



JOB DESCRIPTION

1. JOB IDENTIFICATION

Job Title: Chief Nurse (Community and Mental Health)

Responsible to: Director of Community Health and Social Care
Department(s):

Directorate: Community Health and Social Care

Last Update: July 2021

2. JOB PURPOSE

This purpose of this role is to provide strong clinical, managerial and professional leadership of nurses in the Community Health and Social Care Directorate. The Chief Nurse (Community) will be a highly visible clinician who is accessible to both patients and staff.

The post holder is responsible and accountable to the Director of Community Health and Social Care for: ensuring that patients receive excellent quality nursing care; the community clinical environment; the wider patient experience and the safety of patients under the care of the Community Health and Social Care Directorate.

The post holder has responsibility for managing and developing the nursing workforce aligned to the Community Health and Social Care Directorate. This includes the recruitment of nursing staff, management of performance, continuous professional development of nursing staff and disciplinary issues.

The Chief Nurse (Community & Mental Health) is the professional lead for nursing in the Community Health & Social Care Directorate. As such, the Chief Nurse reports through the professional accountability structure to the Director of Nursing & Acute Services who is the professional lead for Nursing, Midwifery & AHP for the Board and oversees nursing care assurance in the Care Home setting on behalf of the IJB.

The Chief Nurse will work in a triumvirate with the Director of Community Health and Social Care, the Medical Director and the Nurse Director on key quality and professional matters.

The Chief Nurse (Community & Mental Health) is the operational lead for unscheduled care for the Directorate.

The Chief Nurse (Community & Mental Health) will lead on service development at a strategic level, including the implementation of national policy and improvement programmes that are aligned to nursing and community health. This includes implementing the safer staffing legislation and implementing Excellence in Care across the Community and Social Care Directorate.

The post holder will have a key role in working across the partnership to deliver integrated care and improve outcomes for patients.

The Chief Nurse (Community & Mental Health) is a member of the Community Health and Social Care Silver Command structure and will be expected to participate in the 365/24/7 silver command rota. Commitment to this rota is approximately 1:6.

The Chief Nurse (Community & Mental Health) is responsible for managing a portfolio budget of circa £3M

3. DIMENSIONS (Job Facts and Figures)

Community Health and Social Care services within Shetland NHS Board are currently provided in various community based sites across Shetland. There are 9 Health Centres which are bases for multi-disciplinary teams and there are 9 Care Homes.

There are approximately 100 staff who will be responsible to the Chief Nurse (Community & Mental Health).

The Chief Nurse (Community & Mental Health) will be the professional and managerial lead for the following services:

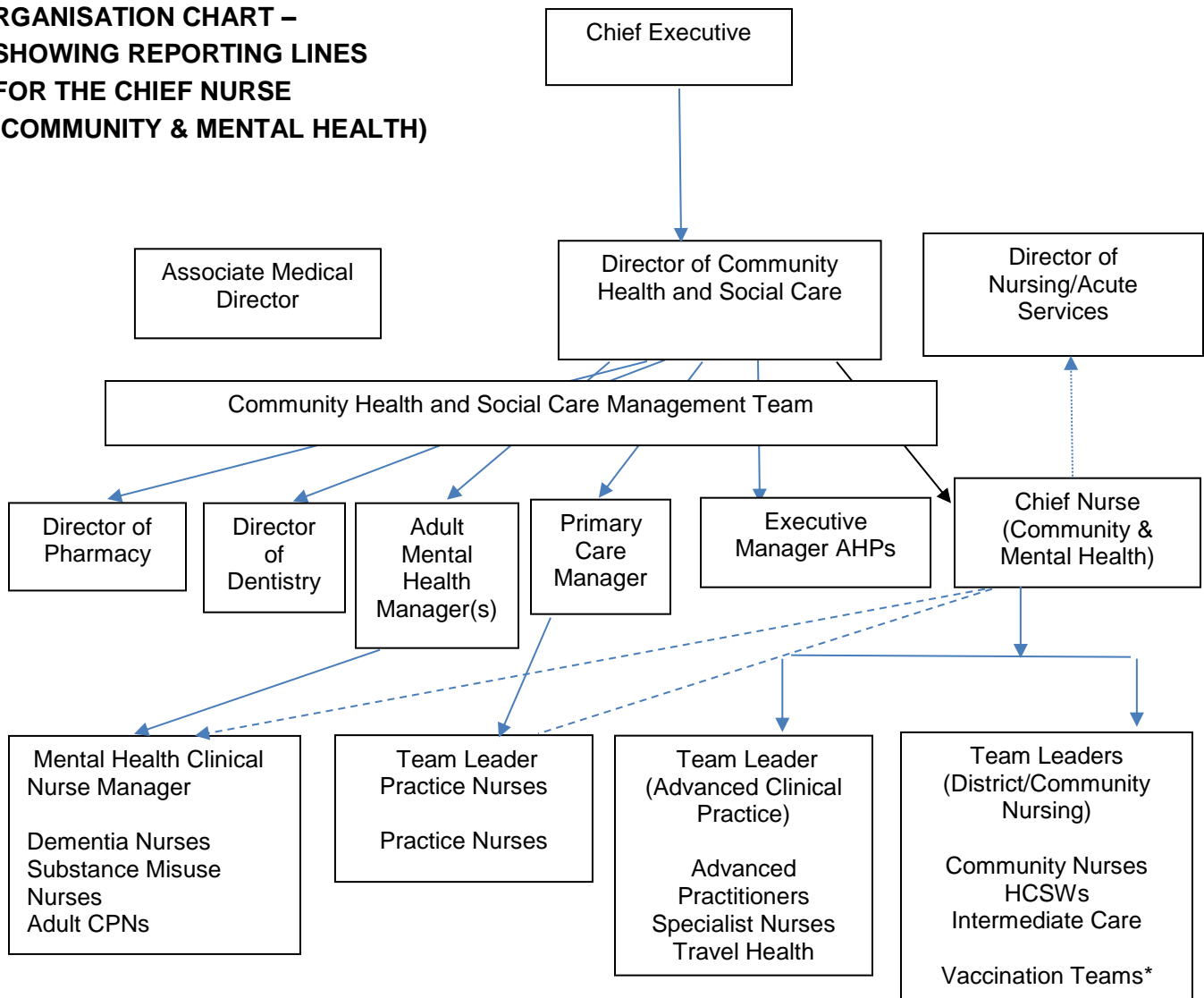
- Community Nursing, including District Nurses and Advanced Practitioners
- Custody Healthcare
- Nurses working in Non-Doctor Island settings
- Community nursing's contribution to the immunisation and vaccination programmes
- Travel Health
- Implementation/development of nursing vaccination teams
- Intermediate Care Team

The Chief Nurse is also the professional lead for the following services:

- Adult Mental Health and Dementia Nurses
- Substance Misuse Nurses
- Practice Nurses
- Health Protection Nurses
- Learning Disabilities

4. ORGANISATIONAL POSITION

ORGANISATION CHART – SHOWING REPORTING LINES FOR THE CHIEF NURSE (COMMUNITY & MENTAL HEALTH)



*Where for example mass vaccination centres need to be put in place

Solid line denotes managerial lines of accountability for nursing within the Health and Social Care Directorate

Dashed line denotes additional professional lines of accountability for nursing within the Health and Social Care Directorate (there are other professional lines of accountability to nurses in other Directorates e.g. Public Health) which are not shown but as included in the Nursing & Midwifery Assurance Framework

Link and work with on a regular basis

Director of Community Health and Social Care

Director of Nursing & Acute Services

Senior Nurses across all settings

Heads of Service across all settings

Executive Managers across all settings

NHS partners in other Boards e.g. North of Scotland Planning Groups/SAS

Non NHS partners e.g. Shetland Islands Council, Third Sector organisations

5. ROLE OF DEPARTMENT

The Chief Nurse (Community and Mental Health) is responsible for the strategic delivery of the following services:

- Urgent care –through the development of community nursing services and working with the wider MDTs
- Long term condition management - through joint working across the MDT to implement House of Care and other strategies to support early intervention and realistic medicine
- Implementing Safer Staffing legislation and how that will inform new models of care
- Excellence in care – ensuring that there is a robust programme of quality assurance and improvement in place to support excellence and patient safety across nursing services in the Community Health and Social Care Directorate
- Transforming nursing roles programme and roll out of the community nursing work streams
- Vaccine programme implementation

6. KEY RESULTANT AREAS

ROLE SUMMARY

- a) To influence and lead the strategic direction of the nursing contribution to the Community Health and Social Care Directorate and contribute in the determination of strategy and policy across the Directorate and lead on joint work within the Health & Social Care Partnership (H&SCP)
- b) To lead the long term planning and service development for Community based Nursing Care to ensure how it is best provided to meet the developing needs of the population.
- c) To act as required, as a nominated representative of both the Director of Community Health and Social Care and the Director of Nursing & Acute Services on internal and external groups and committees
- d) To participate and influence the development of national strategy for community based nursing and unscheduled care, particularly in reference to remote and rural issues by representing NHS Shetland at national and regional fora.
- e) To drive forward the development and implementation of a Shetland strategy for primary care, community health and well-being and community based nursing.
- f) To act as a key liaison with Community Care Resources Teams to embolden the clinical, care and governance links for service provision in the Care Home setting.

DUTIES AND RESPONSIBILITIES

Training, Development and Management

- a) Line manage the Clinical Nurse Managers, Team Leaders and support staff in the Chief Nurse (Community and Mental Health) portfolio.
- b) Empower Nurses and Healthcare Support Workers (HCSW) to take on a greater range of clinical tasks to help improve patient care and identify appropriate training opportunities accordingly, for example, to support the redesign of a service.
- c) Ensure that all nursing staff within the Directorate of Community Health and Social Care have an individual personal development plan, training plan and objectives which are reviewed and updated annually. This may be done in collaboration with Clinical Nurse managers across the Directorate.
- d) Ensure systems are in place to enable practitioners to access clinical supervision.
- e) Identify opportunities for personal development for staff e.g. Scottish leadership fellowships, Deputy Nurse Director's development programme, Project Lift. Liaise with

others outwith and within the organisation in order to gain appropriate learning and networking opportunities.

- f) Support the development of a learning culture which encourages everyone to learn from each other and from external good practice.
- g) Direct the operational workforce lead and other practitioners to identify the learning needs of the community nursing workforce in line with the organisation's priorities, using validated workforce planning tools and training needs analysis.
- h) Ensure that the Director of Nursing & Acute Services, as commissioner of education for NMAHPs is appraised of the education requirements for community nursing via the Strategic Nurse Group. Ensure that there is appropriate liaison with academic partners and education providers to support other professions across the Directorate as needed.
- i) Provide appropriate support to others to improve their knowledge and understanding of financial resource management. This would either be individually or through the operational management structure for nursing within the Directorate.
- j) Annually review the staffing establishment, taking into account individual areas workload and changes in practice (and framework for safe staffing). Work closely with the Primary Care Manager and the Adult Mental Health Managers to provide professional oversight and support for nursing workforce planning in areas where the Chief Nurse has a professional, but not a managerial remit.
- k) Manage resources (including monitoring availability and use). This should be consistent with agreements made with others and organisational requirements.
- l) Take prompt corrective action when there are actual or potential variations from plans.
- m) Negotiate and agree the allocation of financial resources throughout the year (through the business and planning cycle)
- n) Ensure that all appropriate HR policies and procedures are implemented across community nursing e.g. appraisals; sickness absence; disciplinary and grievance matters; recruitment and selection decisions; personal and career development return to work interviews across nursing in the Directorate of Community Health and Social Care.

Clinical Governance and Safety

- a) Provide strong leadership by acting as a role model in delivering an excellent quality of nursing and HCSW clinical practice.
- b) In collaboration with the Associate Medical Director (Primary Care), drive the clinical governance and care assurance agenda for the Directorate.

- c) Ensure quality of nursing care through the development and implementation of quality improvement initiatives and monitoring of clinical and health outcomes. This includes standard setting, regular audit and creating appropriate forums for implementation and monitoring.
- d) Ensure that the organisation is meeting national standards such as Healthcare Improvement Scotland standards and Nursing and Midwifery Council standards. In particular, those pertaining to the Care of Older People in the Community, Dementia Care, management of Long Term Conditions and Unscheduled Care.
- e) Ensure that nurses understand how to assess and assure the quality of care- including implementing the Excellence in Care framework, safer staffing legislation and risk management matrix.
- f) Identify areas which would benefit from Quality Improvement input, using various methods such as patient and staff feedback, complaints, Datix forms, general observation, and investigate poor quality promptly. Ensure that these are measured within agreed timescales and take action accordingly if they are not met.
- g) Ensure that systems are in place for monitoring quality and for investigating incidents and complaints. Ensure that staff are fully aware of the information which patients and their relatives will need if they wish to make a complaint. Investigate complaints and prepare reports in line with the organisations complaints procedure. Facilitate multi-professional debriefs as required.
- h) Act as a role model by promoting best practice in health, safety and security and identify the need for expert advice and support from the lead manager with responsibility for Health and Safety where needed.
- i) Ensure that the patient environment (in the departments that the Chief Nurse (Community) is responsible for) are safe and free from hazards and complies with organisational, professional and legal requirements and guidelines, and take appropriate action when there are problems.
- j) Ensure that NHS Scotland's patient safety programmes are embedded in the culture of teams across the Directorate of Community Health and Social Care nursing teams and that improvements to patient safety are achieved, for example in relation to infection prevention standards.
- k) Ensure that units, departments and equipment are clean and staff achieve the standards set out in the infection control manual.
- l) Ensure that the line managers, who are the post holders direct reports, and their teams:
 - a. are aware of their rights and responsibilities with regard to health and safety issues
 - b. know of factors that may adversely affect their health, safety and security

- c. are able to access suitable learning opportunities to enable them to work in a healthy, safe and productive way
- d. are able to feedback on any concerns they have
- m) Lead or facilitate debriefs, training and investigations to update and extend knowledge and skills in the specific area of health, safety and security responsibility. An example of this could be taking part in multi-agency planning exercises, attending associated meetings and implementing learning locally.
- n) Ensure that all adverse events are investigated and that appropriate debriefs and risk management meetings are held to discuss lessons learnt across multi-disciplinary teams and the wider Directorate.
- o) Participate in multi-agency evaluations of care across the partnership e.g. ensure we contribute self-assessments required by Health Improvement Scotland. This may also include file reading/audits for other Health Boards as part of an Inspection Team, or supporting others to acquire these skills.

Leadership

- a) Communicate confidently with patients, carers and staff in a variety of ways, situations and locations including with patients or relatives who wish to make a complaint about any part of their health treatment. This is usually after the staff involved have reached a stage which they can progress no further.
- b) Confidently use a range of developed communication skills in various circumstances, for example to ensure performance targets are met; when negotiating resources or in order to manage poor performance. Give feedback to staff on their communication skills as needed.
- c) Use tact and persuasion when communicating with a person who is upset or angry, violent or aggressive, this may be in a highly emotive atmosphere.
- d) Give formal presentations to groups of staff, patients and relatives on subjects which may be complex and sensitive, such as a change in the service provision which may affect places of work, and roles. For example, describing how models of care for same day emergency care will change.
- e) Undertake various roles within the Board's disciplinary procedures, including leading on professional and fitness to practice issues for nurses and other practitioners e.g. ODPs. This may include providing professional advice, undertaking an investigation, chairing a hearing panel, identifying specialist opinions etc. The post holder may also been asked to lead an investigation on behalf of another Board.
- f) Ensure that Board policies, national policies affecting nursing, and NMC requirements are implemented through effective communication channels, and where necessary provide guidance of how they are to be implemented.

- g) Liaise with agencies outwith the Board to agree strategic approaches to care delivery e.g. SIC Residential and Respite Care or the Scottish Ambulance Service (SAS) where shared services exist for emergency and planned care.
- h) Answer requests for information from the media and other agencies. This involves making a judgement relating to patient and organisational confidentiality, public interest etc
- i) Contribute to the visibility and profile of the health professions and service improvement work that is being undertaken across the Community Health and Social Care Directorate e.g. through Excellence in Care events, using social media

7a. EQUIPMENT AND MACHINERY

Equipment to monitor vital signs or remote technology for the remote monitoring of signs and symptoms.

Tablets and computers

Sharps during clinical procedures

Familiarity with community based equipment (eg hoists/beds)

7b. SYSTEMS

Using a variety of assurance systems e.g. Datix, Excellence in Care, Pentana etc

Using applications to support management activities e.g. SSTS, PECOS, TEMPRe, Job Train

Using applications for report writing and data analysis e.g. Word, Excel, Powerpoint etc

Using systems to access and create clinical data e.g. Trak Care, Clinical Portal, SCI Store, EMIS etc

8. ASSIGNMENT AND REVIEW OF WORK

Assignment of work is via objectives delegated by the Director of Community Health & Social Care.

The professional agenda will also be determined by national policy requirements which will come into the Chief Nurse either directly from the Chief Nursing Officer Directorate, or more typically via the Director of Nursing & Acute Services.

The Chief Nurse (Community & Mental Health) is expected to deliver objectives without direct oversight and report risks and issues by exception to the Director of Community Health and Social Care.

9. DECISIONS AND JUDGEMENTS

The Chief Nurse (Community & Mental Health) is a highly autonomous practitioner who makes independent clinical decisions in respect of community nursing care (within their scope of practice).

The Chief Nurse (Community & Mental Health) also is the senior advisor to the Director of Community Health and Social Care and the Director of Nursing & Acute Services in respect of the professional leadership requirements for all community nursing services and ensuring that care standards are met locally.

The Chief Nurse (Community & Mental Health) is representing the organisational views as well as providing professional advice to committees external to NHS Shetland. This includes national groups influencing and implementing policy decisions.

The Chief Nurse (Community & Mental Health) will make decisions concerning:

Policy development and implementation at a national and local level

The clinical care standards for nursing and care assurance systems

The shape of service models to ensure that we provide safe and effective care

Role development and practice education requirements that underpin the development of new nursing and/or support roles

Integrated working arrangements and models of care with partners (including other NHS providers, third sector and Local Authority)

The Chief Nurse (Community & Mental Health) has freedom to act within their clinical scope of practice and objectives set by the Director of Community Health and Social Care.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- Leading the development of the nursing service and the development of new roles.
- Maintaining expert clinical leadership.
- Maintaining and continually developing professional practice
- Ensuring and enabling effective communication across the multi-disciplinary forum.
- The post holder will be required to deal with frequent interruptions that are not predictable.
- The level of concentration required to manage the changing pace and patient requirements with frequent disruptions in response to constantly changing priorities.
- Being able to manage the two different but complementary elements of the post, balancing the demands of the Chief Nurse (Community) role with the management role, and working across both parts of the organisation to deliver the objectives of the work programme.
- Working across integrated services and effectively across the HSCP landscape.
- Being politically astute and able to influence effectively at all levels.

11. COMMUNICATIONS AND RELATIONSHIPS

The Chief Nurse (Community & Mental Health) is a public facing role and will be visible to patients and the public through engagement via social media and formal consultation exercises etc

The Chief Nurse (Community & Mental Health) will be expected to communicate with patients and colleagues at a number of different levels i.e. from direct patient care, through to duty of candour.

The Chief Nurse (Community & Mental Health) will be expected to work through challenging issues in the delivery of service redesign and new models of care – this will require knowledge, political awareness and an ability to build effective relationships.

12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

In terms of clinical practice

- Will be determined by the extent to which the Chief Nurse is able to maintain a clinical skillset, which could be to advanced practice level
- Exposure to verbal aggression and unpredictable behaviour of patients and their families in role as Chief Nurse (Community) and in clinical practice – occasional

In terms of office based environment

- Long periods of concentration in meetings
- Working with office equipment e.g. computer, video conferencing equipment etc

In terms of Remote Working

- Long periods in remote meetings using a visual display/laptop
- Social and professional isolation and remote support networks

Physical Skills/ Demands of the job

The Chief Nurse (Community & Mental Health) is expected to be clinically credible and maintain nursing competencies through active participation in clinical practice and observation of practice. Chief Nurse (Community & Mental Health) will be expected to be able to work in all of the departments within their clinical competency.

Mental Demands

- Being aware of and keeping a watching brief on the clinical environment at all times, even when not directly involved in care, and being able to respond immediately to risk as required.
- Retention and communication of complex information regarding patient care, and strategies and policy.
- Requires flexibility in an unpredictable work environment and ability to adjust priorities to meet the demands of the service. Able to maintain concentration while being subjected to frequent interruptions.

- Communication of highly complex/difficult/highly sensitive information to patients, staff, relatives and the multi-disciplinary team e.g. death, analysis of critical events
- Communication of highly complex and politically sensitive information to all levels of staff from Board members and local politicians, the community itself and the media, to other professionals and staff groups.

Emotional Demands

- Supporting staff through traumatic clinical events, e.g. traumatic death.
- Frequent communication with distressed/anxious/worried staff / clients and relatives.
- Frequent communicating unpopular or difficult information to nursing staff regarding events.
- Having to communicate traumatic, distressing information to staff / clients and their relatives e.g. review of complex clinical cases.- once per month

13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

Essential

Registered Adult Nurse or Registered Mental Health Nurse (current registration)
 Advanced practice/specialist qualification at postgraduate level – relevant to specialty area
 Demonstrable evidence of experience in using quality improvement skills to redesign clinical pathways
 Previous management experience at level 7 or above e.g. Clinical Nurse Manager, Consultant Nurse etc
 Excellent interpersonal skills
 Demonstrable evidence of being able to work in partnership and across settings

Desirable

Previous experience of working across settings and with Community Services.
 Previous experience of working in dementia, mental health or learning disabilities services.

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:

Date:

Head of Department Signature:

Date: