

**Job Description**

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| **Job Title** | Community Clinical Nurse Specialist |
| **Department** | CNS |
| **Hours** | 37.5 hours per week over 7 days (part time considered) |
| **Responsible to** | Community Clinical Nurse Specialist Team Leader |
| **Responsible for** | Staff Nurses, Volunteers |

**About Us**

Since 1980, Prospect Hospice has provided dedicated end-of-life care service for people living in Swindon, Marlborough and northeast Wiltshire. We bring care, comfort and confidence, around the clock, every day of the year.

Our aim is to provide excellent, personalised and compassionate care for everyone in our community who is affected by a life-limiting illness. We work in close partnership with other organisations – specifically with local health and social care professionals – as well as local people. Working within our community allows us to lead, provide and influence care so that anyone affected by a life-limiting illness has access to the best possible support when and wherever they need it.

**Our Vision, Mission, Strategic Priorities and Values**

Our vision is a community where death is no longer a taboo and everyone lives and dies well.

Our mission is that we will work with and through others using our skills and expertise so that people have choice and support at the end of their life.

In order to make these a reality we have developed four strategic priorities which give direction to all that we do. Our values, guiding the work of the hospice focus on six areas. These apply to all who work on behalf of Prospect Hospice, including trustees.

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| * Secure the continuity of Prospect Hospice charity for our community for generations to come
* Take pride in being a great place to work and thrive
* Deliver bespoke specialist care that supports dignity and choice
* Use our expertise to educate and influence the delivery of excellence in end-of-life care
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**Our Team**

The Community Clinical Nurse Specialist team (CNS) offer advice and support to patients living in their own place of residence, including care homes. Working with other health care professionals including GP’s, the team provide oversight and guidance, to ensure best practice for patients and families,

keeping the patient at the centre of care and allowing them autonomy in decision making. This highly skilled team support patients and families with managing symptoms, advance care planning and navigating their illness throughout its trajectory.

**Main Purpose & Scope**

The Community Clinical Nurse Specialist (CNS) is responsible for effectively managing and coordinating a caseload of patients and their families living with specialist palliative and end of life care needs.

The prime purpose is to ensure a flexible, responsive and needs led approach to patient centred care.

A key element will be to actively contribute to the Patient Services clinical governance framework to influence care through participation in education, training, research and audit initiatives.

There is a requirement to provide CNS support in the community setting and throughout the out of hours’ period.

**Key Accountabilities and areas of responsibility**

**Scope and Limits of Authority**

* The CNS is required to plan and organise their own day to day work in collaboration with their team members, and make clinical decisions to support patients with complex and often rapidly changing specialist palliative/end of life care needs.
* The CNS is required to identify issues that require onward referral to the multi-professional team and facilitate, where appropriate patient discharge.
* The CNS does not have any direct budgetary responsibility.

**Clinical Practice**

* To be responsible for the effective management of a complex caseload of patients and families living with life limiting illness, ensuring a flexible, responsive and needs led approach to patient centred care.
* To assess the physical, psychosocial and spiritual needs of patients, their families living within their home, including care homes using patient centred principles.
* To plan and implement specialist evidence based nursing interventions, and evaluating outcomes using advanced clinical skills.
* To promote the development of patient centred anticipatory care planning.
* To assess and prioritise referrals within the scope of the CNS team referral criteria.
* To make decisions both independently and collaboratively with other team members.
* To discuss specialist advice and recommendations with the CNS Team Leaders, primary and secondary health care colleagues in order to influence the ongoing plan of care or treatment for a patient.
* To use effective interpersonal skills to communicate complex and sensitive information where agreement and co-operation is required, and where there are barriers to understanding such as vulnerable and at risk patients.
* To act as an advocate through the provision of effective support and information, enabling and empowering patients to make choices or decisions regarding their care.
* To assess, manage and document clinical risk, including the ability to undertake mental capacity assessments and progress potential safeguarding issues with the appointed safeguarding lead
* To work collaboratively with multi-disciplinary colleagues at Prospect Hospice, initiating appropriate onward referrals.
* To assess responses to loss and bereavement, provide ongoing support within agreed parameters, and promoting onward referral to specialist services.
* To initiate and attend regular meetings this includes video conference links with other professionals directly involved with the patient’s care.
* To provide specialist palliative care advice for health care professionals in non-specialist areas, including prescribing if registered as a non-medical prescriber and recommendations for effective, safe medicines management and symptom control.
* There will be opportunities to develop skills in our single point of contact team (managing patient referrals and triage) as part of this role. Training will be provided as required.
* To provide supervision, mentorship and line management to Prospect community staff nurses.

**Governance**

* To actively contribute to the Patient Services clinical governance framework through participation in governance forums, education, development, research and audit initiatives.
* To participate in formal teaching programs.
* To Initiate, plan and deliver informal practice-based teaching sessions for health and social care professionals.
* To complete requirements for revalidation.
* To attend mandatory regular caseload reviews, multi-disciplinary meetings and reflect on practice and performance with the Clinical Nurse Specialist Team Leaders.

 **Professional**

* To remain aware of the Nursing and Midwifery Council Statutory Requirements for Practice, Guidelines, Codes of Practice and re-validation requirements
* To maintain professional standards and remaining aware of changing patterns of care.
* To understand the importance of professional accountability and need for professional self development.
* To attend and contribute to multi-professional meetings as appropriate.
* To adhere to the Operational and Clinical Policies, Procedures, Guidelines and ASPIRE values of Prospect Hospice.
* To participate fully in case reviews and attend clinical supervision.
* To ensure patient and service records are recorded and maintained in accordance with Prospect Hospice policies and professional standards.
* To ensure an adequate working knowledge of Prospect Hospice IT systems, including accessing policies/procedures, guidelines and the ability to use off site IT devices to enable remote access.

**Key Contacts**

* Clinical Nurse Specialist Team Leader
* Patient Services staff
* Single Point of Contact Team
* Head of Patient Services
* Director of Patient Services
* Patients and their families
* Health and social care practitioners

**Equality, Diversity and Inclusion**

We are committed to creating a truly equal and inclusive workplace, and we value diversity of thought, ability and individuality. Ours is a learning culture. We know that we can only retain our position at the forefront of excellence in end of life care by learning, reflecting and innovating, and we expect all our people to pursue continuous professional development.

This applies to both service delivery and to our own people practices. You will be willing and able to demonstrate commitment to our equality, diversity and inclusion policy and practices at all times.

**Safeguarding**

It is the responsibility of the post holder to ensure they have up-to-date knowledge of and follow the legislation and guidance relating to Safeguarding Adults and Children as stated in the Prospect Hospice’s Safeguarding operational Policies. All staff should be aware of their safeguarding responsibilities as employees of Prospect Hospice and will be expected to attend mandatory safeguarding training as required to inform safe working practice.

**Health and Safety**

Under the provisions of the Health and Safety at Work Act 1974, it is the duty of every employee to:

* To take reasonable care of themselves and others at work
* To co-operate with the Prospect as far as is necessary to enable them to carry out their legal duty
* Not to intentionally or recklessly interfere with anything provided, including personal protective equipment, for health and safety or welfare at work.

**Infection Prevention and Control**

All staff are expected to comply with infection prevention and control policies and for protecting themselves and others against infection risks and ensuring a clean safe environment is maintained. Whether you are in a clinical or non-clinical role you are expected to comply with current infection control policies and procedures and to report any concerns or issues to your line manager. All staff undertaking patient care activities must attend infection control training and updates as required by the hospice.

**Person Specification**

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| Criteria Category | Requirements | Essential (E)Desirable (D) |
| Education and Qualifications | First level degree, or demonstrate willingness and ability to complete degree in palliative care or related area | E |
|  | Demonstrate the ability and willingness to complete relevant level III studies. This would include Patient Assessment, Clinical Reasoning Module (PACE), non-medical prescribing, Care of the Dying Module, Advanced Communications Course and mentorship course | E |
|  | Evidence of professional development within specialist palliative care | E |
|  | Full driving licence and access to car | E |

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| Criteria Category | Requirements | Essential (E)Desirable (D) |
| Experience and Knowledge  | Registered Nurse with a minimum of 5 years post registration experience | E |
|  | To have an understanding and adequate knowledge base regarding effective symptom control management within palliative and end of life care and have the confidence to make safe recommendations for symptom control | E |
|  | Knowledge of the principles of clinical governance and clinical supervision  | E |
|  | Experience of leading and coordinating the care of a patient with complex palliative care needs | E |
|  | Experience of using reflective processes as a framework to improve practice | E |
|  | Knowledge of hospice philosophy, policy and palliative care principles | D |
|  | Knowledge of current National Palliative Care guidance and initiatives | D |
|  | Informal and formal teaching experience | D |

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| Criteria Category | Requirements | Essential (E)Desirable (D) |
| Skills | The ability to respond effectively in situations where the needs of palliative care patients are changing rapidly | E |
|  | Ability to liaise effectively with other agencies to positively influence outcomes for palliative care patients | E |
|  | Excellent communication and negotiation skills, able to communicate effectively at all levels | E |
|  | Effective strategies and approaches to facilitate coping with emotional demands of role, particularly exposure to loss and patient death | E |
|  | Innovative approach to problem solving | E |
|  | Able to plan and manage own workload and activities | E |
|  | Able to work to tight deadlines | E |
|  | Advanced clinical decision-making skills | D |

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| Criteria Category | Requirements | Essential (E)Desirable (D) |
| Personal Qualities | Proactive and acts on initiative | E |
|  | Acts as a positive ambassador for the Hospice | E |
|  | Commitment to and ability to demonstrate Prospect Hospice values and behaviours at all times | E |
|  | Able to maintain the highest professional standards at all times, and act as a true ambassador for the Hospice | E |
|  | To be authentic, open honest and transparent | E |
|  | Have a track record of working inclusively and a genuine appreciation of the value of diversity | E |

**Scope of Job Description**

This job description is a guide to the work you will be required to undertake. It is not an exhaustive list of the duties but gives a general indication of work undertaken which may vary in detail in the light of changing demands and priorities. Substantive changes will be carried out in consultation with the post holder.

*This job description does not form part of your Contract of Employment*