

**LON-SW-C-S-21-114 (Approved)**

## Job Description

***Central Wandsworth and West Battersea Community Mental Health Team  
(CWWB CMHT)***

|  |   |
|--|---|
| Post and specialty:                                    | Consultant General Adult Psychiatrist   |
| Base:  | Harewood House, Springfield University Hospital, London, SW17 7DJ   |
| Contract:  | 10 Pas (7.5 DCC/2.5 SPA)  |
| Tenure and start date:                                 | Substantive<br>Start Date: to be agreed with successful applicant   |
| Accountable professionally to:                         | Medical Director, Dr Boland who is the Responsible Officer  |
| Accountable operationally to:                          | Dr Donald Masi, Associate Clinical Director for Wandsworth, Community Service Line<br>Dr Victoria Hill, Consultant Clinical Psychologist, Clinical Director of the Community Service Line   |
| Key working relationships and lines of responsibility: | Clinical Manager: Richard Dalton, Wandsworth<br>Head of Service Delivery/Deputy Dir Ops: Richard Morton<br>Head of Nursing and Quality: Michael Hever<br>Deputy Medical Director: Dr Charlotte Harrison<br>Chief Operating Officer: Jennifer Allan<br>Chief Executive: Vanessa Ford |
| Job description approved by the RCPsych                | <div>Date of approval</div> <div>Click or tap here to enter text.</div> by the Regional Advisor   |
| Visiting arrangements/more information                 | Wandsworth ACD: <a href="mailto:Donald.masi@swlstg.nhs.uk">Donald.masi@swlstg.nhs.uk</a><br>Wandsworth CM: <a href="mailto:richard.dalton@swlstg.nhs.uk">richard.dalton@swlstg.nhs.uk</a>   |

## 1 Introduction

The Trust is seeking a consultant psychiatrist for the Central Wandsworth and West Battersea Community Mental Health Team. **This is a replacement as the vacancy has arisen as a result of the resignation of the previous post holder.**

This is an exciting opportunity for an academic, energetic, and dynamic General Adult Consultant Psychiatrist to join our well organised, safe and effective team working alongside another Consultant colleague.

The CMHT (with internal GP alignment) is one of three such teams in the Borough of Wandsworth, the others being the Putney and Roehampton CMHT and East Wandsworth CMHT. All CMHTs provide treatment and care for those with more complex and enduring mental health needs. The team delivers a high quality, recovery focused, mental health service to people who suffer from severe or enduring mental illness, to an ethnically and financially diverse population in South West London. The CMHT relates to a Wandsworth Single Point of Access (WSPA) which accepts all of the community secondary mental health referrals for triage and initial assessment, a Wandsworth Home Treatment Team, a separate community team for Early Intervention in Psychosis (WEIS) and a Complex Needs Service for treatment of Personality Disorders (WCNS). The medical staffing establishment in the RST is 2.0 wte Consultants who share the clinical caseload. There is usually one Higher Trainee, and a Foundation doctor shared between the two consultants within the team.

The Team offers training and education to a range of undergraduate and post graduate students mainly from St George's University of London/South London Deanery and Kingston, Guildford and Roehampton Universities.

There are a number of opportunities for the post holder to conduct research, audit, or quality improvement initiatives for which support can be provided. The post holder is expected to participate fully in leadership and quality improvement initiatives aimed at improving the quality of life of our patients.

## 2 The Post

The post-holder will be a Consultant Psychiatrist providing medical leadership to the Central Wandsworth West Battersea Community Mental Health Team (CWWB CMHT), and medical consultant psychiatric advice to patients referred to the Wandsworth Single Point of Access Team (WSPA). WSPA and CWWB

The Consultant will carry overall responsibility for the day-to-day clinical care, risk assessment, risk management, initiation of medication, and the recovery focused care delivered by the Team. Where problems arise, the Consultant will be afforded robust support by his clinical Team Manager, Associate Clinical Director, the Clinical Director and where necessary the Medical Director and Chief Executive.

The Consultant will have Section 12 (2) approval of the Mental Health Act and Approved Clinician status. (or eligibility)

The Consultant will work closely with the Team Manager to ensure a safe, efficient and effective service that meets the Trust's Key Performance Indicators.

The post will be managerially/operationally accountable to the Clinical Director for the Community (adult) Service Line and responsible to the Associate Clinical Director for the borough.

## 2.1 Team Composition

| Post/Profession                    | WTE               |
|------------------------------------|-------------------|
| Consultant Psychiatrist            | 2.0               |
| Higher Trainee                     | 1.0               |
| Foundation Doctor                  | 1.0               |
| Team Manager                       | 1.0               |
| CPN                                | 7.0               |
| Nursing Associate                  | 1.0               |
| Occupational Therapist             | 1.0               |
| Psychology and Psychotherapy staff | 1.8               |
| PD Therapist (SCM)                 | 1.0               |
| Social Worker                      | 1.0               |
| Recovery Support Worker            | 2.0               |
| Employment Specialist              | 1.0               |
| Admin Support                      | Via the Admin Hub |
| <b>Total Number of staff</b>       | <b>20.80</b>      |

## 2.2 Referrals and Caseloads

|  |     |
|--|-----|
| Total team caseload (snapshot)                         | 637 |
| Non-CPA caseload (snapshot)                            | 392 |
| CPA caseload (snapshot)                                | 245 |
| Average Number of referrals per month (last 6 months)  | 36  |
| Average Number of discharges per month (last 6 months) | 28  |

## 2.3 Team Working

The CMHT operates as an effective multidisciplinary team with the consultants at the heart of the team's leadership in partnership with the team manager. The majority of referrals are received from GPs via the Wandsworth Single Point of Access which acts as a triage/gateway for referrals across Wandsworth. Referrals are also received from patients themselves, their families, and other services including Social Services and the

Police. Patients who are found to not require secondary care input (i.e. not suffering from a severe or enduring mental illness) can be sign-posted to a growing variety of community or primary care based services, including Primary Care Plus service and Talk Wandsworth (Wandsworth IAPT). The Trust continues to assist and collaborate with our third sector partners in developing their services in order to co-produce excellent mental health care in Wandsworth.

The team has weekly MDT referral meetings, zoning meeting and brief daily “huddles” in order to manage clinical work. A blend of onsite and agile working for staff is in place, as is the use of digital technology for remote video based patient sessions.

## **2.4 Interface with other teams**

The CMHT will interface with a number of teams including the Wandsworth Single Point of Access, Wandsworth Home Treatment Team, Early Intervention Service, Wandsworth Complex Needs (Personality Disorders) Service, Talk Wandsworth (Primary Care) and Acute/Crisis inpatient services.

## **3 The Role**

The medical care of CMHT patients will be shared with the other team consultant on a pro-rata basis. If the patient's lead clinician is not available, then the other senior doctor is expected to offer support.

The Consultant will run follow-up and CPA clinics, conduct home visits, attend CMHT-GP liaison meetings, and be available to review patients who have care coordinators when appropriate. A thorough knowledge of, and ability to deliver high quality clinical community psychiatry is essential, but immediate knowledge of local resources whilst desirable, is not essential as many decisions can be made within MDT meetings or in collaboration with allied professionals within the team, where a broader knowledge of local services can be shared.

The post holder will also be timetabled to see 3 new patients per week for the Wandsworth SPA. These assessments will have been initially triaged and booked by the WSPA Team Band 6 staff. Most initial assessments are expected to result in signposting to other services, such as Talk Wandsworth (IAPT), Wandsworth Social Services or to other condition specific teams such as Traumatic Stress, Eating Disorders, Autism /ADHD. The majority of the post holder's clinical time is spent on recovery focused activities related to patients under the CMHT.

### **3.1 Clinical duties of post holder:**

- Medical leadership, working in the multi-disciplinary team and working closely with, and providing cross-cover to other Consultant Psychiatrists and occasionally their Associate Clinical Director within their borough or service line.

- Overall responsibility for the day-to-day clinical care, risk assessment, risk management, initiation of medication, and the recovery focused care delivered by the Team
- Availability within normal working hours 5 days a week for urgent review and management including formal Mental Health Act assessments.
- Domiciliary visits as required.
- Providing cross-cover for the Consultant colleagues where necessary.
- Management of complex cases
- Allocation of resources, in collaboration with the team manager, to service users and carers.
- Ensuring the delivery of effective, efficient and safe, recovery focused mental health care.
- Multi-disciplinary and multi-agency working with social care, statutory and voluntary and third sector partners.

### **3.2 Clinical governance and Quality Improvement**

- The post holder will be expected to comply with all Trust Clinical Governance requirements and participate in related initiatives. This will include participation in performance reviews of clinical outcomes, working towards achievement of local and national performance targets, complying with risk management policies and participating in the consultant appraisal process.
- The post holder will be expected to attend a variety of service line management and other service development meetings. Additionally, they will be expected to accept, where appropriate, invitations to be a member of relevant committees where this is consistent with their clinical commitments and service need.
- To actively engage in the Trusts' Quality Improvement and Innovation Programme and support QI projects within the team and service line.

### **3.3 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.
- 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 and record keeping associated with the care of patients.
- To participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.
- To carry a mobile smart phone during working hours provided and paid for by the Trust and be contactable by members of the team and other colleagues by phone and email.
- To work flexibly and creatively as part of a multidisciplinary team promoting informed risk taking and anti-discriminatory practice.

- To communicate clearly and effectively with staff of all major disciplines concerned with provision of mental health care.
- To participate in annual appraisal for consultants.
- To attend and participate in the academic programme of the Trust, including lectures and seminars 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 clinical manager, which will include consultation with a relevant 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 in 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.

### **3.4 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.

## **4 On call responsibilities**

- The post holder is expected to take part in one of the Trust's two Adult/Older adult out-of-hours "on-call" Rotas (There are separate rota for CAMHS and Learning Disabilities). Each rota is a 1:20 rota (approx.) and attracts a 3% on call supplement
- Allocation to a rota is to be determined and is subject to need at the time of the post-holder being appointed.
- Both rotas are non-residential. The consultant-on-call on each rota is supported by a middle grade doctor (usually a Higher Trainee) and core trainees. The consultant-on-call is expected to provide support and expert advice for the Higher and Core Trainees as is required; this may be over the phone in most cases but in exceptional circumstances the consultant may be required to provide direct support in the assessment of patients.

## **5 Teaching, training and research**

- The Trust has very close links with St George's University of London and as such is very proud of its reputation in teaching Psychiatry to a high standard. An exceptionally large proportion of graduates from SGUL go on to become

psychiatrists, which is felt in part to be a reflection of the enthusiasm of their teachers.

- The post holder will be expected to offer teaching to visiting medical students from St George's University London, to Core and Higher Trainees on the Trust's training scheme and to other undergraduates, postgraduates and work experience students when the opportunity arises
- Consultants are able, and encouraged, to apply for Honorary Senior Lecturer status on the basis of Undergraduate Medical Student teaching.
- The Trust has a dynamic Post Graduate Medical Education team who provide support to staff contributing to the local academic programme. This includes a small team who support simulation-based training in partnership with the Simulation Centre at South London and Maudsley Foundation Trust.
- The Director of Medical Education is Dr Suhana Ahmed and College Tutors are Dr Cyrus Abbasian and Dr Zulkarnain..
- The Trust Librarian is able to provide support in relation to searches and accessing articles and, as Trust employees, consultants are able to access all the library services at St George's University of London.
- The Consultant, in association with their team's training doctors, is expected to contribute to the local academic programme and the teaching of junior doctors, allied professionals' students, and medical students.
- The Consultant will need to ensure, and have timetabled in their job plan, supervision of all junior doctors under their authority. The post holder will be expected to provide one hour of designated and protected clinical supervision for any Core Trainee or Foundation Year Doctor, each week.
- The Consultant will be eligible to apply, subject to educational approval, to train a Higher Specialist Trainee after one year as a Consultant.
- Consultants who have completed the requirements to be Educational Supervisors will be assigned trainees to supervise by the TPDs. Trainees remain with their assigned Educational Supervisor for the duration of their core or higher training. Educational Supervisors are provided with opportunities for CPD to support their Educational Supervisors Appraisal which takes place every three years.
- The Trust has a small and dynamic Research Department headed by Dr Robert Lawrence Associate Medical Director for R&D. The team offers opportunities and training for staff to become involved in a variety of research opportunities – for example as Principal Investigators.

## 6 Job plan

- This is a 10 PA role with 7.5 PAs for Direct Clinical Care and 2.5 PAs for Supporting Professional Activities.
- Supporting Professional Activities (SPA) include, amongst other areas, CPD /Clinical Audit, Quality Improvement, a variety of Management/Service Development meetings, Clinical Governance, research, and teaching.
- The details of the job plan will be mutually agreed between the job holder, the Associate Clinical Director/Clinical Director and where appropriate the Service Line Manager and will be subject to at least annual review.

CWWB CMHT Consultant Psychiatrist Job Description – Submitted & waiting RCPsych Approval

- Below is a draft summary job plan which can be reviewed in light of service demands and post holder need:

|                  | AM  | PM   |
|------------------|---|--|
| <b>Monday</b>    | 9-9.30am Admin<br>9.30-10.30am WSPA<br>Initial assessment x1<br><br>10.30-1pm OP clinic<br>(1DCC)   | 1.30pm-5pm. Flexible clinical time/admin<br><br>(1DCC)   |
| <b>Tuesday</b>   | 9.15- 12.00pm MDT meeting<br><br>12-1pm Admin<br>(1DCC)   | 1.30pm-4pm CPA clinic<br><br>4-5pm Flexible clinical time/admin<br>(1DCC)  |
| <b>Wednesday</b> | 9.30-10.30am WSPA<br>Initial assessment x1<br><br>10.30-1pm CMHT<br>Outpatient clinic (1DCC)        | <b>1.30-5pm Supporting Professional Activities</b><br>Supervision of juniors<br>/audit/research/Qii/ monthly leadership forum (1SPA) |
| <b>Thursday</b>  | 9.30- 10.30am WSPA<br>Initial assessment x1<br>(1DCC)<br><br>10.30-1pm Flexible clinical time/admin | <b>1.30-5pm Supporting Professional Activities</b><br>Trust academic programme/CPD/management meetings/admin (1SPA)                  |
| <b>Friday</b>    | CMHT outpatient clinic<br>(1DCC)  | Flexible clinical time/admin/trainee S/V (have SpR and FY2)<br>(0.5SPA/0.5DCC)   |

- The consultant will be expected to develop their role, their weekly timetable and the service in association with their clinical director, their CMHT manager and their service manager, to meet key performance indicators and ensure the deliver a high-quality service.
- The Job plan will be reviewed annually but where urgent review of the service requires, the Job Plan may be reviewed more often. The exact components of the Job plan will be negotiated depending on the service need and the experience and career development/interest of the post holder.



- The above timetable is flexible and clinic times can be negotiated with the clinic administrators.

## 7 Office facilities and administration support

- The post holder will have office space in Harewood House, Springfield Hospital.
- The post holder will have their own desk, with a docking station, full sized screen and keyboard. They will be provided with a dedicated laptop computer, a personal alarm and smartphone.
- There is opportunity for a blended (onsite/offsite working) and flexible work pattern in agreement with the ACD/CD.
- Administrative support is provided by a named administrator based within the borough administration hub. Consultants are provided with auto-transcription/voice recognition software to enhance productivity and to ensure letters continue to be sent within required time scales; seven days for Initial Assessments, CPA and Discharge letters, and fourteen days for routine clinic letters.
- The Trust has a dedicated IT Help Desk to provide support for any issues in relation to hardware or access.
- There is a well-established Informatics team who have developed bespoke dashboards that support staff in managing their caseloads and make data on a range of indicators and outcome measures easily available so that it can be utilized to improve service delivery.

## 8 Leave entitlement

- **Annual leave** is in accordance with the post 2003 contract; up to 7 years' service is 32 days, 7 years' service or more 34 days.
- **Study leave:** The post holder will be eligible to take up to 30 days Study Leave over three years, subject to approval and in accordance with the Post 2003 Consultant Contract. There is a maximum financial allowance per doctor for each financial year (which runs from 1st April to 31st March)

## 9 Continuing Professional Development

- The post holder must be registered with the Royal College of Psychiatrists for CPD and remain in good standing for CPD with the College.
- In accordance with RCPsych OP98 'Continuing Professional Development: Guidance for Psychiatrists' – be part of a peer group, develop a Personal Development Plan and regularly be involved in Case Based Discussions.
- The Postholder will be provided with information about local/trust peer support groups and be supported to choose their own peer group. The peer group will be made up of between four and eight members as per guidance. The peer group may choose to meet face to face or by video conferencing for a minimum of 4 times a year.
- There is an active weekly CPD approved academic program available to all staff at Springfield Hospital.

- There is a requirement for the postholder to remain up to date with all Statutory and Mandatory Training.

## 10 Induction and Mentoring

- The post holder will be offered an induction programme tailored to their specific post.
- The Trust has an established mentoring programme and all new consultants will be offered the option of a mentor for their first year in post.
- The ACD will provide supervisory support to Consultants as required

## 11 Appraisal and job planning

- The post holder is expected to participate actively in annual appraisal with their appointed appraiser, and in revalidation.
- The process of medical revalidation within the trust is overseen by a group including the Responsible Officer (Medical Director Dr Billy Boland) an Associate Medical Director with responsibility for revalidation, senior members of the HR department and medical representatives from the Local Negotiation Committee and the Trustwide Medical Staff Committee.
- “Top up” training for existing appraisers and approved training for new appraisers has been provided by the Trust in line with recommendations from the Revalidation Support Team. The Trust has purchased an IT system L2P for the management and coordination of appraisal and revalidation.
- Job planning will be carried out on an annual basis and will set out how, when and where the consultant duties and responsibilities will be delivered.
- The job plan will be developed further in consultation with the Associate Clinical Director.
- All consultants will adhere to Trust Policy and Procedures, GMC Good Medical Practice and related regulatory documents, and “Good Psychiatric Practice” published by the Royal College of Psychiatrists, and this will form a part of the annual appraisal process.

## 12 Conditions of Service

- The post will be offered under the Terms and Conditions of service for Consultants Contract [England] 2003.
- **Salary:** The Consultant salary scale commences on £82,906 rising through pay thresholds to a maximum of £110,683 as per the 2003 Consultant Contract. Part-time Consultants are paid pro rata, based on the number of agreed weekly Programmed Activities. The starting salary will be determined in accordance with the Medical & Dental Whitley Council Terms and Conditions for Consultants, Schedule 14.
- The Trust is entitled to at any time, and where this does not cause undue hardship to the post holder or their immediate family, deduct from the post holder’s salary overpayment of salary or wages, under-deduction of charges, over-payment of holiday entitlement or any other sum which the post-holder may owe to the Trust and,

if this is insufficient, the Trust may require payment of the balance. Where necessary the Trust and post holder may come to an arrangement for repayment by installments over a timescale not exceeding the duration of overpayment.

- Appointees expressing an interest in a part-time post to undertake private practice will normally be expected to hold a minimum 2 programmed activity [PA] contract.
- Any offer of appointment to the post will be subject to the receipt of three references which are satisfactory to the Trust, confirmation by the Occupational Health Department that the pre-employment health screening is acceptable and immunisation against infectious diseases as required.
- The Post Holder is strongly encouraged to accept the Seasonal Influenza and COVID-19 vaccinations protect themselves, their families, our patients and their carers. It maybe during the post holder's tenure that one or both of these vaccinations become mandatory, if recommended by the NHS or Department of Health.

### **13 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.

### **14 The Trust**

The Trust has an excellent reputation for developing innovative clinical services including the Recovery College and SUN Project. Our Recovery College has been visited by overseas healthcare commissioners, who have gone on to develop similar services abroad in collaboration with our Trust. The Trust is also proud to have also developed a range of new, progressive, public facing services including Crisis Cafes and a Mental Health Support Line.

The Trust also provides a range of national services, the advice and expertise of which can be easily called upon for the benefit of CMHT patients.

Following a CQC Inspection in 2018 the Trust became one a few Mental Health Trusts to have achieved a "Good" rating.

#### **14.1 Service Line Management**

In autumn 2017 the Trust moved from a borough-based service delivery structure to a needs-led Service Line Management structure. Integral to this development was an increase in funding and investment in clinical staff, with a renewed emphasis on meaningful clinical staff involvement in the planning and development of current and future services.

## **14.2 Population**

The Trust serves a very diverse population of 1 million people in South West London, with a range of BME communities and socio-economic groups. In general, the population of SW London is more affluent than other sectors of London and many people in the boroughs served by the Trust are highly educated and assertive in demanding the services they want. We also know that there are also pockets of deprivation across south west London and service provision is therefore carefully attuned to the requirements of the population as a whole

## **14.3 Vision**

The Trust is clear about its purpose, vision and values and has been positively transforming its services and its relationship with stakeholders in recent years.

The Trust's vision is *"A future in which people with mental health problems have the same opportunity as other citizens to participate in and contribute to our communities."*

The Trust has recently revised and re-adopted its values through consultation with staff and stakeholders. They are

For more information on the Trust please view <http://www.swlstg-tr.nhs.uk>

## **14.4 Range of Services**

South West London & St George's Mental Health NHS Trust operates over 150 services from 96 locations in Kingston, Merton, Richmond, Sutton and Wandsworth providing:

- Community mental health services for working age and older adults
- Inpatient beds for the same client group
- Day Hospitals and day services in some Boroughs
- Psychiatric Intensive Care Units
- Psychological Therapies in Primary Care
- Child and Adolescent mental health services (tier 3 and 4)
- Specialist community and inpatient services for people with both a Learning Disability and a mental health problem
- Specialist community and inpatient addiction services
- Partially integrated social care services under separate agreements with the five Borough councils
- Specialist services which are provided to a wider number of PCTs:
- Forensic services
- Services for Deaf adults and children, both as inpatients and in the community
- Eating Disorder services for both adults and Children / adolescents
- Inpatient and community personality and adjustment disorder services
- Mental Health services in Wandsworth Prison
- Perinatal services

- Mental Health inpatient services for people with a learning disability
- Neuropsychiatry
- Traumatic Stress (PTSD) services

#### 14.5 Future Objectives

The Trust is here to serve people with mental health problems in ways which respond to their requirements and preferences while remaining aspirational and offering them the opportunity to live their lives to the full. The Trust achieves this by listening to service users and carers through extensive surveying and dialogue, and through an ongoing commitment to closer collaboration with partner agencies. The Trust is on an important journey from the isolated and discrete mental health to mainstream services with deep rooted community life.

Whilst the Trust provides a range of excellent specialist services on a regional and national basis, success in the future will depend on the quality and effectiveness of its services, including specialist services for local people in SW London, whatever their age or circumstances. This is the focus of the Trust's business.

For more information on Trust objectives please view: [http://www.swlstg-tr.nhs.uk/about/aims\\_objectives.asp](http://www.swlstg-tr.nhs.uk/about/aims_objectives.asp)

#### 14.6 Trust Management

The Trust is led by a Trust Board, which consists of the following people:

|                     |   |
|---------------------|---|
| Ms Ann Beasley      | Chair   |
| Jean Daintith       | Non-Executive Director                          |
| Doreen McCollin     | Non-Executive Director                          |
| Vik Sagar           | Non-Executive Director                          |
| Prof Deborah Bowman | Non-Executive Director                          |
| Sola Afuape         | Non-Executive Director                          |
| Juliet Armstrong    | Non-Executive Director                          |
| Richard Flatman     | Non-Executive Director                          |
|                     |   |
| Ms Vanessa Ford     | Chief Executive Officer                         |
| Ms Jennifer Allan   | Chief Operating Officer                         |
| Mr Philip Murray    | Director of Finance and Performance             |
| Dr Billy Boland     | Medical Director                                |
| Ms Amy Scammell     | Director of Strategy and Commercial Development |
| Ms Sharon Spain     | Director of Nursing and Quality                 |
| Ms Mary Foulkes     | Director of Human Resources & OD                |
| <i>Vacant</i>       | Director of Communications                      |

#### 14.7 Service Line Management:

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|---------------------------------------|--|
| <b>Clinical Directors</b>             |  |
| Dr Sean Whyte                         | Clinical Director, Acute & Urgent Care                             |
| Dr Victoria Hill                      | Clinical Director, Community Adults                                |
| Dr Lola Velazquez Guerra              | Clinical Director, Cognition & Mental Health in Ageing             |
| Dr Ewa Zadeh                          | Clinical Director, Forensic, Specialist & National                 |
| Dr Daljit Jagdev                      | Clinical Director, CAMHS   |
| <b>Heads of Service</b>               |  |
| Mr Richard Morton                     | Community (Adult)  |
| Ms Lou Hellard                        | Acute & Urgent Care  |
| Mr John Child                         | Cognition & Mental Health in Ageing & Neurodevelopmental Disorders |
| Mr Feizal Mohubally                   | Forensic, Specialist & National & CAMHS                            |
| <b>Heads of Nursing &amp; Quality</b> |  |
| Ms Beverley Baldwin                   | Acute & Urgent Care  |
| Mr Michael Hever                      | Community Adults & Cognition & Mental Health in Ageing             |
| Ms Tracey Ugbele (interim)            | Forensic, National & Specialist & CAMHS                            |

#### 14.8 Professional Heads:

|                 |                            |
|-----------------|----------------------------|
| Dr Ian Petch    | Head of Psychology         |
| Ms Paula Robins | Deputy Director of Nursing |
| Ms Helen Miles  | Head of Therapies          |
| Ms Michelle Sie | Chief Pharmacist           |
| Ms Zoe Mears    | Head of Social Work        |

## 15 Review of job description

This job description, together with the job plan, will be reviewed annually and agreed with the Chief Executive and Medical Director, as appropriate to ensure that it continually reflects the areas of work and clinical responsibility of the post and purchaser requirements.

### 15.1 Job Plan Reviews

In the event of changes to the pre-agreed workload, a timely meeting with the line manager will be arranged before the workload changes commence. This 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.

## **16 Confidentiality**

All employees and honorary appointees are required to exercise discretion, maintain confidentiality, and follow Information Governance policies. Intentional Breaches of Confidentiality should be considered carefully beforehand. The Trust provides a Caldecott Guardian who is available for advice.

## **17 Conflict of Interest**

All applicants to any post within the Trust are required to declare any involvement directly with any firm, company or organisation, which has a contract with the Trust. Failure to do so may result in an application being rejected or if discovered after appointment, may lead to dismissal.

## **18 Criminal Record**

In view of the nature of work this post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemption order 1975). Applicants are therefore, not entitled to withhold information about convictions including those which for other purposes are “spent” under the provisions of the Act. You are therefore required to declare any pending prosecutions or convictions you may have, even if they would otherwise be regarded as “spent” under this Act, and any cautions. In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by the Authority. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

The Trust aims to promote Equality of Opportunity for all to develop a diverse mix of talent, skills and potential and such welcomes applications from candidates from diverse backgrounds. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. As the Trust meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are offered employment, will be subject to an ‘enhanced’ criminal record check from the Disclosure and Barring Service before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions. The post you are applying for will require an enhanced DBS check.

The disclosure of a criminal record, or other information, will not debar you from appointment unless the selection panel considers that the conviction renders you unsuitable for appointment. In making the decision the Trust will consider the nature of the offence, how long ago and what age you were when it was committed and any other factors which may be relevant, including appropriate considerations in relation to the Trust.

Failure to declare a conviction, caution or bind-over may, however, disqualify you from appointment, or result in summary dismissal/disciplinary action if the discrepancy comes to light. If you would like to discuss what effect any conviction you have might have on your application in confidence please contact a Senior Officer in the Human Resources Department.

## **19 Data Protection**

In accordance with the Data Protection Act (1998), the Trust is authorised to obtain, process and/or use information held on a computer in a fair and lawful way. The Trust is authorised to hold data only for the specific registered purpose and not to use or disclose it in anyway incompatible with such purpose. It is further authorised to disclose data only to authorised organisations as instructed

## **20 Equal Opportunities**

It is the aim of the Trust to ensure that no applicant or employee receives less favourable treatment on grounds of their sex, religion, race, colour, nationality, disability or gender, and that they are not disadvantaged by conditions or requirements which cannot be shown to be justifiable. To this end, the Trust has an Equal Opportunities Policy. All employees are expected to contribute to its success.

## **21 Health and Safety**

Employees must be aware of the responsibilities placed on them under the Health and Safety at Work Act (1974) and to ensure that agreed safety procedures are carried out to maintain a safe environment for employees, patients and visitors.

The Trust operates a No Smoking Policy, which does not allow smoking on any of the trust properties, or in sight of such. In October 2017 the Trust became a completely tobacco smoke free area. Staff are required not to smoke anywhere on the hospital site, or within sight of any Trust buildings. Repeated violation of this directive may result in disciplinary procedures. The Trust remains committed to promoting healthy lifestyles and will support anyone including staff and patients, who need help with smoking cessation.

## **22 Wellbeing**

### **22.1 Occupational Health**

Our occupational health services are provided by Guy's and St Thomas's (GSTT). The service operates by appointment only on Tuesdays and Thursdays from 9am – 5pm in the Occupational Health and Wellbeing Centre at Springfield Hospital.

Staff can either refer themselves to Occupational health or be referred through their manager.

Further details about occupational health support are disseminated at induction and regularly via email and SharePoint when in post, to ensure the post holder has timely access to the details if help seeking is necessary.

### **22.2 Wellbeing**

The Trust has several initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include flexible working, flexible retirement, lease vehicle scheme, cycle scheme, access to the Trust gymnasium and discounted membership rates to local Health Clubs, wellbeing events and informal fitness groups (eg the running group). The post holder will form part of a consultant peer group who meet regularly.

Our health and wellbeing zone is a resource for staff to help support self-management and to create healthy working environments. We have an Employee Engagement Team



to support managers and staff to promote health and wellbeing at work and to oversee the implementation of the Trust's Health and Wellbeing Strategy.

The Trust recognises the impact of a variety of issues and is keen to provide support to staff. An example is our focus on back pain management, through timely access to the physiotherapy service, provided by Guys and St Thomas's physiotherapy, as well as acupuncture and self-care support.

### **22.3 Staff Support after a Major Incident**

A dedicated senior clinician will provide support and advice as needed after a serious incident. Details of the senior clinician able to offer this support will be provided via the Medical Directorate at the time of initial induction.

The Trust has introduced Staff Aftercare (SAFE) sessions as part of standardising how we support staff following serious incidents. These sessions focus on the wellbeing of staff teams or other groups of staff affected by a serious incident at work. They do not replace individual support sessions but complement these.

SAFE sessions are facilitated by trained service line staff to support and help staff following a serious incident and to signpost staff to practical, social and emotional support.

Through Listening in Action, a collaboration of frontline staff, we have developed and launched a process which outlines how staff can access different forms of support. A key element of the new process is the Staff Wellbeing Team, a collaboration between the Employee Engagement, Acute Care Coordination Centre and Pastoral Care teams.

### **22.4 Guardian Service**

The Guardian Service is an independent and confidential service for staff to discuss matters relating to patient care and safety, whistleblowing, bullying and harassment, and work grievances.

The guardian is an external person who will be available over the telephone on a 24/7 basis to provide information and emotional support in a strictly confidential, non-judgemental manner.

Guardians will speak with staff on the phone in the first instance. If the issue is not resolved during the phone call, they will meet up in person. The guardian supports the employee to decide on a course of action. Where necessary, the guardian will escalate issues anonymously using a RAG rating system.

The Guardian Service is available 24 hours a day; <https://www.theguardianservice.co.uk/>

## **23 Personal Property**

The Trust cannot accept liability for loss or damage to personal property on official premises by burglary, fire, theft or otherwise. Staff are advised to provide their own insurance cover.

All cars parked on trust property must hold a valid MOT and Insurance Certificate.

Parking permits are available via salary deduction or sacrifice, or can be purchased on a daily basis. Currently (Oct 2017) parking is charged at £2/day.

## 24 Person Specification

| Criteria  | Essential   | Desirable   |
|---|---|---|
| <b>Qualifications</b>   | Primary Medical degree.<br>Full GMC registration.<br>MRCPsych, or equivalent.<br>Included on the GMC Specialist Register for General Adult Psychiatry or eligible for such inclusion on the Specialist Registrar within three months of completing their CST.<br>Section 12 (2) approval of the Mental Health Act | Qualifications in Old Age Psychiatry, or other specialism.<br>Qualification in a talking therapy such as CBT, DIT or MBT<br>Qualifications in change management and service development skills    |
| <b>Knowledge: Critical Expertise in Specialty</b>   | Completed minimum of three years full time training in approved higher psychiatric training scheme.<br>A detailed knowledge of the main treatment approaches for severe mental illness including psychopharmacological interventions  | Knowledge and experience of the CPA process, risk assessment and risk management<br>Experience of teaching medical and non-medical staff, including those who may not have a formal qualification |
| <b>Ability to enhance specialty of mental health care provided through Management/Audit</b> | Commitment to developing practice through clinical audit and/or research<br>Commitment to working with allied agencies including carer's groups, and local charities.   | Experience of service planning and development<br>Experience of working with third sector partners  |
| <b>Research and Publications</b>  | Evidence of participation in research, and outcomes of studies  | Higher degree in research<br>Completion of a research project and evidence of it's dissemination<br>Publication in a peer reviewed journal  |
| <b>Teaching</b>   | Experience of teaching undergraduate and postgraduate psychiatry  | Teaching Qualification<br>Evidence of feedback good from students   |
| <b>Personal skills and characteristics</b>  | Ability to remain calm under pressure<br>Ability to inspire others<br>Ability to provide good clinical leadership<br>Ability to effect change<br>Ability to negotiate and collaborate with first, second and third sector organisations to identify shared agendas and meet common goals                          | Personal experience of mental illness<br>Personal experience of social distress<br>Evidence of helping others who have suffered physical, mental or social misfortune                             |

|  |   |   |
|--|---|---|
|  | Willingness to supervise junior medical staff and staff from allied disciplines<br>Willingness to take on a fair share of Trustwide duties<br>Commitment to personal, team and service development<br>Ability to work co-operatively in multi-disciplinary teams<br>Ability to manage and adapt to change | Evidence of seeking feedback as a way of improving one's skills |
|--|---|---|

End.