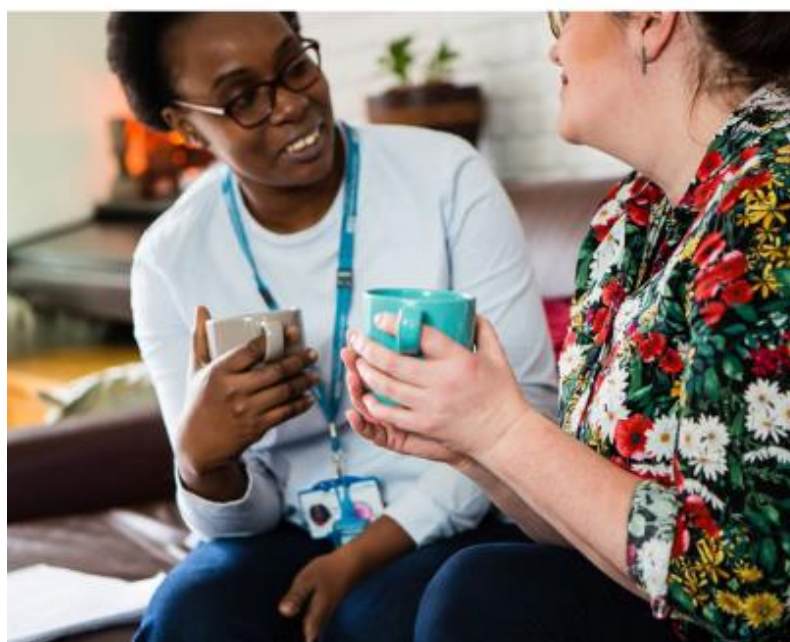


# Consultant Psychiatrist Adult Psychiatry: Ward 1 Becklin Centre, Leeds Female Inpatients

## Job description and person specification



## Consultant Psychiatrist Job description and person specification

Post and specialty	Consultant Psychiatrist WAA Female Inpatients
Contract	Substantive
Programmed Activities	10 PAs
Base	Becklin Centre, Alma Street, Leeds LS9 7BE
Accountable professionally to:	Medical Director Dr Chris Hosker
Accountable managerially to:	Lead Psychiatrist – Dr Julie Robinson
Accountable operationally to:	Chief Operating Officer – Joanna Forster Adams
Key working relationships and lines of responsibility:	<p>Lead Psychiatrist : Dr Julie Robinson</p> <p>Head of Operations: Maureen Cushley</p> <p>CTM: Michelle Woolridge</p> <p>Matron: Hannah Wilkinson</p> <p>Clinical Director: Dr Jamie Pick</p> <p>Medical Director: Dr Chris Hosker</p> <p>Responsible Officer: Dr Wendy Neil</p> <p>Chief Operating Officer – Joanna Forster-Adams</p> <p>Chief Executive – Sara Munro</p>

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# 1 INTRODUCTION

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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 3<sup>rd</sup> 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

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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.

## Equality and Diversity

Equality, diversity and fairness are at the heart of LYPFT's five year strategy (2018-2023) "Improving Health, Improving Lives". As a provider of mental health and learning disability services, we are aware of the difficulties and distress caused by stigma and discrimination. We aim to provide services which promote recovery, challenge stigma and enable social inclusion for the people who use our services and also provide an inclusive and fair working environment for our staff.

We do this through the Equality Delivery System (EDS2), a framework developed through the NHS which supports us to assess equality performance and to identify improvement areas. Under the Equality Act 2010, we have a duty to provide accessible services and to ensure that our services meet the needs of diverse communities and staff. Some examples of how we do this include:

- Provision of Chaplaincy, Spiritual and Pastoral Care and meeting the needs of spiritual, cultural or faith beliefs
- Developing our workforce through training and development and providing knowledge and expertise to develop and embed equality, diversity and inclusion within the Trust
- Supporting vocational, financial and social inclusion of the people accessing services
- Monitoring our workforce, service user and carer profiles regularly to identify and action any disparities and inequalities

Our new Trust values	Behaviours you can expect from staff
<p><b>We have integrity</b></p> <p>We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.</p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• We give positive feedback as a norm and constructively challenge unacceptable behaviour</li> <li>• 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.</li> </ul>
<p><b>We are caring</b></p> <p>We always show empathy and support those in need.</p>	<ul style="list-style-type: none"> <li>• We make sure people feel we have time for them when they need it</li> <li>• We listen and act upon what people have to say</li> <li>• We communicate with compassion and kindness.</li> </ul>
<p><b>We keep it simple</b></p> <p>"We make it easy for the communities we serve and the people who work here to achieve their goals."</p>	<ul style="list-style-type: none"> <li>• We make processes as simple as possible</li> <li>• We avoid jargon and make sure we are understood</li> <li>• We are clear what our goals are and help others to achieve their goals.</li> </ul>

## 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		
<p><b>We have integrity</b></p> <p>We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.</p>	<p><b>We keep it simple</b></p> <p>We make it easy for the communities we serve and the people who work here to achieve their goals.</p>	<p><b>We are caring</b></p> <p>We always show empathy and support those in need.</p>
Our strategic objectives and priorities		
1. 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



**Dawn Hanwell**  
Chief Financial Officer  
and  
Deputy Chief Executive



**Dr Christian Hosker**  
Medical Director



**Cathy Woffendin**  
Director of Nursing and  
Professions



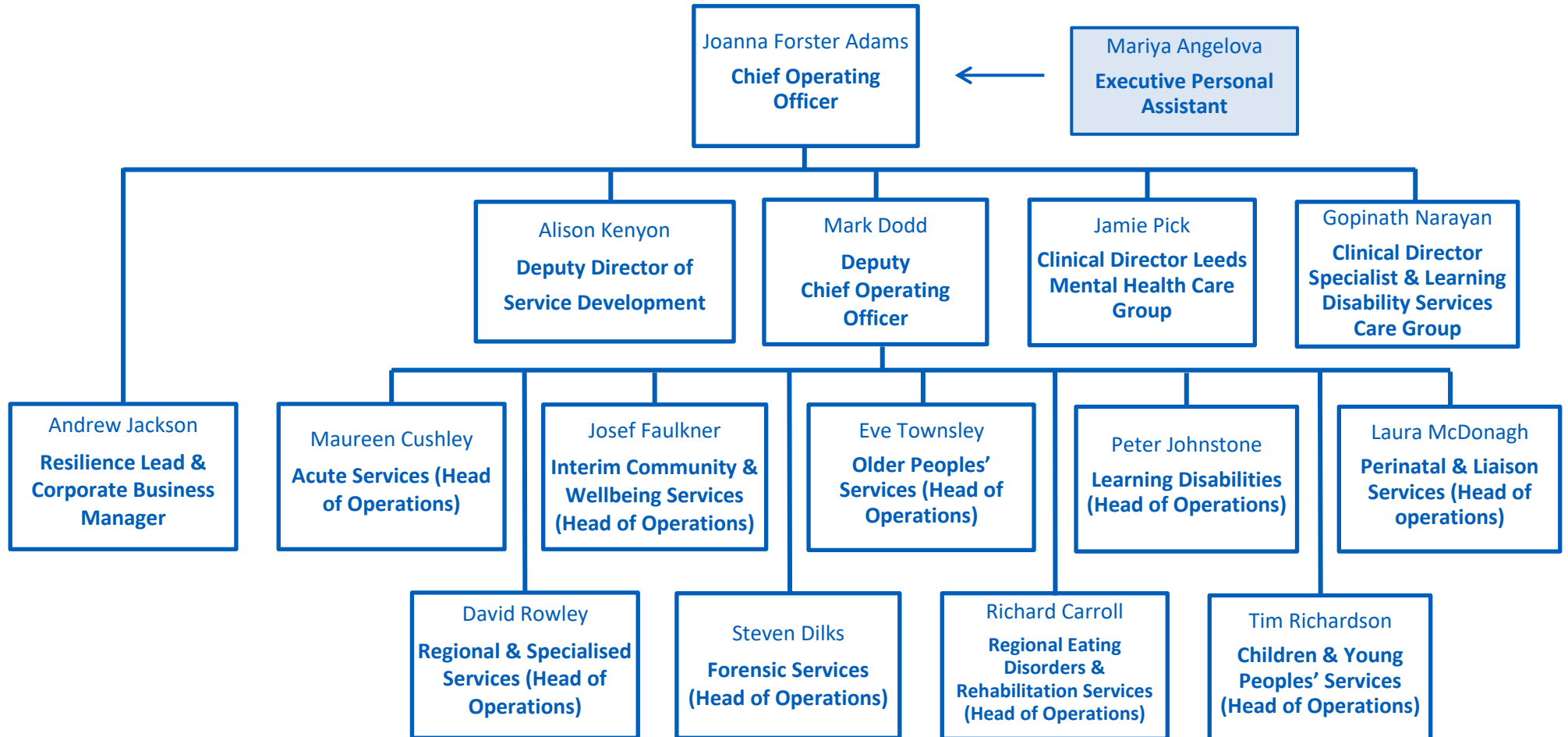
**Joanna Forster Adams**  
Chief Operating Officer



**Darren Skinner**  
Interim 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





The 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

#### ADHD:

- 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 inreach 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

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This vacancy is for a substantive post which has arose due to the internal transfer of the most recent post holder. The position is currently filled by a fixed term locum Consultant who has been in post for 18 months. The successful applicant will provide clinical leadership to the acute inpatient ward in an established acute care pathway team based on Ward 1 Becklin Centre which is a 22 bedded female unit. Admissions come from across the city of Leeds.

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There are a further 5 acute wards based across the Becklin and Newsam Centres and the successful applicant will work with the other inpatient Consultants to further develop general adult inpatient services in Leeds and York Partnership NHS Foundation Trust. There are 2 male and 2 female acute wards at the Becklin Centre and the 10 bedded PICU is based at the Newsam Centre.

A clinical and financial priority of the Acute Inpatient service line is to minimise out of area admissions and to ensure via effective gatekeeping so that the population of Leeds is able to access acute mental healthcare locally. The Crisis Resolution Intensive Support Service (CRISS) team works alongside the acute wards to facilitate early discharge and effectively gatekeeps all admissions, the aim being that all admissions are appropriate and purposeful. Admissions therefore come from CRISS referral, from CMHT via CRISS gatekeeping or from Mental Health Act assessments in the community (again with CRISS gatekeeping involvement) or from the s136 suite which is based at the Becklin centre and staffed by the CRISS team.

Liaison is an important part of the role of the IP RC – with eg CMHT, CRISS (particularly around facilitating early discharge), Forward Leeds and 3<sup>rd</sup> sector agencies. The 10 bedded PICU is situated at the Newsam Centre and a close working relationship exists between PICU and the acute wards.

#### Medical Support

There is a Core Trainee allocated to this post and the postholder is further supported by 1.0 WTE Specialty Doctor input. Applications to be a higher trainer will be supported if appropriate. Supervision requirements for the SD is an hour monthly and for trainees an hour weekly.

### 4 LOCAL WORKING ARRANGEMENTS

The ward 1 team consists of the following staff:

- 1.0 WTE Consultant Psychiatrist (this post)
- 1.0 WTE SAS Doctor **s12 approved or working towards**
- 1.0 WTE Clinical Team Manager (Michelle Woolridge)
- 1.0 WTE Core Trainee
- 4.0 WTE Band 6 Registered Mental Health Nurse
- 12.0 WTE Band 5 Registered Mental Health Nurse
- 2.0 WTE Band 4 support workers

0.5	WTE	Band 6 Occupational Therapist
1.0	WTE	Band 5 Occupational Therapist
1.0	WTE	Band 3 Occupational Therapist Assistant
12.0	WTE	Band 3 Support Workers
1.0	WTE	Band 2 Ward Administrator

The SAS Dr if not already s12 approved will be supported to work towards s12 approval as one of their learning objectives.

This female acute ward accepts admissions from all over Leeds. It is likely that bed occupancy will be above 90% at all times and that the majority will be detained. The nature of the work is that the ward is designed for the most acutely unwell women, who have not been able to be safely managed in a community setting. Leeds is a large cosmopolitan city with a population of approximately 750,000 and rich in ethnic diversity and with varying levels of social and economic advantage throughout. Co-morbid substance misuse is common in the inpatient group as can be personality disorder. However the primary reason for admission will be relapse of psychotic illness or mood disorder. On average there are 3-5 discharges and new admissions per week. There is an expectation that new patients have a MDT review the next working day, and following this, reviews will be a minimum of weekly. In between there may be unplanned medical reviews according to need. Nursing interventions and that of allied health professionals would be planned in the MDT review and take place throughout the week by these professionals. MHA work (report writing and attendance at tribunals and managers' hearings) is variable but can be expected to be on average twice weekly.

Each working day starts with the PIPA report out meeting at 9am. This is a rapid, structured and MDT review of all the patients with a clear plan made for each. Ward reviews then take place with the MDT. The provision of junior medical support ensures the postholder has adequate time to review notes, attend necessary clinical meetings eg CPA/Professionals' meetings, and to complete MHA work and liaison that goes along with effective care. The draft timetable included outlines a provisional plan for the week. Ringfenced SPA time is encouraged via the use of reciprocal cover from Consultant colleagues and good time management.

Time is set aside in the job plan to join the local clinical governance meeting for the ward and for the Acute Senior Leadership Meeting.

## **5 CONTINUING PROFESSIONAL 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 will be encouraged to identify their own CPD peer group, which may or may not be specialty specific.

Support in doing so can be 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 post holder would be invited to join the locality Consultant peer supervision group. Should the doctor wish to make alternative arrangements then this would also be supported – subject to approval by the line manager. This is separate from the CPD Peer Group.

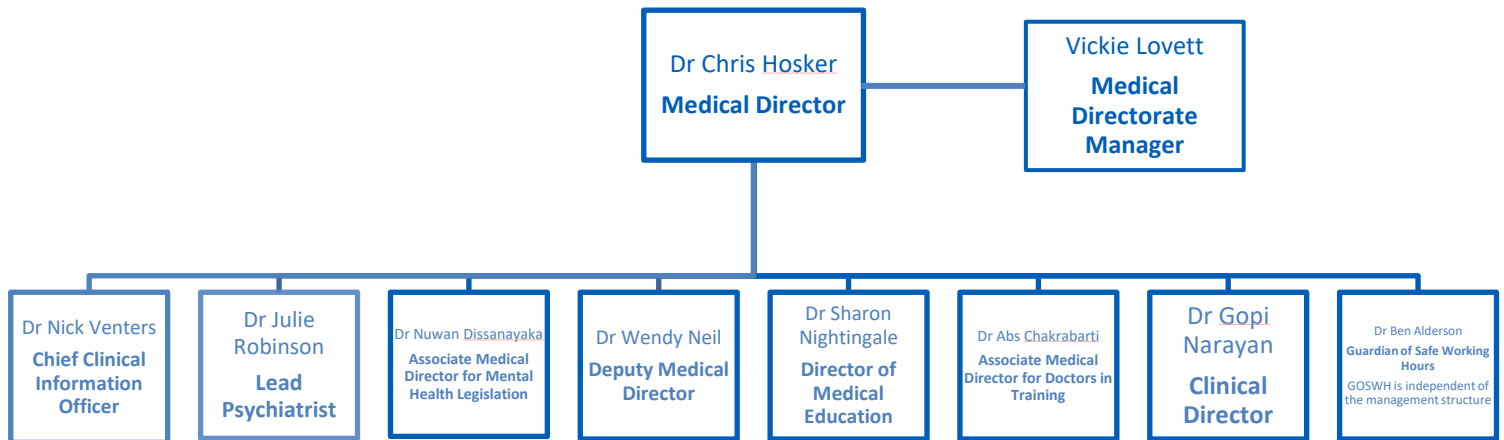
In recognition of the demands that Consultant roles make on individuals, the post holder will be encouraged to have a mentor. The postholder will be supported in accessing a mentor – usually within the Trust but can be outside the Trust if preferred.

## **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 Gopi Narayan. 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 focussing 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.

# Medical Structure



The Medical Lead post for Acute Inpatients is currently vacant. Line management is provided in the interim by Dr Julie Robinson (Professional lead for Psychiatrists). Alongside this 10 PA clinical post is the opportunity to become the medical line manager (1 PA) for the remaining 5 inpatient consultants. This is *optional* and can be discussed further with any interested candidates.

## 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 within 3 months of stating the post. 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 by bilateral consultation and negotiation, 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, alongside 5 College Tutors overseeing training of Core Trainees. This very active and well respected medical education committee 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.

Core trainees in their first three years of training are appointed via Health Education England National Recruitment to the Leeds and Wakefield Core Training Scheme, alongside some Leeds Vocational Training Scheme posts. This is a large (43 trainees), well recruited and acclaimed scheme, with repeated high levels of satisfaction in all domains on the GMC survey. An appropriately qualified and experienced consultant would be encouraged and supported in applying for recognition as a 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\\_website\\_upload.pdf](http://www.leedspft.nhs.uk/_documentbank/LYPFT_research_strategy_v5_final_website_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.

## **10 MENTAL HEALTH ACT AND RESPONSIBLE CLINICIAN APPROVAL**

There is a requirement for RC responsibility due to this being an acute inpatient post. At any one time it is expected that at least 50% of the ward will be detained and so there are clear responsibilities around review of MHA status, report writing and attending both managers' and tribunal hearings. The post holder would be expected 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 their own office at the Newsam Centre. Administration and secretarial support (in addition to ward 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. In LYPFT developed agile working solutions exist and are encouraged alongside reciprocal cover for clinical work - for example using virtual meetings, teleconferencing, Trust mobile, digital dictation. The admin support and office accommodation satisfies the standards outlined in [https://www.rcpsych.ac.uk/pdf/PS06\\_16.pdf](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

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Leeds Partnerships NHS Foundation Trust is seeking to appoint a full time (10 PAs) Consultant in Acute Inpatients for ward 1Becklin – a 22 bedded acute female ward. This post is hospital based.

The Royal College of Psychiatrists, CQC and the “Get it Right First” programme identify that patients placed in independent and out of area hospital placements are dislocated from communities and experience significant variation in clinical models and experience barriers to discharge. These can significantly adversely affect the patient experience, increase length of stay and escalate the high cost of placements.

The post holder will work with the team to develop a therapeutic and holistic model based on formulation, safety planning, risk management and trauma informed intervention that can then facilitate discharge from hospital. The postholder will provide expert advice and consultancy, supported by the team, which positively influences change in the current system of acute inpatients.

The postholder will work alongside the CRISS team in Leeds and directly liaise with CMHT Consultants and Care Co-ordinators to facilitate effective and therapeutic transitions and discharge plans into the community. There is no outpatient work.

Duties will be in line with those of an Approved / Responsible Clinician an acute inpatient team. DOLS approval is not expected. The post holder will be responsible, alongside the ward team, for assessment and management of men admitted with acute mental health problems which could not be appropriately/safely managed elsewhere. Given the nature of the work, there will be responsibilities in relation to the Mental Health Act in line with those of a Responsible Clinician, including review of requirement for ongoing detention, representation at tribunals and managers’ hearings, consent to treatment duties and community treatment orders.

There will be a requirement for significant liaison with colleagues to facilitate transitions, planning care and discharge.

The postholder, supported by the senior team, 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 colleagues, local authority professionals and statutory organisations in support of planned discharge, avoidance of re-admission and effective risk management
- To contribute to and work as part of the multidisciplinary ward team being available and accessible and to provide support and supervision when appropriate.
- To work collaboratively with other services in LYPFT, the 3<sup>rd</sup> sector and social services.
- To liaise with general practitioners, with colleagues from other disciplines and agencies to ensure a comprehensive approach to patient care and treatment.
- Involvement in the research & evaluation of the acute service (the Acute Care Excellence (ACE) collaborative) and to lead on aspects of this work
- Provision of training and supervision to the whole MDT as part of a planned structure and impromptu when required.
- To provide professional leadership, to the whole MDT including clinical supervision to the medical team working within the service and independent non-medical prescribers.
- To provide one hour a week protected clinical supervision to the Specialty Doctor.
- To work jointly with the Clinical Leadership Structure, CTM and Head of Operations.

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 need to plan and work in a timely way to effectively help manage the flow of admissions and discharges.

## **13 TRAINING DUTIES**

The postholder will 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**

The post holder will be expected to lead alongside the operational manager in the collection and submission of data for the evaluation of the service in line with NHSE requests. Additionally the local team will have autonomy to choose clinical audit and quality assurance projects pertinent to the recognised service needs.

The Care Group 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 will 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 Gopi Narayan – 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). Medical Clinical leads are in post in the majority of the service lines and they work alongside the Head of Operations in that area. 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 Rebecca Lasseko, 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.

## 17 EXTERNAL DUTIES, ROLES AND RESPONSIBILITIES

The Trust actively supports the involvement of the consultant body in regional and national groups subject to discussion and approval with the medical director and, as necessary, the chief executive officer.

## 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. The medical lead role remains vacant and is remunerated at 1PA. This role is responsible for the line management of the 5 remaining acute RCs. There is the *option* for the appointed to consider this as an extra PA, should they wish.

## 19 WORK PROGRAMME

It is envisaged that the post holder will work 10 programmed activities over 5 days. 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 Lead Psychiatrist with regard to the scheduling of all other activities, including the supporting professional activities.

- |  |                  |
|--|------------------|
| 1. Clinical Care:<br>(include all clinically related activity)                           | 7.5 PAs per week |
| 2. Supporting Professional Activities:<br>(include CPD, governance, teaching & research) | 2.5 PAs per week |

## Draft Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	PIPA meeting	PIPA meeting	PIPA meeting	PIPA meeting	PIPA meeting
	Reviews	Reviews Ward Clinical Improvement Meeting	Reviews	Reviews	SD supervision hour monthly Trainee supervision hour Admin/CPD/audit
PM	SPA	MHA work Monthly Senior Leadership Meeting	SPA	SPA	Reviews
	SPA	Admin/CPD/audit	SPA	MHA work	MHA work

## 20 ON CALL AND COVER ARRANGEMENTS

The post holder will take part in one of the Consultant on call rotas. **Specialities covered are general adults, forensic, learning disability, eating disorders, mother and baby unit and rehab.** 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 arrangement with the other 5 acute inpatient Consultants **(named below)** at Becklin and Newsam Centre – the postholder will be part of this “cover group” Leeds for study and annual leave.

**Dr Muhammad Mushtaq w1 Becklin Centre (locum)**

Dr Abs Chakrabarti w3 Becklin Centre  
Dr Tariq Mahmood w4 Becklin Centre  
Dr Barbara McHarg w5 Becklin Centre  
Dr David Leung PICU Newsam Centre  
Dr Daniela Benson w4 Newsam Centre (locum)

## 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 everyday 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 dication and remote access to electronic records and all Trust links; staff can be supplied with other equipment too eg 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, 30 and 32 days respectively otherwise) 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](mailto:Julie.robinson19@nhs.net)

Dr Gopi Narayan Clinical Director: [Gopi.narayan@nhs.net](mailto:Gopi.narayan@nhs.net)

Ms Michelle Woolridge (CTM) [michelle.woolridge@nhs.net](mailto:michelle.woolridge@nhs.net)

Ms Maureen Cushley (Head of Ops) [Maureen.cushley@nhs.net](mailto:Maureen.cushley@nhs.net)

## 25 COLLEGE APPROVAL

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 30/3/22

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    AAC: Advisory Appointments Committee

Ref: References

Pres: Presentation to AAC panel

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
QUALIFICATIONS	MB BS or equivalent medical qualification.	Scr	Qualification or higher degree in medical education, clinical research or management.	SL
			MRCPsych	Scr
			Additional clinical qualifications.	SL
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment.	Scr	In good standing with GMC with respect to warning and conditions on practice	Scr
	Included on the GMC Specialist Register OR within six months.	Scr		
	Approved clinician status (or commitment to be within 6 months of starting)*	Scr		
	Approved under S12	Scr		
TRANSPORT	Holds and will use valid UK driving licence OR provides evidence of proposed alternative.	Scr		

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE	<p>Excellent knowledge in specialty</p> <p>Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge</p> <p>Excellent oral and written communication skills in English</p> <p>Able to manage clinical complexity and uncertainty</p> <p>Makes decisions based on evidence and experience including the contribution of others</p> <p>Able to meet duties under MHA and MCA</p>	<p>SL, AAC, Ref</p> <p>SL, AAC, Ref</p> <p>SL, AAC, Ref</p> <p>AAC</p> <p>AAC</p> <p>AAC</p>	<p>Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service</p> <p>Previous experience of inpatient psychiatry</p>	<p>SL, AAC</p> <p>SL, AAC</p>
ACADEMIC SKILLS & LIFELONG LEARNING	<p>Able to deliver undergraduate or postgraduate teaching and training</p> <p>Ability to work in and lead teams</p> <p>Demonstrate commitment to shared leadership &amp; collaborative working to deliver improvement.</p> <p>Participated in continuous professional development</p> <p>Participated in research or service evaluation.</p>	<p>SL, Pres, AAC</p> <p>SL, AAC</p> <p>SL, AAC</p> <p>SL, AAC</p> <p>SL, AAC</p>	<p>Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post</p> <p>Reflected on purpose of CPD undertaken</p> <p>Experienced in clinical research and / or service evaluation.</p>	<p>SL, AAC</p> <p>SL, AAC</p> <p>SL, AAC</p>

	Able to use and appraise clinical evidence.	SL, AAC, Pres	Evidence of achievement in education, research, audit and service improvement: awards, prizes, presentations and publications.	SL
	Has actively participated in clinical audit and quality improvement programmes	SL, AAC, Pres	Has led clinical audits leading to service change or improved outcomes to patients	SL, AAC

\*In the event that the postholder is pending AC approval, cover will be provided by the other RCs at the Becklin Centre on a rotational basis



**Leeds and York Partnership**  
NHS Foundation Trust