Job Description

JOB TITLE: Community Matron

BAND: Band 7

BASE: Central West Neighbourhood

RESPONSIBLE TO: Team Leader

ACCOUNTABLE TO: Head of locality

DBS DISCLOSURE: 'This post is subject to an Enhanced Disclosure and Barring Service Check

INFECTION PREVENTION AND CONTROL:
The post holder must comply with all relevant policies, procedures and training on infection prevention and control.

JOB SUMMARY

- A member of the integrated Neighbourhood working within patient homes and would tailor the support to the needs of the patient. Visit patients face to face, telephone contact or Telehealth virtually based.

- The post holder will have a clinical role with responsibility for planning, managing and co-ordinating the care of people in their own home with highly complex needs and long-term conditions.

- Inherent in the role is the requirement that all post holder's will have completed training in clinical investigation skills and competences in non – medical V300 prescribing and medicines management.

- Understanding of how to manage cognitive impairment, supporting selfcare, management and leadership skills in line with the Department of Health competency framework for Community Matrons

- It is desirable that the post holder have advanced communication skills and will provide clinical decision making for patients, including ability to complete DNARCPR care planning, EPaCCS, best interest decisions, mental health problems, mental capacity assessments, DOLS and dementia.

- The post holder will proactively assess and identify patients with dementia and all those who are approaching the final 12 months of life with reference to GSF prognostic indicators, ensuring Advance Care Planning for best possible supportive and palliative End of Life Care.

- The post holder will assess patients at risk of osteoporosis, the impact of falls and fractures and manage these conditions appropriately.

- The role will support patients with end-of-life support, enabling them to die in their own home if that is their wish.

- Whilst acute and minor ailments care is not a key part of the role, the post holder will recognise and refer patients to GP practices where appropriate.

DUTIES AND RESPONSIBILITIES

Clinical

Please apply only if you have met the essential criteria for this role.

- To be responsible for assessment and planning programmes of care to promote health gains and maximise independence within the defined caseload across acute, primary, community and social services setting.

- To interpret all the information available, making an appropriate assessment of people's health and well-being, related needs and prognosis, and risks to their health and well-being in the short and longer term.

- To develop advanced specialist clinical skills to identify changes in patient's conditions.

- To undertake interventions consistent with evidence-based practice, transferring and applying knowledge and skills to meet client need.

- To develop the skills and knowledge to make referrals for diagnostic tests (e.g., X ray.)

- To evaluate the effectiveness of interventions in meeting prior agreed goals and making any necessary modifications.

- As a non-medical prescriber, to actively manage the polypharmacy and other medication issues associated with chronic disease management in conjunction with the patient's medical practitioner, using clinical management programmes.

- Attending the multidisciplinary team and care home ward rounds to reduce the risk of complications and deterioration of the patient's condition.

- To improve the patients "self-management" of their condition wherever possible, by working with patients and carers to formulate and develop their care plan.

- Use advanced clinical skills and expert knowledge to provide pro-active monitoring of chronic diseases processes to identify subtle changes in condition and provide timely intervention.

- Work with the multi-disciplinary team across health and social care to co-ordinate the development, implementation, and evaluation of programmes for patients and their carer's. The main aim is to provide them with the necessary knowledge and skills to gain independence, safely manage their circumstances and plan for unavoidable progression in their conditions.

- Take responsibility for the management of the clinical environment and is accountable for the use of resources contained therein.

- Initiates and ensures follow-up of all agreed personalised plans and maintains ongoing reviews of the caseload.

- Work in partnership with General Practitioners, Consultants, Allied Health Professionals, and other members of the multi-disciplinary team to establish diagnoses, formulate a plan of care and initiate referrals as appropriate.

- Work in partnership with service users and informal care givers to plan individual roles and responsibilities in relation to the delivery of care, respecting patient choice and autonomy throughout the process.

- Identify caseload through interpretation of the information available on a shared database of the locality in which they are based.

- In conjunction with other health care professionals, develop and regularly review service user information incorporating a variety of mediums that considers cultural diversity and varying communication needs.

Professional

- As a Senior nurse in the Trust the post holder will be expected to contribute to the overall development of nursing within and outside the Trust, by providing a

leadership and mentorship role, actively engaging with service developments, and contributing to sound evidence-based nursing practice.

- To develop advanced skills and expert knowledge in long term conditions and where necessary facilitating end of life care and to assess the physical and psycho-social needs of a defined client group, instigating therapeutic treatments based on best available evidence to improve health outcomes.

- To develop extended knowledge and skills in relation to medicines management, rigorously reviewing all aspects of care programmes and identifying when the client's needs are not being met and renegotiating the care programmes to meet the client's needs.

- Maintaining accurate and legible client notes in accordance with Trust and national professional policies and guidelines.

- Participate in all learning activities required to reach the academic standard required.

- Monitor own performance and identify personal development needs in relation to gaps in clinical skills and knowledge. Take part in the personal development review process.

- Demonstrate highly developed communication skills required to take the lead role in case discussions / case conferences concerning service users on their caseload.

- Acts as an advocate and champion for people in a variety of forums and professional groups and, where necessary, challenge against attitudes.

- Provide the interface between acute, primary, community and social care settings.

- Communicate the vision and benefits of case management to a variety of forums.

- Continually evaluate and audit the practice of self and others, selecting and applying a wide range of valid and reliable approaches and methods that are appropriate to needs and context.

- Develop own skills and knowledge and contribute to the development of others working within the guidelines of the NMC Code of Conduct.

Service Development/Quality

- To commission health and social care as required for the individual on caseload.

- Identify and evaluate areas for potential service improvement or development taking appropriate action when persistent quality problems are identified.

- Ensure that the care provided, and services delivered are in line with the NSFs, NICE guidance, local falls strategy

- Maintains policies, strategies, procedures, and the clinical governance framework of the Trust by acting consistently with legislation and policies and procedures.

- Contribute to the development of a learning and development culture within the workplace.

- Challenge professional and organisational boundaries to ensure that community Matron role development is focused on meeting the needs of service users, thus promoting continuity of high-quality patient-centred health and social care.

- Contribute to the collection of locally agreed long term conditions assessment data to monitor outcome measures for the caseload.

- Critically evaluate and interpret evidence-based research findings from diverse sources making informed judgements about their implications for changing and/or developing services and clinical practice.

- Monitor the effectiveness of equality, diversity and rights policies and procedures and ensures that their implementation considers the variation of the caseload.

Education and Training

- Integrate theory into practice by bringing new knowledge around long term conditions management from training into the practice environment.

- Attend mandatory and statutory training

- There may be opportunities to undertake other duties and responsibilities of a similar level from time to time subject to prior agreement.

GENERAL REQUIREMENTS

1. Quality

Each member of staff is required to ensure that:

a) The patient and customer are always put first

b) That in all issues, the patient/customer requirements are met, and all staff contribute fully to achieving the Trust corporate goals and objectives.

2. Confidentiality

Each member of the Trust's staff is responsible for ensuring the confidentiality of any information relating to patients and for complying with all the requirements of the Data Protection Act whilst carrying out the duties of the post. Any breaches in confidentiality will be dealt with by the Trust's Disciplinary Procedure and may result in dismissal.

3. Health and Safety

Each member of the Trust's staff is responsible for ensuring that they carry out the duties of their post in accordance with all appropriate Health and Safety legislation, guidance and procedures and they do not, by any act or omission on their part, create a threat to the Health and Safety of any other person.

4. External Interests

Each member of the Trust's staff is responsible for ensuring that any external interest they have does not conflict with the duties of their posts and they must disclose the external interest if this is likely to occur, or if they are in doubt about a possible conflict of interest.

5. Mandatory Training

Each member of the Trust's staff has a statutory obligation to attend mandatory training. It is the responsibility of each member of staff to ensure that they comply with this legal requirement.

6. Flexibility

This job description is intended to act as a flexible guide to the duties of the post and therefore will require revision in consultation with the post holder to reflect the changing requirements of the post, to enable the Trust to achieve its corporate goals and objectives.

7. Working Relationships

Head of Adults and Older Adults
Community Health Service Teams
GPs

Hospital Medical and Nursing staff
Patient Groups
Social Service Colleagues
Long Term Conditions Strategy Group
Consultant Nurse Public Health
Consultant Nurse Older People
Discharge Planning Teams
Age Concern and other Voluntary organisations
Independent Sector providers
Expert Patient Programme
Community Matrons Forum
External peer groups
Ambulance services