

Job Description

1. JOB IDENTIFICATION

Job Title: Community Specialist Palliative Care Clinical Nurse Specialist

Department(s): Specialist Palliative Care Services

Job Holder Reference:

No of Job Holders:

2. JOB PURPOSE

- **To act as an autonomous practitioner, providing complex specialist palliative care symptom management, education, advice, counselling, and support to community patients, their families and carers.**
- **To receive and process all specialist palliative care referrals to Specialist Palliative Care services via the Palliative Care Triage allocating to the most appropriate service at the right time for the patient, family and carers, according to the patient's clinical need.**
- **To act as a professional lead identifying educational needs, developing and implementing teaching programmes using research based evidence, and providing specialist palliative care advice to other health professionals.**
- **To contribute to the development of services according to local, regional and national directives.**

3. ORGANISATIONAL POSITION



4. SCOPE AND RANGE

The practitioner will manage an autonomous community caseload requiring specialist input for complex palliative care needs.

Provide clinical triage, adhering to the Specialist Palliative Care (SPC) referral criteria, on a rota basis to ensure patients, their families and carers with complex needs receive the most appropriate specialist input in a timely and responsive manner.

The practitioners will work with primary, secondary care and nursing home staff and the multi-disciplinary palliative care team offering specialist advice and educational input.

5. MAIN DUTIES/RESPONSIBILITIES

Clinical:

- Receive appropriate referrals from Palliative Care Triage, facilitating care and support in a responsive manner according to priority of need.
- To make a specialist holistic assessment of need for patient/carer.
- Following specialist holistic assessment and interpretation of the information collected, in conjunction with other health care professionals, patient and the carer, formulate and implement a plan of action. Continually review programme according to changing needs.

- **To provide a comprehensive information/advisory service to patients and their families, enabling them to resume control over their lives, and to make informed choices about their illness.**
- **To communicate highly sensitive, complex information surrounding diagnosis, prognosis, treatment and bereavement, on a regular basis.**
- **To respect patient confidentiality and individual ethnic, cultural and spiritual requirements.**
- **To provide support to the bereaved and identify need for referral to specialist bereavement counselling.**
- **To challenge boundaries and decisions in the interest of patient advocacy.**
- **To communicate at a high level with other members of the Specialist Palliative Care Team, other health care professionals, and organisations, to ensure an integrated seamless service for patients/carers.**
- **Utilise findings shared from regional and national meetings, using them as a benchmarking tool, in the interest of service development.**
- **If the post holder has a non-medical prescribing (NMP) qualification then they will practice safe prescribing, as per the Trust policy and within their own scope of practice under the guidance of the clinical leads.**
- **To work within one's own scope of professional practice and utilising in-house resources when additional advice is required e.g. the Specialist Palliative Care Consultants and Nurse Consultant.**

Clinical Triage

- **To act as an initial point of contact to the Specialist Palliative Care Team.**
- **Triage of referrals and allocation to appropriate specialist nurse and/or sign posting to other relevant services.**
- **Provide a specialist telephone triage assessment and support for health/social care professionals and patients and carers.**
- **Prioritising urgency of referrals to ensure those with highest need benefit from allocation of resources and identifying interim help and support where appropriate.**
- **Facilitate communication with referrers and inform them of the outcome.**

- **Refer patients to the appropriate team either internally or externally ensuring they have the information regarding your assessment of needs.**
- **Liaison with all Specialist Palliative Care teams to ensure most appropriate outcome for patients.**
- **Where appropriate , liaise with Continuing Healthcare to ensure effective allocation of resources.**

Education:

- **Contribute to the development of the palliative care education for generalist healthcare professionals, in collaboration with the nurse consultant and specialist palliative care team, responding to local and national guidelines.**
- **Formulate action plans to facilitate personal and professional development using clinical reflection, Performance Development Review (PDR) and national guidelines.**
- **Utilise relevant training courses, seminars and conferences according to own and team identified educational needs, ensuring dissemination.**
- **Induct new staff on the role of the specialist community palliative care nurse and provide mentorship to pre and post graduate nursing and medical students, including students on accredited specialist palliative care courses.**
- **Contribute to specialist palliative care team education and information meetings.**
- **Maintain a high level knowledge base relating to changes in treatment procedures, and relevant drugs and their side effects/interactions, ensuring that knowledge is continually updated and used to inform clinical and educational aspects of role.**
- **Ensure the process of referrals is understood by all engaged in the service.**
- **Supporting staff in managing loss including providing support for distressed patients, bereaved relatives, students and staff.**

Research and Audit:

- **Identify potential areas of research and audit, and where appropriate implement in own specialist area, using the Trust Grounded Research as a resource.**
- **Identify trends in the service provision, producing reports and statistics, enabling effective practice development.**

Quality

- **Provide/support data collection for Clinical Commissioning KPIs.**
- **Evaluate effectiveness of triage tool and propose improvements.**
- **Set standards against which the management of referrals can be measured.**
- **Review processes and propose actions of improvement.**
- **Influence the standards of end of life practice and promote the delivery of evidence based care, working closely with healthcare professionals to identify opportunities for quality improvement.**

6. SYSTEMS AND EQUIPMENT

- **Be competent with the use of Trust computer systems to access patient information through System One (TPP) and communicate with other professionals within own organisation and external agencies/Trusts e.g. ICE to access patient clinical information), Safeguard IR1 (incident reporting) and email**
- **Maintain and promote good clinical record keeping.**
- **Maintain Mandatory and Statutory competence as per Trust Policy**

7. DECISIONS AND JUDGEMENTS

- **Is involved in complex decision making and problem solving relating to clinical care and risk assessment on an on-going basis e.g. patients with multiple and unusual care needs, complex discharge plans, resolution of complaints, first contact assessments.**

- **Build relationship across professional and organisational boundaries, breaking down barriers and smoothing the patient journey. Influence and negotiate with other professionals in all settings to provide care in the most timely, appropriate, and least invasive manner possible.**
- **Assessing, planning, implementing, and evaluating care.**
- **Managing critical and clinical events.**

8. COMMUNICATIONS AND RELATIONSHIPS

- **Patient and their carers – working in partnership, developing relationships in order to engage them in their healthcare.**
- **Communicate sensitive condition-related information to patients and relatives in a sensitive and caring manner, maintaining confidentiality in line with Information Governance: overcoming barriers to understanding when English is not the first language, or the patient has a physical or mental disability.**
- **Enable and support integration of patient's wishes into care planning for their present and future care needs.**
- **District nursing teams, Primary Health Care teams, social services, secondary care and specialist palliative care services to develop and coordinate care.**
- **Attend palliative care multi-disciplinary meeting within primary care setting.**
- **Provide, participate and support staff in the clinical supervision process.**
- **Utilise clinical expertise of others e.g. diabetic liaison, smoking cessation.**
- **Identifies training and development needs of the team.**
- **Support the Team Leader and the Clinical Lead in the motivation of staff in ongoing service development by acting as a change agent.**
- **Participate in team handovers pertaining to patient clinical information on a daily basis.**

9. PHYSICAL DEMANDS OF THE JOB

- **7 day working.**
- **Lone working within client's homes, dealing with variable socio-economic, cultural and ethnic circumstances on a frequent basis.**
- **Moving & handling training and yearly update required. Trust has a no manual lifting policy.**
- **Varying access to housing, working in restricted spaces e.g. patients' homes, single rooms.**
- **Transport within the community.**
- **Unpredictability of workload – dependent on patient numbers/dependency levels and skill mix.**
- **Exposure to a range of bodily fluids e.g. blood, urine.**

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- **Working autonomously, managing patients with complex needs, prioritising levels of intervention, to ensure high quality of care, and best use of resources.**
- **Managing and prioritising own time to fulfil all aspects of the Clinical Nurse Specialist role, to include clinical, education, research and audit, and leadership.**
- **Patients with increasingly complex specialist palliative care needs.**
- **Supporting patients and carers through advancing and end stages of their disease.**
- **Advisory nature of the role.**
- **Communicating and coordinating care amongst members of the primary care team.**
- **Assist with the development of policies, procedures and guidelines, ensuring they are implemented and monitored.**

- **Take lead role in advocating for the patient in order to obtain optimal treatment and symptom control, thereby improving quality of life.**
- **Support strategies to improve and develop services across organisational and professional boundaries.**
- **Provide clinical leadership and take responsibility for continuing professional development.**
- **Management of complex patients with an end-of-life condition and bereaved relatives and carers.**
- **Managing complex issues at the end of life, for example imparting bad news.**
- **Decision making in absence of senior colleague.**
- **Recognition of potential stressors in the working environment and reporting as appropriate.**
- **Difficult family situations e.g safeguarding, vulnerable adults.**
- **Exposure to constant interruptions and demands e.g. responding to telephone enquiries, medical emergencies, medication administration, unexpected fluctuation in staffing levels.**
- **Unpredictability of workload – dependent on patient numbers/dependency levels and skill mix.**

11. HEALTH AND SAFETY

The post holder is required to take reasonable care for his/her own health and safety and that of other persons who may be affected by his/her acts or omissions. The post holder is also required to co-operate with Supervisory and Managerial staff to ensure that all relevant statutory regulations, Policies, Codes of Practice and departmental safety procedures are adhered to, and to attend relevant training programmes.

12. PREVENTION AND CONTROL OF INFECTION

The prevention and control of infection is an integral part of the role of all health care personnel. Staff members, in conjunction with all relevant professionals will contribute to the prevention and control of infection through standard infection control practices and compliance with the Trust's infection control policies.

13. PATIENT AND PUBLIC ENGAGEMENT AND INVOLVEMENT

The Physical Health and Neurodiversity Care Group is committed to promoting and embedding equality, diversity and inclusiveness and expects that the post holder will actively promote and engage this commitment in all that they do. The postholder should ensure that in all their behaviours, attitudes and working they recognise and take account of the health needs and rights of all sections of the community including ethnicity, disability, gender, age, sexual orientation and religion/belief. The postholder will be expected to engage the public and patients where relevant and adhere to The Physical Health and Neurodiversity Care Group policies and procedures governing zero tolerance to discrimination, harassment, bullying, stereotyping and prejudicial treatment.

JOB DESCRIPTION AGREEMENT

A separate job description will need to be signed off by each jobholder to whom the job description applies. *Please note the Job Holders and Head of Department signature should be on a separate page to the rest of the job description.*

Job Holder's Signature:

Date:

Head of Department Signature:

Date:

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST
Doncaster Community Integrated Services

PERSON SPECIFICATION

JOB TITLE: **Community Palliative Care Clinical Nurse Specialist**

ATTRIBUTES	ESSENTIAL	DESIRABLE	HOW IDENTIFIED
QUALIFICATIONS	First level Adult Registered Nurse.	Teaching qualification	Application/Interview
	Post Basic education recognised certificate in Palliative Care or equivalent experience of Palliative Care and symptom management.	Management/ Leadership qualification.	Application/Interview
	Non-Medical Prescriber or willingness to undertake training.		Application/interview
EXPERIENCE	Appropriate demonstrable post registration experience.	Working within a community setting.	Application/Interview
	Experience of working within a multidisciplinary team	Recognised management experience.	Application/Interview
	Appropriate demonstrable palliative care experience	Working within a Hospice setting.	Application/Interview
	Experience working at Band 6 with demonstrable palliative care involvement.		Interview/Application
ATTRIBUTES SKILLS COMPETENCIES	Experience of service improvement and development.		Interview/Application
	Ability to challenge boundaries in the interests of patient care.		Interview

	Ability to make ethical decisions in the interest of patients where precedents and protocols do not apply.		Interview/Application
	Communication and interpersonal skills to ensure integrated patient care and education achieved.		Interview/Application
	Demonstrate a high level of interpersonal skills		Interview/Application
	Excellent verbal, nonverbal and written communication skills.		Interview/Application
	Demonstrates computer skills.		Application
	Demonstrates ability to assess complex needs of patients, plan implement and evaluate appropriate nursing intervention.		Application/Interview
	Demonstrate ability to motivate and lead nursing team.		Interview
	Demonstrate the ability to effectively manage conflict.		Interview
PERSONAL ATTRIBUTES	Is at ease working with patients who have life limiting illnesses and dying.		Interview
	Able to respond flexibly to changing needs and priorities.		Interview
	Commitment to professional development.		Application/Interview
	Good time management and organisational skills.		Interview
	Able to demonstrate resilience.		Interview
	Recognition of own limitations.		Interview
	Insight into own stress levels.		Interview

This specification has been prepared in accordance with the requirements of the Trust Equal Opportunity Policy