



North London
**Mental Health
Partnership**



Barnet, Enfield and Haringey
Mental Health NHS Trust
Camden and Islington
NHS Foundation Trust

JOB DESCRIPTION

LOCUM CONSULTANT
PSYCHIATRIST

10 PA

Islington Crisis Resolution & Home
Treatment Team (5PA)
Mental Health Crisis Assessment
Service (5PA)

March 2024

Specialty	General Adult Psychiatry
Services covered by post:	Islington Crisis Resolution & Home Treatment Team (5PA) Mental Health Crisis Assessment Service (5PA)
No. of PAs:	10
Date of Job Description:	March 2024
Start date:	April 2024
Trust Directorate:	Islington & Hospital Divisions
Clinical Director:	Dr Chris Curtis/ Dr James Dove
Managing Director:	Prosper Mafu/ Adele McKay

Partnership Values

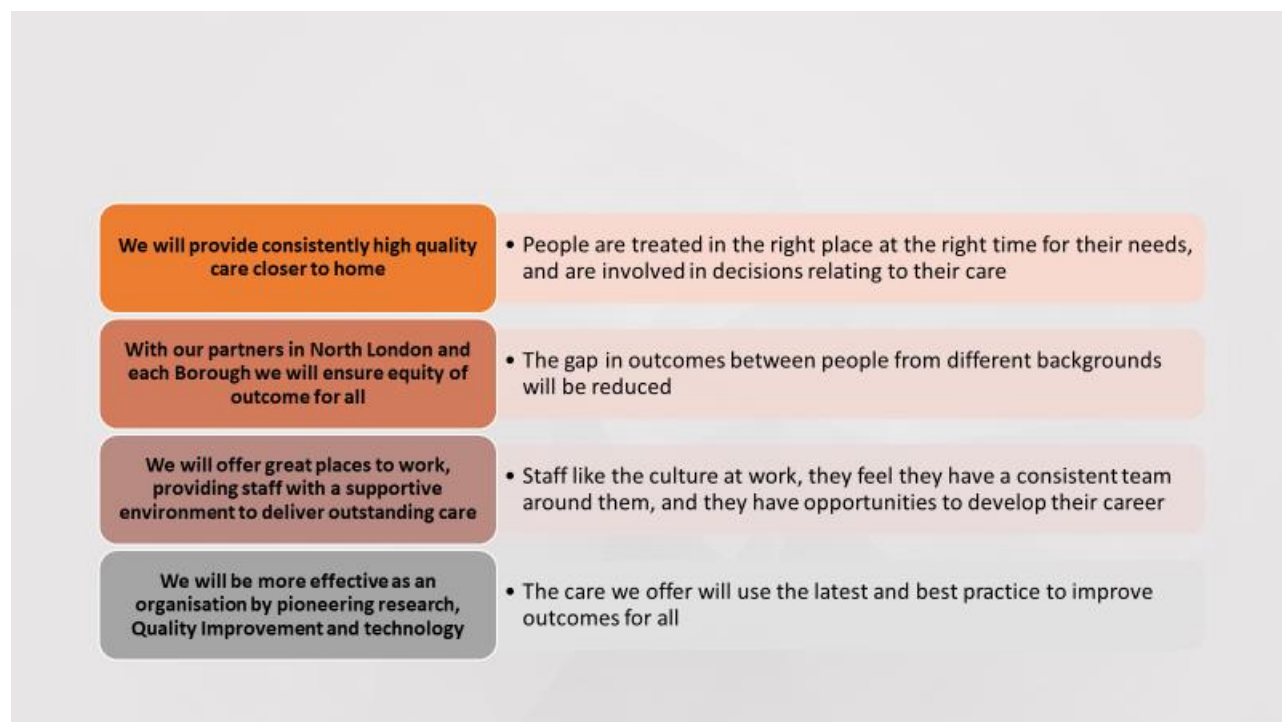
The North London Mental Health Partnership, [the Partnership of Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) and Camden and Islington NHS Foundation Trust (C&I)] aims to offer cutting-edge local, preventative, co-produced, person-centred mental health and wellbeing support to our service users and communities.

We are committed to working with service users, carers and partners to improve the mental health of everyone in North London. This will mean supporting people to be resilient and have good mental health, and we will offer early intervention for those with mental health problems to prevent these problems worsening.

Our Purpose: Working with our communities to improve mental health

Our Vision: Better Mental Health, Better Lives, Better Communities

Our **four strategic aims over the next 5 years:**



Our Strategic Objectives for 2023/24

- We will provide high quality inpatient care in facilities in North London to any service user who needs it.



- We will be responsive, co-producing care with all our service users and carers, ensuring all service users have ease of access to the care and support they need.
- We will lead the improvement of children and young people's mental health care with partners across North London.
- We will have buildings and estate that provide the most therapeutic environments for care and treatment of service users and for staff to work in.
- We will extend our work with local communities and voluntary groups to address health inequalities and improve population health.
- We will improve outcomes for everyone who uses our services, reducing unwarranted variation and ensuring consistency in the delivery of care.
- We will reduce disparities in care delivery, such as the over-representation of some ethnicities in the use of the Mental Health Act and other restrictive practices.
- We will create a culture where staff are able to bring their authentic self to work and feel truly supported with learning and career development opportunities.
- As a local anchor institution, we will work with partners, such as educational providers, and our communities to facilitate routes into jobs with us for local people.
- We will make demonstrable progress towards having leadership and management teams that represent the communities we serve.
- We will create a learning culture, empowering our teams to undertake research and QI projects and convert these into the delivery of best practice, developing innovative services, and enabling local patients to access to the latest treatment options.
- We will transform the delivery, efficiency and effectiveness of our organisation through the use of data, technology and implementation of best practice.

Local Context

The Partnership is a major mental health service provider in North London, delivering care and support to 1.8 million people in North London and also providing a range of more specialist mental health services to a wider population across London, surrounding counties and some national services.

Services include:

- General Adult Services (Inpatient Services, Crisis Services, Community Services, Talking Therapies)
 - Rehabilitation Services
 - Children and Young People's Mental Health Services
 - Older Adult Mental Health Services
 - Learning Disabilities and Autism Services.
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Our specialist services include Forensic and Prisons Services, Substance Misuse Services, Eating Disorders Services, and Veterans' Mental Health Services.

We provide services to an extremely diverse population across the five boroughs of North London, each of which contains a range of population groups and within communities where wider socio-economic determinants of health vary significantly, for example in housing, education, and employment status.

Job Summary

The post offered is that of a full-time locum Consultant Psychiatrist in General Adult Psychiatry covering Islington Crisis Resolution & Home Treatment Team (ICRHTT) 5PA, and the Mental Health Crisis Assessment Service, (MHCAS) 5PA.

Both services will be co-located at The Highgate Mental Health Centre, Dartmouth Park Hill, London, N19 4NX from mid-April 2024.

Integral to the ICRHTT sessions is liaison to Drayton Park Women's Crisis House, 32 Drayton Park, London, N5 1PB and Crisis Single Point of Access (C-SPA)

This is a full-time locum position for 10 Programmed Activities.

The position may suit one full time or two part time consultants

The role of the consultant is to be the clinical lead of the teams and to ensure high, quality, patient-centred, effective, safe and efficient care is delivered by the team.

Main duties and responsibilities:

The postholder will be the clinical lead for the community crisis pathway in Islington. This pathway currently falls within the Islington borough division of the Trust. There is another consultant who works 4 sessions with the team and two experienced associate specialists.

In Islington the community crisis pathway consists of a single CRHTT, Drayton Park Women's Crisis House and Highbury Grove Crisis Resource Centre (18 Highbury Grove, N5 2EA) a mixed gender crisis house run by One Housing Group in Islington.

The Drayton Park Women's Centre offers 12 women in mental health crisis a residential stay, within a domestic setting as an alternative to acute admission. The service also offers non-residential services for women who have stayed previously on-going support groups, peer support space and a range of workshops for women throughout the year. Children can be admitted with their mothers but this is discussed on an individual basis at the point of referral.

The CRHTT has incorporated within it the Crisis-single point of access (C-SPA) service which oversees triage and assessment of new referrals and the main team which treats and follows up patients. The sub-teams work closely with the mental health liaison service for the Whittington Hospital and the inpatient wards. Both of these teams 'gate-keep' all admissions to psychiatric beds. After hours the CRHT worker is based in the A&E at the Whittington Hospital and they assist with assessing patients who present there.

The objectives of the CRHTT are:

- To provide a psychiatric crisis service to the residents of Islington
- To provide a 24 hour, 7 day, all year rapid response to crisis situations
- To deliver evidence based care
- To be flexible to clients' needs, providing support in the most appropriate style and environment

The main source of referrals is from GPs and the community recovery and rehabilitation teams. Out of hours referrals are taken from MHCAS and the A&E Mental Health Liaison triage nurses, Health Based Place of Safety (HBPOS), GPs, housing and other third sector agencies. The team endeavors to respond to all referrals within one hour of receipt, to offer face to face assessments (when appropriate) within 24 hours of the referral (dependent on nature and urgency of the referral) and to assess referrals from the local A&E Departments within one hour. Self-referrals are not taken routinely but are accepted for patients already well known to the team. The team's involvement with patients is limited to the period of crisis after which the service user is returned to the care of their General Practitioner, their care coordinator (if a current user of community mental health services) or referred to the relevant local community mental health team for allocation. Therefore, the team does not build up a large caseload. Cases are taken on and worked with by the whole team, rather than by individual members of the team. This means any member of the team can respond to the needs of a client in crisis at the time required.

Patients referred by C&I services remain under the care of their team, including the Consultant, however lead Consultant responsibility for their care is taken on by the CRHTT Consultant whilst they are under the CRHTT.

The CRHTT works intensively with patients who would otherwise require hospitalisation and therefore offer an alternative to hospital admission. The team

actively facilitates early discharge from hospital.

The team works closely with the two local crisis houses (Drayton Park Women's Crisis House and Highbury Grove Crisis Resource Centre) and the post-holder will be expected to lead medical reviews of some of the patients admitted to these units.

The postholder will provide overall clinical leadership for the CRHTT as well as direct clinical assessments and consultations for the team, including the following:

- Daily Medical input, consultation and clinical leadership to the team and overall clinical responsibility for patients referred to the team.
- Medical input and leadership in care planning and risk assessment for patients under the team.
- Regular clinical supervision as required of the two full-time Specialty Grade Psychiatrists and to Specialist and Core Psychiatry trainees contributing sessions to the team.
- Carrying out Mental Health Act assessments when required.
- Regular clinical liaison with the relevant community, inpatient, liaison and perinatal teams and their Consultants.
- Close clinical liaison with the inpatient service, helping facilitate early discharge of patients back into the community where appropriate.
- Weekly attendance at the bed management meeting.
- Clinical leadership in facilitating physical health care checks for all patients under the team.
- Regular direct assessments of patients referred to the team with a focus on complex cases and high risk.
- Regular lead reviews of patients admitted to the Drayton Park Women's Crisis house and Highbury Grove Crisis Resource Centre. (This mainly involves telephone oversight and advice of their patients as they operate as an autonomous service but may involve direct assessments when required.)
- Minimum twice-weekly multi-disciplinary chart reviews of all patients under the team.
- Medical report writing as and when required.
- Close liaison as required with GPs referring to the team.
- Assist with Serious Incident investigations and complaints when required.
- Provide second opinions for Consultant colleagues if requested.
- Support Clinical Governance projects, particularly audits projects in the Division plan.
- Provide annual and study leave cover for colleagues
- Ensure that a structured programme of learning is in place for medical students when attached to the team.
- Attend and participate in Consultants' and Management meetings to keep informed of service issues and developments, including the Clinical Advisory Group, Medical Advisory Group.

The Crisis Team:

The CRHTT is multi-disciplinary and is jointly led by two Team Managers who will work in close liaison with postholder.



Team staff composition	WTE
Consultants	1.0
Specialty doctors	1.9
Specialist Trainees	0.2
Core Trainees	0.2
F1 or F2 doctors	0
Manager band 7	2
Nurse band 6	11
Nurse band 5	4
Band 4 support worker	2
Band 3 support worker	4
Social Worker band 6	2
Administrator band 5	1
Administrator band 3	1

Drayton Park Women's Crisis House Team:

Team staff composition	WTE
Manager band 7	0.6
Specialist Practitioner band 6	1.6
Counselor band 6	0.5
Case worker band 6	1.0
Practitioner band 5	3.4
Assistant Practitioner band 4	2.6
Clinical Support Worker band 3	4.0
Housekeeper band 3	1.0
Cook band 3	1.0

Mental Health Crisis Assessment Service (MHCAS)

This new and evolving service falls within the hospital division. It was set up initially as a response to the Covid-19 Coronavirus crisis in early 2020. It helped divert psychiatric patients from A&E and the acute hospitals during a period of intense service pressures and infection risk. Its development was also in part driven by longer term considerations of how to more compassionately support those in emergency crisis who's needs we know are not best met via A&E departments. Patients are now triaged and transferred to MHCAS from the A&E departments if willing and able. The service also accepts direct conveyance by LAS, police and walk-in referrals and is open on a 24/7 basis, accepting new referrals at all hours. MHCAS is effectively a 'mental health A&E' providing the 1 hour emergency response for mental health liaison services across the trust, operating currently from its base at the Peckwater Centre, 6 Peckwater Street, London NW5 2TX. The service is commissioned longer term with a permanent home being refurbished at Highgate West, Highgate Mental Health Centre launching April 17th 2024.

The service caters for adult patients of all ages, including over-65s. (Specialist liaison advice on elderly patients will also be provided by the Old Age Liaison Psychiatrists based in the hospital based services when required.) Following assessment, potential outcomes will range from hospital or crisis house admission to home treatment with the local crisis resolution team or sign-posting to local support resources.

MHCAS is nurse-led and runs 24/7. It is the hub of a four-site service accepting referrals from the three local emergency departments (Royal Free, Whittington and UCLH) as well as direct referrals from police, ambulance service, self-referrals ('walk-ins') and referrals from our crisis and community teams. It is currently processing c.160 referrals a week through the 4 sites.

MHCAS delivers the emergency (1 hour response) arm of the liaison psychiatry offer in our locality – supporting people at every step of their pathway in crisis to support them with whatever needs they may present to us. The role of the Speciality Doctor in the team is one of clinical assessment of complex presentations, at times under the Mental Health Act, but also a clinical leadership role to support our busy and diverse team working across 4 sites. You may at times need to travel to the acute sites to review people in ED if they are not able to be transferred and when the acute liaison colleagues do not have capacity to see.

Key achievements of the model to date include:

- Sustained **40% reduction in mental health ED presentations** (April 2019-Feb 2020 vs. March 2020-Feb 2022 – at the same time as ED presentations for any complaint have returned to pre-pandemic levels and above, suggesting this is a sustained change). See Figure 4 in appendix.
- **58% of those that do present at ED for a mental health complaint transferred** and processed by MHCAS (May 2021-May 2022).
- **75% reduction in 12-hour trolley breaches** in EDs (patients waiting >12 hours for mental health bed from time of decision to admit), from an average of 16 patients per month pre-pandemic (April 2019-Feb 2020) to 4 per month since the opening of the MHCAS (March 2020-April 2022). See Figure 5 in appendix.
- Average length of stay (LOS) of **6 hours 46 minutes** (May 2022).
- **4% reduction in rate of mental health inpatient admissions** (to any Trust) from emergency liaison presentations, from 15% in 2019/20 to 11% in 2021/22 (see Figures 6 and 7 in appendix).
- **15% increase in referrals discharged back to GP care** (Nov 2019-Jan 2020 vs. Nov 2020-April 2022).
- **63% increase in attendance at the front door** by service users and direct conveyance by LAS and police in the past year (June 2020 to April 2022).

It is hoped that as the MHCAS service develops that the numbers of people directly attending without the need for A&E attendance will increase significantly. It has in effect taken away a significant element of A&E assessment activity from the hospital-based Liaison service. There is however still residual A&E assessment work of patients who, for various reasons (eg requirement for medical care; agitated state; patient choice/refusal) are not transferred to the new MHCAS service.

Proposed job plan

As part of the Terms and Conditions of Employment post-holders are required to complete an integrated job plan on an annual basis, which will set out their duties, responsibilities and objectives. A job plan will be agreed between the post holder and the Clinical Director and kept under yearly review. In the event of job plan changes, these will firstly be negotiated and bilaterally agreed between the postholder and Clinical Director.

Full time Consultants are allocated 2.5PAs for Supporting Professional Activities, which include: participation in training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management, local clinical governance activities, and external duties, where required. Part-time Consultants are allocated PAs in the ratio of 1 SPA for 2 Direct Clinical Care up to a maximum of 2.5 SPAs. Academics share SPA allocation equally with their academic time.

The timetable below is indicative only and will be open to negotiation with the Divisional Clinical Lead.

Timetable

	Morning	Afternoon
Monday	1.0 DCC MHCAS	0.75 DCC MHCAS 0.5 SPA Admin
Tuesday	0.75 DCC DPWCH liaison 0.25 DCC C-SPA liaison	0.75 DCC Patient reviews/ICRT 0.5 SPA Admin
Wednesday	1.0 DCC ICRT patient reviews	1.0 SPA Academic meeting & Dr supervision
Thursday	1.0 DCC MHCAS	0.5 DCC MHCAS
Friday	1.0 DCC ICRT patient reviews/ ICRT team planning meeting	0.5 SPA QI/service development
		0.5 DCC MHCAS or ICRT urgent patient slots

Section 12 rota

The post holder will be expected to hold up to date Section 12 approval and Approved Clinician status. As part of their duties they will participate in the Trust-wide office hours Section 12 rota. They will have 4-5 duty days a year when they will clear their diary and be available to do Mental Health Act assessments. If they are not called for assessments, they can use the time for administration.

After hours duties

There are no on call duties attached to the locum post.

Teaching and Training

The locum post holder will offer hands on supervision to trainees. They will also be expected to informally supervise Specialist and Core Trainees who are on duty with them. Medical students may be attached to the post holder and their team two days a week, during academic terms. They will ensure that medical students and trainees have a good clinical training experience.

Appraisal & Revalidation

The post holder will be in the C&I designated body, unless they meet the criteria for another designated body. The Responsible Officer is Dr Vincent Kirchner. The post holder will have an appraisal meeting annually. They will use the Revalidation Management System (software programme) for their appraisal. It is their responsibility to ensure they have uploaded their supporting evidence and submitted it to the appraiser at least three weeks before their appraisal meeting. If they work elsewhere in a role that requires a license to practice, then information about this role must be included in their portfolio, including from the Medical Director of that organisation, about their fitness to practice. They will be allocated an appraiser. They will be expected to arrange colleague and patient feedback when prompted – this is built into RMS. After they have had their appraisal meeting they will be given the opportunity to provide feedback on their experience of appraisal. They are expected to follow the Trust Appraisal and Revalidation policy.

Accountability

The post holder will be accountable to the Clinical Director of the Division for operational matters and to the Medical Director for matters related to being a medical professional.

Clinical Governance & Audit

The Trust has an active clinical audit program. The Clinical Director holds responsibility for clinical governance. The post holder will be expected to participate in audit projects and to take a lead in some of them. This is a requirement for the Trust and for revalidation.

Mentoring

Mentoring can be arranged upon request for new Consultants starting in the Trust.

CPD & Personal Development Plan:

The Trust supports CPD through allocating SPA time as recommended by the Royal College of Psychiatrists. There is an academic program running twice a week: on Wednesday afternoons at the Highgate Mental Health Centre and Fridays afternoons at St Pancras Hospital.

All Consultants are expected to belong to a PDP group and to generate a personal development plan according to the Royal College of Psychiatrists' guidelines. There

are PDP groups within the Trust, but clinicians can be in an external one. Further PDP items will be generated at appraisal to supplement those from the PDP group.

The post holder will be expected to be in good standing with regards to having an up to date CPD certificate from the College.

Study Leave and budget

Study leave is applied for and agreed according the Consultant Contract. Each full time Consultant has a £1,000 a year study budget. Part-time Consultants get a pro rata amount. Study leave and financial claims must be applied for six weeks in advance by completing a study leave form and submitting it to the Clinical Director and the Director of Medical Education. Internal cross cover is arranged by Consultants themselves to cover study leave.

Annual Leave

Annual leave is according to the Consultant Contract. Leave must be applied for at least six weeks in advance using the leave card. This must be signed by the Clinical Director and sent to the administrator who keeps a record of all absences. The Clinical Director will inform the post holder whose absences they cover and vice versa. Agreement must be sought from the Consultant providing cover before applying for leave. Cross cover arrangements exist between the two consultant psychiatrists within the personality disorder service. No cover is required for the Camden core team liaison role.

Administrative support & office space

The post is supported by administrator sessions which are shared across the team

The post-holder will have office space that may be shared. There will be access to a computer, telephone and photocopier. The Trust uses Windows, Explorer and Microsoft office. The electronic patient record system is RIO. The IT department provides technical support.

Camden & Islington NHS Foundation Trust

Camden and Islington NHS Foundation Trust was established in March 2008. The organisation had previously been a health and social care trust since 2002. It is responsible for the provision of Mental Health Services within the London Boroughs of Camden and Islington. It also provides substance misuse services in Westminster and Kingston.

Following a recent organisational restructure, services are now operated largely according to Borough as below

Partnership Management Structure

- Chair – Lena Samuels

Executive Group

- Chief Executive Officer – Jinja Kandola MBE
- Deputy CEO and COO – Natalie Fox
- Chief Medical Officer – Dr Vincent Kirchner
- Chief Nursing Officer – Amanda Pithouse
- Chief Finance Officer – Samanthi Gibbens
- Chief Information / Digital Officer – Sarah Wilkins
- Chief People Officer – Ben Browne
- Executive Director of Strategy, Transformation and Organisational Effectiveness – Jess Lievesley

Other senior staff:

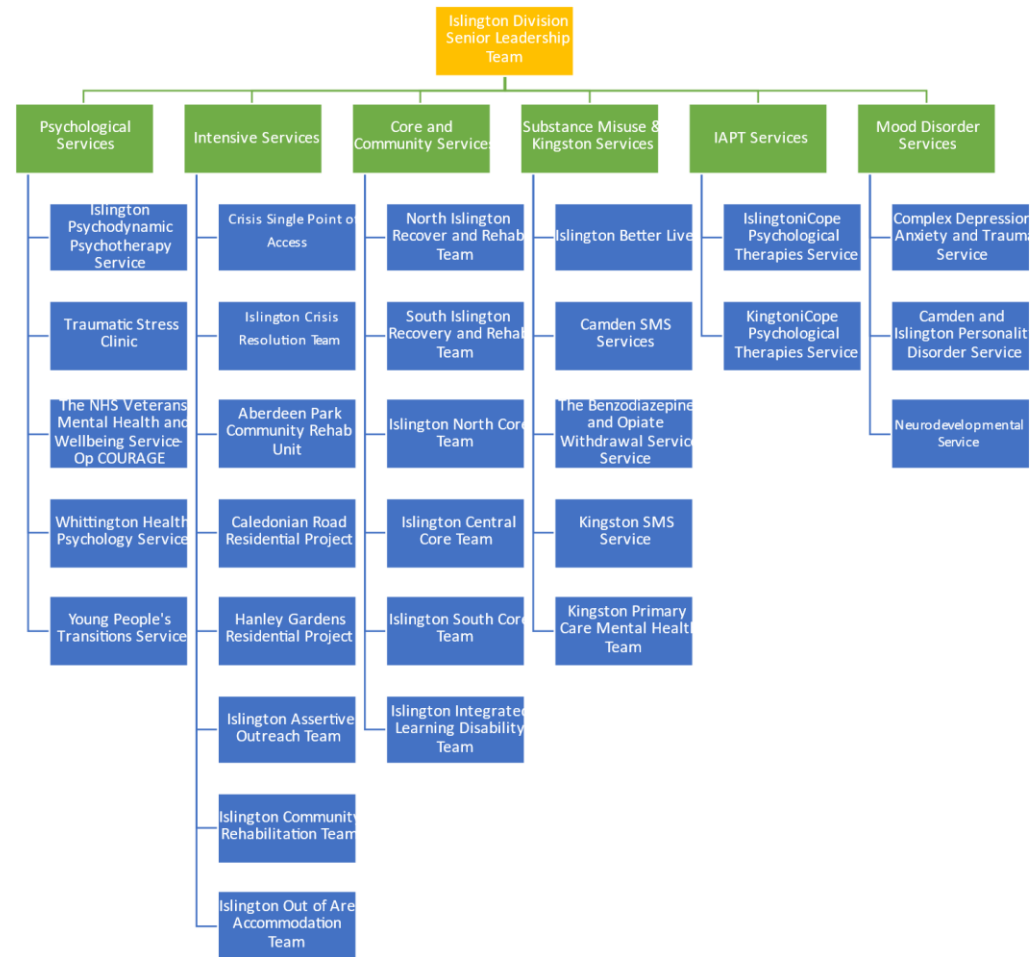
- Medical Director – Khalid Aziz
- Deputy Medical Director – Dr Koye Odutoye
- Director of Medical Education – Dr Andrew Leggate

Camden and Islington Divisions Operating Structure

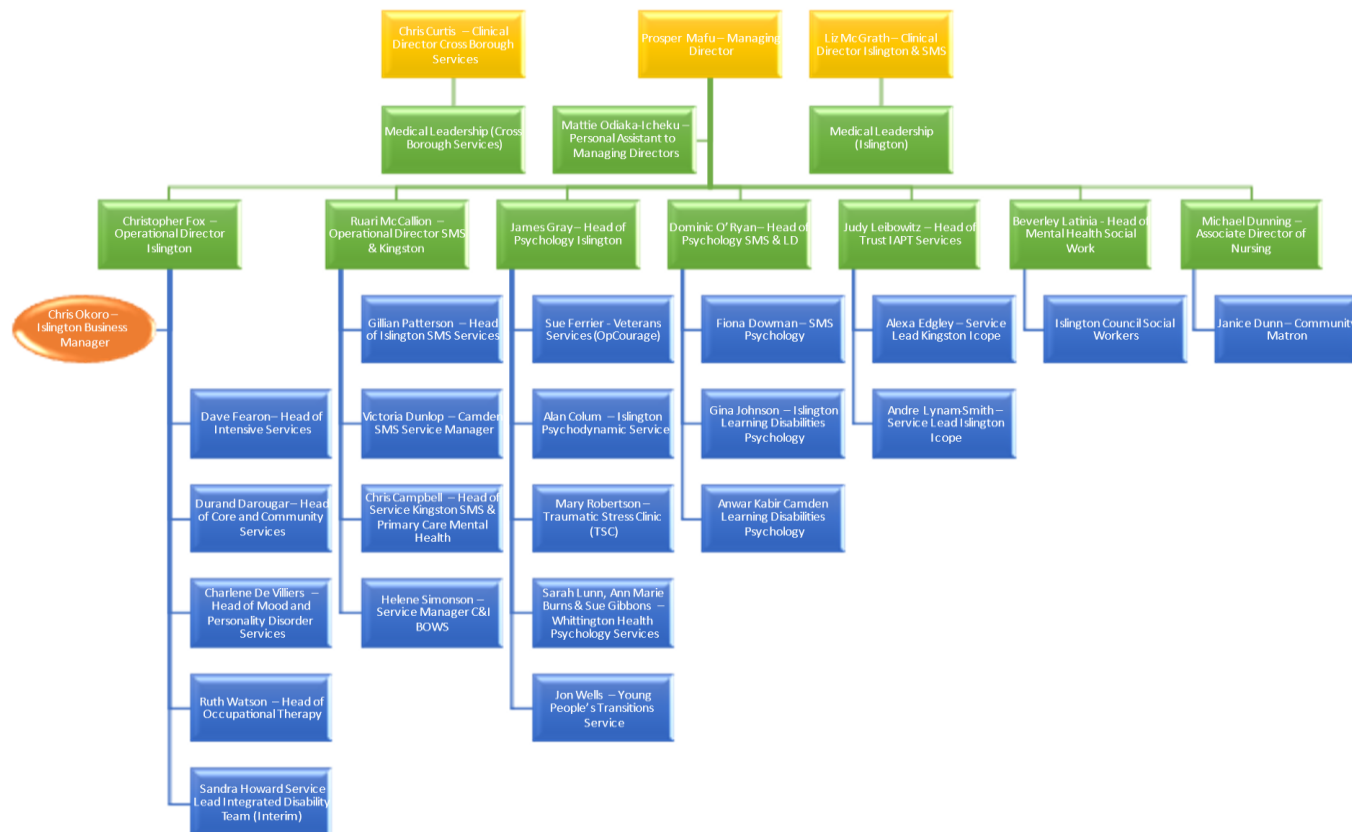
Islington Borough Division		Camden Borough Division		Hospital Division	
Managing Director	Clinical Directors	Managing Director	Clinical Directors	Managing Director	Clinical Director
Prosper Mafu	Chris Curtis (cross borough) Liz McGrath (Islington)	Alice Langley	Ian Prenelle Lucinda Donaldson (for SAMH services)	Adele Mckay	Freddie Johansson Neil Stewart (Associate Clinical Director for inpatient services) James Dove (Associate Clinical Director for Liaison/MHCAS/POS)

Islington Leadership & Service Structure

Chair: Lena Samuels
Chief Executive: Jinjer Kandola



Islington Division Senior Leadership Team (January 2023)



Chair: Lena Samuels
Chief Executive: Jinjer Kandola

Area served

Areas Served

To access further information about the mental health needs of our 5 boroughs please access the links below:

The Borough of Islington

<https://democracy.islington.gov.uk/documents/s9717/Islington%20Joint%20Health%20and%20Wellbeing%20Strategy%20-%20Draft%20for%20consultation.pdf>

The Borough of Camden

https://www.camden.gov.uk/ccm/cms-service/stream/asset/?asset_id=3528331&

Research/academic work

C&I has strong academic links with UCL and UCL Partners. There is a tradition of the Trust producing high quality research in a broad spectrum of fields including epidemiology, clinical trials and innovative service delivery and evaluation.

UCL School of Life and medical sciences, including UCL Medical School

UCL is one of the largest undergraduate medical schools in the country, one that is very active in postgraduate education and with an international reputation in many specialist areas of research and teaching in medicine and health.

UCL was recently rated as the top University in the UK for research strength, according to the 2014 Research Assessment Exercise

The Department of Mental Health Sciences

UCL Division of Psychiatry

The Division of Psychiatry is the main academic base for psychiatry at UCL. Professor Glyn Lewis is the divisional director. There are eight other professors, one reader and thirteen senior lecturers in disciplines including biological psychiatry, clinical trials, mental health of older people, social, community and epidemiological psychiatry, psychiatric anthropology and learning disabilities.

Members of the Division conduct an extensive programme of research, with particular strengths including epidemiology, mental health services research and psychiatric genetics, and it has links both with the Institute of Neurology and other departments within the Division of Population Sciences at UCL (Primary Care and Population Sciences, and Epidemiology and Public Health). The division is closely linked to Camden and Islington NHS Foundation Trust and to North East London NHS Foundation Trust and North East Essex Mental Health Trust. As well as undergraduate psychiatry teaching the Department supports a MSc in Intercultural Therapy, a MSc in Psychiatric Research, a MSc in Medical Sociology and a MSc in Medical Anthropology.

In addition the department runs an MRCPsych course. There are currently over 40 MPhil/PhD and MD students in the Department.

Probationary Period

All new staff appointments are subject to the Partnership probation policy. The probationary period for this locum post is 3 months. If problems are picked up that put the employment contract at risk during this period, they will be discussed with the post holder at the earliest opportunity, objectives for improvement set and review meetings scheduled. The objectives to be met during the probationary period are those described in this job description as well as the Partnership values. The progress of the postholder will be monitored through regular meetings with the Clinical Director.

Partnership Working

The Partnership and the London Boroughs of Camden, Islington, Barnet, Enfield and Haringey work partnership to provide mental health services. Employees from all the participating organisations work closely together and have joint management and supervision arrangements. In addition you will be expected to collect and report data relating to performance indicators for both organisations.

Confidentiality

All information concerning patients/clients and staff must be treated as strictly confidential at all times.

Valuing Diversity

It is the aim of the Partnership to ensure that no job applicant or employee receives less favourable treatment on the grounds of sex, sexual orientation, marital/partnership status, race, religion, age, creed, colour, ethnic origin, disability, part time working status and real or suspected HIV/AIDS status and is not placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. To this end the Partnership has a Valuing Diversity in the Workplace Policy and it is for each employee to contribute to its success.

Infection Control

The prevention and control of infection is the responsibility of everyone who is employed by the Partnership. Employees must be aware of infection control policies, procedures and the importance of protecting themselves and their clients in maintaining a clean and healthy environment.

The nurse or other person in charge of any patient or resident area has direct responsibility for ensuring that cleanliness standards are maintained throughout that shift.

Health & Safety

All staff must comply with all Health & Safety Policies and Procedures. Staff 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.

Wellbeing

<ul style="list-style-type: none"> • Our occupational health services are managed by our shared corporate service partnership, North London Partners Shared Services (NLPSS). • • The specialist NLPSS occupational health team provides the following services through one centralised hub with face-to-face care provided by teams at several locations: <ul style="list-style-type: none"> • Health surveillance and monitoring • Occupation-related assessments • Disability and chronic health condition employment support for staff and managers • Assessment and advice about manual handling and display screen equipment • Immunisations • Advice for human resources teams and managers • Ill-health medical reviews or retirement.
<ul style="list-style-type: none"> • Details about OH are disseminated at induction and regularly when in post
<ul style="list-style-type: none"> • Local organisational systems are in place to support doctors' wellbeing following serious incidents that involve their patients. This includes nominated senior colleague support, consultant peer group meetings/Balint Groups and suicide reflection groups. • There are also new consultant groups and access to mentors for new consultants. • Confidential support services are also available through the Employee Assistance Programme
<ul style="list-style-type: none"> • Timely job plan review with the line manager will take place when there are proposed workload changes to support safe working and identify the need for any additional support (e.g. unexpected request to cover a unit/ward/service in addition to current workload)

- Local initiatives/resources that promote wellbeing – access to Recovery College courses, physical exercise and intranet resources/signposting. The Employee Assistance Programme also provides support for stress, family and personal crisis, money management, money matters, work issues, life changes and health lifestyle.

No Smoking Policy

There is a smoke free policy in operation in the organisation. In accordance with this policy smoking is positively discouraged and is not permitted anywhere within the buildings, on the premises or grounds.

Designated smoking areas or smoking rooms are not permitted. Support is provided for staff members who wish to stop smoking.

Data Protection Act/GDPR

If you have contact with computerised data systems you are required: to obtain, process and/or use information held on a computer or word processor in a fair and lawful way; to hold data only for the specific registered purpose and not to use or disclose it in any way incompatible with such purpose; and to disclose data only to authorised persons or organisations as instructed.

All staff who contribute to patients' care records are expected to be familiar with, and adhere to, the Trust's Standards of Records Keeping Policy. Staff should be aware that patients' care records throughout the Trust will be subject to regular audit. All staff who have access to patients' care records have a responsibility to ensure that these are maintained efficiently and that confidentiality is protected in line with the Trust's Confidentiality of Health Records Policy.

All staff have an obligation to ensure that care records are maintained efficiently and that confidentiality is protected. Staff are also subject to this obligation both on an implied basis and also on the basis that, on accepting their job description, they agree to maintain both patient and staff confidentiality. In addition, all health professionals are advised to compile records on the assumption that they are accessible to patients in line with the Data Protection Act/GDPR.

Access to Health Records

All staff who contribute to patient health records are expected to be familiar with, and adhere to, the Partnership's Standards of Records Keeping Policy. Staff should be aware that patient records throughout the Trust will be subject to regular audit.

All staff who have access to patient records have a responsibility to ensure that these are maintained efficiently and that confidentiality is protected in line with the organisation's Confidentiality of Health records Policy.

All staff have an obligation to ensure that health records are maintained efficiently and that confidentiality is protected. Staff are also subject to this obligation both on an implied basis and also on the basis that, on accepting their job description, they agree to maintain both patient/client confidentiality.

In addition, all health professionals are advised to compile records on the assumption that they are accessible to patients in line with the access to Health Records Act 1990.

Systems and IT Skills Requirements

All staff are expected to use and to enter data onto the Partnership Clinical Information System and to use other required IT applications where applicable. All staff need to have the essential IT skills in order to use the Clinical Information System as well as other required IT-related applications in their jobs. Initial and on-going IT applications and IT skills training will be provided to underpin the above.

Waste Disposal

All staff must ensure that waste produced within the Foundation Trust is segregated and disposed of in such ways that control risk to health, or safety of staff and the public alike in accordance with relevant legislation and procedures contained within the Foundation Trust policy.

Professional Registration

- i) You are required to be a member of the General Medical Council. It is a condition precedent of your employment to maintain membership of the GMC. It is also your responsibility to comply with the GMC's codes of practice.
- ii) You are required to advise the Trust if the GMC in any way limits or changes the terms of your registration.
- iii) Failure to remain registered or to comply with the relevant code of practice may result in temporary downgrading, suspension from duty and/or disciplinary action, which may result in the termination of your employment.
- iv) You are required to provide documentary evidence of your GMC registration and qualifications before your employment commences or, at the latest, on your first day of employment. Furthermore throughout your employment with the Trust, you are required on demand by your manager to provide documentary evidence of your registration with any particular professional body or in respect of any required qualifications.

Risk Management

All employees are accountable, through the terms and conditions of their employment, professional regulations, clinical governance and statutory health and safety regulations, and are responsible for reporting incidents, being aware of the risk management strategy and emergency procedures and attendance at training as required.

All staff have a responsibility to manage risk within their sphere of responsibility. It is a statutory duty to take reasonable care of their own safety and the safety of others who may be affected by acts or omissions.

All managers throughout the organisation have a responsibility to ensure that policies and procedures are followed, that staff receive appropriate training, that a local risk register is developed and monitored on a quarterly basis and any changes reported to the Clinical Governance Committee and Risk and Assurance Committee.

Managers are responsible for implementing and monitoring any identified risk management control measures within their designated area/s and scope of responsibility. In situations where significant risks have been identified and where local control measures are considered to be potentially inadequate, managers are responsible for bringing these risks to the attention of the Clinical Governance Committee or Risk and Assurance Committee if resolution has not been satisfactorily achieved.

Safeguarding

The Partnership is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults. All staff are expected to implement the Trust's Safeguarding policies and procedures, act promptly on concern, communicate effectively and share information appropriately.

Review of This Job Description

This job description is intended as an outline indicator of general areas of activity and will be amended in the light of the changing needs of the organisation.



For further information or to discuss this role please contact:

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