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#### **JOB DESCRIPTION**

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| JOB IDENTIFICATION |
|  Job Title: Charge Nurse Band 6Responsible to (insert job title): Team LeaderDepartment(s): Palliative Outreach Team Directorate: H&SCPOperating Division: Community Services (West)Job Reference:No of Job Holders: 1Last Update (insert date): Sept 2021 |

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| 2. JOB PURPOSE |
| As part of a multidisciplinary team the post holder will have continual responsibility for assessment and delivery of specialised palliative care needs and the development of specialised programmes of care and/or the implementation and evaluation of these programmes ensuring the delivery of high quality care to palliative care patients. This will include the ongoing support for the patients’ relatives and carers.In the absence of the Team Leader the post holder will have continuing responsibility for the management of the clinical area including supervision and deployment of staff.In conjunction with the team leader to provide clear and consistent leadership to a team of nurses. |

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| **3. DIMENSIONS** |
| To provide safe, patient centred and effective evidence based palliative care as a member of the Fife Specialist Palliative Care Team.To ensure that effective communication is established across all professional boundaries.Will work within a wider Specialist Palliative Health Care Team consisting of Consultants, ANP; Community Palliative Clinical Nurse Specialists; Occupational Therapists; Physiotherapists; and Hospice Registered and Non-Registered nurses. The composition of this team will vary from shift to shift and the charge nurse must be able to communicate effectively and professionally with all staff members. The charge nurse will also be required to work in partnership with the wider health and social care multidisciplinary/multiagency care providers. As part of the Fife Wide Specialist Palliative Care Service, that spans both the NHS Fife Acute Care setting and H&SCP, the charge nurse will manage patients care needs across a continuum that can be very diverse and cover all clinical aspects and issues. Cultural, social and emotional diversities require acknowledgment and taken into consideration during the consultation and future care planning.The charge nurse will be required to use a multi skilled approach. Whilst using the available technology, the charge nurse will use effective listening and advanced communication skills in order to make clinical decisions, create records and refer to clinical reference literature during the care period. The charge nurse must be able to retrieve and use information regarding healthcare provision in the patient’s locality, allowing appropriate care to be accessed where necessary. |

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| 4. ORGANISATIONAL POSITION |
| Head of community servicesService Manager Head of Nursing (professionally accountable)   🡳Lead Nurse🡳Team Leader🡳**Charge Nurse Band 6 (this post)**🡳Staff Nurse Band 5🡳HCSW Band 3 |

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| 5. ROLE OF DEPARTMENT |
| * To provide a high quality, safe and supportive environment in order to administer specialised palliative and end of life care to patients requiring symptom control caused by there life threatening illness.
* This specialised holistic framework attends to the physical, psychological and spiritual needs of the patient and offers ongoing support to the families and carers.
* The emphasis is on multidisciplinary team working, flexibility and the provision of a service which aims to maximise the patient’s quality of life and to support the patients through varying stages of disease progression including end of life stages of illness, with the emphasis on a patient focused service.
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| 6. KEY RESULT AREAS |
| **PROFESSIONAL*** At all times act as a professional role model in accordance with all directives and guidance from the NMC.
	+ In conjunction with the Team Leader to ensure that all nursing staff is aware of, and work within the specialised care guidelines, policies, procedures, standards and protocol of area, directorate and division policies and procedures to ensure the safe working practices are maintained for both patients and staff.
	+ To take a leading role in specific areas of ward responsibility and development.
	+ In the absence of the Team Leader to fully investigate department complaints relating to nursing issues and take appropriate action.

**MANAGERIAL*** In conjunction with the Team Leader to set, monitor and evaluate standards of care within the defined specialised policies, procedures, standards and protocols of the area, directorate and division to ensure adherence to, and delivery of a high quality service.
* Continually responsible for the assessment of specialised care needs and the development, implementation and evaluation of programmes of care for the patients to ensure delivery of a high standard of care using research and evidence based practice.
* To maintain effective and empathic communication with the patients, relatives and other members of the multidisciplinary team to ensure that appropriate information is shared and patient needs are met.
* To maintain effective and empathic communication with patients and their relatives using specialised bereavement/communication skills.
* In the absence of the team leader assume responsibility for the management of daily operational responsibilities in the area including, work allocation, deployment and supervision of staff to ensure an effective and safe working environment.
* To organise own workload and others as appropriate to ensure that the interests of the patients/clients are met.
* Advise and facilitate appropriate interventions for the patient in palliative phase, ensuring quality of life is maintained throughout the various stages of their illness.
* Identify and initiate specialist interventions for patients with palliative needs to ensure high quality of care.
* To take a leading role in supporting the team leader in recruitment and selection.
* To ensure that equipment (both disposable and non-disposable) is maintained and stock managed to ensure economical use of all resources.
* Responsible for maintaining patient records within agreed standards.
* Recognise and act upon situations that may be detrimental to the health and well-being of the individual.
* Regularly responsible for the organisation of the duty rosters to ensure correct skill mix and adequate staffing levels.
* To maintain departmental stock levels, through ordering of stores, ensuring the economic use of all resources. Clinical, non clinical and pharmaceutical.
* In the absence of the Team Leader conduct return to work interviews.

**EDUCATION & TRAINING*** To participate in leading, supporting, counselling and appraising junior grades of staff to ensure development needs are identified and a cohesive multidisciplinary team approach is maintained.
* To lead, supervise and teach less experienced staff/students that are providing care to patients and act as preceptor/source of advice to ensure their educational needs are met.
* To undertake teaching of registered and non registered nursing staff, including basic and post-basic students, and participate in the implementation of staff personal development plans to facilitate and meet ongoing development needs.
* To participate within extended nursing roles as determined by local policy.
* To participate in specific areas of service development.
* Advise on the promotion of health and prevention of illness.
* To maintain a safe working environment.

**RESEARCH*** To participate in clinical audit and research programmes, divulging findings and improving standards.
* To develop the role by using evidence-based practice and continually improving own knowledge, following guidelines.
* Ensure all equipment is maintained and used safely.
* To ensure safe working practice are maintained for patients, staff and visitors.
* To support and counsel peers, junior staff and students.
* In conjunction with the Team Leader, set, monitor and evaluate standards of care within defined policies, procedures and protocols of the area, directorate and division to ensure adherence to, and deliver a high quality of service.
* To provide a point of contact for the hospital and community which offers support, advice and referral regarding palliative care issues.
* Post holder requires to have specialised knowledge of medication used out with the licence within the palliative care environment, under the specialist palliative care guidelines. This includes the combining of three drugs or more for administration in a syringe driver.
* Dispensation is given to nursing staff to work outside normal trust policies to combine the three drug combination used within the specialised palliative care guidelines.
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| 7a. EQUIPMENT AND MACHINERYThe Charge Nurse is expected to have a knowledge of all equipment used in the area however may not have daily clinical involvement.

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| **GENERIC** | **SPECIALISED** | **VERY SPECIALISED** |
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| **Personal computer** | **Observation recording equip.** | **Bipap for M.N.D. patients.** |
| **Office equipment including dictaphone** | **Glucometer** |  |
| **Photocopier & fax** | **Pulse oximeter** |  |
| **Fridge** | **Enteral / Parenteral feeding equipment**  |  |
| **Fire equipment** | **Humidified therapy** |  |
| **Wheelchairs** | **Bladder scanner** |  |
| **Walking aids** | **Defibrillator**  |  |
| **Trolleys** | **Electrocardiograph** |  |
| **Beds** | **Syringe drivers** |  |
| **Oxygen systems** | **Portaneb - nebuliser** |  |
| **Urinary catheter equipment** | **Vacupump dressings** |  |
| **Laboratory specimen cont.** | **Surgical drains** |  |
| **Manual handling equipment** | **Chest drains** |  |
| **Patient hoists** | **Naso-gastric tubes** |  |
| **Vacutainer systems** | **Infusion devices & associated equipment** |  |
| **Commodes / toilet aids** | **Oxygen concentrator** |  |
| **Clinimatic** |  |  |
| **Intravenous infusion stands** |  |  |
| **Resuscitation Equipment** |  |  |
| **Suction equipment** |  |  |
| **Pressure relieving equipment** |  |  |
| **Electric beds** |  |  |
| **Sharps boxes/needles and syringes/scalpels** |  |  |

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| **7b. SYSTEMS** |
| * Budgetscan/Timesheet recording – roster input
* Computer literate, updating Oasis, training schedules, rotas, staffing statistics
* Maintenance of patient records, MORSE
* Fife Early Warning System
* Datix – Manage Incident Reporting
* Internet and Intranet – personal and business.
* Monitoring tools oral hygiene, PURA, moving and handling, risk of falls.
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| 8. ASSIGNMENT AND REVIEW OF WORK |
| The Charge Nurse will be responsible to the Team Leader for clinical guidance and professional management, work review and formal appraisal of performance, including self, Band 5 and Band 3 colleagues.The Charge Nurse will delegate/allocate work and have responsibility for managing defined and unpredictable workload within professional guidelines on a daily basis, in the absence of Team Leader |

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| **9. DECISIONS AND JUDGEMENTS** |
| * Assessment of patient’s complex and diverse symptom management needs, recognising disease progression and subsequent implications of care.
* Prioritise and organise routine/complex activities and care management.
* Analysis of patient condition and subsequent planning of care and providing relevant symptom control and deciding when necessary to contact medical staff and/or relatives.
* The post holder must have knowledge and experience of specialist palliative care to be able to evaluate complex medical problems including specialist palliative care drugs which are used out with trust guidelines.
* Post holder has to have knowledge to advise non palliative care staff regarding palliative care guidelines.
* Assessment of complex decision making including staff management.
* In the absence of Team Leader responsible for allocation of work and deployment of staff.
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| 10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB |
| * Achieving a balance between the demands of direct patient care within existing resources.
* Maintaining up to date clinical skills and knowledge.
* Continually dealing with worried and anxious/stressed relatives and patients and provide them with the emotional support they require.
* Continually support/assisting patients and their families work through difficult and distressing emotions for a long period of time.
* In the absence of the Team Leader provide cover to ensure the effective and safe operation of the ward.
* Dealing with members of the public in potentially difficult situations.
* Dealing with demands/needs of other staff members.
* Maintaining protocols within a stressful environment.
* To deal effectively and within operational policies in times of reduced service availability.
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| **11. COMMUNICATIONS AND RELATIONSHIPS** |
| The postholder will be expected to communicate and liaise with –Internal:Present and participate in weekly multiproffesional team meeting which can last up to two hours.The patient, their relatives, designated next of kin, and the multidisciplinary team involved in the provision of care – continuouslyJunior nursing staff – patient care, allocation of work, workload issues - continuously.Nurse Managers and Co-ordinators – daily as requiredCharge nurses- patient condition, work load issues- more than once a day..Participate in case conferences to identify and discuss with patient, family, social services and community providers, plan of discharge – as required.Religious bodies concerning spiritual care of patients and their families.- as requiredOther relevant departments within the Division e.g. Estates, Supplies, Human Resources, Fire Officer, Infection Control - frequently.Staff Organisations – as required.Bed Manager and other related workers - daily.External:Discharge planner –Daily.Social Services – regarding packages of care – daily as required.Other relevant external agencies – regarding patient care – daily as required.General Practitioners – daily as required.District Nurses – daily as required.Marie Curie, ICJ team– as required.Educational establishments as required. |

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| **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| **Physical Skills:** The ability to operate machinery and equipment as listed in No 7.Assessing nutritional requirements, serving and assisting patients to eat meals – more than once a day.Administration of prescribed medications – more than once a day.Ability to carry out vital signs and patient observations – more than once a day.Administer sub-cutaneous injections and or intra-muscular injections, syringe pumps and infusions –as required.Ability to administer nutritional supplements via naso-gastric tube/ percutaneous gastrostomy tube – as required.Collection of specimens –as required.Insertion/removal of cannulae –as requiredInsertion/removal of urinary catheters – as required.Removal of sutures – as required.Venepuncture –as required.Cannulation- as required.IV additives – as prescribed.Confirmation of death-as requiredLast offices – as required**Physical Demands:**Carrying out physical care to patients including individuals with neurological conditions and therefore can be unpredictable and unstable in both mood and movement i.e. washing, dressing, mobilising, wound care and all other aspects of care associated with the activities of living – more than once a day.Bending and kneeling- daily more than once a day.Washing and making beds – daily more than once a day.Patient movement with/without use of mechanical aides, manoeuvre patients – daily more than once a day.Push trolleys, wheelchairs and beds – daily more than once a day.Stand/walking for the majority of shift.Escort duties – internal/external – as required.Manage patients with challenging behaviour – regularly.Housekeeping duties including cleaning ward equipment – daily.Moving equipment – daily as required.Working in cramped or restricted positions.Working in extreme temperatures and excess soakage when showering patients – frequently.Driving/ able to travel throughout Fife- daily as required.**Mental Demands:**Concentration required when checking documents/patient notes, calculating and administering drug dosages, whilst working in a work pattern which is unpredictable, and potential for frequent interruptions from patient/relatives/team members – continuously.Concentration required when observing patient behaviour, which may be unpredictable – continuously.Numeracy and English language skills at level determined by professional bodies to safely carryout role.Assisting/supervising other clinical areas to make up syringe pumps - as required.Effective time management skills – continuously.Recognising and managing conflict – continuously.Retention and communication of knowledge and information – continuously.**Emotional Demands:**Communicating with distressed/anxious/worried patients/relatives in highly distressing conditions –continuously.Caring for people with palliative care needs including end of life and after death –continuouslyPerformance of last offices –frequentlyCaring for patients/relatives following receipt of bad news –frequentlyIdentifying/managing emergency situations – daily. Supporting staff in the working environment – daily.**Working Conditions:**Exposure to body fluids, faeces, emptying bed pans/urinals, catheter bags – continuously.Exposure to verbal aggression – frequently.Exposure to a demanding and stressful environment - continuously.Exposure to passive smoking.Lone working/ working unsupervised. |

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| 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB |
| * Working within Specialist Palliative Care environment.
* Educated to degree level.
* Evidence of further education/continuous professional development, eg short courses.
* Evidence of team working skills with ability to work using own initiative.
* The post holder will be required to demonstrate excellent team working skills, with proven change management experience and the ability to use own initiative
* Effective listening and interpersonal skills.
* Time management skills.
* Ability to act as a mentor to students and inexperienced staff.
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| **14. JOB DESCRIPTION AGREEMENT** |
| A separate job description will need to be signed off by each jobholder to whom the job description applies. Job Holder’s Signature: Head of Department Signature: | Date:Date: |