

TOGETHER WE CAN

BECOME OUTSTANDING



Avon and Wiltshire
Mental Health Partnership
NHS Trust

Consultant in Rehabilitation Psychiatry

Inpatients & Community Teams

Bristol

10 PAs

Fixed term contract

Reference: LORVN034-BNSSG-PC



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1. Introduction



Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) provides inpatient and community-based mental health care for people living in Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. We also provide specialist services extending throughout the south west.

We employ over 5,000 dedicated members of staff who deliver services from more than 90 locations, working in approximately 150 teams across a geographical region of 2,200 miles, for a population of approximately 1.8million people.

We are passionate about promoting good mental health and wellbeing. We strive to use the expertise

and resources within our organisation, and through our partnerships, to deliver high quality services that are safe and focused on people's recovery. Our staff are pivotal in everything we do and we are committed to involving them fully in the development of the Trust and our services.

2. Trust Details

AWP is a partner in two Integrated Care Systems (ICSs). We work closely with our partners across the Bristol, North Somerset and South Gloucestershire ICS and the Bath and North East Somerset, Swindon and Wiltshire ICS to meet the health and care needs of the local populations.

The organisations that make up an ICS – including commissioners, local authorities, hospitals and community services – take collective responsibility for managing resources, delivering care and improving the health of the population.

AWP operates under 3 divisions mirroring the ICSs areas:

- West Division: Bristol, North Somerset and South Gloucestershire
- East Division: B&NES, Swindon and Wiltshire
- Specialised, Secure and CAMHS Division

AWP provides a wide range of services which include:

- Adult acute inpatient services
- Adult recovery services
- Complete intervention
- Early intervention in psychosis
- Later life inpatient services
- Primary care liaison services
- Learning disabilities services
- Low secure services
- CARS – liaison and diversion
- Pathfinder service
- Veterans mental health service
- Community drug and alcohol
- Criminal justice services
- Deaf mental health service
- ADHD services
- CAMHS

- Medium secure services
- Mother and baby unit
- Autism spectrum services
- Personality disorders service
- Traumatic stress service
- Care home liaison services
- Eating disorder services
- Adult rehabilitation community and inpatient services
- Anxiety services
- Memory services
- Street triage services
- Health based place of safety
- Therapy services
- Electro-convulsive therapy
- IAPT services

Our Purpose and our values

We are committed to improving the lives of the people we serve with compassion, respect and dignity. Our purpose can only be fulfilled by staying true to our core values which underpin everything we do; they guide our behaviours and can be seen in every interaction we have with patients, staff and stakeholders. We refer to our values as PRIDE:

P	Passion	Doing our best, all of the time
R	Respect	listening, understanding and valuing what service users and carers, staff and stakeholders tell us
I	Integrity	Being open, honest, straightforward and reliable
D	Diversity	Relating to everyone as an individual
E	Excellence	Striving to provide the highest quality support to service users and their families

Our Strategy and objectives

We are currently developing a five year strategy to reflect the changing needs and strengths within our local populations.

Our strategy has four key objectives:



Provide outstanding care

We will continually improve and provide high quality, safe care to help people achieve the outcomes that are important to them.



Develop outstanding people

We will make AWP a great place to work and learn, providing an environment where a skilled, positive and motivated workforce can provide outstanding care.



Provide sustainable services

We will ensure services are properly resourced to meet rising demand and acuity, and capitalise on opportunity for innovation.



Delivered in partnership

We will deliver care as a joint endeavour with patients/service users, family, friends and carers, including the voluntary sector.

Key working relationships and lines of responsibility

Medical Director:	Dr Sarah Constantine
Deputy Medical Director:	Dr Pete Wood
Divisional Medical Lead:	Dr Dan Hodgson
Medical Lead:	Dr Phillip Charles
Clinical Director:	Dr Eva Dietrich
Associate Director of Operations:	Paula May
Clinical Lead:	Nathan Wallbank
Operational Manager:	Sarah Thorne
Chief Operating Officer:	Matthew Page
Chief Executive:	Dominic Hardisty

3. Service Details

The Rehabilitation Services described function as an interconnected rehabilitation pathway providing to people at all levels of need, and working with people in their own homes, in supported accommodation, in hospital, and with people who are placed in out of trust longer term high dependency rehabilitation wards. Locally, the rehabilitation pathway aims to link closely with Recovery services, Early Intervention in Psychosis services, Acute and PICU Inpatient services and Secure services. These are the primary sources of referral for people with complex psychosis and related conditions and the NICE guidance on Rehabilitation for adults with complex psychosis (NG181) is the key evidence base for the services. We are currently working with stakeholders in the Bristol North Somerset and South Gloucestershire (BNSSG) ICS to develop rehabilitation services to focus care on this core cohort, reduce barriers to access, enhance recovery and improve standards, and enable care to be delivered as much as possible in peoples' own homes and communities.

This post covers predominantly the Bristol locality (population 472,400) with the inpatient ward also accepting referrals from the two adjoining localities, South Gloucestershire and North Somerset.

Community Team:

The **Bristol Community Rehabilitation Service** provides recovery-focussed support (six months to two years) for people with complex mental health needs whose needs cannot be adequately met within recovery teams or other community mental health services. This includes people who are struggling to live independently and experience significant difficulties with social functioning. The total caseload for the community rehabilitation service is approximately 100 service users with 10 people accommodated in a 10-bedded residential unit (with to 24-hour staffing), also run by the service. The service is run by Second Step in partnership with AWP, who employ all clinical staff in the service.

Support is focussed on the individual and their potential for hope, change and independence. The service has a joint health and social care approach and is led by a clinical psychologist. It provides a dynamic, supportive, community-oriented service with a strong belief that change is possible and includes peer support from trained people with experience of serious mental illness.

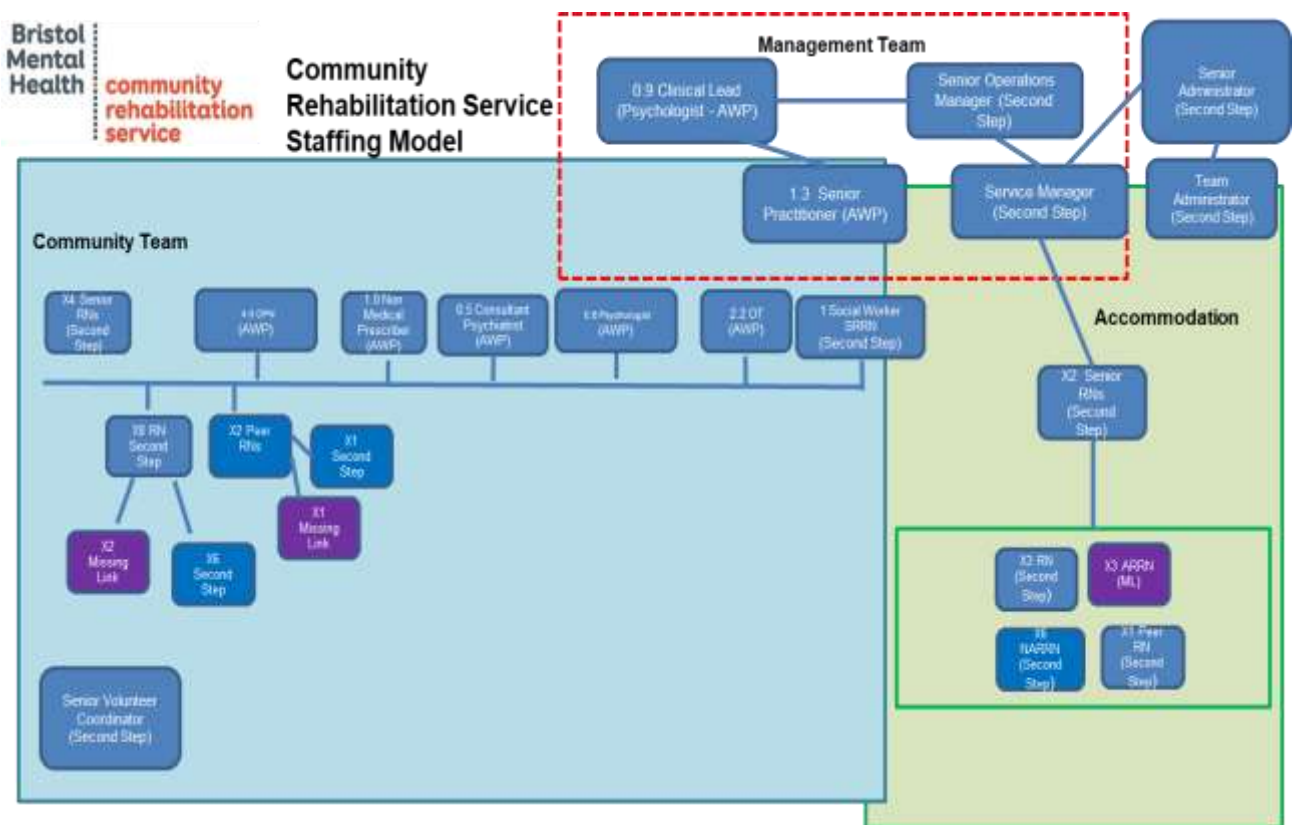
The 10 bedroom residential unit with shared community spaces is based at Wellbridge House in Brentry, Bristol.

The aims of the service are:

- To provide high quality mental health support and clinical care to the individual, to enable them to realise their full potential for hope, change and independence.
- To develop community-based 24 hour supported living as a significant step towards independent living.
- To enable people who use the service and their carers have a say in the service, the way it is provided and delivered so that they feel a central part of the process throughout.

The benefits of the service include:

- People with serious mental illnesses are helped to move from ward-based hospital care and into the community in a supportive, nurturing specialist environment.
- The recovery approach gives people the hope and the tools to take more control of their lives and to live as independently as possible, with the focus on individualised support plans for everyone in the service.
- It is a psychologically led service, with a psychologist as lead clinician, and psychologically informed at every level from its governance through to day to day service delivery.



Key:	AWP – Provided by AWP
ARN – Assistant Recovery Navigator	ML – Provided by Missing Link
SRN – Senior Recovery Navigator	
RN – Recovery Navigator	
NARN – Night Recovery Navigator	
OT – Occupational Therapist	

The staffing diagram above shows the original staffing model when the service began in 2014 and has been subject to minor amendments over time. Staff shown in the accommodation hub are responsible for the day to day running of the accommodation and covering the rotas etc. Staff shown in the community spoke provide care coordination and therapeutic interventions across both the community spoke and the accommodation hub. This post is a significant uplift in consultant input to the team, reflecting changes in the complexity of the caseload, taking the combined consultant compliment to 0.95 wte (9.5 sessions, including SPA time).

The Consultant Psychiatrist provides direct work with service users and consultation across both the accommodation hub and community spoke. They also have a key role in supporting the development of the service.

The service manager provides operational management across both the hub and spoke. The responsible officer for clinical and quality governance in Second Step is the Director of Operations. The Clinical Lead is responsible for clinical leadership and governance across the accommodation hub and community spoke. The Deputy Service Manager is an RMN and is responsible for management of the accommodation hub.

Out of Trust Rehabilitation Pathway Team

Embedded in the Bristol Community Rehabilitation Service is a small team of Recovery navigators, clinicians and administrator, which began in April 2022. The aim of this team is to firstly to understand the existing use of out of trust longer term high dependency rehabilitation wards (often known as 'locked rehab') through engaging with service users, providers, local care teams and commissioners who hold the budget for this pathway. The team is now engaged in work to facilitate return of people from these wards, using existing local services (community and inpatient) and working closely with the ICS Community Mental Health Framework Rehabilitation development programme to provide data to support local service design with an aim to ending use of the out of trust pathway.

The sub-team consists of:

Band 7 senior Practitioner (OT)	1 wte
Band 6 Nurse	1 wte
Social worker	1 wte
Senior Recovery Navigator/Care Coordinator	1 wte
Peer Recovery Navigator	1 wte
Band 7 Psychologist	0.1 wte
Administrator	0.5 wte

The consultant post will work alongside the existing consultant job share posts to provide senior clinical input into this area of the rehabilitation pathway and the associated service developments. It is anticipated that this will be 0.25wte (2.5 sessions, including SPA time) in total.

Inpatient service:

The **Inpatient Rehabilitation Service** is provided at Alder Unit, Callington Road Hospital, and is a 10-bedded, mixed sex, campus based, High Dependency Rehabilitation inpatient ward, managed directly by AWP. Alder provides the part of the rehabilitation pathway for service users with higher recovery needs, many of whom start that pathway while they are still detained under the Mental Health Act. Service users may step down from Alder to community supported accommodation or out into more independent accommodation, often under the care of the Community Rehabilitation

Service. Alder is also the enabling facility for those stepping down from the secure pathway, and who often continue to be detained under forensic sections. Alder therefore has a higher proportion of service users who are detained under the MHA; any service user who is detained and requires an open rehabilitation care pathway is cared for on this ward. The relationships between the different parts of the rehabilitation pathway require good partnership working by all teams, and these are supported by a number of pathway meetings, joint assessments, and shared care planning.

The Team provides an inpatient psychiatric rehabilitation service for adults of working age (and occasionally older adults), who experience enduring mental health and recovery needs, for the diverse population of Bristol. It also accepts referrals from South Gloucestershire and North Somerset when campus-based inpatient open rehabilitation is needed. These two localities each have a stand-alone Community Rehabilitation inpatient ward (Elmham Way with 7 beds in North Somerset and Whittucks Road with 10 beds in South Gloucestershire) with input from their locality consultant psychiatrists.

The emphasis at Alder is on a recovery approach which focuses on adopting hope for the future with the individual, and encouraging them to tell their life story up until now, and envisaging their future by supporting patients through:

- Stabilisation and optimisation of treatment of underlying mental health condition
- maintenance and development of a range of independent living skills whilst recovering
- an information-providing, enabling, socially-informed approach
- Relapse prevention work
- A family and carer inclusive approach

In conjunction with the service user, Care Coordinator and multi-disciplinary team, the care team formulates an individual plan of care to support the service user to maintain and develop the skills required for their future, including through community support and supported accommodation.

Composition of the Team

The ward is managed by a supernumerary nurse ward manager who is supported by a matron and a team of nursing staff from bands 3 to 6. There is dedicated support from occupational therapy, physiotherapy, psychological therapies, dietetics and pharmacy staff within the hospital. Specifically for Alder there is a half time psychology post dedicated to Alder, a dedicated full time OT technician, linked into the OT team based at Callington Road Hospital and 15 hours of Arts psychotherapist time. The ward is also supported by administrative staff Monday-Friday. The combined consultant psychiatrist input to Alder is 6.5 sessions, including SPA time, provided by this post and job share posts.

Consultant	0.65 wte
Matron	0.4 wte
Band 7 Ward Manager	1 wte
Band 6 Charge Nurse	2 wte
Band 5 Nurse	3.6 wte
Band 3 HCA	7.2 wte
Band OT Technician	0.8 wte
Band 3 Team Administrator	0.6 wte
Band 4 Medical Secretary	0.5 wte

Service Users

Most patients admitted to Alder will be transferred from inpatient acute wards. The median length of stay is about 200 days. The service user group includes people who require support with daily living skills to be able to live independently in the community or move on to other supported environments.

Therapeutic Model

The Consultant works with the Ward Manager and multidisciplinary team to define an appropriate therapeutic model for the unit based on the needs analysis of users and evidence of best practice. This is in line with the Joint Commissioning Guidance for Mental Health Rehabilitation services for people with mental health needs (www.jcpmh.info/good-services/rehabilitation-services). A training programme for staff has developed in line with evidence based therapeutic approaches.

Whilst the patients are within the rehabilitation ward, they are under the care of the Consultant who acts as the Responsible Clinician for those detained under the Mental Health Act. The inpatient team will remain in contact with the user and the Care Coordinator is expected to liaise closely with the inpatient team to provide high quality care and attend regular Care Plan Review Meetings. The consultant often liaises with the previous inpatient consultant for handover and the ongoing community consultant for discharge planning, including ongoing use of the MHA where appropriate.

Key Facts

Ward facilities include:

- Consultation rooms
- Separate male and female sleeping areas
- A female only lounge
- A games / activity room
- Service user kitchens
- Gardens

On site therapies department at Callington Road, which includes:

- Art rooms
- Workshops
- Gym
- Basketball court
- Multi-faith room
- Meeting rooms

4. The post and local working arrangements

Post and specialty:	Consultant Psychiatrist in Rehabilitation Psychiatry (Inpatient and Community teams).
Base:	Callington Road Hospital, Marmalade Lane, Brislington, Bristol and Second Step Offices, Brunswick Square, St Pauls, Bristol.
Total Number of PAs:	10 PAs per week
Accountable professionally to:	Medical Director
Accountable operationally to:	Medical Lead

The Trust is seeking a consultant psychiatrist to take up a fixed term opportunity in rehabilitation psychiatry in Bristol. This post has been agreed as a fixed term post until the end of March 2025 as part of the local ICS Community Mental Health Framework Rehabilitation programme of service development. The explicit aim of the post is to support the current services to work effectively with the core cohort and to help develop the future service offer to meet the needs of this cohort locally.

The post holder will provide consultant psychiatrist input to Alder unit at Callington Road Hospital and the Bristol Community Rehabilitation Service, including the Out of Trust Rehabilitation Pathway. This post will work with the current 1.1wte consultant job share post (made up of 0.6wte and 0.5wte, covering the whole working week) to provide this input to the two services and support service development within the BNSSG ICS.

The existing job share consultant post holders are both trainers. There is regularly 0.2WTE of GPVTS attached to them and a higher trainee post is available and approved.

Rehabilitation services patient flow and caseload

Referrals into the Community Rehabilitation Service come predominantly from Recovery Teams, with others directly from inpatient wards, GPs, and other mental health services. The referrals are screened and allocated for assessment by the Clinical Lead and senior nursing staff, with input from the Consultant where required. All assessments are discussed in the MDT and the Consultant is closely involved in decisions about the caseload. There are roughly five new referrals per week. Community team staff who care coordinate have a caseload of 15-20.

The consultant post does not care coordinate, but works across the entire caseload. There is a system in place to ensure that all service users are psychiatrically reviewed after entering the caseload, at least annually during their care, and prior to discharge or transfer.

Referrals into Alder unit are managed by the medical secretary and ward manager and discussed regularly with the consultant who carries out some assessments and is often involved in liaison between services to help define the most appropriate care pathway. The unit runs a waiting list and is subject to discharge plan review within the hospital bed management systems. This supports flow through the unit and provides a forum for management of delayed transfer of care, including with Social Care colleagues, who regularly visit the unit.

The consultant is often involved in Out of Area referrals and will sometimes assess people placed in other parts of the country.

5. Clinical duties

- The prime responsibility of the post holder is to work jointly with the 1.1wte job share post holders to provide full consultant cover across the working week to the rehabilitation services specified. This includes direct and indirect clinical care, supervision of junior staff, consultative work with colleagues and other teams, and psychiatric leadership alongside other senior roles in the services.
- The Consultant will deliver direct interventions to service users at a level of intensity according to the psychiatric need including those service users who require an assertive approach to rehabilitation and where there are barriers to engaging. This will include on-going assessment, diagnoses (including review and clarification) and treatment of mental and related physical health needs.
- The rehabilitation services have a strong recovery focus and the post holder will make an important contribution to helping the team maintain this focus.
- The Consultant will work when appropriate in collaboration with the service user's General Practitioner and other medical services.
- The Consultant will share responsibility with the job share post holders to provide supervision to a single non-medical prescriber within the community team.
- The Consultant will actively participate in team meetings and the on-going development of the team including personal caseload management and supervision
- Responsible for the mental health care of service users, monitoring and evaluating service delivery and care through regular reviews.
- To participate in MHA assessments where appropriate as well as facilitating CTO discussions and prepare and present reports to the Mental Health Tribunals and Managers Hearings under the MHA 1983 (updated 2007). The Consultant will act as RC for service users in collaboration with other teams and Consultants for inpatients and in the community
- To collaborate with key personnel to ensure the smooth transition through any changes in the care pathway.
- The Consultant is expected to contribute to the development of the rehabilitation services in line with best practice and nationally accredited standards and participate in the maintenance, monitoring and evaluation of service specific performance indicators and quality standards.
- Responsible with rehabilitation service team members, for the identification, monitoring and evaluation of the care package and care cluster delivery for individual service users, identifying service users who require access to specialist services and/or require stepping up or down to other services.
- The Consultant will be involved in decision making regarding new assessments and suitability for the community rehabilitation service.
- The Consultant is expected to provide visible and clear leadership at team level. The Consultant will also be expected to provide leadership with primary care in particular focusing upon health promotion and step down procedures and rapid access.
- The Consultant is expected to manage all medical staffing within the team (training and supervision of trainees as appropriate) and to participate in collaborative medical cover

arrangements including appropriate medical cover for extended hours/on call and leave arrangements in line with Trust policy.

- The post holder will be encouraged to develop an area of special clinical interest in line with service needs. This may be practice based research. The Trust actively encourages continuing professional development and in view of this, appropriate study leave and expenses will be supported by the Trust.
- The post holder will be expected to support the Medical Lead and participate in strategic development both within local services and the wider Trust. The post holder will be expected to be involved in service development by attending Medical Staff meetings and the local Medical Advisory Group, but will also be expected to contribute to the leadership and development of the community service component through supporting and advising the lead psychologist.
- The Trust is committed to maintaining supervision processes for medical staff. The Consultant is expected to engage with supervision arrangements as required by the Medical Lead.
- The Consultant is expected to maintain good standing with the Royal College of Psychiatrists for Continuing Professional Development (CPD).

6. 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 Junior Doctor Contract 2016 and are Working Time Directive compliant.
- To undertake the administrative duties associated with the care of patients.
- To undertake administrative duties associated with the running of his/her clinical work.
- To record clinical activity accurately and comprehensively, and submit this promptly to the Information Department.
- To participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.
- 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.

7. Continued professional development (CPD)

The Trust is committed to training and development as it is recognised that trained and motivated staff are crucial to our success. Whether we are inducting new employees to the Trust or meeting new challenges we recognise the importance of training and continuous professional development.

There are a wide range of training opportunities offered by the Training Department, as well as local and Trustwide academic meetings. The Trust expects consultants within local services and specialities to meet in Personal Development Plan (PDP) groups that comply with Royal College or psychiatry guidelines, in order to develop their own PDPs and keep them up to date, and it provides the time for this within Supporting Professional Activity time. The post holder will be expected to maintain good standing with respect to CPD in accordance with the Royal College of Psychiatrists guidelines.

The Medical Education team hold details of PDP groups, and can support new staff in finding a suitable consultant group.

There is a study leave allowance for Consultants of 30 days over 3 years. Study leave and expenses are approved by the Director for Medical Education.

8. Clinical leadership and medical management

The responsibility for all medical staff within the Trust lies with the Medical Director, Dr Sarah Constantine. She is supported by Dr Pete Wood, Deputy Medical Director for Professional Standards and Dr Suchitra Sabari Girivasan, Deputy Medical Director for Clinical Effectiveness.

Each Directorate is led by a Clinical Director and an Associate Director of Operations. Operational accountability for the post holder lies with the Medical Lead, who has line management responsibility, and the Operational Manager for the service.

The post holder will be encouraged and supported in developing the appropriate management and leadership skills to fully participate in service developments.

The post holder will be expected to provide clinical leadership to the multi-disciplinary team and will be encouraged to contribute to other relevant management activities within the Directorate and within AWP.

The post holder will be expected to attend the Trust's Medical Advisory Group (TMAG), which meets quarterly and includes all medical staff within AWP. This meeting provides a dual function of both education and information sharing. It enable consultants to extend professional advice to the Executive team and for the Executives to consult and inform medical staff of key Trust business.

9. Leadership development programme

The leadership development programme is designed for recently appointed Consultants in AWP to help them understand how their leadership behaviours affect the culture in which they work, and to learn more about themselves as leaders. The programme is one year long and consists of a workshop every 2 months, progressing to masterclasses. It concentrates on 3 core areas:

Self as Leader
Leading teams
Leading change and transition

The programme is run by the Advanced Coaching Academy who have extensive experience of working with the NHS, have been in senior leadership positions themselves, and currently run the Managers Toolkit and coaching training in AWP. The programme includes an individual coaching session at the end of the first module focussing on yourself as a leader.

At the end of the first year of the leadership development programme there will be a series of masterclasses to choose from including:

Influencing skills for leaders
How leaders effectively manage conflict
Inclusive leadership
Authentic leadership with integrity

Medical Leads provide individual supervision for Consultants, which is more frequent for newly appointed Consultants to support the transition to being a Consultant in AWP.

10. Mentoring

AWP has a mentorship scheme available for newly appointed consultants. The post holder is invited to take up a mentor within our Trust, and upon appointment, the new consultant is invited to contact the Director of Medical Education who will link them in with our database of mentors. Dr Sarah Price is the lead for the mentorship scheme, and she can also be approached for guidance and advice by newly appointed medical staff.

The Trust strongly supports mentorship for newly appointed consultants and the time required for mentorship will be available within the job description and job plan. All consultants are expected to be an active member of a CPD group meeting, Royal College of Psychiatry standards.

11. Appraisal and revalidation

All Consultants within the Trust participate in a formal appraisal process and attend an appraisal meeting on an annual basis either with the Medical Lead or an approved Trust appraiser. This is in line with our medical appraisal policy and the good medical practice and guidance from the General Medical Council in preparation for revalidation. The appraisal lead for the Trust and the Medical Education Department hold a list of recognised appraisers within the Trust.

The appraisal process requires all Consultants to use Edgecumbe 360 and to provide an on-going portfolio of supporting evidence which conforms to national, General Medical Council and Royal College standards and guidance.

Appraisals link to the job planning process in line with all Trust medical staff. Sufficient support and time will be allocated in the timetable to allow full participation in the Trust's appraisal process (through allocation of SPA) and the necessary CPD and study leave activity that relates to the appraisal development plan will be supported.

In addition all medical staff must also comply with the Trust policies in relation to the process of Revalidation by the GMC. The Responsible Officer for the Trust is Dr Sarah Constantine, Medical Director.

The Trust uses PReP (Premier IT Revalidation e-Portfolio) to organise the appraisal process and facilitate revalidation recommendations by the Responsible Officer. All medical staff will be required to use PReP.

12. Job planning

Job planning is undertaken in conformity with the terms and conditions of the new consultant contract. Job planning meetings take place annually between May June and July with a clinical manager, together with a general manager if this is agreed by the consultant. Part of the job planning process will include local delivery unit (LDU) objectives that are based on the Trust's annual objectives. A group meeting with all the consultants in the LDU may take place to discuss these local objectives prior to individual job planning meetings. Job plans are reviewed within 6-9 months.

The job planning process links to appraisals. Each consultant is provide with a line manager and will have a minimum of a yearly job plan review. Should there be a proposed change in the workload, a timely job plan review will be offered to support safe working and identify the need for any additional support.

Job plans are submitted electronically using PReP (Premier IT Revalidation e-Portfolio) the same software that manages the appraisal process. The Trust does not expect consultants to opt out of the Working Time Directive.

13. Teaching and training

All medical staff are expected to be accredited as clinical supervisors, and as an education supervisor if directly responsible for a trainee. The post holder will be expected to undertake the supervision and training of junior and middle grade doctors, Specialist Registrars, multidisciplinary colleagues; where appropriate and medical students from Bristol Medical School and the University of Southampton.

The Director of Medical Education; Dr Angelika Luehrs, is supported by 4 Associate DMEs, one Senior Teaching Fellows, 16 Undergraduate and Postgraduate Tutors and 7 FY Leads across the footprint of the Trust. The Trust has 51 Core Trainees, 37 Advanced Trainees, 35 FY1 and FY2 Doctors, and 18 Vocational Training Scheme posts for General Practice (GPVTS) across 9 training locations within the Trust.

14. Research

Research is an area of strength in AWP, with the primary source of income being the West of England Clinical Research Network delivering NIHR portfolio research. In recent years AWP has been nationally commended by NIHR for increasing our level of research activity, and supports circa 1,000-2,000 participants to take part in research each year.

The vision for research within AWP is to shape ourselves towards clinical excellence by conducting research that improves our services and makes a difference to service users, carers and staff. Whilst ensuring we provide as many opportunities for everyone to reduce health inequalities and provide evidence based services. The priority areas for research in AWP are; Research into clinical interventions that have the greatest impact on outcomes and advance services, visible leadership for research trust-wide, research being at the centre of all services, and linking with local, national and government priorities to make things better for service users, carers and staff.

AWP benefits from good collaboration with three local universities (Bristol, UWE and Bath) and is one of the major national centres for research into suicide prevention. Over recent years, AWP has worked with its partner universities and NHS trusts in the region to form Bristol Health Partners, a collaboration of NHS organisations, universities and councils. The Partners' mission is to generate significant health improvements in service delivery in Bristol by integrating, promoting and developing Bristol's strengths in health services, research, innovation and education. AWP has good representation on all health integration teams (HITs) relevant to the Trust.

15. Mental Health Act and Responsible Clinician

The post holder would be expected to be approved as a Responsible Clinician or be willing to undertake training to obtain Section 12(2) MHA and will be expected to renew this approval according to agreed procedures.

16. Administrative support and office accommodation

The consultant will have access to appropriately qualified administrative/secretarial support to enable them to effectively participate in all their roles and responsibilities, to manage their diaries and provide support for non-clinical activities. There is 0.5wte medical secretary time dedicated to the consultant team for the community part of the role (shared with the second consultant of this job share). The named individuals will be based at Callington Road Hospital and at the Second Step offices in St Pauls.

The postholder has access to shared office space in the community service as well as a dedicated office (shared with the two existing rehabilitation consultant job share post) with their own desk and computer at Callington Road Hospital.

The Consultant will have access to a private room with a phone and computer facilities for the purposes of seeing patients, carers and families where a confidential, safe and therapeutic environment is necessary. This room is also available for the purposes of supervision and speaking with colleagues about patients in a confidential environment. They will also have access to this private room in order to dictate letters and prepare reports, which usually contain confidential and sensitive information. A mobile phone and a dedicated laptop will be provided to support mobile working.

17. Clinical governance and quality assurance

The Trust is committed to providing high quality, effective care and to this end has a Trust-wide Clinical Governance Committee and locality based Clinical Governance Committees.

It seeks to support Clinical audit and the development of clinical guidelines and protocols, care pathways and care packages based on best evidence. It seeks also to promote continuous education and monitoring of professional performance in order to promote the highest standards of practice.

The post holder will be expected to:

- Contribute to clinical governance and responsibility for setting and monitoring standards
- Participation in clinical audit, and/other local assurance processes.
- Participation in service/team evaluation and the planning of future service developments.

18. Quality improvement

- Leads and manages a team in a way that supports the development of a culture of continuous improvement and learning.
- Utilises a quality improvement approach to think systemically about complex problems, develop potential change ideas and test these in practice using a systematic QI methodology.
- Empowers the team to resolve local issues on a daily basis using the tools and method of quality improvement without staff having to seek permission.
- Promotes awareness and understanding of quality improvement, and shares learning and successes from quality improvement work.

19. 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.

20. 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.

21. Work programme

It is envisaged that the post holder will work 10 programmed activities over 5 days. Following appointment there will be a meeting at no later than three months with the clinical manager to review and revise the job plan and objectives of the post holder. The overall split of programmed activities for this full time post is 7.5 to be devoted to direct clinical care, 1 to service development and 1.5 to supporting professional activities (as per the Royal College of Psychiatrists recommendations). The timetable is therefore indicative only. A formal job plan will be agreed

between the post holder, job share post holders, medical lead and service managers within three months after commencing the post and at least annually thereafter.

22. On-call and cover arrangements

On-call is a requirement of this post.

The on-call commitment is currently 1:25 but this will be subject to change from the 1st August 2023. The on-call commitment is not pro-rata for part time consultants. It is designated as Category A with a 3% on-call supplement. The remuneration for predictable and non-predictable on-call clinical activity is currently under review.

The rota covers adults of working age and older people, including inpatient units, in South Gloucestershire, Bristol and North Somerset. The Consultant will not provide cover for Child and Adolescent, Learning Disability, and Forensic Services as these specialties are covered by a separate rota. Senior trainees also participate in this rota and are supervised by the consultant on-call.

Consultants will be expected to have a handover (by phone) with on call juniors and discuss a care plan for all new admissions over the weekend. The consultant on-call rotas are subject to review.

Cover for annual and study leave is reciprocal with other Consultants and leave requests are submitted electronically to the Medical Lead with appropriate cover agreements

Cover is agreed mutually in advance of each period of leave.

23. Wellbeing

Effective local occupational support

As part of our Health and wellbeing program AWP work in partnership with People Asset Management (PAM OH) to provide our staff with a high quality occupational Health services. PAM OH are SEQOHS accredited (Safe, Effective, Quality, Occupational health Service) and provide a full range of OH services including new employee health assessments, access to a full workplace immunisation programs and manager referrals to support staff and managers during periods of ill health. Staff also have access to a 24/7 "sharps" telephone advice line, and a wealth of health and wellbeing information and resources via both the PAM OH website and the AWP health and wellbeing pages on ourspace.

As a mental health Trust AWP recognise the importance of supporting staff mental wellbeing, a free employee assistance program (EAP) provided by PAM assist gives staff access to 24/7 confidential counselling service, which can be accessed online, via the telephone or face to face, additionally we have our own in-house staff Traumatic stress service which can provide support to staff following a traumatic incident.

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

AWP has a range of sources of psychological wellbeing support that would be available to doctor's following an incident. Following a serious incident a Staff Support Debrief Meeting can be requested for all staff involved and are facilitated by trained AWP staff. In addition, further wellbeing support is available through our Occupational Health service and psychological interventions for post-traumatic stress disorder are available from AWP's Traumatic Stress Service for staff.

Availability of local initiatives/resources that promote workforce wellbeing

AWP has several ways to support the Health and Wellbeing of staff. There are policies that cover the approach to work life balance such as flexible working and retire and return the flexible approach to retirement. AWP also supports psychical wellbeing through schemes like the cycle to work scheme, our health and wellbeing booklet, vulnerable person's risk assessment and events like the Walking Challenge. Psychological wellbeing is also important and AWP has a range of interventions starting with wellbeing conversations with line manager to a pathway of interventions such as reflective practice, staff support debriefs and the AWP Traumatic Stress Service for staff. We have an active coaching network and doctors can take part in reciprocal mentoring. There is also peer group support and Balint groups for Consultant/SAS doctors. There are active Health and Wellbeing Groups in each area that you can connect in with and have your voice heard.

24. 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.

25. Leave

Entitlement will be 32 days per annum for full time working, increasing to 34 days on completion of 7 years' service as a Consultant. In addition, there is entitlement to 8 Public/Bank Holidays. For consultants contracted to work less than 10 PAs per week, annual leave, including Public/Bank Holidays will be calculated pro rata.

26. Visiting arrangements

We would welcome the opportunity to meet with any interested candidates prior to the interviews or submission of an application. To discuss the post further or to arrange a visit to the hospital or community facilities please contact:

Dr Phillip Charles, Medical Lead

p.charles@nhs.net

07803441404

OR

Dr William Hall, Consultant rehabilitation psychiatrist

william.hall3@nhs.net

07876 475100

27. Suggested timetable

Day	Time	Location	Activity	Category	No. of PAs
Monday	AM	Alder	Alder MDT (alternate weeks)	DCC	1
	PM	Alder/Callington Rd	Ward work/Supervising trainees	DCC/SPA	1 (0.5 each)
Tuesday	AM	Bristol Community Rehabilitation Service	Community patients	DCC	1
	PM	Bristol Community Rehabilitation Service	Community patients	DCC	1
Wednesday	AM	Bristol Community Rehabilitation Service	BCRS MDT (weekly)	DCC	1
	PM	Various	Service development work	SDW	1
Thursday	AM	Alder	Alder MDT	DCC	1
	PM	Callington Rd	e.g. CPD/Research/external roles	SPA	1
Friday	AM	Bristol Community Rehabilitation Service	Community patients	DCC	1
	PM	Bristol Community Rehabilitation Service	Community patients	DCC	1

Programmed activity	No of PAs
Direct clinical care (DCC)	7.5
Service development work (SDW)	1
Supporting professional activities (SPA)	1.5
Total Programmed Activities	10
Unpredictable emergency on call work (APA payment)	1

28. Population and attractions of area

Population

Bristol has a population of 472,400 making it the largest city in the South West of England and the 7th largest city in England. It is one of England's eight 'Core cities', meaning it is one of the eight largest city economies outside of London. It is one of the UK's leading green cities. Bristol has a unique population, which brings with it a diverse range of challenges.

Some wards of Bristol are amongst the most deprived in the country. A few are among the most affluent. 16% of Bristol's population belongs to a Black & Minority Ethnic (BME) group, including a large immigrant Somali population. The Office of National Statistics (ONS) estimate that around 7,500 people per year access NHS specialist mental health services in Bristol. Bristol's 57,200 older people make up 13% of the total population suggesting 1 in 7 people living in Bristol are aged 65 or over.

Attractions of area

Named best place to live in the UK in 2017 and described as 'a small city that feels like a big city', Bristol is an ideal combination of extraordinary culture, impressive schools, buzzing culinary scene, exciting redevelopment and community spirit." (*The Sunday Times*).

Bristol is lively yet laid back, mixing its rich maritime heritage with an innovative dynamic culture making it the most interesting city outside of London. It has a creative and independent spirit which can be experienced throughout the city, from its colourful street art and huge selection of independent traders, to its very own currency, the Bristol Pound. Bristol is also one of the most family friendly cities in the UK, packed with activities and award-winning attractions such as the Harbourside with Bristol Aquarium, At-Bristol and Brunel's SS Great Britain.

The city is ideally placed with both seaside and countryside on its doorstep. It has fantastic transport links being connected by road from London to Wales by the M4 motorway, and from Birmingham to Exeter by the M5 motorway. There are two principal railway stations in Bristol they are Bristol Parkway and Bristol Temple Meads. The city is also served by its own airport with many European destinations.

To find out more visit:

www.visitbristol.co.uk



29. Person Specification

Criteria	Essential	Desirable	How assessed
QUALIFICATIONS	MB BS or equivalent medical qualification	Relevant Higher Degree e.g MD,PHD,Msc or other additional clinical qualifications MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists	Application form
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment Included on the GMC Specialist Register OR within six months of gaining CCT Approved clinician status OR able to achieve within 3 months of appointment Approved under S12 OR able to achieve with 3 months of appointment	CCT in General Adult Psychiatry CCT with Rehabilitation Psychiatry endorsement	Application form Documentation
EXPERIENCE	Experience of assessing and treating patients in a community and Inpatient setting Knowledge and evidence of participation in CPD Evidence of effective multidisciplinary team involvement	Specific rehabilitation service experience, including in assessing, treating and managing complex psychosis, and working effectively across systems of care to support recovery Experience of partnership working	Application form Interview
PERSONAL SKILLS	To possess leadership skills and be able to work collaboratively in a multidisciplinary team. Ability to manage own time, workload and prioritise clinical work. Ability to appraise own performance as a Consultant. Able to demonstrate excellent communication skills, in order to effectively work with patients, carers and staff	Evidence of specific achievements that demonstrate leadership skills Flexible and tolerant. Relaxed when dealing with teams under pressure. Motivational skills.	Application Interview References Discussion Group

	<p>Excellent written and oral communication skills</p> <p>Approachable and compassionate personality with good listening skills</p>		
CLINICAL SKILLS	<p>Ability to assess and treat psychiatric problems in Adults of working age and to deal with crisis situations</p> <p>Specific skills in working with people with long term conditions, treatment-resistance, and multiple co-morbidities across a range of therapeutic modalities</p>		Application Form Interview
KNOWLEDGE	<p>Understanding of the management skills required to function successfully as a Consultant.</p> <p>Awareness of current issues in mental health service provision, policy and legislation</p> <p>An understanding of the importance of Clinical Governance in NHS organisations and importance in patient care</p> <p>Thorough working knowledge of the MHA, MCA and related legislation, with specific experience of Responsible Clinician role in inpatient and community orders, both civil and forensic sections, DoLS, and Consent to Treatment arrangements.</p>	<p>Knowledge of alternatives to inpatient admission care approaches</p> <p>Excellent knowledge of diverse range of interventions</p>	Application Form Interview
TEACHING	<p>Commitment to and experience of undergraduate and postgraduate learning and teaching</p> <p>Understand and demonstrate use of the principles of teaching</p>	<p>Experience as an Educational Supervisor for trainees</p> <p>Evidence of organisation of further teaching programmes in medical education or multi-professional education</p>	Application Form Interview
RESEARCH & AUDIT	<p>Experience or involvement in a research project and publication</p> <p>Ability to supervise junior medical staff undertaking research projects</p> <p>Experience of carrying out an audit project</p>	<p>Ability to critically appraise published research</p> <p>Published audit project</p>	Application Form Interview
MANAGEMENT	<p>Able to manage priorities</p> <p>Evidence of management/leadership skills training</p> <p>Ability to identify, assess and manage risk</p>	<p>Previous leadership experience in service design, development, or service transition</p> <p>Demonstrable skills in quality improvement</p>	Application Form Interview

	Experience of supervising junior medical staff	Higher skills in risk management, including formal training in assessment tools, forensic experience, or evidence of positive risk taking approaches with people with SEMI	
APPRAISAL & REVALIDATION	Name and details of current Responsible Officer, where appropriate	Evidence of satisfactory completion of Appraisal within the last 12 months. Copy of Output of Appraisal (Form 4 or equivalent).	Post interview processes
OTHER	Able to fulfil the duties of the post. Independently mobile and willing to travel. Satisfactory pre-employment checks		Application/Interview/Post interview process

30. Key terms and benefits

Following is a summary of the main terms and conditions together with the benefits of joining Avon & Wiltshire Mental Health Partnership NHS Trust. Any formal offer of employment will be accompanied by a full statement of terms and conditions.

Salary

The appointment is at Consultant grade with salary thresholds from £88,364 - £119,133 per annum for a full time post of 10 Programmed Activities (PAs). Part Time employees will receive payment pro rata to the above full time salary range. The starting point on the salary scale will depend on the date on which the doctor was first appointed as an NHS Consultant and may take account of other consultant level experience or factors, which have lengthened consultant training, in accordance with the Terms and Conditions – Consultants (England) 2003. This post is also subject to nationally determined terms and conditions of service. If candidates are in receipt of Discretionary Points or Clinical Excellence Awards these will be honoured.

Sick Pay

Entitlements are outlined in paragraph 225 – 240 of the TCS.

Pension

The NHS offers a superannuation scheme, which provides a variety of benefits based on service and final salary. Their pay will be subject to the deductions of contributions in accordance with the scheme's regulations. Membership of the scheme is via automatic enrolment, further details are available on appointment.

Equal Opportunity & Diversity

Avon and Wiltshire Mental Health Partnership NHS Trust is committed to the fair treatment of all people, regardless of their sex, gender re-assignment, race, colour, ethnicity, ethnic or national origin, citizenship, religion, beliefs, disability, mental health needs, age, domestic circumstances, social class, sexual orientation, ex-offender status, political allegiance or trades union membership. The Trust requires all of its employees to treat all of its stakeholders including colleagues, service users, carers and their visitors with dignity and respect.

Flexible Working

The Trust is committed to assisting employees to achieve a healthy work/life balance and will consider sympathetically requests for flexible working arrangements, taking into account the impact on colleagues and the service.

Maternity, Paternity and Special Leave

AWP offers generous maternity leave, after qualifying service, with extended maternity pay together with up to a year's leave with the right to return to your role within the Trust. Paid Partner Leave of two weeks following the birth of a child is also available, as well as Additional Paternity Leave (APL) subject to eligibility. Special Leave is also available when staff are experiencing difficulties for compassionate, domestic, personal or family reasons.

Relocation Expenses

The successful candidate *may* be eligible to apply for assistance with removal and associated expenses in accordance with the Trust's Relocation Policy.

Travel Expenses

Travel expenses will be in accordance with paragraphs 277 – 308 of the TCS for journeys incurred in performing your duties.

Interview Expenses

Second-class travelling expenses will be reimbursed to shortlisted candidates for costs associated with making a pre-interview visit. Subject to the prior agreement of the Trust, shortlisted candidates who make a second visit may be granted expenses on this occasion also. For candidates travelling from abroad, expenses are payable only from the point of entry into the UK.

Two Ticks Disability Symbol

The Trust is committed to the employment and career development of disabled people. To demonstrate our commitment we use the Two Ticks Disability Symbol awarded by the Employment Service. We guarantee an interview to anyone with a disability who meets the minimum criteria for the post. You do not have to be registered disabled but consider yourself to have a disability.

Policies and Procedures

Trust employees are expected to follow Trust policies, procedures and guidance as well as professional standards and guidelines.

Confidentiality

Much of the work is of a confidential nature. This means that no discussion should take place about the care, needs, or activities of any service user, except in the clear interest of that service user or other members of staff. Staff are reminded that personal information concerning colleagues is also confidential.

References

Candidates are required to submit the names and addresses of three referees, one of whom must be their current or most recent employer. Any offer of employment will be subject to the receipt of three satisfactory references.

Occupational Health

Any offer of appointment will be subject to satisfactory medical clearance by an external Occupational Health provider. This is usually by health questionnaire, but may involve a medical examination.

DBS Checks

The appointment will be subject to clearance from the Disclosure and Baring Service.

Induction

The AWP central and local workplace induction programme will be offered on commencement with the Trust, the content will vary according to individual need. In addition to this all new consultants within the first two months of joining AWP will also be offered a bespoke induction with the Executives. This will be in the form of one to one meetings and will enable new consultants to gain a better understanding of AWP's aims and objectives, the board's approach to strategic leadership and how the board puts this strategy of into practice.

Library services

Avon and Wiltshire Mental Health Partnership Trust (AWP) Library and Knowledge service (LKS) provides library and information services to all staff, students on placement, carers and partner organisations who support our service users across the AWP geographical area.

We support the provision of the highest quality mental health care through access to authoritative, high quality information and resources for clinical decision making, continuing professional development, study and research.

We offer book loans, e-book access, document supply, access to an extensive range of journals and databases, evidence and literature search services, current awareness services and training in digital skills. We also provide support for health and wellbeing, run reading groups and book clubs.

The majority of services are accessible online, whilst physical libraries are available at Callington Road Hospital, Green Lane Hospital Devizes and Fountain Way, Salisbury, offering computer access and quiet study space.