#### **AGENDA FOR CHANGE**

**NHS JOB EVALUATION SCHEME**

#### **JOB DESCRIPTION**

|  |
| --- |
| JOB IDENTIFICATION |
| **Job Title:** Community Mental Health Nurse  **Reports to:** Community Mental Health Team Leader/Integrated Team Manager/Advanced Practitioner (depending on locality)  **Department, Ward or Section:** Inverness CMHT Team Lead  **Directorate or Corporate Department:** North Highland HSCP – Mental Health and Learning Disability Division  **Job Reference:** GENNHSHNURSEMHLD01  **No of Job Holders:**  **Last Update:** July 2023 |

|  |
| --- |
| 2. JOB PURPOSE |
| The post-holder carries continuing responsibility for the management of a defined caseload within a distinct geographical area for patients experiencing acute and enduring mental health problems and for promoting and developing the role of the CPN in all aspects of mental health care. They are responsible for managing their own caseload and ensuring quality standards are met through the assessment, development, implementation and evaluation of programmes of care for patients. |

|  |
| --- |
| **3. DIMENSIONS** |
| The Community Mental Health Team comprises a multidisciplinary grouping of staff that can include Social Workers, Psychiatrists, Occupational Therapists, Administrators and non-professional staff. Each Team covers a different geographical area, typically of around 20,000 people. For more detail, see NHS Highland’s Community Mental health Team Guidance. |

|  |
| --- |
| 4. ORGANISATIONAL POSITION |
| \*Team composition varies across NHS Highland. Post holder will report to local manager within the structure of a Community Mental Health Team as defined within the NHS Highland Community Mental Health Team Guidance (2013)\* |

|  |
| --- |
| 5. ROLE OF DEPARTMENT |
| To provide a community psychiatric nursing service to patients within their family and community environment and, in conjunction with other agencies within and external to NHS Highland, to provide through assessment and implementation of clinical interventions, a comprehensive and individualised package of care.  The primary role of the CPN is to reduce/manage the symptoms of mental illness in patients/clients within the community setting. |

|  |
| --- |
| 6. KEY RESULT AREAS |
| 1. Responsible for the continual management of own caseload by admitting, taking charge of and discharging as appropriate and by offering a variety of treatment interventions. 2. Act upon referrals from general practitioners, other primary care professionals and the psychiatric sector teams, providing assessment; implementation and development of care programmes as appropriate. 3. Acts as a resource person in the management, treatment and education of patients with a range of mental illness and provides clinical advice and support to nursing, other health care professionals and voluntary and statutory agencies on the nursing management of patients suffering from mental illness. 4. Liaise with professional and voluntary agencies to provide appropriate specialist psychiatric advice for patients with mental health problems and attend and contribute to appropriate multi-disciplinary team meetings and case conferences. 5. Practice within national NHS, NHSH and NMC guidance including HASAW. 6. Be familiar with and comply with all mental health, community care and child protection legislation. 7. Develop and maintain good relationships with service users, carers, relatives and fellow health social work and care professionals who are involved in care delivery to effect the highest standards attainable in good mental health care. 8. Ensures the maintenance of effective liaison and communication between the team and other agencies, both statutory and non-statutory, with the overall aim of supplying the most effective support and care for patients and their families within the community. 9. Takes an active role in strengthening the multi-disciplinary/multi-agency team, which provides mental health services. 10. Takes responsibility for own professional development and participates in continuing education, facilitated through the personal development planning and review processes, in order to enhance clinical and professional skills. 11. Participates in work on promoting mental wellbeing, as part of the public health role of the Community Mental Health Nurse. 12. Supervises junior staff in all areas of nursing practice, completing appraisals as necessary and encouraging development of good practice and initiative. 13. Maintains written and electronic records and provides reports for NHSH as required and patient reports for legal purposes, including maintenance of accurate records and information pertaining to medication and treatment. 14. Initiate and participate in the development of new ideas to improve patient care and provide advice relating to changing community based mental health services. 15. Co-operate with nurse teaching establishments in ensuring a realistic learning experience for student nurses and be responsible for the quality of the programme and for demonstrating the role of the Community Mental Health Team service to other health professionals such as medical students, post graduate student nurses and mental health officers. |

|  |  |
| --- | --- |
| 7a. EQUIPMENT AND MACHINERY | |
| 1. General office equipment including computers – E-mail, NHS Highland Intranet and World Wide Web. 2. Internet, basic word processing. 3. Basic car maintenance 4. Technical clinical equipment including calibrating where required, checking for faults and ensuring regular maintenance as follows: | |
| Equipment | Use |
| First Aid Kit | Emergency First Aid within the workplace |
| Hypodermic syringes and needles | Drug administration by injection |
| Sharps containers | Disposal of needles, syringes and drug vials |
| Anaphylaxis emergency equipment – face mask and adrenaline for injection | Resuscitation |
| Sphygmomanometers | Blood pressure recording |
| Thermometers | Temperature recording. |
| Mobile Phones | Communication |

|  |
| --- |
| **7b. SYSTEMS** |
| 1. Maintain patient records in accordance with NMC guidelines and NHS Highland standards. 2. Complete own monthly mileage returns. 3. Complete own, Administrative Data System returns re. Patient visits are recorded and returned to administrator. 4. Develop, monitor and revise office systems. |

|  |
| --- |
| 8. ASSIGNMENT AND REVIEW OF WORK |
| 1. Responsible autonomously for the admission, health care and discharge management of the patient caseload. (Referrals received from General practitioners, Hospitals, Social Work Services, patients and carers). 2. Act on referrals from general practitioners, the primary care team and the psychiatric sector team. 3. Performance will be supervised through a process of caseload management and clinical supervision with line manager, CPN and post-holders chosen supervisor on a regular basis. 4. Annual appraisals and performance review carried out by Community Mental Health Nurse and Line Manager. 5. Meets formally with Line Manager and peers to review service development progress and plan / respond to new organisational, discipline or health and social policy demands. 6. Professional development is reviewed via PDP process. 7. Accountable for his/her own actions without direct supervision and for the care provided by unqualified staff. 8. Participate and lead in fortnightly review meetings with consultant psychiatrist and relevant professionals. 9. Participate in weekly allocation meetings to review workload and share clinical expertise and skills. |

|  |
| --- |
| **9. DECISIONS AND JUDGEMENTS** |
| 1. Makes autonomous decisions analysing and synthesising unique sets of information using comprehensive knowledge, skills and experience of the clinical service and setting taking account of the guidance of the professional body (Nursing and Midwifery Council) and the employers policies and procedures. 2. Makes autonomous clinical decisions in planning and prioritising patient care. 3. Recognises own limitations in the provision of clinical care and urgency of patient needs referring to other health care professionals accordingly. 4. Plans the duty rota, targeted interventions and training needs via supervision and the PDP process for unqualified team members, ensuring risk assessment processes have been undertaken for all client contact. |

|  |
| --- |
| 10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB |
| 1. Management of change, service and practice. 2. Management of people, confronting behaviour. 3. Crisis intervention, especially when dealing with challenging behaviour. 4. Negotiating packages of care with other disciplines / agencies who work within different cultures, different response times and budgetary constraints. 5. Managing unrealistic expectations of staff, patients or carers. 6. Covering a large remote and rural geographical area – incurring high mileage. The roads are mainly single track/unclassified with passing places that are winding, have steep gradients and blind summits. Several patients live in homes that are inaccessible by car. 7. Lone working when dealing with complex, sensitive and contentious situations. 8. Driving alone especially in the evening and at night in poor weather conditions e.g. hazards of ice, snow and animals roaming on roads. No street lighting and large distances between calls, can be fifty minutes driving or longer from one end of district to the other. |

|  |
| --- |
| **11. COMMUNICATIONS AND RELATIONSHIPS** |
| 1. Establish and maintain professional communications and relationships with nursing colleagues, members of the Primary Health Care Team and wider health / social care / voluntary service networks to provide a planned co-ordinated, seamless service for patients/clients. 2. Establish and maintain professional communication and relationships with patients, families, carers, and significant others. 3. Ensuring the Community Mental Health Nurse role is known to all patients through the provision of service information to patients and or visits to provide the opportunity to discuss care provision and obtain feedback and monitor standards of care. 4. Early identification of potential and actual complex and or conflicting perspectives of choice of care options between staff, patients, carers and other disciplines or agencies using negotiation and counselling skills to achieve compromise and defuse possible volatile situations to achieve the best outcome for the patient. 5. Difficulties may be encountered with communication and relationships due to the patient’s clinical condition. 6. Promoting public awareness of mental health and wellbeing. 7. Observe confidentiality in accordance with NMC and NHS Highland polices. 8. Participate in meetings with Community Mental Health Nurse and Mental Health colleagues and Line Manager - monthly, Local Implementation Group meetings – Mental Health Network – quarterly as required for the purposes of:  * Planning, managing and developing District Nursing services and quality of care * Implementing policy changes * Discussing and problem solving challenges in clinical care and team development.  1. Meets with Line Manager and Lead Nurse as required re. specific team issues. 2. Respecting cultural and spiritual differences 3. Participates in regular team meetings (monthly) to manage service provision, disseminate information, consult and effect changes. 4. The nature and methods of the communication and relationships may be:  * Face to Face * Telephone * Written * Daily/Weekly/Monthly * Email |

|  |
| --- |
| **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| **Physical / Environmental**   1. Risk assess patient’s homes and be inventive to create a safe working environment whilst being sensitive to patients environment and property. 2. Fine motor skills and dexterity to administer depot injections. 3. Driving long distances to visit patients particularly out with normal working hours. 4. Driving in extreme weather conditions in remote and untreated single track roads with additional hazards of sheep, deer and other domestic animals 5. Exposure to aggressive domestic/farm animals e.g. dogs - creating a safe entrance to patients home whilst keeping up relationships with patients and assessing risk 6. Exposure to passive smoking 7. Undertaking regular key board activity.   **Mental**   1. Concentration, decision making, time management and organisational skills to cope with competing demands, (dynamic changes in patients conditions, unpredictable nature of referrals, contacts from within and out with the organisation – managers, other departments, other agencies) daily. 2. Daily lone working in the community requiring self-reliance to continually assess risk to self, and patients. 3. Recognising patients’ urgent health care needs and making rapid decisions to provide appropriate clinical management - frequency. 4. Mental capacity to withdraw from potential explosive/hazardous situations. 5. Negotiation skills to co-ordinate complex packages of care with a wide range of people and agencies, weekly. 6. Negotiation of skills and expertise when dealing with complex packages of care in isolation from mainstream specialist/tertiary service provision, which may be outwith everyday psychiatric nursing practice. 7. Daily and continuous concentration to assess and provide patient care, to manage and prioritise the caseload with frequent interruptions either in person or by telephone. 8. Concentration to drive in a remote and rural environment, visiting patients homes to deliver care – daily.   **Emotional**   1. Emotional demand in relation to family and human dynamics, patients or carers in distress or crises such as suicide or bereavement, particularly following a long period of care. 2. Emotional demand to provide care over long periods of time (years) to patients with enduring and severe mental health problems. 3. Hazardous domestic environment’s e.g. coping with unpleasant materials and smells/lack of cleanliness and hygiene facilities in client’s homes. 4. Coping with fluid and blood borne viruses. 5. Emotional demands related to managing and implementing change, organisational, policy and practice - ongoing. 6. Emotional demands of involvement in patient complaints. 7. Exposure to aggressive, verbal and physical behaviour where there is little or no support. |

|  |
| --- |
| 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB |
| 1. RMN with evidence of significant post registration professional practice experience to undertake and fulfil the key areas for this post. 2. Knowledge of therapeutic interventions appropriate to the care of adults with a mental illness: 3. In-house first-line management training course or working towards equivalent. 4. Knowledge of the physical, social, emotional, psychological, mental, cultural and societal effects of mental illness and ability to assess an individuals needs and behaviours and plan care within this broad context. 5. Competent in all clinical skills relevant to psychiatric nursing: 6. Teaching, supervising, monitoring and supporting junior staff in the achievement of the above skills and any additional new skills appropriate to the clinical setting – assuming a role of primary nurse. 7. Ability to chair and facilitate meetings 8. IT skills – email, basic word processing, ability to search inter and intranet. 9. Knowledge of and participate in managing change in working practices. 10. Good level of physical health and stamina, large and fine motor fitness and dexterity. 11. Car driver. |

|  |  |
| --- | --- |
| **14. JOB DESCRIPTION AGREEMENT** | |
| I agree that the above Job Description is an accurate reflection of my duties and responsibilities at the date of signing.  Job Holder’s Signature:  Manager’s Signature: | Date:  Date: |