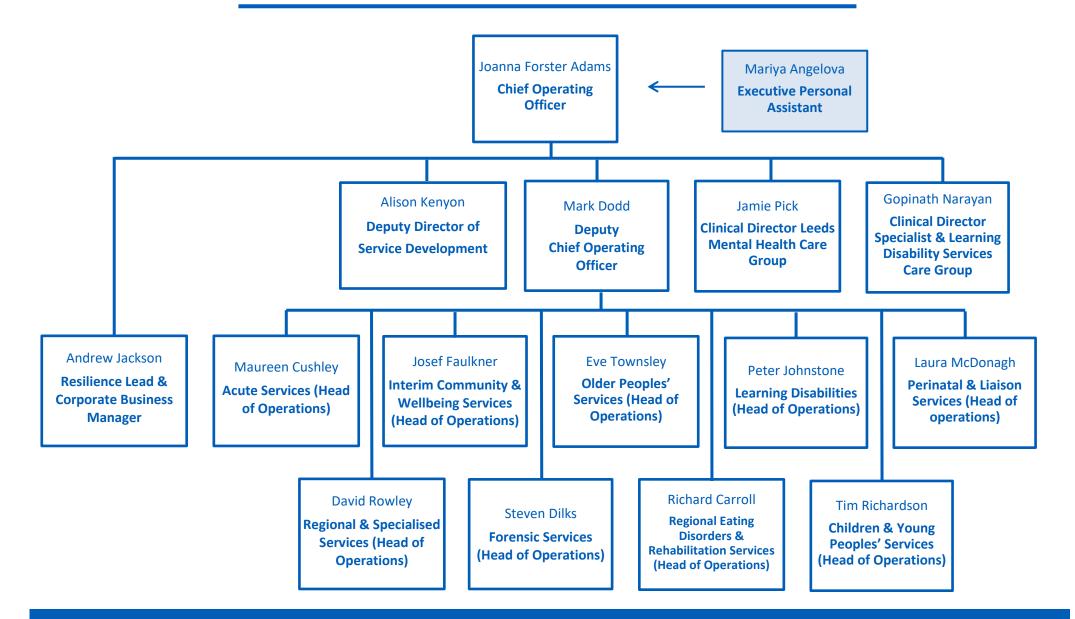
Joanna Forster Adams Chief Operating Officer

Darren Skinner

Director of Organisational Development and Workforce

Services were re-structured in 2020 and now the Care Services Directorate operates under 9 distinct service lines, each with a Head of Operations, as described in the diagram below.

Care Services Directorate



LYPFT Care Services Directorate provides the following services:

General Adult Community:

- Assertive Outreach Team
- 6 CMHTs across the city
- Crisis Resolution Intensive Support Service CRISS (providing an alternative to inpatient care through home based treatment and the Crisis Assessment Unit, based at the Becklin Centre. s136 suite is based at Becklin Centre.
- Rehabilitation and Recovery service based at Asket Croft and Asket House
- Early Intervention in Psychosis Aspire is the Early Intervention in Psychosis team in Leeds, provided by Community Links, but with a close working relationship with the LYPFT general adult and other services and with LYPFT Consultant Psychiatrists providing medical input.

General Adult Inpatients:

- 5 acute general adult inpatient wards based at the Becklin Centre and the Newsam Centre
- Psychiatric Intensive Care Unit based at the Newsam Centre
- Locked Rehabilitation And Recovery based at w5 the Newsam Centre

Older People's Community:

- 3 large CMHTS across the city
- Care homes team
- Memory assessment service
- IHTT
- Younger people with dementia team

Older People's Inpatients:

- 2 functional mental illness wards based at The Mount
- 2 dementia wards based at The Mount

CAMHS:

- Child And Adolescent Mental Health inpatient services are in York
- Specialist Mental Health Community services for deaf children in the North of England

Forensic:

- 3 inpatient low secure forensic psychiatry services are based at the Newsam Centre
- 3 inpatient low secure forensic wards are based at Clifton House in York

Eating Disorders:

- Connect is the regional community eating disorder service
- Inpatient eating disorder provision is based at the Newsam Centre

Perinatal Service:

- Perinatal Community Team based at The Mount (temporarily moved to Parkside Lodge)
- Mother and Baby Unit (temporarily moved to Parkside Lodge)

Autism Diagnosis Service:

• Leeds Autism Diagnostic Service (LADS) based at Aire Court

<u>ADHD:</u>

• Community Diagnostic and Treatment Service based at The Mount

Learning Disability Services:

 Learning Disability Community and Residential Services are based across the city

Personality Disorder:

 Personality Disorder Clinical Network – a city wide community service for severe PD in Leeds

Liaison:

 Liaison psychiatry services in LYPFT are the National Inpatient Centre for Psychological Medicine based at LGI, hospital in-reach into both LGI and SJUH, self-harm assessment service, psycho-oncology and the chronic fatigue service

Gender Identity Disorders:

• Community service based at the Newsam Centre

Addictions:

- The Northern Gambling Service (regional)
- Alcohol and substance misuse service exists under Forward Leeds

Veterans:

• The Northern Veterans Mental Health Service (regional)

3 SERVICE DETAILS

Leeds and York Forensic Services provide Low Secure Inpatient Services based at two sites within Leeds & York Partnership NHS Foundation Trust (Clifton House, York and Newsam Centre, Leeds). The Forensic Service provides a high quality assessment, treatment and recovery service for people who represent a risk to others due to their mental disorder and are in need of either inpatient management, or support from a specialised community team.

We provide a patient centered recovery approach to support individuals to manage and/ or reduce the risks of harm that they present to themselves and others. The aim is to support individuals along a recovery pathway into the community and then on to generic mental health services. Leeds and York Forensic Services provide individualised care and treatment in a safe, therapeutic and least restrictive environment as possible (least restrictive refers to the therapeutic use of the minimum levels of physical, procedural and relational measures necessary to provide a safe and recovery focused environment).

All individuals are treated and managed in accordance with a whole care pathway approach with services working collaboratively with each other in order to ensure that the admission and transfer process across the secure care pathway is achieved seamlessly and efficiently

There are currently 74 beds within the Newsam Centre and Clifton House. Both sites have outreach community service that care coordinate cases. Further exciting developments are being planned in both West Yorkshire and the Humber Coast and Vale ICS footprints.

We are a part of the Quality Network for Forensic Mental Health Services (QNFMHS). The QNFMHS was set up in 2006 by the College Centre for Quality Improvement (CCQI) and by a multidisciplinary approach facilitates quality improvement through a peer review process.

We adhere to Low Secure Services performance indicators and best practice guidelines.

This includes standards set by the Secure & Specialist Commissioning Team and NICE guidelines. Our adherence to these standards is rigorously measured by Commissioning for Quality and Innovation (CQUIN) targets, internal audits and clinical outcome measures.

Service users are supported to play an integral role in the governance of the Forensic Service and are facilitated to share their experiences in order to improve service delivery through well-established involvement structures.

Newsam Centre

The service has a full range of staff including Consultant Psychiatrists and Clinical Lead, a Service Manager, Clinical Psychologists, Occupational Therapists, Mental Health Nurses, Approved Mental Health Professional (social worker), Health Support Workers and secretaries. The service is split into several clinical areas, Ward 2 Women's service, Ward 2 Male Assessment and Treatment, Ward 3 Rehabilitation and a Community Forensic Team.

Across the service at Newsam Centre;

- 3.0 WTE Consultants in Forensic Psychiatry
- 1.6 WTE Core Trainee
- 0.6 WTE Consultant Forensic Clinical Psychologist
- 4 WTE Psychologists
- 0.6 WTE Occupational Therapy Lead
- 5 WTE Occupational Therapists
- 2.6 WTE OT Assistants
- 1 WTE Healthy Living Advisor
- 4 WTE Medical Secretaries

Ward 2 Women's Service

- 1 WTE Clinical team Manager
- 3 WTE Clinical Lead Nurses
- 10 WTE Staff Nurses
- 11 WTE Health Support Workers
- 1 WTE Ward Clerk

Ward 2 Male Assessment and Treatment

• 1 WTE Clinical team Manager

- 3 WTE Clinical Lead Nurses
- 10 WTE Staff Nurses
- 11 WTE Health Support Workers
- 1 WTE Ward Clerk

Ward 3 Treatment and Recovery

- 1 WTE Clinical team Manager
- 3 WTE Clinical Lead Nurses
- 10 WTE Staff Nurses
- 11 WTE Health Support Workers
- 1 WTE Ward Clerk

Forensic Outreach team

- 1.0 WTE Clinical Team Manager
- 4 WTE Community Mental Health Nurses
- 1 WTE Community Learning Disability Nurse
- 1.0 support worker

4 LOCAL WORKING ARRANGEMENTS

The Trust is seeking a forensic consultant psychiatrist to join the two substantive consultant psychiatrists already in post at the Newsam Centre Low Secure Service. This is an established service that serves the population of Leeds and has an inpatient and outpatient component dealing with male and female mentally disordered offenders. Most patients suffer with mental illness with psychosis the primary diagnosis.

The successful candidate will work closely with Dr Clare Stephenson to deliver the male pathway. A continuity of care model is adopted so that each consultant has patients on the male acute ward (A&T) and the male rehabilitation ward (ward 3). The successful candidate will be part of a full MDT with a ward based full time clinical psychologist and OT on each ward. A core trainee is assigned to the post and the department has a 3/5 middle grade doctor (currently a locum) in post but options for an SAS doctor to join the department are being explored. Each ward has a ward manager and full complement of nurses and health support workers overseen and supported by the modern matron. The unit has a forensic social work department. The forensic community team is comprised of nurses, a support worker, a housing worker and psychologist input. The post has designated administration support/secretary which is full time.

The post holder will look after 6 patients on the acute male ward (A&T) and 7 on the rehabilitation ward. The community case load is up to 20 patients (2 PAs are assigned for this in the job plan). The post holder has their own office and technical support such as computer, laptop and mobile phone.

The primary responsibility is to deliver a high quality clinical service. The post holder will be a key and valued member of the senior leadership team encompassing clinical governance and strategic development.

<u>5 CONTINUING PROFESSIONAL</u> DEVELOPMENT (CPD)

The post holder will be expected to be in good standing with the Royal College of Psychiatrists for Continuing Professional Development (CPD) which will be supported in line with college guidelines. The post holder can identify their own CPD peer group or would be welcome to join the one that already exists. Support in CPD is provided by the Associate Medical Director for CPD, Dr Sumir Punnoose. Applications for study and training which have been approved by the doctor's line manager and CPD peer group will usually be supported by the Trust. The CPD budget allocation per doctor is approximately £600 per annum.

All consultants are expected to receive clinical supervision from peers on at least a monthly basis. The consultants at the Newsam Centre meet on a weekly basis to discuss issues, present cases and seek help and support if needed. The meeting is chaired by Dr King.

The option of having a mentor is encouraged. The post-holder will be supported in accessing a mentor – usually within the Trust but can be outside the Trust if preferred.

6 CLINICAL LEADERSHIP AND MEDICAL MANAGEMENT

Leeds and York Partnership NHS Foundation Trust has developed leadership arrangements across the Care Services and Medical Directorate. This has involved the recruitment of experienced and skilled staff to senior positions and the realignment of services with regards to reporting, governance and management arrangements. The newly formed Leadership Structure will be responsible for overseeing and supporting the development of our clinical services and teams to ensure we consistently and collaboratively deliver safe and effective services for all who need them.

Consultants are encouraged and supported to take on medical leadership roles within LYPFT. Monthly protected supervision/development and peer support time for all clinical leads is facilitated by Clinical Director Dr Sophie Roberts. There is the opportunity via the NHS Leadership Academy to complete medical leadership courses such as Mary Seacole and Edward Jenner. There is an annual medical leadership development day each November focusing each year on different themes within medical leadership to which all Consultants, SAS Doctors and Higher Trainees are invited. There is a monthly meeting for all Consultants – Senior Medical Council chaired by Dr Kouser Shaik.

7 APPRAISAL AND JOB PLANNING

Arrangements for appraisal are well established within the Trust and it is expected that all Consultants will actively participate in the annual medical appraisal process.

The MyL2P system is used for appraisal and the process is supported by our dedicated Appraisal and Revalidation Team. This is an electronic database where supporting information can be stored and uploaded for appraisal, reminders about key tasks are generated and information can be shared with an appraiser.

The Trust has approximately 25 trained appraisers who are allocated to doctors for their appraisal. There are a number of quality assurance activities undertaken to ensure continued high quality of appraisal. There is training offered to all new Consultants and SAS doctors in relation to using the MyL2P appraisal system. There is also training for new Consultants and SAS doctors on preparing for appraisal and negotiating Revalidation. Revalidation is managed by the Responsible Officer and Revalidation Officer who ensure appraisals meet GMC guidance prior to making revalidation recommendations. All Consultants are provided with access to colleague and patient 360 multisource feedback on the MyL2P system to allow them to collect feedback from colleagues and patients.

The formal job plan will be agreed between the appointee and medical lead (for forensics it is Dr King). This will be signed by the Medical Director.

It is proposed that the job plan for the first three months will be based on the provisional timetable below. This can be varied in agreement with the Medical Lead but any alterations made will be designed to ensure that they reflect the status of this College Approved Job Description. The job plan will then be reviewed annually, following the annual appraisal with an identified appraiser within the Trust.

8 TEACHING AND TRAINING

The Trust places education at the heart of patient safety and staff development. Dr Sharon Nightingale is the Trust Director of Medical Education and is supported by Dr Abs Chakrabarti as AMD, Dr George Crowther as Deputy AMD and Dr Ben Alderson as Guardian of Safe Working. We have 5 College Tutors overseeing training of Core Trainees and up to 10 educational supervisors overseeing higher trainees.

Dr Anne Cooper is our medical student trust lead and has 5 consultant firm leads overseeing the medical student placements in Leeds and York. York based consultants also have medical student placements both as part of the core curriculum as well as part of special study modules. Consultants with an interest are encouraged and supported to become involved in wider engagement work with medical students at both University of Leeds Medical School and Hull York Medical School.

There is a very active and well respected medical education committee that quality assures continuing professional development and leads innovations for medical

undergraduates, junior doctors, non-career grade doctors and consultants in the Trust. The Trust collaborates with the University of Leeds, providing psychiatric placements for fourth year medical undergraduates and teaching on the successful Core Training Psychiatry Course (CPTC) that acts as a vehicle for preparing trainees for the Membership of the Royal College of Psychiatrists examinations. The Trust has a high number of Foundation year 1 and 2 posts as part of its strategy that mental health is everyone's business and promoting psychiatry recruitment and Dr Jamie Richardson is our foundation lead.

An appropriately qualified and experienced consultant would be encouraged and supported in applying for recognition as a Foundation, Core and /or Speciality Trainee Trainer for the successful Yorkshire-wide training scheme. It is anticipated that the post holder will be a clinical supervisor for trainees in psychiatry and will supervise the clinical work of the trainee and will have job planned time (1 hour per week) for educational supervision.

The Trust has a strong and embedded culture of developing medical educators and senior medical leaders with frequent regional appointments of Training Programme Directors, Specialist Trainee Tutors, Head of School of Psychiatry and within the Royal College of Psychiatrists - Faculty executive team members, CPD and Mental Health Act leads, Dean and Presidential roles.

There is an active weekly internal teaching programme, which includes guest speakers, service improvement topics, case conference, and journal clubs.

9 RESEARCH AND DEVELOPMENT

There are strong links between the Academic Department of Leeds University and Leeds and York Partnership NHS Foundation Trust.

The main research interests of the Academic Unit are in the areas of liaison psychiatry and health psychology, mental health services research and psychological therapies. The Research and Development Department is an experienced team of skilled staff led by the Head of R&D Alison Thompson. The Trust Research Strategy can be found at:

http://www.leedspft.nhs.uk/ documentbank/LYPFT_research_strategy_v5_final_web_site_upload.pdf

The Trust is an active partner in the Yorkshire and Humber Comprehensive Research Network (CRN) and the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Yorkshire and Humber. The Trust works collaboratively with the Universities of York, Leeds and Sheffield. There are opportunities for all consultants to engage with research, supported by the R&D team, and to receive study specific training. It is expected that when requested by R&D Department staff, the consultant assists with recruitment to NIHR CRN Portfolio research studies by identifying potentially suitable participants and providing information about studies to potential participants, supported by the R&D team. Consultants who wish to become Local Principal Investigator for such studies, or to conduct their own research, will be encouraged and supported by the R&D team. Mention of AMD for Research removed as post no longer exists.

10 MENTAL HEALTH ACT AND RESPONSIBLE CLINICIAN APPROVAL

There is requirement for AC/RC responsibility for the vast majority of inpatients and those on CTO's or Restriction orders in the community. The post holder is required to be approved as a Responsible Clinician and will be expected to renew this approval according to agreed procedures.

11 SECRETARIAL SUPPORT AND OFFICE FACILITIES

The post holder will have dedicated office space at the Newsam Centre in Leeds. It is expected that the majority of time will be spent within Leeds, but assessments may require travel to other secure units, prisons etc. Administration and secretarial support (in addition to team administration support) will be from a named person. The post holder will be provided with a Trust laptop, enabling remote access to the Trust electronic record system "Care Director" as well as a Trust mobile with BigHand (digital dictation) license included. The post holder's office also has a PC. The admin support and office accommodation satisfies the standards outlined in https://www.rcpsych.ac.uk/pdf/PS06_16.pdf - RCPsych Guidance for office accommodation and administrative support for consultant posts.

12 CLINICAL DUTIES OF POST HOLDER

Leeds Partnerships NHS Foundation Trust is seeking to appoint a full time (10 PAs) Forensic Consultant Psychiatrist in the Leeds Low Secure Service based at the Newsam Centre.

The post holder will work with the MDT, colleagues and other agencies to deliver safe and effective care to patients and promote public safety.

The post holder will work in the male pathway alongside Dr Clare Stephenson and with the inpatient and outpatient teams.

Duties will be in line with those of an Approved / Responsible Clinician for low secure patients with complex needs. There will be a requirement for significant liaison with other services and agencies including MAPPA, police, courts, probation etc and support with advice and opinion general adult colleagues who may consult about a risky patient.

The post holder, supported by the MDT, will provide:

- Regular clinical reviews
- Flexibility to accommodate urgent clinical reviews

- Clinical input within the CPA framework
- To hold Approved Clinician status as defined within the Mental Health Act (1983) and undertake the duties of Responsible Clinician for those subject to the MHA 1983 under their care
- Complex prescribing and review
- Effective liaison with local mental health providers, local authority professionals and statutory organisations in support safe care and risk management
- An expectation to work intensively and assertively with the client group
- To contribute to and work as part of the multidisciplinary community teams being available and accessible and to provide support and supervision when appropriate.
- To work collaboratively with other services within the Trust and other Trusts within the ICS.
- To provide professional leadership.
- To provide one hour a week protected clinical supervision to the Core Trainee.
- To work jointly with the Clinical Leadership Structure, Operations Manager and Head of Operations. and those in other agencies to ensure the service is delivered successfully.

All of the above are expected to occur using the most efficient and appropriate form of communication eg virtual meetings/face to face meetings in different settings or telephone calls. A flexible approach to working to ensure timely efficient contacts with professionals and service users is the expectation. The Trust supports the use of MS Teams, Zoom and WhatsApp currently. Familiarity with these platforms is particularly important given the regional reach of the service.

13 TRAINING DUTIES

There are frequent opportunities for both formal and informal roles in medical education at both undergraduate and postgraduate level for successful applicants. The post holder will be able contribute to both undergraduate and postgraduate clinical teaching. Currently LYPFT receive medical students on rotation from the University of Leeds Medical School in year 4 and a student could be allocated to this post. There is an opportunity too to teach on the Core Psychiatry Training Course (CPTC) at the University of Leeds, and to Chair and participate in the weekly Wednesday afternoon psychiatric trainees teaching programme.

The post holder, as a clinical leader in the team, will have a duty to participate (within their scope of expertise) in MDT training pertinent and relevant to the clinical work of

the team. Psychiatric trainees in the team will have an hour of weekly educational supervision with the post holder.

Involvement in teaching within the department, elsewhere in the Trust and to groups within neighbouring organisations such as LTHT and the universities is also strongly encouraged.

14 CLINICAL GOVERNANCE AND QUALITY ASSURANCE

This post offers the opportunity to join an established successful low secure service.

The Care Directorate Governance Councils bring together our leadership team and other senior clinicians from across all disciplines, to collate and consider innovation and concern from across the various Governance Groups and to review our work on agreed Quality Improvement initiatives. We will take account of learning both locally and nationally and consider emerging issues from Trust wide groups, in particular the Trust Wide Clinical Governance Group, into which we provide a highlight report on a monthly basis. A tiered approach to Clinical Governance exists from team level governance up to the monthly Trust Wide Clinical Governance meeting chaired by the Medical Director.

Medical Management in the Trust is overseen by Dr Sophie Roberts – Clinical Director with special responsibility for medical management across the service lines. The Clinical Director is supported by Lead Professionals from the main clinical disciplines including a Lead Psychiatrist (Dr Julie Robinson). The Medical Clinical lead Dr King works alongside the Head of Operations Mr Steven Dilks. The post holder is expected to work collaboratively with the managers and their colleagues.

15 QUALITY IMPROVEMENT

Through a developing culture of learning and change to reflect this learning, it is expected that the post holder will embed continuous improvement and learning within the service, a process which is supported by the wider organisation.

Working alongside the clinical effectiveness team at LYPFT, who are skilled in a variety of systematic QI methodology, quality improvement approaches to solve complex clinical/service delivery problems are encouraged. This team is supported by our newly appointed Director of Quality (and previous Medical Director) - Dr Claire Kenwood.

The culture at LYPFT is one in which there is an emphasis on local teams feeling empowered and able to identify problems and resolve issues locally and for teams to have the knowledge and skills to do this independently – the post holder will be an integral part of embedding this culture, promoting success from quality improvement work and encouraging the sharing of learning through their own understanding and experience of quality improvement work.

16 GENERAL DUTIES

- To manage, appraise and give professional supervision to junior medical staff as agreed between consultant colleagues and the medical director and in accordance with the Trust's personnel policies and procedures. This may include assessing competences under the Modernising Medical Careers framework.
- To ensure that junior medical staff working with the post holder operate within the parameters of the New Deal and are Working Time Directive compliant.
- To undertake the administrative duties associated with the care of patients.
- To record clinical activity accurately and comprehensively and submit this promptly to the Information Department this is via the LYPFT electronic record system "Care Director".
- To participate in service and business planning activity for the locality and, as appropriate, for the wider organisation and ICS footprint.
- To participate in Continuing Professional Development and completion of compulsory training needs. The Trust will support appropriate study leave expenses. It is expected that the post holder will be in good standing with the royal College of Psychiatrists for CPD
- To participate in annual appraisal for consultants. This is supported by the Medical Directorate and AMD for Appraisal and Revalidation.
- To attend and participate in the weekly Wednesday afternoon academic programme of the Trust, including lectures, seminars, case presentations and journal clubs as part of the internal CPD programme.
- To maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) approval, and to abide by professional codes of conduct.
- To participate annually in a job plan review with the medical lead Dr Jonathan King, which will include consultation with a relevant operational manager in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.
- To work with local managers and professional colleagues in ensuring the efficient running of services and share with consultant colleagues the medical contribution to management.
- To comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the medical director and other managers in preparing plans for services
- To provide cover for Consultant colleagues on annual leave and in emergencies for sick leave.
- To support and participate in clinical governance and audit. This will include involvement in Trust wide clinical audit and priority areas identified within this service line. In addition to support the evaluation of the service and reporting cycles to the ICS & NHS England
- To contribute to undergraduate and postgraduate teaching.
- To comply with LYPFT policies and procedures.
- The post holder is required to undertake at 1 hour of peer supervision each month.
- To contribute to ensuring the Trust achieves its performance targets agreed for the service line.

<u>17 EXTERNAL DUTIES, ROLES AND</u> <u>RESPONSIBILITIES</u>

The Trust actively supports the involvement of the consultant body in regional and national groups subject to discussion and approval with the Medical Director and, as necessary, the Chief Executive officer.

18 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. There are no special responsibilities attached to this role not already described.

19 WORK PROGRAMME

It is envisaged that the post holder will work 10 programmed activities over 5 days. Following appointment there will be a meeting at no later than three months with the forensic medical clinical lead Dr King, to review and revise the job plan and objectives of the post holder. The overall split of the programmed activities is 7.5 to be devoted to direct clinical care and 2.5 to supporting professional activities (as per the Royal College of Psychiatrists recommendation). The timetable is indicative only. A formal job plan will be agreed between the post holder and the medical lead and clinical manager three months after commencing the post and at least annually thereafter and at least annually thereafter. This will reflect the approved status of this Job Description.

The timetable below provides an indicative schedule of the clinical activity and clinically related components of the job plan that occur at regular times in the week. Agreement should be reached between the post-holder and the Medical Clinical Lead Psychiatrist with regard to the scheduling of all other activities, including the supporting professional activities.

Clinical Care: 7.5 PAs per week

(include all clinically related activity) This includes 1 PA for assessments (25 per annum), 2 PAs for community case load (up to 20 patients in line the college guidance) and 4.5 PAs for Inpatient work (6 acute/subacute patients and 7 rehabilitation patients).

Supporting Professional Activities: 2.5 PAs per week (include CPD, governance, teaching & research)

Draft Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Ward	MDT	Outpatient	MDT	Patient
	reviews	meeting	clinic	meeting	reviews
	Referral	MDT	Out patient	MDT	SD
	meeting	meeting	clinic	meeting	supervision hour Admin
PM	SPA	MHA work	SPA	SPA	Assessments
	SPA	Admin	SPA	Admin	Liaison

20 ON CALL AND COVER ARRANGEMENTS

The post holder will take part in one of the Consultant on call rotas. There is a Consultant on call for the West and for the East side of the city – both of which, at present are approx. 1 in 14 rota. This is a third on call rota with a Core Trainee (CT 1-3) providing first on call and a Specialist Trainee (ST 4-6) providing the majority of second on call. On-call work is paid at Category B level – 1%. For urgent presentations which occur out of hours, the Leeds CRISS (crisis resolution intensive support service) supports clinical work, including MHA assessments and the s136 is within the CRISS team base and staffed by that service and the on call doctors overnight and at weekends..

There is a reciprocal cover arrangements within the department and in the Newsam Centre generally for study and annual leave.

21 WELLBEING

The Trust recognises that modern health services require modern employment services and understands that staff work best for service users when they can strike a healthy balance between work and other aspects of their life outside of work. The Trust has a responsibility to deliver healthcare 24 hours a day, 365 days a year. Wards and departments need to be staffed to acceptable levels at all times and employees need to be flexible to respond to service needs. The Trust is committed to:

• Enabling staff to balance work with other commitments and responsibilities outside of work. To support this commitment the Trust has a range of options for staff including flexible working, job-sharing and employment breaks.

• Supporting the personal wellbeing of all staff. There is a range of support available to including occupational health, physiotherapy, counselling, pastoral and spiritual care. In addition, there are other recreational activities such as a Choir

• As a mental health provider the importance of supporting individuals involved in a traumatic or stressful incident is understood. Staff who have been involved in such an event are made aware of what support is available to them from both a personal and professional perspective in the short and long term. External specialist resources are used as necessary and appropriate. There are specific workforce pages on the Trust's intranet site to aid staff and managers of the support available, how to access and promote health and wellbeing initiatives.

• Effective local occupational health support (confidential, includes modalities of self-referral, promoted regularly at induction and when in post) e.g. The post holder will have access to the Occupational Health (OH) Department, (full address, telephone and email). The OH team has access to a physiotherapist and psychologist, and the post holder may self-refer or be referred through their manager. The post holder will have access to the 24 hour employee assistance service, which provides free counselling, including face-to-face, and well as legal and financial support, online CBT and wellbeing resources. Information about Occupational Health and employee assistance will be disseminated at the induction and regularly when in post to ensure the post holder has timely access to the details if help seeking is necessary.

• Proactive local organisational systems to support doctors' wellbeing following serious incidents

e.g. Supporting the wellbeing of the post holder after serious incidents that involve patients in their care (e.g. homicide or suicide) is paramount, and a dedicated senior clinician will provide support and advice as needed after the incident. Details of the senior clinician able to offer this support will be provided via the Medical Directorate at the time of initial induction.

• Timely job planning reviews when there are changes in regard to the pre-agreed workload

e.g. If there are changes to the pre-agreed workload (e.g. unexpected cover of a different unit/service outside the casual cross-cover arrangement) a timely meeting with the line manager before cover starts will enable discussion of the feasibility of the change within the constraints of needing to manage a safe workload. Additional support will be sourced if required. A timely job plan adjustment will be arranged if a new working arrangement is to proceed.

• Availability of local initiatives/resources that promote workforce wellbeing (example: self-care, work-life balance, stress management, coaching/mentoring, peer group support, Balint groups for consultants/SAS)

e.g. The trust has several initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include flexible working, flexible retirement, season ticket scheme, lease vehicle scheme, cycle scheme, retail and restaurant discounts, eye test scheme, free health checks, menopause support, gym discounts, wellbeing events, mindfulness courses, wellbeing walks and jogs, and parenting workshops. The post holder will form part of a consultant peer group who meet regularly.

COVID-19

Specific wellbeing initiatives have been implemented to ensure the safety of staff and patients in light of the ongoing covid-19 pandemic. All staff are encouraged to complete the Staff Wellbeing Assessment with their line manager– a framework to identify extra supports for individuals in considering covid risk. There is a designated Health and Wellbeing page on the Trust intranet to ensure up to date information on for instance - testing, infection control, support to work in a covid safe way at home and at work, HR updates and covid related changes to local working instructions are available 24 hours a day. There is a daily Trustwide communication too specifically about covid.

A designated infection control team is available every day and out of hours too for advice; estates have risk assessed all Trust accommodation to advise and ensure all working environments are covid safe; a large virtual Trustwide meeting occurs 3 times weekly involving all the Professional, Clinical and Operational Leads which ensures multi-disciplinary and robust discussion before feeding into the higher level Silver Command meetings. A regular meeting is in place for all the doctors in training with the DME and TPDs to discuss and problem solve covid impact on training. All staff are supported in working from home while this is still the advice, and all have been supplied with the necessary equipment to be able to use virtual meeting sites (Zoom/MS Teams are used in LYPFT), teleconferencing, digital dictation and remote access to electronic records and all Trust links; staff can be supplied with other equipment too e.g. desks, office chairs, wider screens to improve and ensure working from home does not impact on physical health.

22 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.

23 LEAVE

The post-holder is entitled to 32 days of annual leave per year, or 34 if employed for 7 years previously, plus the 8 bank holidays and 30 days study leave over three years.

24 VISITING ARRANGEMENTS

Phone/video call discussions are encouraged as are actual visits to site to talk to key individuals in the service.

The Trust website is another source of more information and contact details

https://www.leedsandyorkpft.nhs.uk/

For informal discussions re the post please contact:

Dr Julie Robinson Lead Psychiatrist: julie.robinson19@nhs.net Dr Jonathan King, Forensic Medical Clinical Lead; jonathan.king@nhs.net Mr Steven Dilks, Operations Manager <u>steven.dilks@nhs.net</u>

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 30/11/2020.

The job description does not form part of the contract of employment but, indicates how that contract should be performed. The job description will be subject to amendment in the light of experience and in consultation with the post holder but any amendments will reflect recommendation made during the approval phase of this job description and will be guided by the College Report CR 207 2018.

APPENDIX 1 : PERSON SPECIFICATION

Abbreviations for when assessed: Scr: Screening prior to short-listing SL: Short-listing from application form

			Ref: References Pres: Presentatio	
	ESSENTIAL	WHEN	DESIRABLE	WHEN
	MD DC or oquivalant madical	ASSESSED	Qualification or higher	ASSESSED SL
QUALIFICATIONS	MB BS or equivalent medical	Scr	Qualification or higher	SL
	qualification.		degree in medical education, clinical research	
			or management.	
			or management.	
			MRCPsych	Scr
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of	Scr	SSC in Forsensics preferred but candidates in GAA with	SL
	appointment.		special interest in	
	appointment.		Forsensics considered.	
			Additional clinical	
			qualifications.	
	Included on the GMC Register OR	Scr	In good standing with GMC	Scr
	within six months.		with respect to warning and	
			conditions on practice	
	Approved clinician status	Scr		
	Approved under S12	Scr		
TRANSPORT	Holds and will use valid UK driving licence	Scr		
	OR provides evidence of proposed alternative.			
CLINICAL SKILLS,	Excellent knowledge in specialty	SL, AAC,	Wide range of specialist and	SL, AAC
KNOWLEDGE &	Excellent knowledge in specialty	Ref	sub-specialist experience	SL, AAC
EXPERIENCE		1101	relevant to post within NHS	
			or comparable service	
	Excellent clinical skills using bio-psycho-	SL, AAC,	Previous experience of	SL, AAC
	social perspective and wide medical	Ref	forensic psychiatry	
	knowledge			
	Excellent oral and written	SL, AAC,		
	communication skills in English	Ref		
	Able to manage clinical complexity and	AAC		
	uncertainty			
	Makes decisions based on evidence and	AAC		
	experience including the contribution of			
	others			
	Able to meet duties under MHA and MCA	AAC		
ACADEMIC SKILLS &	Able to deliver undergraduate or	SL, Pres, AAC	Able to plan and deliver	SL, AAC
LIFELONG	postgraduate teaching and training	AAC	undergraduate and	
LEARNING			postgraduate teaching and	
	Ability to work in and load tooms		training relevant to this post	
	Ability to work in and lead teams Demonstrate commitment to shared	SL, AAC SL, AAC	Reflected on purpose of CPD	SL, AAC
	leadership & collaborative working to	SL, AAC	undertaken	SL, AAC
	deliver improvement.			
	Participated in continuous professional	SL, AAC		
	development	5_,		
	Participated in research or service	SL, AAC	Experienced in clinical	SL, AAC
	evaluation.		research and / or service	
			evaluation.	
	Able to use and appraise clinical	SL, AAC,	Evidence of achievement in	SL
	evidence	Pres	education, research, audit and	
			service improvement: awards,	
			prizes, presentations and	
			publications.	
	Has actively participated in clinical audit	SL, AAC,	Has led clinical audits leading	SL, AAC
	and quality improvement programmes	Pres	to service change or improved	
		1	outcomes to patients	1