Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

JOB DESCRIPTION

DATE: Nov 2022

REF NO: AFC77

JOB DETAILS:

JOB TITLE:	Lead Specialist Practitioner (Community Nursing)
BAND:	7
HOURS:	37.5 Hours
DEPARTMENT:	Staffordshire and Stoke-on-Trent Care Group - Planned Care
LOCATION:	As per contract of employment
REPORTS TO:	Operational Manager/Lead
ACCOUNTABLE TO:	General Manager
RESPONSIBLE FOR:	Allocated team within community nursing

WORKING RELATIONSHIPS

INTERNAL:
Community Nursing Team (registered and non-registered staff); Long Term Conditions Specialist Teams; Palliative Care Specialist Team; Social Workers; Unplanned care teams; Professional Lead for Nursing; Allied Health Professionals; Mental Health and Psychology Services.

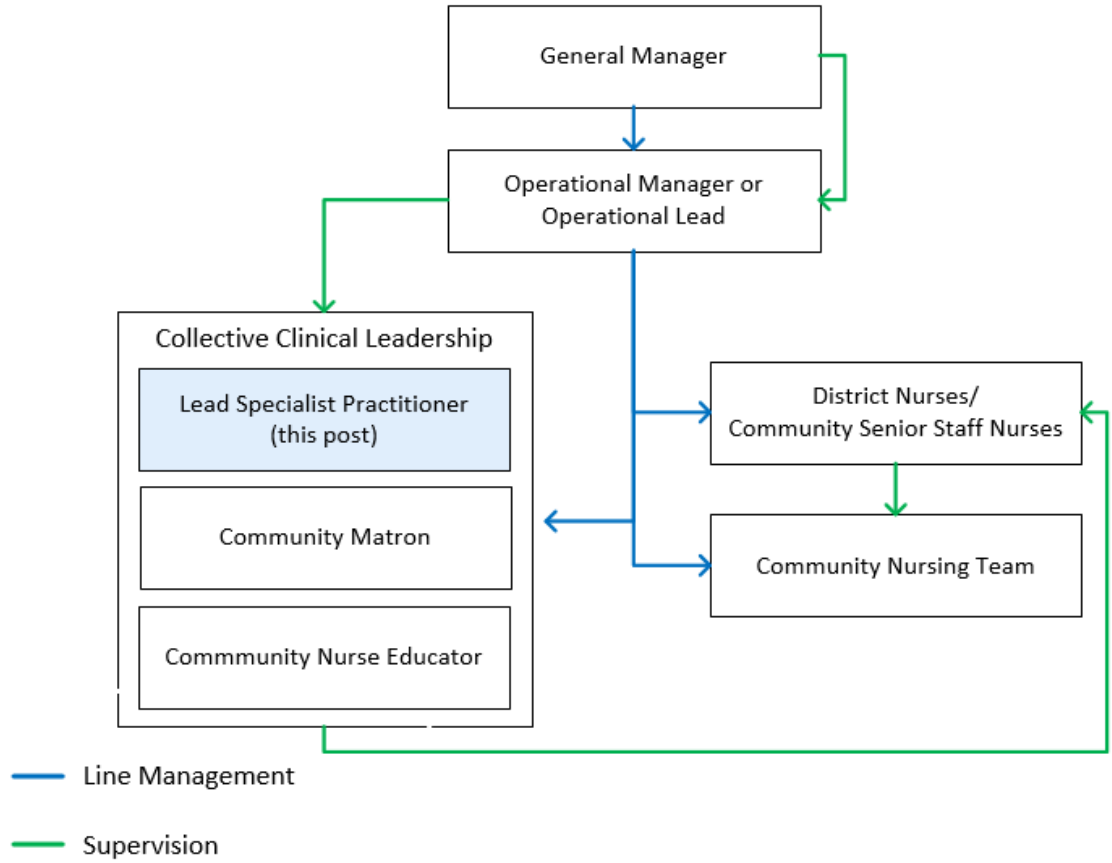
EXTERNAL:
PCN Clinical Directors; GPs; Acute Hospital Trusts (and associated community based services); Local networks including charities and voluntary groups;

JOB PURPOSE.

- Providing clinical leadership to the community nursing team. Supporting the District Nurse caseload holder/senior nurse to ensure safe and effective care for service users. They will have the shared responsibility for organising the day to day running of the caseload.
- Oversight of the running of the District/Community Nursing caseload and development of staff within the team, working alongside the Operational Lead/Manager and Education Lead.
- They will provide enhanced holistic nursing care to housebound service users utilising enhanced assessment skills; decision making; prescribing and freedom to act as a Specialist Practitioner. They will be experienced in a range of nursing procedures including but not limited to wound care; end of life care; continence management; administration of medications through various routes including I.Vs.
- Being a senior member of the community nursing team they will share clinical knowledge, expertise and advice and provide mentorship and supervision to pre and post-registration nurses in the community nursing team. Working within the community nursing team ensuring robust business continuity plans are in place and delivered during periods of high demand and/or reduced capacity.

- Working closely with other MPFT services and external partners to support the development and delivery of effective care pathways. Supporting the delivery of place based care within the attached locality.
- Understands population health needs within attached locality and develops collaborative working and maintains networks within the community, acting as a key stakeholder to ensure these needs are met.
- To contribute to service/policy development through active membership on working parties or professional forums. To be aware of national and local policy that impacts upon the health and wellbeing of service users.

ORGANISATIONAL STRUCTURE



Key Responsibilities and Duties

1. To provide face to face nursing care, assessing, planning, implementing and evaluating care and treatment for housebound service users with complex physical, psychological and social needs.
2. Managing and co-ordinating a caseload of service users with complex physical health needs that require multi-systems health assessment; have multiple co-morbidities and may have social and mental health needs that influence their treatment plans. This may at times include co-ordination of MDT meetings.
3. To work closely with the service users, their carer's and families ensuring that they have the tools to manage and monitor their own condition where appropriate and have robust management plans in place to recognise deterioration and access appropriate care.
4. Have an understanding of the demographics and population profile of their attached PCN/locality. Acting as a key stakeholder working with system partners to ensure the physical health needs of the population are met and work to prevent unnecessary admissions to hospital.

5. Collaborate with the Clinical Education Lead in developing training and practice. Providing support, mentorship and assessment of pre and post-registration nurses within the team, to develop their competence and skills. Including induction and preceptorship of new staff.
6. Provide consistency through collaborative clinical leadership to their team with Community Education Leads across the care group. Embedding a learning culture underpinned evidence based practice.
7. Takes a lead in specialist areas and complex caseload management, providing advice and support to others to undertake community nursing care, including but not limited to:

    - Promoting independence/self-management
    - Maintaining safety including/safeguarding awareness/incident reporting
    - Improvement in health and wellbeing including mental health
    - Interventions in disease/condition management
    - Prevention and reducing of health inequalities
    - Admission avoidance including frequently users of acute services
    - Supported early discharge from hospital (appropriate to the service)
    - Case management/ treatment /care plans
    - Palliative and end of life care
    - Complex decision making
    - Management of complex wounds

8. Will utilise a range of available and emerging technology to support the service user to manage and monitor their condition; including virtual consultations and remote monitoring.
9. To monitor the skill mix in the team to enable safe delegation of nursing care in line with NMC guidance. Working closely with the operational lead for the team to support effective workforce planning.
10. The post holder will participate in service developments as a member of the community nursing team and wider primary care network, and will be a key stakeholder in the development of place based partnership working.
11. Oversee the caseload to improve the quality of care for patients, ensuring that this is driven by patient outcomes and feedback; evidence based clinical practice that supports the national quality agenda. Ensuring actions of the caseload review process are carried out.
12. Work in collaboration with Operational and General Managers providing clinical expertise and decision making support as part of the leadership team to ensure best practice and patient safety are be maintained.
13. There will be no responsibility for finances other than to make efficient use of resources and to consider cost effectiveness when developing treatment plans and prescribing medication.

Systems and equipment

14. Maintain accurate contemporaneous records and data collection through daily use of a range of electronic clinical systems e.g. RiO; Safeguard; Microsoft Office Suite. Adhering to information governance standards; legal and professional requirements are maintained at all times. Ensuring that clinical systems are used effectively within their team.
15. Responsible for ensuring actions are carried out by themselves and their team where safety alerts are issued regarding equipment or medications used by the service.
16. Maintain an awareness of assistive technology available to support service users to manage their condition.

Decisions and judgements

17. To work autonomously as an experienced nurse using enhanced clinical expertise to assess; plan and evaluate care. Critically evaluate current evidence; clinical guidelines; policies and SOPs to support clinical decision making.
18. To evaluate and make decisions about treatment options taking into account both theoretical and therapeutic models and highly complex factors ascertained through holistic assessment and history taking.
19. Formulate plans of care and negotiate the implementation of such plans and the sharing of complex, sensitive, confidential, and at times contentious information e.g. explaining diagnosis and treatment plans; discussing disease progression and prognosis.
20. To contribute to the development, evaluation and monitoring of the service's operational policies; objectives and standards. Utilising research, business intelligence data and audit.
21. Support and complete investigations and reports including clinical incident management; root cause analysis; coroners' reports and serious incident investigations. Using clinical experience and judgment to review the findings of these investigations and make recommendations where appropriate. Leading on the development, learning and actions for their team following formal investigations and reports.
22. To exercise autonomous professional responsibility for the assessment, treatment and discharge of service users on their caseload.
23. Prioritising competing demands responding to unplanned aspects of the role using innovative problem solving techniques and clinical decision making for example rescheduling or cancelling planned visits to complete urgent visits.
24. To be able to access, critically appraise and apply relevant information/ knowledge in clinical practice. Utilising evidence-based literature and research to support practice in individual work and work with other team members.
25. To positively promote and act as a role model for community nursing.
26. Be actively participate in the receipt of, and delivery of clinical and managerial supervisor in line with Trust policies.
27. Implement, review and maintain Trust Policies and Procedures and propose changes to working practices and pathways where appropriate and relevant to the service.
28. Will have an awareness of the resources required to deliver the service; utilising a range of quality improvement tools to implement and review effective working practices.
29. Will have responsibility for the safety and maintenance of IT and clinical equipment that they utilise to carry out the role.

Communication and relationships

30. Communicate sensitive diagnosis and treatment related information with service users and their families, utilising highly developed communication skills to overcome barriers to understanding.
31. Establish therapeutic relationships with service users and families/carers, and implement evidence based therapeutic interventions with appropriate boundaries in accordance with professional code of conduct.
32. To work with individuals and carers who may find it difficult to engage with the service or aspects of the service resulting in none concordance, decision against advice or challenging behaviour.
33. As a senior nurse, work collaboratively with practitioners from the MDT, service users and families to communicate clinical decisions, clinical rationales and treatment plans.

34. Ensure that all members of the multi-disciplinary team, service users and appropriate others are kept informed and up to date about changes to a service users care or condition.
35. To produce treatment plans that are timely, relevant, accurate, evaluated, dated, signed, legible and objective, and communicate these to other relevant agencies. These must be in keeping with best practice guidance and evidence based practice.
36. To support patients, families and carers on the DN caseload to self-manage or share the care of their condition. Ensuring that clear parameters are set and agreed for escalation.
37. To develop and maintain close links with the multi-disciplinary team, working in partnership with general practitioners and practice nurses to optimise treatment pathways.
38. To identify own training/educational needs and those of the team as part of the supervision and appraisal process. Attain and maintain an agreed level of expertise through ongoing training and development.
39. To provide clinical leadership to their team ensuring that effective governance structure in place. Using a range of communication styles and channels as appropriate to the task.

Physical demands of the job

40. The post holder will be expected to implement highly developed physical skills pertinent to the area of specialism daily, for example, such as de-escalation skills, driving, manual handling, and skills relevant to professional role.
41. Standard keyboard skills required for inputting data onto RiO; report writing; research etc.
42. Undertaking physical health assessments with patients, including chest auscultation; obtaining samples, wound swabs and venepuncture.
43. Using specific equipment e.g. hoists, sliding equipment, etc.
44. Required to carry nursing and IT equipment when visiting service users homes.
45. Frequent travel across the PCN area, with occasional travel across the county of Staffordshire.

Freedom to act

46. The post holder will have a high degree of autonomy and will be expected to work without direct supervision within their role, utilising their knowledge, skills and experience.
47. The post holder will be required to practice within the professional remit of the role and will provide and receive regular supervision, in order to support continuous professional development of self and others.

Most challenging/difficult parts of the job

48. The nature of the client group is such that the post holder will be required to concentrate when assessing and implementing programmes of care.
49. Being flexible and responsive to frequent interruptions and changing patient needs, necessitating reorganisation and prioritisation of work at short notice on a daily basis.
50. Post holder will be frequently exposed to emotionally distressing clinical information and situations.
51. Occasional exposure to challenging behaviour; verbal abuse and threats.
52. To work with individuals and carers who may find it difficult to engage with the service or aspects of the service resulting in uncooperative or challenging behaviour.
53. Lone working and isolation for self and others when working in the community.

JOB STATEMENT

Infection Control
Maintain an up to date awareness of the infection control precautions relevant to your area of work and implement these in practice. As a minimum, this must include hand hygiene, the use of personal protective equipment, the use and disposal of sharps and communicating the importance to patients, prison staff and other health care staff you are working with. Details of the precautions and sources of advice and support to assess and manage infection control risks are provided through mandatory training which all staff must attend at intervals defined in the Trust policy on mandatory training and can be found in the Trust's infection control policies and national guidance, such as that published by NICE.
Learning and Development
As an employee of the Trust, you have a responsibility to participate, promote and support others in undertaking learning and development activities. This includes a proactive approach to ensuring you meet the statutory/mandatory training requirements of your role, and engaging in PDC / appraisal processes in line with Trust policy and guidance.
Health and Safety
As an employee of the trust you have a responsibility to abide by the safety practices and codes authorised by the trust. You have an equal responsibility with management, for maintaining safe working practices for the health and safety of yourself and others.
Constitution, Competence and Capability
As an employee of the Trust you have a responsibility to promote and abide by the rights and responsibilities outlined in the NHS Constitution. You are additionally expected to adhere to Organisational/National/Regulatory Codes of Practice relevant to the role you are employed to undertake. At all times it is expected that you will limit the scope of your practice to your acquired level of competence and capability.
Dignity at Work Statement
Midlands Partnership NHS Foundation Trust is committed to treating all of our staff with dignity and respect. You are responsible for behaving in a way that is consistent with the aims of our Equality and Diversity Policy. This includes not discriminating unfairly in any area of your work and not harassing or otherwise intimidating other members of staff.
Safeguarding Children and Vulnerable Adults
All Trust employees are required to act in such a way that at all times safeguards (and promotes) the health and well-being of children and vulnerable adults. Familiarisation with and adherence to Trust Safeguarding policies is an essential requirement of all employees as is participation in related mandatory/statutory training.

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PERSON SPECIFICATION

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*Assessed by: A = Application I = Interview R = References T = Testing

ESSENTIAL CRITERIA	*	**DESIRABLE CRITERIA**	*
QUALIFICATIONS & TRAINING			
Masters degree or equivalent significant experience Community Specialist Practice Qualification (to level 6 or 7) Honours degree or evidence of working at this level Current NMC registration Post graduate qualification in nursing related subject and evidence of further education, training and development in role Physical Health Assessment Qualification V300 Independent Nurse Prescribing (or working towards) Mentorship/Assessor Training	A	Long Term Conditions Module Frailty Module Mental Health Assessment Module Project Management Quality Improvement	A
EXPERIENCE			
Experience of nursing patients with complex health needs in a community setting Proven experience in a NHS, social care or equivalent environment Experience of working effectively across different agencies and with other disciplines Experience of providing clinical information and advice to others, including the development of services and staff Experience of mentoring and assessing staff in clinical practice	A/I	Project management experience Service improvement experience Providing an effective contribution to workforce planning	A/I
SKILLS, KNOWLEDGE & ABILITIES			
Advanced clinical, theoretical and practical knowledge across a range of work procedures relevant but not limited to a specified clinical area Demonstrates the NMC standards for proficiency for community nursing SPQs	A/I	Knowledge of quality improvement tools and techniques	I

Evidence of continuing professional development Proficient in the use of Microsoft products, in particular, Word, Outlook, Excel, PowerPoint			
Knowledge of relevant professional standards and legislation Understanding of the clinical governance agenda and the implications for a specific clinical area Ability to evaluate various treatment techniques and to research new/ alternative treatment methods in line with the objectives of the organisation (including use of digital technology) Patient and outcome focussed Ability to develop people and processes in support of improved service delivery in an efficiency driven environment Excellent all round interpersonal skills, including negotiation and influencing Highly developed written and verbal communication and presentation skills Ability to work as part of a virtual team, providing support and advice across systems Ability to prioritise work Effective partnership and collaborative worker.	A/I A/I		
PERSONAL ATTRIBUTES			
Excellent communication skills Proven networking ability Ability to build rapport and make good relationships quickly Flexible and responsive Pragmatic, comfortable with working closely with new teams and people	I/R		

JOB HOLDER	**SIGNATURE**
	DATE
MANAGER	**SIGNATURE**
	DATE