#### **JOB DESCRIPTION**

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| JOB IDENTIFICATION |
| Job Title: Community Addiction Psychiatric Charge Nurse,    Responsible to (insert job title): Addiction Services Team Leader  Department(s):South Ayrshire Treatment and Recovery Team (START), North Ayrshire Drug and Alcohol Recovery Service (NADARS), East Ayrshire Community Addictions Team  Directorate: Mental Health    Operating Division: NHS Ayrshire & Arran  Job Reference:  No of Job Holders:  Last Update (insert date): November 2022 |

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| 2. JOB PURPOSE |
| To provide a comprehensive clinical assessment and recovery focussed treatment support to individuals with a range of alcohol and drug problems including mental, sexual and physical health related issues. To provide ongoing care to those who are clinically assessed as appropriate. To liaise and work in conjunction with other statutory and non-statutory organisations. To assess for a range of mental health problems and respond appropriately to these. |

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| **3. DIMENSIONS** |
| The population of Ayrshire and Arran is approximately 375,000 covering 1252 square miles plus Arran and Isle of Cumbrae.  The post holder will have the responsibility of co-ordinating and delivering various addiction related activities including assessment; support and monitoring to persons prescribed a range of appropriate medications. The post holder will also offer mental health and addiction related recovery focussed treatment support to facilitate positive lifestyle choices.  The post holder will act up for the Addiction Services Team Leader in their absence as required, also providing cover for colleagues as appropriate to ensure the smooth operation of the service. The post holder is required to be a practice assessors/supervisors to student nurses and assist in the orientation of new staff members.  The service offers extended hours (including weekend) provision and offers a range of interventions which are delivered across various settings including community clinics, individual’s home environment, hospital and prison settings.  The post holder provides clinical and non-clinical advice regarding addictions, mental health and family and carers’ issues, to statutory and non-statutory establishments, as well as the general public, within the confines of confidentiality. The overall service also offers a range of prevention and service development activities. |

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| **4. ORGANISATIONAL POSITION** |
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| 5. ROLE OF DEPARTMENT |
| Addiction Services The service plans, designs, develops and manages alcohol and drug treatment and recovery focussed services in line with local and national strategies and priorities by involving patients, carers and the wider community in the development and delivery of an integrated quality service. The service also acts as a source of expertise, support and intervention to other professionals, service users and the community to provide a comprehensive range of specialist prevention, education, and information services for alcohol and drug use. All these functions are delivered via a specialist team structure and Community Addiction Team structures. These services are delivered within various settings including community, home, hospital and prison.  The service is located within the Health and Social Care Partnership and is an integral part of the planning, management and development of the partnership.  The service delivers evidence based, intensive, support to those most in need. The Service also provides support through training, mentoring and consultancy to staff working with individuals with mild to moderate levels of problem. A range of interventions are delivered including severe mental illness/mental illness; physical and sexual health and addiction related treatment interventions. In addition staff deliver detoxification and alcohol and drug relapse and recovery focussed interventions. This list of addiction related interventions is not exhaustive. Other services include training, prevention activities, resources, information technology, liaison services and planning and monitoring.  The service is critically involved in the planning, design and delivery of care often in a hostile and contentious environment and works in close partnership with other organisations and agencies through Mental Health, NHS and Community Planning.  The service is involved in joint commissioning with three Local Authorities and monitoring of several service providers and ensures that internal and commissioned services work to agreed national & local standards of performance and activity through monitoring health care governance arrangements. |
| 6. KEY RESULT AREAS | |
| To develop individual caseloads and make autonomous decisions with regard to the assessment, planning, implementation and evaluation of individual care in order to develop care plans to meet clients identified individual needs.  * To undertake a comprehensive specialist assessment (including mental health and addiction related issues) thus providing an early indication of a client’s mental health, addiction and physical health related needs. * To supervise and support junior staff and students to ensure the quality of care to clients and to assist in the development of junior staff towards becoming autonomous practitioners. * To promote and enhance the already established links with voluntary and statutory agencies to provide a comprehensive, integrated and accessible service. * To offer and apply specialist counselling skills and advice to clients and their partners/relatives, in order to identify and address their need for support and to ensure that care is tailored to the individual client’s need to improve outcomes. * To provide specialist mental health and addiction related advice whilst also offering general health information to enable clients to improve their quality of life. * To ensure operational policies regarding administration of medicines and nursing practice are adhered to in order to maintain safety standards and quality of services to clients in line with Ayrshire and Arran NHS guidelines and the NMC guidelines. * To liase closely with partner services including GP’s, Community Mental Health Teams, Criminal Justice Teams and other addiction agencies in order to maintain an integrated delivery of service to clients to improve the clients journey and improve the quality of care. * To be involved in preparing reports, information and client outcome data to assist in the planning and delivery of service provision. * To challenge stigma associated with mental health and addictions client group, through raising awareness by networking and liaising with wider services whilst displaying a non-judgemental attitude and treating individuals with respect and as equals. * To co-ordinate and arrange for psychiatric assessments and/or admissions to hospital based services. * To observe standing financial instructions to ensure services are delivered within budget. * To participate and lead in ensuring that all NHS guidelines and procedures are adhered to and to participate and, at times, lead on investigations, disciplinary actions, complaints and freedom of information requests. * To act up for the Addiction Services Team Leader when the situation dictates to ensure continuity of team and service provision. * To prepare court reports and attend court reviews if and when appropriate. * To provide an assertive outreach for clients and carers and to provide telephone support to partners and clients in crisis. * To endeavour to improve service delivery through clinical governance processes including service user consultation. * To monitor the efficacy and compliance of medications such as Methadone, Suboxone,Espranor, Chlordiazepoxide and Lofexidine (list is not exhaustive). * To chair addiction service team meetings, represent the service at operational delivery groups and participate in strategic planning and delivery via attendance at meetings and groups. * To participate in the delivery of addiction related training to increase knowledge, skills and confidence of others. | |

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| 7a. EQUIPMENT AND MACHINERY |
| 1. Breathalyser to monitor alcohol levels.   1. Breathalyser Calibrator to maintain accuracy of breathalyser. 2. Blood pressure and pulse monitor to record vital signs 3. Sphygmomanometer (Manual) when BP monitor not reliable. 4. Oral and urine drug screens which identify specific drugs. Oral screens inform of recent drug use and urine drug screens inform about certain drugs present in individuals system. 5. Specialist injecting packs such as pre-packed medication ( e.g. Risperdal) 6. Dictation machine for corresponding with GP or other relevant agencies. 7. Mobile phone to contact clients, GP, Base or other relevant agencies, also SAFETY MEASURE as risk to staff member may arise or client may require use of Emergency Services. 8. Workbook/Leaflets/Education Literature to promote Health and Wellbeing and reduce risks of lapse or relapse. 9. Desktop PC to access information and to liase with other departments. 10. Car – to travel on a daily basis to offer support to clients and staff and to attend meetings/groups. |
| **7b. SYSTEMS** |
| The post holder is routinely involved in the receiving of highly complex information in relation to client’s addiction problem and how this interacts with their mental and physical health. This information is accurately recorded in patients’ records in line with NMC standards of practice. Transfer of this sensitive information is made via letters to ensure the RMO’s, GP’s and other involved professionals are informed of clients needs accurately and swiftly. Information is then stored within casenotes at Medical Records Department. The post holder is required to assess any significant risk to the client or others and complete the appropriate risk management proforma. This information will be logged in the clients electronic record (utilising Care Partner and SAMS systems), on file and in medical records and will be disseminated as necessary.  The post holder is required to routinely provide oral handovers of clients to colleagues to ensure continuity of care. With due consideration of issues of confidentiality the post holder is required to provide verbal and written updates to partner and external agencies for example Social Work and Legal Representatives. When necessary and appropriate written consent is sought from the client.  The post holder is required to regularly participate in service ‘on call’ or ‘duty worker’ systems which allows other services and clients to communicate directly with a team member. The post holder will ensure that they follow specific lone worker and log on/off procedures.  The post holder is required to maintain accurate statistical profiling of each client with whom they come into contact. This information incorporates substance use profiling as well as significant presenting problems, eg. Mental health, pregnancy, physical problems, history of intravenous drug use as well as forensic history and social profiling. The post holder is also required to accurately complete a datasheet on waiting times for each individual referral. At the end of each contact, the post holder is required to complete datasheets indicating intervention outcomes. All of this information is used to populate the local Shared Addiction Management Service (SAMS), which in turn informs national statistics and influences policy decisions.  The post holder is required to complete timesheets and travel expense forms accurately and ensures their transfer to administration support staff for collation. |

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| 8. ASSIGNMENT AND REVIEW OF WORK |
| The post holder is required to work as an autonomous practitioner. Referrals can come from a variety of sources and the poster holder has no control over the numbers or rate of referral. As an autonomous practitioner the post holder is responsible for allocation of referrals both for self, staff nurse and student nurses under supervision. Assessment of new referrals is carried out within specified timescales. The post holder is responsible for forward planning to ensure safe and appropriate care delivery. Each specific care plan is tailored to accommodate each individual’s needs. The post holder may also receive referrals from Consultant Psychiatrists for Addictions and associated Junior Doctor (SHO). Other sources of referrals include Health Colleagues within Addiction Services, Mental Health Services and community addiction agencies. The principles for allocation of work and care delivery remain the same irrespective of referral source. As an autonomous practitioner, the post holder is completely responsible for assessing the most suitable means of care to address the presenting addiction and mental health problems. This care plan is regularly reviewed with the individual and altered as necessary when new, sensitive information comes to light. As appropriate the post holder is responsible for engaging other professionals to target specific issues ensuring that a holistic care package is delivered.  The post holder is also completely responsible for agreeing with the client the most appropriate discharge strategy from service informing both the GP and referring agent of the outcome. |

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| **9. DECISIONS AND JUDGEMENTS** |
| The post holder is routinely required to make decisions about client/staff safety and risk assessment based on knowledge and experience. Often the post holder is required to make judgements on best practice for the individual, family members and carers when a significant degree of complexity exists.  It is essential that the post holder possesses the requisite skills and expertise to be able to carry  out a thorough substance use, mental health and risk assessment to inform care delivery and suitability for inclusion in service.  The post holder is also required to regularly interpret drug screens and provide documentary evidence of these interpretations clinically and with due regards to the possible medical and/or legal consequences of those interpretations. In addition, the post holder is required to access information from a range of different sources, interpret this information and make judgements concerning staff and patient safety which is based on post holder knowledge and competence. Often available history and information is limited.  The post holder is responsible for their specific area, the management of their diary including organising clinic space for assessments and subsequent contacts. The Post holder is also responsible for the supervision of junior staff including student nurses. The request for the prescribing of medication as well as administration and monitoring of same is also a responsibility. The post holder should have an awareness and be involved in an organised rolling programme to monitor and update standards and policies in accordance with local action plans and the Scottish Government. |

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| 10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB |
| The frequent assessment, planning and implementation of the post holders autonomously planned care for the individual, who has concurrent mental health and addiction problems. Robust risk assessment of this client group on a daily basis is very challenging. The post holder is required to work with clients who are frequently discriminated against by other services and other elements of the community and frequently are required to work in urban areas of high priority treatment which have higher incidents of psychiatric and general health morbidity as well as higher rates of crime against both property and the person. The post holder is frequently required to respond to clients who are in contact with other health and social care services or are concurrently referred to other health and social care services, e.g. Community Mental Health Teams, Maternity Services, Children Services. This necessitates careful prioritising of service delivery. Other care providers will frequently decline to assess or engage with clients until the addiction issues are assessed and addressed requiring the post holder to deal with complex and sensitive issues often unilaterally. The post holder is required to establish and maintain therapeutic relationships with clients who have negative preconceptions of health and social care, having had experience of discrimination from other services due to their substance misuse. This client group are frequently intoxicated voicing self-harm thoughts, psychotic symptoms, hostility and aggression. Manipulative behaviour is also frequently evident. Intoxication and the mental health problems of this client group can make treatment compliance very poor and this is very demanding and stressful in itself.  Training of, and liaison with, colleagues from other agencies is frequently very challenging as there is still a great deal of stigma attached to the particular client group which the post holder works with.  It is challenging when having to deal with the large amounts of referrals received on a daily basis and the post holder frequently has to prioritise workloads. Also the post holder is routinely required to work alone, in the client’s home or clinic setting, with demanding clients, relatives and carers, who have high expectations of intervention outcomes. In this situation, the post holder frequently makes critical clinical decisions. |

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| **11. COMMUNICATIONS AND RELATIONSHIPS** |
| Internal  As an autonomous practitioner the post holder is required to develop and maintain positive working relationships with the Line Manager for whom they may be required to deputise, with their peers with whom they are required to provide consistent standards of approaches to care, junior colleagues with whom they are required to delegate work and supervise and student nurses on practice placements.  Relationships also have to be developed and maintained with other services throughout Ayrshire and Arran who refer in to the department. Relationships have to be developed and maintained with colleagues throughout the Addiction Services both inpatient and outpatient and throughout the Mental Health Services both inpatient and outpatient, where joint working and requests for assessment of degree of substance misuse problems are frequent.  The post holder is required to develop positive therapeutic relationships with the clients of the service to facilitate assessment treatment and positive outcomes. It is also frequently necessary to develop positive working relationships other addiction agencies and with relatives and carers of clients since better information and understanding, leading to positive re-enforcement has been shown to have a more positive influence in clients with substance use problems.  External  The post holder frequently has to deal with sensitive information due to the stigma associated with drug and alcohol misuse and it is often contentious as there are frequently opposing views between the client, the carer and professionals involved regarding the extent and impact of the substance misuse.  The post holder is required to take due account of child care and child safety issues which may bring them in to conflict with the client whilst attempting to maintain a positive therapeutic relationship and maintaining child protection standards.  The vast majority of client and carer contact takes place either in a clinic setting or in the client or carer’s home where the post holder must take due regard of the fact that they are a lone worker and a guest in the home. As required, the team are in contact with other statutory and non-statutory agencies. These agencies include Criminal Justice Social Work, Social Work, Police, Prison Services, other Addiction Agencies such as Turning Point and ACA. |

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| **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| The post holder is required to drive to carry out various aspects of the job. Often the post holder can be required to travel long distances in order to be able to support clients. This necessity of the post can prove to be physically demanding and extremely stressful as the post holder is required to maintain an appointments diary while contending with traffic delays and congestion of a wide geographical area.  The post holder is required to provide high-level mental effort and concentration due to the sensitivity of information, which is being given/sought. Also the post holder is routinely interrupted by phone requests etc. requiring the individual to change the focus of their attention to deal with the request before resuming the original task.  The post holder is frequently involved in dealing with highly distressing and emotional situations. Often the clients referred can be threatening and intimidating when there is a risk to staff safety. Whilst the department does not provide crisis response, clients frequently are referred to the service at times of great crisis in their lives.  The post holder is exposed on a daily basis to considerable hazards to health. The home environments in which care is delivered may be populated, unventilated, unhygienic and may not meet modern safety standards in terms of provision of smoke alarms, safe exits or may not be maintained to a good standard, e.g. damaged/broken stairs, windows, doors, floor coverings, furnishings or damaged or poorly maintained gas and electrical appliances. The post holder is also at risk of potential infection or contamination from injecting equipment or discarded paraphernalia of IV drug use. |

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| 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB |
| The post holder is required to be a first level registered nurse in mental health.  Community experience is desirable.  A degree/diploma is essential.  Expert in-depth comprehensive knowledge and experience in the field of Addictions is essential incorporating a range of cognitive, behavioural strategies to enhance lifestyle change. The post holder is required to draw on this theoretical and practical knowledge to enhance service design and redesign in line with national standards of best practice.  As an expert in the field the post holder is routinely required to impart their knowledge and expertise to junior colleagues.  The post holder is recognised as an expert in the field in which they work, which in turn is recognised as a specialist area of physical and mental health care delivery.  As an expert in the field the post holder is expected to be continuously involved in service re-design and revision.  In addition the post holder is often drawn on to provide training and information both individually and in conjunction with Prevention and Service Support Team.  Car driver is essential,with daily access to a vechicle. |

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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: |