JOB DESCRIPTION AND TERMS AND CONDITIONS:

REF: 19ab/188

POST: Community Children’s Staff Nurse

Please return all completed applications to:

Resourcing Team
People & Change
NHS Highland, Argyll & Bute HSCP
Aros
Lochgilphead
Argyll
PA31 8LB

Email: recruitment.ab@nhs.net
1. JOB IDENTIFICATION

<table>
<thead>
<tr>
<th></th>
<th>Community Children’s Nurse – Staff Nurse</th>
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<tbody>
<tr>
<td>Reports to</td>
<td>Children and Families Health Team Leader</td>
</tr>
<tr>
<td>Department, Ward or Section</td>
<td>Children’s Services</td>
</tr>
<tr>
<td>Operational Unit/Corporate Department</td>
<td>Argyll and Bute HSCP</td>
</tr>
<tr>
<td>Job Reference:</td>
<td>ARGLHSCPCHLDNURS02</td>
</tr>
<tr>
<td>No of Job Holders:</td>
<td>2</td>
</tr>
<tr>
<td>Last Update:</td>
<td>June 2016</td>
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</tbody>
</table>

2. JOB PURPOSE

- To delivery high quality nursing care to children with acute/chronic/complex health needs in the community.
- To teach parents/carers skills necessary to enable them to care for their child at home.
- To manage and organise caseload in conjunction with Team Leader.
- Act as liaison and specialist resource within the multi-disciplinary and multi-agency team.
3. DIMENSIONS

- Work within the context of a large multi-disciplinary team including health professionals from community, district general hospitals and tertiary centre.
- Work within the context of multi-agency team including social work, education and voluntary sector.
- Work with children 0-16yrs (19yrs with special needs).
- Visit children/families in own home environment and variety of community settings including respite, school, after school clubs, holiday play schemes and hospice.
- Support varies from hands on care to supervising/educating others to provide care.
- Facilitate seamless discharge from hospital.

4. ORGANISATIONAL POSITION
5. ROLE OF DEPARTMENT

- This service caters for children with an acute, chronic and usually high complexity of need.
- This service takes referrals mainly from primary, secondary and tertiary centres, but also from other agencies such as social work, education and voluntary sector.
- The settings the care is provided in are family homes, schools, child development centre, hospital, respite unit, after school facilities, holiday play schemes and hospice.
- It provides through the team specialist advice to parents/carers and other professionals pertaining to the acute or chronically sick child.

6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

- Mainly works autonomously planning own day to day caseload, being able to prioritise and schedule workload accordingly, but support and advice is available from team leader.
- To co-ordinate the discharge planning from hospital to home for children with a nursing need in the community.
- To develop and maintain an environment that fosters open communication and trust with families, children and working colleagues, participating in multi-agency meetings specific to the present and future needs of individual children.
- Coordinate the ordering and monitoring of medical supplies and equipment for children within caseload in the community.
- Maintain accurate up to date clinical records.
- To practice within NMC Guidelines, NHS Policies both local and national.
- To contribute to the development and implementation of policies/guidelines/training programmes with a particular focus on improving the quality of practice in the community setting for children.
- Participates in clinical audit to ensure that standards are maintained and areas for development identified, ensuring appropriate action is taken as a result of the audit process.
- Supervising student nurses and staff nurses.
- Occasional on call for palliative/terminal children (voluntary).
- Work with the immunisation team and contribute to the delivery of the 0 – 18 years vaccination schedule and BCGs as required.

7a. EQUIPMENT AND MACHINERY

- Computer with programs including email, internet, Microsoft Word, PowerPoint, Access, Excel and Publisher.
- Telephone and mobile phone
- Training – naso-gastric tube feeding, gastrostomy tube feeding, urinary catheterisation, stoma care, suctioning
- Oxygen saturation monitoring – overnight readings in children at home.
- CPAP/VPAP – non invasive ventilation.
- Tracheostomy equipment.
- Home oxygen including concentrators, cylinders and flow meters – oxygen dependent children.
- Portable suction machines- removal of excess oral and nasal secretions.
- Feeding pumps, syringes, giving sets for continuous or bolus feeding via naso-gastric and gastrostomy tubes.
- Gastrostomy Buttons.
- Naso-gastric/ Jejunal Tubes.
- Syringe Drivers – subcutaneous drug administration.
- Nebulisers – administration nebulised medication.
- Thermometers – temperature recording.
- Apnoea Monitors – monitor detects if baby stops breathing.
- Urinary catheters for intermittent urinary catheterisation via urethra or suprapubic.
- Catheters, bowel washout bags, saline for bowel washouts via ACE, Peristeen bowel irrigation system.
- Traction – gallows and Thomas splint.
- Blood sampling equipment for finger pricks for drug levels.
- Hickman lines - flushing and blood sampling from, administering platelets & TPN via.
- Port a cath – inserting gripper needle – flushing blood sampling and administering platelets via.
- Sharps containers – disposal of needles, syringes and drug vials.
- Anaphylaxis emergency equipment – face mask and adrenaline for injection – resuscitation.

To have a working knowledge of all the equipment being used within a paediatric community setting including profile beds, pressure relieving mattress, hoists, bath aides, standing frames, seating.

7b. SYSTEMS

- Maintain patient records in accordance with NMC Guidelines and NHS standards.
- Familiar with and works according to NHS Highland Policies.
- Responsible for attending mandatory courses – moving and handling, fire lectures, resuscitation training.
- Has up to date knowledge of child protection and reporting procedures.
- Provides data relating to caseload as required by the Children and families Service Leads
- Ensures correct recording and documentation of mileage and expenses incurred.
- Completion of TURAS appraisal
- Maintains up to date portfolio/profile to satisfy NMC Revalidation requirements.
### 8. ASSIGNMENT AND REVIEW OF WORK

- Referrals are mainly from primary, secondary and tertiary healthcare centres, but other agencies including social work, education and voluntary sector may also refer.
- The post holder works with a degree of autonomy but has support via telephone if needed, from the team leader.
- The post holder is responsible and accountable for their own professional actions.
- Regularly meets with team leader for support and to update on current developments.
- Professional development is reviewed by Personal Development Plan process.
- Liaises and acts as a point of contact for children and families within the multi-disciplinary/multi-agency team.

### 9. DECISIONS AND JUDGEMENTS

- The post holder works with a degree of autonomy, but support and advice is obtained where necessary from appropriate person (this varies depending on child and condition).
- The post holder independently uses clinical expertise and judgement in assessing, interpreting and resolving clinical issues on a daily basis.
- The post holder determines when to refer to other healthcare professionals, social work, education and voluntary services.
- The post holder is involved in decision making at all levels.
- The post holder organises and plans own workload.

### 10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- Supporting the various and differing needs of each child, family in associated community settings.
- Supporting children and families with life limiting conditions, terminal illness or multiple/complex needs.
- Maintaining the quality of service within existing resources.
- The flexible approach required when going into a family’s house. They will not always be following or adhering to the standards you wish of them. Consequently, working with these families at the same time as ensuring the child is safe and happy can be challenging.
- Working in a multi-agency way with all the different ethos, principles and ways of working that accompany that, whilst still ensuring the care is delivered to the highest quality and standard. Promoting a high quality of life for the child and family.
- Developing and tailoring training for different individuals in relation to specific children and their needs.
- Service developing to cover whole of Highland.
- Involvement in child protection.
- Lone working.
11. COMMUNICATIONS AND RELATIONSHIPS

- Excellent communication links are crucial to establish good relationships with children and families. Communication - face to face, telephone, text, email or written correspondence.
- Works as key worker for children with complex needs communicating with education, social work and voluntary agencies to enable child and family to lead as full a life as possible.
- May need to impart bad news.
- Persuasive communication skills.
- Establish and maintain professional relationships with all members of multi-disciplinary and multi-agency teams to facilitate a planned and co-ordinated service.
- Excellent communication with agencies regarding children with child protection concerns.
- Voluntary agencies - charities for funding for such things as washing machines for families, support groups.

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

- Frequently works in different settings providing a flexible service with varying hours.
- Responsible for children and families living within a wide geographical area and is frequently required to travel long distances.
- Carries equipment and accessories from car to patient homes, schools and respite care facilities.
- Frequently communicating with and supporting children and families who are distressed/anxious/worried.
- Frequently caring for children/families with poor prognosis, at diagnosis, palliative or terminal stages.
- May need to impart bad news.
- May need to use persuasive communication skills.
- Frequently supporting others who are involved with these children/families – in school, respite care facilities.
- Frequently dealing with families differing coping strategies/abilities.
- Frequently working in isolation.
- Frequent exposure to body fluids.
- Frequent use of different pool cars/ hire cars especially for long distances.
- Night driving in winter.
- Frequent lone working/driving.
- Personal safety from lone working. Potential for encountering physical/verbal abuse.
- Exposure to smoky atmospheres in children’s homes.
- Encountering household pets.
- Occasional on call for palliative/terminal children (voluntary).
### 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

- **Qualifications**
  - Registered Children’s Nurse (RCN) or Registered nurse with extensive experience in Paediatrics
  - Driving Licence
  - Desirable to have or to be working towards BSc Community Health Nursing – Specialist Practitioner Community Children’s Nurse - desirable

- **Work Experience**
  - Minimum 3 years paediatric experience
  - 1 years community experience desirable

- **Knowledge and skills**
  - Broad knowledge of paediatric nursing
  - Knowledge of GIRFEC Framework
  - Counselling skills
  - Clinically competent
  - Excellent written and verbal communication skills
  - Practice development
  - Time management skills
  - IT skills
  - Ability to travel throughout across Argyll and Bute

- **Disposition**
  - Ability to work independently and under pressure
  - Good listener and communicator
  - Articulate
  - Self-motivated
  - Warm approachable
  - Good organisational skills
  - Innovative

### 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.

<table>
<thead>
<tr>
<th>Job Holder’s Signature:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Manager’s Signature:</td>
<td>Date:</td>
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</tbody>
</table>
## TERMS AND CONDITIONS OF SERVICE

The conditions of service are those laid down and amended from time to time by Agenda for Change.

<table>
<thead>
<tr>
<th><strong>TYPE OF CONTRACT</strong></th>
<th>This post is permanent and worked on a part time basis.</th>
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</thead>
</table>
| **GRADE AND SALARY** | Band 5  
pro rata if part time 
New Entrants to the NHS will normally commence on the minimum point of the salary scale, (dependent on qualifications and experience). Salary is paid monthly by Bank Credit Transfer. |
| **HOURS OF DUTY** | 30 hours per week |
| **ANNUAL LEAVE** | The annual leave entitlement in a full year commencing 1st April to 31st March is 27 days, rising to 29 days after 5 years’ service and 33 days after 10 years’ service. There are 8 Statutory and Public Holidays in each leave year. (Pro rata for part-time staff) |
| **SICK PAY SCHEME** | The Conditions of Service provide for operation of a scheme related to length of service. 
Staff should keep managers informed of the likely duration of absence and should telephone their line manager at their place of work regardless on the 4th day because a self-certificate will be required. Staff do not need a medical certificate for the first 3 days of sickness absence. For sickness absence of 4 to 7 days, a self-certificate (DSS form SC2) is required. These are available from GP practices and line managers and the self-certificate must be returned to the line manager within 7 days of the first day of incapacity. From the 8th day of sick absence the member of staff should go to their General Practitioner for a medical certificate which should be sent to their line manager without delay. When the medical certificate runs out, the member of staff should get another one if they are still not fit for work and again send it to their line manager. If staff do not follow this procedure then they will be considered to be ‘absent without leave’ and therefore will not receive any pay or sick pay for that period of absence. 
**NHS Service – During 1st year:** 1 months’ full pay and 2 months’ half pay. 
**NHS Service – During 2nd year:** 2 months’ full pay and 2 months’ half pay. 
**NHS Service – During 3rd year:** 4 months’ full pay and 4 months’ half pay. 
**NHS Service – During 4th and 5th year:** 5 months’ full pay and 5 months’ half pay. 
**On completion of 5 years NHS Service:** 6 months’ full pay and 6 month’s half pay. |
| **SUPERANNUATION** | Auto Enrolment 
*All employees, eligible to join the NHS must be automatically included in the scheme from the first day of employment. Eligible employees will no longer be allowed to opt out of the scheme before they take up employment. They must* |
Those who are ineligible to join the scheme will be enrolled in NEST, again opting out can only occur once in the scheme.

Further information can be found on the Pension Regulators website www.sppa.gov.uk

Part A - Officer members (including GP Practice Staff who are not practitioners)

From 1 April 2015 NHS pension scheme members will pay contributions at the rate in column 3 based on their previous year’s whole time equivalent pensionable earnings which fall in the relevant banding in column 2 of the table below.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Whole time equivalent pensionable earnings</th>
<th>contribution percentage rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to £15,828</td>
<td>5.2%</td>
</tr>
<tr>
<td>2</td>
<td>£15,829 to £21,601</td>
<td>5.8%</td>
</tr>
<tr>
<td>3</td>
<td>£21,602 to £27,089</td>
<td>7.3%</td>
</tr>
<tr>
<td>4</td>
<td>£27,090 to £49,967</td>
<td>9.5%</td>
</tr>
<tr>
<td>5</td>
<td>£49,968 to £71,337</td>
<td>12.7%</td>
</tr>
<tr>
<td>6</td>
<td>£71,338 to £111,376</td>
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</tr>
<tr>
<td>7</td>
<td>£111,377 and above</td>
<td>14.7%</td>
</tr>
</tbody>
</table>

Pensionable earnings should be rounded down to the nearest pound.

The above contribution rates will be applicable for 4 years from 1 April 2015 to 31 March 2019 however the earnings bands may be adjusted to reflect any national pay awards.

In general the amount you will pay will be based on your previous year’s earnings.

If you were employed part time the amount is uprated to the whole time equivalent pay for that post.

If you change jobs during the current year or have a promotion or step down to a lower paid job your contribution rate will be reset in line with your new pay band.

For more detailed information please see SPPA circular 2015/04 available on the SPPA website.

Part B - Practitioners members

<table>
<thead>
<tr>
<th>Tier</th>
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<tbody>
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The above contribution rates will be applicable for 4 years from 1 April 2015 to 31 March 2019 however the earnings bands may be adjusted to reflect any national pay awards.

The contribution rates apply across both the old scheme (1995 and 2008 sections) and the new 2015 scheme.

Practitioner members pay contributions at the rate in column 3 based on their total current year practitioner earnings from all sources which falls into the relevant band in column 2.
There is a calculator on the SPPA website where you can see what these changes mean for you. For more detailed information please see employers circular 2015/04 also available on the website. If you have any enquiries about which contribution rate you are paying please contact Practitioner Services Division of NHS National Services.

Changes to the NHS Pension Scheme from 1 April 2015 – for further information please visit the SPPA website [WWW.sppa.gov.uk](http://WWW.sppa.gov.uk) or email: nhspensionsreform@scotland.gsi.gov.uk

<table>
<thead>
<tr>
<th>PERIOD OF NOTICE</th>
<th>You are required to give one months’ notice on termination of employment.</th>
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</table>
| **NHS HIGHLAND SECONDEMENT PIN POLICY - TERMS & CONDITIONS OF EMPLOYMENT** | • In circumstances where NHS Highland seeks to second an employee, that Secondee is entitled to maintain their terms and conditions of employment except where mutually agreed otherwise.  
• In circumstances where an employee seeks a secondment opportunity, the advertised terms and conditions will apply. The employee should be made aware of any changes this may mean for their pay or terms and conditions.  
• Where the terms and conditions for the secondment opportunity are more generous than those applying to the Secondee’s substantive post the terms and conditions of the secondment post will apply for the secondment period. For secondments outside the Seconding Organisation, any alterations to the employment contract, including to pay or other terms and conditions of employment, need to be fully discussed and agreed, and detailed in the secondment agreement.  
• Where secondment is to a post of a higher grade, at the end of the secondment the Secondee will go back to the post on the terms and conditions that would have applied had they not been on secondment. Credit will be given for time spent at a higher grade in the event of any subsequent promotion, where appropriate. |
| **PROFESSIONAL REGISTRATION** | It is essential that all staff employed by NHS Highland possess and maintain current professional body registration for the entire period of employment. |
| **FLYING START NHS™ PROGRAMME** | It is mandatory for all newly qualified new starts to NHS Highland (nurses, midwives and allied health professionals) to undertake the Flying Start NHS™ programme within their first year of employment. This includes staff on permanent, fixed term, temporary and bank contracts. |
| **OCCUPATIONAL HEALTH SCREENING** | Shortlisted applicants not currently employed by NHS Highland will be required to complete a medical questionnaire, following which they may be required to attend the Occupational Health Service for screening. All appointees are expected to comply with NHS Highland’s Immunisation Policy.  

**Additional Health Clearance for EPPs**  
*If this post involves Exposure Prone Procedures (EPP’s), additional health clearance will be needed. Additional health clearance means being non-infectious for:*

- HIV (antibody negative)  
- Hepatitis B (surface antigen negative or, if positive, e-antigen negative with viral load of $10^3$ genome equivalent/ml or less); and
- Hepatitis C (antibody negative or, if positive, negative hepatitis C RNA).

Additional checks must be completed before confirmation of an appointment to an EPP post, as the healthcare worker will be ineligible for appointment if found to be infectious.

### REMOVAL EXPENSES

Assistance with removal and associated expenses may be given and should be discussed and agreed prior to appointment.

### EXPENSES OF CANDIDATES FOR APPOINTMENT

Candidates who are requested to attend an interview will be given assistance with appropriate travelling expenses. Re-imbursement shall not normally be made to employees who withdraw their application or refuse an offer of appointment.

### SMOKE FREE POLICY

Smoke Free Highlands

Please be aware that smoking tobacco products or e-cigarettes is not allowed anywhere in NHS Highland properties, vehicles or grounds. All staff who smoke can access information regarding services provided by Occupational Health and locality based Stop Smoking Advisers for smoking cessation support - for more information please visit [www.smokefreehighland.co.uk](http://www.smokefreehighland.co.uk).

All NHS Highland employees will have the same part to play when maintaining the Smoke-free Policy. It will be everyone’s role to enforce the policy by reminding people that NHS Highland provides a smoke-free environment and that they cannot smoke anywhere inside it's buildings or in it's grounds.

When selecting new staff NHS Highland does not discriminate against applicants who smoke but applicants who accept an offer of employment will in doing so agree to observe and familiarise themselves with NHS Highland's Smokefree policy.

### CONFIDENTIALITY

In the course of your duties you may have access to confidential material about patients, members of staff or other health service business. On no account must information relating to patients be divulged to anyone other than authorised persons - for example medical, nursing or other professional staff, as appropriate, who are concerned directly with the care, diagnosis and/or treatment of the patient. If you are in any doubt whatsoever as to the authority of a person or body asking for information of this nature you must seek advice from your superior officer. Similarly no information of a personal or confidential nature concerning individual members of staff should be divulged to anyone without the proper authority having first been given. Failure to observe this rule will be regarded by your employers as serious misconduct which could result in serious disciplinary action, including dismissal, being taken against you.

The unauthorised disclosure of official business under consideration by NHS Highland or one of its Committees by an employee is also regarded as a breach of confidence and may lead to disciplinary action.
<table>
<thead>
<tr>
<th>ASYLUM AND IMMIGRATION ACT 1996</th>
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<tr>
<td>Under the Asylum and Immigration Act 1996, NHS Highland is required to carry out checks to ensure that all prospective employees are entitled to live and work in the United Kingdom. You will therefore be asked to provide appropriate documentation prior to any appointment being made.</td>
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<thead>
<tr>
<th>REHABILITATION OF OFFENDERS ACT 1974</th>
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| The Rehabilitation of Offenders act 1974 allows people who have been convicted of certain criminal offences to regard their convictions as "spent" after the lapse of a period of years. However, due to the nature of work for which you are applying this post is exempt from the provisions of Section 4 of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions Orders 1975 and 1986). Therefore, applicants are required to disclose information about convictions which for other purposes are “spent” under the provision of the act in the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action by NHS Highland.  

Any information given will be completely confidential. |

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<thead>
<tr>
<th>DISCLOSURE SCOTLAND</th>
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| Appointment to this post will be made subject to satisfactory screening by Disclosure Scotland. This post may be considered to require registration with the Protecting Vulnerable Groups (PVG) Scheme if it involves substantial access to children and vulnerable adults or a Standard Disclosure depending on the type of post. A PVG Scheme Record or Standard Disclosure will contain details of all convictions on record, whether spent or unspent. This means that even minor convictions, no matter when they occurred will be included in the Scheme Record. It may also contain non conviction information held locally by the police, where this is considered relevant to the post.  

Following the selection interview only the "successful" candidate will be subject to a check by Disclosure Scotland to verify details previously supplied by him/her. Offers of appointment will be made subject to satisfactory Disclosure Scotland screening, medical fitness and two references, all of which must be satisfactory in relation to the requirements of the post. |

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<thead>
<tr>
<th>APPLICANTS WITH DISABILITIES</th>
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| A disability or health problems does not preclude full consideration for the job and applications from people with disabilities are welcome. All information will be treated as confidential.  

NHS Highland guarantees to interview all applicants with disabilities who meet the minimum criteria for the post.  

You will note on our application form that we ask for relevant information with regard to your disability. This is simply to ensure that we can assist you, if you are called for interview, to have every opportunity to present your application in full. We may call you to discuss your needs in more detail if you are selected for interview. |

<table>
<thead>
<tr>
<th>THE NHS KNOWLEDGE AND SKILLS FRAMEWORK</th>
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| The NHS Knowledge and Skills Framework (KSF) and the development review process defines and describes the knowledge and skills which staff need to apply in their work to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base review and development for all staff, and design new roles to respond to changes in service delivery.  

Turas Appraisal is the online system for use by managers and staff to support and record the delivery of the KSF Personal Development Review process. |
| SCOTTISH WORKFORCE INFORMATION STANDARD SYSTEM (SWISS) | **Data Statement**

The information that staff provide will be used for employment purposes and where necessary to comply with legal obligations. The purpose of holding this information is for administration i.e. employment and pay amendments, superannuation, workforce management/planning and other personnel matters in relation to employment. Any requests for information outwith the above will only be processed with individual consent (e.g. building society mortgage applications etc.)

Staff information will be held securely in a national database, which will be accessed at a local, regional and national level to meet the requirements outlined above. Managers may also hold information within your department. There will be no unauthorised access. |
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<tr>
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<tbody>
<tr>
<td><strong>CAR FOR BUSINESS USE</strong></td>
<td><strong>If you are required to use your own car to carry out the duties of the post you must hold a full current driving licence and comprehensive car insurance which includes business use.</strong></td>
</tr>
<tr>
<td><strong>CHILDCARE VOUCHERS</strong></td>
<td>For information relating to Childcare Vouchers please visit <a href="https://www.gov.uk">https://www.gov.uk</a></td>
</tr>
</tbody>
</table>
| **THE HIGHLAND CLINICAL RESEARCH FACILITY** | The UHI Millennium Institute’s (UHI) Clinical Research Facility, is housed on the ground floor within the Highland Diabetes Institute; phase III of the new Centre for Health Science building adjacent to the Raigmore Hospital site, it opened in January 2009.

The Clinical Research Facility is a joint NHS/UHI initiative aiming to provide a high quality clinical environment in which participants can take part in research programmes safely according to ethically approved study protocols. It comprises a bedded clinical research unit in which patient monitoring may be conducted on a day case or 24 hour basis. The facility has the capacity to be used by departments or specialties within NHS Highland, UHI or other research institutions for clinical research.

The facility is supported by the CRF Advisory Group and approved studies are reviewed by the CRF User’s Group.

It is staffed by a small team comprising a dedicated manager, research nurses, research pharmacist, part time pharmacy technician and administrative support under the leadership of a part time CRF Director, Prof Sandra MacRury. |
| **HEALTHY WORKING LIVES** | Healthy Working Lives (formerly SHAW, Scotland’s Health at Work) is the national award programme designed to encourage and reward employers in their efforts to improve the health and well-being of their staff. Healthy Working Lives involves having policies and practices in place which help employees be better informed to make healthy choices. It also involves recognising that organisations themselves can have a direct impact on the health and well-being of the individual members of staff.

Over the last few years, NHS Highland has placed the wellbeing of staff high on our list of priorities and is committed and signed up to achieving the Healthy Working Lives Award.

Healthy Working Lives needs the support and involvement of staff. To find out where your nearest contact for Healthy Working Lives is, contact Susan Birse on susanbirse@nhs.net |
| The postholder will undertake his/her duties in strict accordance with NHS Highland’s Equal Opportunities Policy. |
### EQUAL OPPORTUNITIES

### FURTHER INFORMATION
For further information on NHS Highland, please visit our website on [www.nhshighland.scot.nhs.uk](http://www.nhshighland.scot.nhs.uk)

### APPLICATIONS
Completed applications should be returned, **AS SOON AS POSSIBLE**, to the Human Resources Department, NHS Highland, Argyll & Bute, Aros, Lochgilphead, Argyll PA31 8LB.

(E-mail address: recruitment.ab@nhs.net).

### CLOSING DATE
**AS PER ADVERT**

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All completed applications are held in the Recruitment Team until the closing date. Thereafter the recruitment process takes approximately four weeks. If you have not heard from us within four weeks of the closing date for the vacant post, I am afraid that your application has not been successful and you will receive no further correspondence from the Recruitment Team.