NHS TAYSIDE – AGENDA FOR CHANGE

JOB DESCRIPTION

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| **1** **JOB IDENTIFICATION** | Job Title | DIABETES SPECIALIST NURSE B7 |
|  | Department /Location | MEDICINE AND CARDIOVASCULAR |
|  | Number of Job Holders | 4 (3 WTE) |
| JOB PURPOSE The job purpose is to address the morbidity and mortality associated with diabetes. The post holder has responsibility for educating and informing healthcare professionals, people with diabetes and their carers regarding optimal diabetes care.  The post holder utilises clinical expertise with the ability to work autonomously to assess individual need and facilitate diabetes care, which may be diverse and complex.  The Diabetes Specialist Nurse plays a pivotal role within the Diabetes Managed Clinical Network providing an integrated diabetes service for NHS Tayside.  The post holder works collaboratively across healthcare boundaries, implementing, reviewing and evaluating national, internationalevidence-based diabetes standards, guidelines, research and policies. | | |
| ORGANISATIONAL POSITION Director of Nursing & Patient Services    Senior nurse  ║  **Diabetes Specialist Nurses B7 (this post)**    Diabetes Managed Clinical ║  Network  Diabetes Specialist Nurses B6  ║  Healthcare Support Worker B3 | | |
| SCOPE AND RANGE There is a recognised global increase in diabetes prevalence (World Health Organisation).   * The DSN role has evolved to take account of the rising number of people diagnosed with Diabetes. Figures obtained from the Scottish Information Diabetes Care (SCI DC) an electronic data base and national diabetes register identify 26690 people were registered with diabetes in Tayside as October 2024 * Diabetes Specialist Nurses are responsible for managing an open caseload within the above geographical area for people with diabetes from 16 years upwards, and from the age of 14 years in the acute care setting. Diabetes has an impact upon almost every aspect of life and is associated with increased risk of heart attack, stroke, blindness, amputation and kidney failure. * Diabetes Specialist Nurses are based in Ninewells Hospital to provide diabetes care in clinics, throughout hospitals and communities settings across Tayside, North East and West Fife and South Grampian. * Provision of a high quality, safe and supportive environment in order to meet identified need for people with diabetes/carers/relatives/staff within NHS Tayside. * The environment of care includes all healthcare and community settings, including local prisons within Tayside, North East Fife and South Grampian. * Collaborative working with management teams of chronic conditions e.g. cystic fibrosis, stroke, obesity, cancer and cardiac conditions that are associated with increased prevalence in diabetes to facilitate early recognition and appropriate management.     Staff Management/Supervisory responsibilities:   * Provide mentorship to healthcare staff regarding diabetes management. * Comply with local arrangements, taking appropriate action following incidents/adverse events/complaints. * Ensure diabetes specialist nurse cover within each locality, liaising with colleagues for regional planning. * Participate in the recruitment of staff. * Identify and plan education, training and development to meet service and individual needs. * Contribute to issues regarding workforce planning. * Pharmaceutical ordering, supplies ordering, use of equipment, requiring authorised signature. | | |
| MAIN DUTIES/RESPONSIBILITIESCare Delivery  * Advanced clinical assessment and clinical consultation skills. * Plan, implement and evaluate Diabetes Nurse led clinics. * High level communication skills to maintain a cohesive approach in managing lifelong conditions, * working across primary and secondary care to negotiate and network with the other health care professionals which is critical in reaching a satisfactory and safe outcome for complex individuals requiring multi agency care. * Freedom to act to direct care to other specialist and acute services on a daily basis, for example maternity, renal, oncology and cystic fibrosis services. * Expertise in behaviour change and interview techniques, incorporating evidence-based theories and models to influence health promotion and health behaviour change. * Clinical expert in diabetesresponsible for ensuring individualised care needs are assessed, programmes of care are developed, implemented and evaluated in partnership with people with diabetes within Tayside from 16 years of age and upwards (and carers) from point of referral through lifelong journey. * Develop, implement and evaluate comprehensive care programmes to meet physical and psychosocial needs where individual needs may be predictable or unpredictable, straightforward or complex, to promote the development of effective coping mechanisms and self-care strategies to enhance quality of life through life journey. * Development, implementation and delivery of structured patient education programmes encompassing an empowerment philosophy. Interactive teaching strategies utilised to involve patients, facilitate learning taking cognisance of physical, cultural and psychological needs * Expert knowledge to recommend and guide care in the management of people with diabetes in all life events inclusive of planning pregnancy, pregnancy, adolescence, illness, diabetes related complications and end stages of life. * Specialised knowledge, training and experience to make clinical judgments crucial to reduce risk of death associated with diabetes. The DSN is required to guide treatment with insulin to reduce risk of peri natal and maternal morbidity and mortality during pregnancy. * Utilise specialist knowledge of pharmacological actions of various insulin preparations, devices and rationale for use to inform and facilitate education for patients and healthcare professionals. * Utilise specialist knowledge to direct management of a variety of insulin regimes including initiation and dose titration, mode of insulin delivery and the provision of education for safe self-management. * Highly level of knowledge to guide treatment by interpreting and analysing clinical information such as blood tests, interventions and current medications. Experience is required to manage insulin treatment which life saving but potentially lethal when inappropriately managed. Clinical expertise to advise healthcare professionals. There are no evidence-based research studies to guide insulin adjustment therefore experience is required to undertake this role. * Establish, maintain and review systems to ensure effective communication with various individuals and groups on complex and potentially stressful matters in a range of situations. * Develop, implement and evaluate systems that support and involve patients/client/carers and relatives in the planning and delivery of individualised care * Ensure that standards for Diabetes Specialist Nurse written and electronic web-based record keeping are maintained and reviewed in order that the patient record is reflective of current needs and recommendations for care. * Initiate ongoing referrals for further assessment, diagnostic tests and to other professionals * Accept direct referrals with ability to work autonomously to assess, plan deliver and evaluate care. Bleep service e.g. direct referrals from General Practitioners, hospital medical staff, practices nurses, dentists and nurses to provide timely appropriate intervention/advice regarding diabetes management. The DSN is available Monday to Friday to consult with emergency GP referrals to reduce need for hospital admission * Ability to lead on the development, implementation and evaluation of guidelines and protocols to improve practice within diabetes management. * Provision of diabetes telephone advisory service for people with diabetes/carers/healthcare professionals and multi agencies. * Collaborative discharge planning and transfer to other Health Boards. Planning and facilitation of cross boundary discharge and follow up to ensure ongoing diabetes screening and surveillance. Liaison and networking with specialist diabetes teams across the United Kingdom and facilitating appropriate resources for diabetes treatment across the world. * Plan implement and evaluate complex programmes of care for example pre pregnancy care ensuring appropriate prophylactic and essential treatments are implemented, discussed, facilitated, appropriate surveillance and screening is undertaken to maximise health outcome for pregnancy. * In-Patient Diabetes Specialist Nurse Service to improve diabetes care of patients and appropriate discharge planning. This influences length of hospital stay and re-admission rates. * Responsible for organisation and facilitation of national conferences such as Diabetes and Pregnancy, Best Practice in Diabetes Care. * Delivery of education sessions which in-corporate the following: learner training needs assessment, development of teaching plans; evaluation of session; organisation of appropriate venue to facilitate learning experience for patients, health care professionals and social care staff. * Organisation of Public health awareness and patient involvement activities for example ‘Walk for diabetes health’. Responsible for all aspects of arranging event, including acquiring sponsorship, event advertising and publicity, insurance cover, multidisciplinary public health education educational stalls, first aid cover. * Organisation of multidisciplinary case conferences to co-ordinate care need in complex patients. For example, facilitating independence in a young adult with insulin requiring diabetes and special educational and health needs who attends college.  Management /Leadership  * Responsible for assessing, co-ordinating prioritising, evaluating own workload incorporating scheduled and unscheduled careensuring that the needs of people with diabetes in Tayside are met. Responsible for the co-ordination and day to day running of an equitable specialist diabetes nurse service across NHS Tayside including planning, monitoring and evaluation of DSN practice. Managing diabetes nursing service across acute and primary care settings and other Healthcare boundaries. * Participation in NHS Quality Improvement Scotland (QIS) Diabetes clinical Standards review in Tayside and external reviews in other health boards in Scotland. * Proactive in change management. * Responsibility for development of guidelines for healthcare professionals and people with diabetes. These guidelines impact on other services for example impact on prescribing for diabetes in endoscopy. The guidelines provide safety information to reduce medication risk associated with the procedure, cancellation of procedure and reduction in need for hospital admission. * Contribution and participation in the Institute of Healthcare Improvement (IHI) successful £1 million bid for Health Foundation Safer Patient Initiative. * DSN led service improvement of in-patient care of diabetes management in acute care setting in Tayside to identify service shortfalls and develop a strategic plan for the service. * Directly involved in recruitment and interviewing of new staff. * Directly responsible for day to day clinical and management supervision of new staff and appraisal thereof * Directly responsible for daily management and co-ordination of staff ensuring equitable cover of Diabetes Specialist Nurse service across Tayside. * Facilitate learning through experienced facilitation of DSN role shadow for post registration acute care nursing staff, District Nurses, Health Visitors, Doctors, Pharmacists and visiting and overseas Consultants. * Ensure effective use of physical, human and financial resources for specialist service provided. * Act as role model, provide leadership and collaborate with multi-professional, multi-agency to enhance the healthcare experience for patients/carers. * Ensure systems are in place in order to participate in performance review and appraisal and devise a personal development plan * Ability to lead and implement change in practice, initiate discussion and debate to influence, implement and action quality improvement in practice. * Facilitate effective teamwork and healthy working relationships through consistent visible support and mentorship**.** Providesupervisory role over junior staff. * Implement local risk management and health and safety strategies in relation to diabetes acting on any identified risks in accordance with local policy. Identify key risks associated with diabetes management, inform service managers of risk and implement strategies to improve care and provide mentorship to healthcare staff in order to reduce these risks. * Adopt a sensitive and positive approach to the review of complaints learning from the experience of users to improve healthcare experience. * Assess need and identify areas for implementation of nurse-led services, implement and evaluate nurse-led services. * Adopt a proactive approach to promote positive experience for service users and involve in the planning, implementation and the evaluation of diabetes care provision within NHS Tayside and all areas covered**.** * Expert nurse advisor participating in speciality sub-groups within Diabetes Managed Clinical Network. Review national, international and local guidelines and research, being a major contributor with ability to lead in key aspects of redesign and modernisation. | | |
| Education & Continuing Professional Development  * Development and delivery of post graduate education to medical, nursing and professional allied to health. Integration of theory of research and clinical practice along with training need analysis to plan, develop, implement and deliver educational material, examples include: * Tayside Diabetes Managed Clinical Network forums (for GP’s, District Nurses, Practice Nurses, Pharmacists)12 sessions per year in Tayside * Nursing Home education * District Nursing Staff education * Medical student teaching prescribing x 2 sessions per year * FY2 Prescribing Diabetes Emergencies x one per year * Dental Students Endocrinology and Diabetes x one per year * Acute hospital staff (multidisciplinary) specialist diabetes education * Root Cause Analysis consultancy two / three times per year * Responsibility for teaching programmes and provision of specialist training and education to staff within NHS Tayside, Dundee University including nursing students, medical students, medical staff, nurses, professional allied to health within NHS Tayside. * Participate in ongoing professional development with attendance at Diabetes specific education conferences, study days, professional meetings to participate, learn and deliver education. * Development and delivery of education for undergraduate medical, pharmacy and nursing students, post registration, master, degree and diploma students, Doctors, Pharmacist, Dietitians, and other Professions Allied to Health. * Present at local and national professional meetings and Conferences to share their specialist experience and knowledge with diabetes professionals across Scotland/UK. * Plan, develop and deliver education outwith health board premises for example in social work premises, schools, care homes and prisons. One to one (daily) and group sessions (20 sessions per year). * Ongoing professional development with attendance at Diabetes specific education conferences, study days, professional meetings to participate, learn and deliver education. * Ensure the development of personal/career development plan is aimed at improving health care, maintaining and developing attitudes, skills and knowledge facilitating personal and professional growth in order to meet service, users, professional and individual needs. * Adopt a systematic approach to identify, analyse and prioritise own training and development needs ensuring training plans are submitted and agreed taking cognisance of mandatory training, physical, human and financial resources. * Undertake and provide a range of clinical support interventions which meet the continuing professional development and support needs of self and others. * Keep abreast of health promotion activity and contributetoraising the awareness of communities and populations about health and wellbeing and the actions that can be taken to improve health. * Contribute to and influence the development of pre and post registration curriculum and participate inteaching multiprofessional/multi agency groups. * Identify learning needs, plan, implement and evaluate programmes of diabetes education to meet the needs of patients/clients/carers/relatives and healthcare professionals and monitor the effectiveness of educational strategies used * Responsible for provision of education to reducethe risk of life-threatening diabetes complications i.e. diabetes ketoacidosis, hypoglycaemia, blindness, lower limb amputation and renal failure. Support and enable people with diabetes to make informed choices regarding on going management of diabetes. * Ensure standards for supervision and education are implemented, monitored and evaluated to facilitate acquisition of skills required for patients/clients/carers/relatives to develop effective coping mechanisms and self care strategies to enhance quality of life and future health.  Quality/Research and Development  * Direct involvement in Tayside Managed Clinical Network Strategy and Implementation Plan for managing increasing demand in adult diabetes services ‘Completing the Jigsaw’ (2002) to facilitate evolution of service improvement and Network strategic priority for diabetes within NHS Tayside. The strategy impacts on specialist care provision and GP service of diabetes care. * DSN participation in Scottish Care Information Diabetes Collaboration (SCI – DC) for the implementation of SCI DC Clinical IT system. (SCI-DC is a population based electronic clinical management system of people with a recorded diagnosis of diabetes). This system has been developed in Tayside and subsequently spread nationally. This provides daily up-dates on treatment and care given for people with diabetes stored in a central (and accessible) database. * DSN participation as key contact in service redesign patient survey to facilitate diabetes users’ opinions of local diabetes services. * Lead on in-patient activity audit regarding staff training need, risk and diabetes care in hospital setting * Audit and evaluation of education sessions to inform efficacy of education * Participation in national pregnancy and diabetes audit and research * Participation in Biochemical Medicine near patient testing procurement and monitoring committee for blood glucose meters in NHS Tayside. * Collaborative ongoing engagement with Biochemistry. * Participate in ongoing professional development with attendance at Diabetes specific education conferences, study days, professional meetings to participate, learn and deliver education. * Identify and develop frameworks and mechanisms to monitor standards and quality of clinical practice, facilitate continuous quality improvement for diabetes and support ongoing research in nursing practice. * Work within an ethical and legal framework, utilising defined policies, procedures, standards and protocols of the department, organisation and NHS Tayside to promote safe and effective evidence-based practice and contribute to quality improvement within a specific field of practice. * Ability to lead on the development, implementation and evaluation of evidence-based policies, procedures and guidelines within diabetes nursing. * Influence and support implementation of the organisation’s clinical governance framework and ability tolead quality improvement initiatives within the clinical area of diabetes. * Identify need and undertake research and clinical audit to improve effectiveness of diabetes care.as an ongoing commitment. * Disseminate research/audit findings through presentation and discussion with diabetes managed clinical network and NHS Tayside as an ongoing commitment**.** | | |
| COMMUNICATIONS AND RELATIONISHIPS  * Continuing responsibility for effective standards of communication for routine, complex and potentially stressful matters within a wide range of health/ social care workers, patients, families, and other relevant agencies. * Utilise a wide range of media such as web-based IT systems, telephone, verbal and written communications. * Competent to deal with highly complex and sensitive issues, demonstrating tact and diplomacy when communicating and negotiating with patients/carers/relatives. * Competent to deal with contentious issues e.g. employment discrimination regarding diabetes, eligibility for new therapies. * Establish and maintain relationships based on mutual respect communicating on a regular basis with the patient/relatives/multidisciplinary team and external agencies involved in the provision of care. Ensure effectivedissemination of information across the organisation. * Expert communication skills in a wide variety of settings e.g. consultation, group education, professional meetings, strategic managed clinical network meetings. * Expertise in presentation skills for local, regional and national conferences average 50 participants. | | |
| KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB Registered Nurse (Part 1 or 12 of the UK NMC register)  Nursing Degree  Evidence of ongoing professional development  Extensive post registration qualifications and nursing experience  Non-Medical Prescribing qualification  Masters level qualification, or working towards, relevant to diabetes such as:     * Post Graduate Certificate in Diabetes * Post Graduate Certificate in Practice Education.   Previous experience in a diabetes care setting.  Ability to lead on diabetes best practice, ability to support continuous professional development and educational activity, work effectively as part of a multi-professional / multi-agency team.  Demonstrate political and strategic awareness.  Ability to work collaboratively across all healthcare settings  Expertise in facilitating learning.  Expertise in behaviour change strategies.  Ability to travel.  Information technology skills. | | |
| SYSTEMS AND EQUIPMENTThe Registered Nurse is expected to have the knowledge and skills necessary to use all equipment used in the area. **Information Technology**  Scottish Care Information Diabetes Collaboration (SCI-DC)  Central vision (Laboratory System)  E-library  Word processing  Power point  Adverse Incident Management system  Fax, internet, intranet and email  **Moving & Handling**  Manoeuvre patients  Mandatory training  Carriage of equipment for educational and clinic use within and out with base  Trolley manoeuvre  Wheelchair manoeuvre  **Near Patient Testing**  BP monitoring  Blood glucose monitoring  Blood ketone monitoring  Glycated Haemoglobin analysis  Chemical reagents  Insertion of continuous subcutaneous blood glucose monitor  Vital signs  Phlebotomy **Medical Devices** Variety of insulin devices, including syringe, insulin pens, pumps  Blood glucose monitoring systems  Blood ketone monitoring system  Infusion devices  Doppler  Resuscitation Equipment  Erectile dysfunction devices  **Treatments**  Insulin therapy  Oxygen therapy  Basic Life Support Responsibility for Records Management All records created in the course of the business of NHS Tayside are corporate records and are public records under the terms of the Public Records (Scotland) Act 2011. This includes email messages and other electronic records. It is your responsibility to ensure that you keep appropriate records of your work in NHS Tayside and manage those records in keeping with the NHS Tayside Records Management Policy and with any guidance produced by NHS Tayside specific to your employment. | | |
| PHYSICAL DEMANDS OF THE JOB **Physical Skills:**   * Administer subcutaneous injections, syringe pumps and infusions * Demonstration and insertion of subcutaneous blood glucose monitoring systems * Demonstration and insertion of subcutaneous insulin infusion pump * Venepuncture   **Physical Demands:**   * Carriage of equipment to and from clinics, wards, education venues * Manoeuvre wheelchairs * Use of computer   **Mental Demands:**   * Frequent period of intense concentration required when managing and teaching groups and one to one individual consultation where learning styles differ, and academic status is unknown. * Concentration when work pattern is unpredictable in health and social care environments for example in patients’ homes, nursing homes, in labour suite. * Responsible for determining, calculating insulin doses for example, in newly diagnosed patients, in pregnancy, during illness. There is no evidence-based guidance for this. * High level of clinical decision making for example in the management of illness in type 1 diabetes to reduce risk of and prevent acute and life-threatening complication (weekly). * Frequent unpredictable workload for example interruption in routine work when patients require intensive medication and monitoring management to prevent crisis during acute illness at home. * Maintaining high level of professional behaviour to manage avoidable critical incidents with patients with diabetes (weekly) for example when prescribed insulin is omitted with potential to cause acute complication of life-threatening diabetic ketoacidosis. Urgent action is required to prevent crisis. * Concentration required to assess patient to recommend safe and appropriate diabetes management where need is complex, for example people with mild to profound mental health issues, learning and communication problems (frequently * Concentration required when checking documents/patient notes and calculating drug dosages, whilst subject to frequent interruptions from patient/relatives/team members (daily). * Concentration required when observing patient behaviours which may be unpredictable (daily) * Managing acutely ill patients e.g. symptoms precipitating diabetic ketoacidosis (ongoing) * Balancing demands of scheduled and unscheduled care (daily) * Facilitating group education where individual need may vary considerably taking account of individual learning styles, cultural need, and responses to living with a chronic health condition (weekly) * Supporting patients to make healthy lifestyle choices and promoting self care, empowerment strategies (ongoing) * Supporting patients to make healthy lifestyle choices where concordance issues complicate care (ongoing) * Influence patients to concur with treatment regimens e.g. medication to treat hyperlidaemia, hypertension, glycaemic control which may be for conditions which may be asymptomatic to the patient (daily) * Supporting patients with treatment regimens that may have undesirable side effects – e.g. nausea, erectile dysfunction, hypoglycaemia. (ongoing) * Caring for people with twin aims e.g. risk reduction from complications of diabetes and lifelong compliance with treatment regimens (ongoing) * Challenging values/beliefs/decisions of multi professional teams and taking appropriate action (ongoing) * Highly complex communication with patients, carers, and professionals regarding potential and actual major life changes in physical, emotional, psychosocial aspects of diabetes management. (ongoing)   **Emotional Demands:**   * Working with and supporting patients throughout their adult life from diagnosis to death. * Treating people unconditionally and appropriately with the knowledge that there is a fine line between invalidity and normality in patients with diabetes (daily). * Ability to inform a person of the life-threatening complications of diabetes without causing undue fear and distress. Provide appropriate information to reduce risk (daily). * Direct involvement in dealing with patients with manipulative behaviour who potentially self harm with over or under treatment of diabetes (weekly). * Frequent distressing emotional circumstances for example supporting patients who live with the complications of diabetes including visual loss, amputations, kidney failure and neuropathy where quality of life in severely compromised (daily). * Direct involvement in dealing with people with diabetes who abuse illegal drugs/alcohol where treatment is complex and complicated (weekly). * Directly support patients/carers in diabetes management in end stages of life and terminal illness. Liaison with hospitals, GP’s palliative care services and carers. * Communicating with distressed/anxious/worried patients/relatives (daily) * Supporting people with diabetes and their carers in the end stages of life (weekly) * Caring for patients following receipt of bad news (ongoing) * Dealing with people with challenging behaviours e.g. manipulative, aggressive * Work in isolation e.g. travelling, home visits   **Working Conditions:**   * Working in variable premises including hospital, homes, prisons, schools, primary care and community settings across Tayside, North-East Fife and South Grampian providing regional cover. * Exposure to body fluids e.g. blood, urine (daily)  Exposure to unpredictable behaviour (ongoing) | | |
| DECISIONS AND JUDGEMENTS Responsible to the Manager for professional management, work review and formal appraisal of performance.  Responsible within nurse led clinics for initiation, co-ordination, and follow up of diabetes care and management.  Responsible for development, implementation, evaluation of standards, and quality of clinical practice within diabetes nursing.  Responsible for supporting and advising patients/carers and health care professionals to reflect upon and review their decisions in relation to diabetes care management and effectiveness of their care programmes.  Expert knowledge to recommend individualised diabetes treatment regimens to medical staff e.g. all aspects of insulin therapy insulin initiation, and insulin titration.  Expert knowledge to challenge treatment regimens such as where individual need is outwith conventional regimens and alternative management is required.  Management of ever changing caseload incorporating scheduled/unscheduled care.  Influence developments and recommendations of the Diabetes Managed Clinical Network (MCN). | | |
| MOST CHALLENGING /DIFFICULT PARTS OF THE JOB Effective management and prioritisation of competing demands of an unpredictable caseload incorporating scheduled and unscheduled diabetes care.  Effective and efficient management to meet needs of increasing population and prevalence of people with diabetes.  Balancing the demands of all stakeholders to provide a safe, efficient, and effective diabetes service. | | |
| JOB DESCRIPTION AGREEMENT The job description will need to be signed off using the attached sheet by each postholder to whom the job description applies. | | |