

# Job Description

## 1. Post Title – Clinical Nurse Specialist (CNS) Hospital/IPU

Responsible to	Hospital Team Leader
Responsible for	Volunteer administrator
Full/Part Time	37.5 hours per week (35.5 hours Hospital/12 Hours Hospice IPU)

### Background

Prospect Hospice provides a broad range of End of Life Care services across Swindon and North East Wiltshire. Our care is delivered in our 16 bed In-Patient Unit, Day Therapy Unit, Great Western Hospital, Outreach centre and patients' homes including care homes. The Hospice has an outstanding local reputation and is committed to ensuring that the patients and families we provide comfort and care for each year continue to receive an exceptional level of support towards the end of their lives as well as helping to influence and enhance best practice in End of Life Care with other providers.

## 2. Main purpose & scope

The GWH CNS is responsible for influencing the provision of high quality specialist nursing care to patients with advanced and progressive illnesses through a range of direct and indirect CNS interventions, including effective caseload management, education, audit and research.

The prime purpose is to promote and develop the specialist advisory and supportive role of the CNS and the Palliative Care Team. To provide a CNS educational and patient care role working alongside IPU registered nurses and health care assistants at the Hospice. A key element will be to actively contribute to the Prospect Hospice patient service's strategy and Great Western Hospital clinical governance framework through participation in education and training, and research and audit initiatives.

The post holder will also provide nursing and clinical expertise on our Inpatient Unit, ensuring an effective quality nursing service, with responsibility for standards of nursing care and patient safety in conjunction with the Clinical Leads. You will act as a role model and teacher for registered nurses and Health Care Assistants on the unit and may also need to co-ordinate shift activities and lead on decisions that may involve complex discussion, negotiation and makes best use of available resources.

There may be a requirement to provide CNS work in care homes and the community as required and throughout the out of hour's period as services develop further.

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### 3. Key accountabilities and areas of responsibility

Responsibilities will include;

The CNS is required to plan and organise their own day to day work, and make clinical decisions to support patients with complex and often rapidly changing specialist palliative care needs in the Hospital without direct supervision.

The CNS is required to identify needs that require onward referral to Prospect Hospice and other palliative care providers and the wider multi-professional team.

#### CNS Clinical Practice

- To be responsible for the effective management of a complex caseload of patients and families living with life threatening illness, ensuring a prioritised, flexible, responsive and needs led approach to care.
- To assess the physical, psychosocial and spiritual needs of patients and their families living within 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 make clinical decisions without immediate access to direct patient assessment by another professional, and discussing specialist advice and recommendations with the CNS Team Leader, 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, and enabling patients to make choices or decisions regarding their care.
- To undertake mental capacity assessments and progress potential safeguarding issues with the appointed safeguarding lead and lone working.
- To work collaboratively with multi-disciplinary colleagues at Prospect Hospice, initiating appropriate onward referral, and valuing the unique contribution of individual team members.
- 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 with other professionals directly involved with the patient's care.
- To providing 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 and safe medicines management and symptom control.
- To provide supervision and coordinate function of volunteer administrative support.

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## **IPU Clinical Practice**

To provide a CNS educational and hands-on patient care role on our IPU working alongside IPU for up to 12 hours per week – this arrangement will be managed with the Team Leader and Matron according to need.

- To provide clinical expertise on the Inpatient Unit, guiding, coaching, and supervising the nursing team in care delivery for patients and families.
- To act as Nurse in Charge and/or Coordinator on shift when required, taking overall responsibility for the running of the shift on IPU.
- To motivate and empower the In-patient Unit Nursing Team to achieve the highest possible standards of palliative nursing care of patients, and those people important to them
- To support and facilitate opportunities for reflective practice and clinical supervision.
- To evaluate the relevance of patient needs in the context of the Mental Capacity Act and Deprivation of Liberty Safeguards, and act upon requirements appropriately for individual patients
- To ensure that the physical, psychosocial and spiritual needs of patients, their families and carers are comprehensively assessed, and well documented using evidence based and patient centred principles.
- To ensure patient centred nursing is in place at all times.
- To plan and implement nursing interventions, and evaluate outcomes using advanced clinical skills. Ensure all care plans are well-written and oversee the care planning of more junior staff
- To demonstrate an advanced level of thinking in the application of core nursing and ethical principles to palliative care decision making
- To work collaboratively with multi-disciplinary colleagues at Prospect Hospice, initiating appropriate onward referral, and valuing the unique contribution of individual team members.
- To communicate clearly with patients and those closest to them, building and maintaining trusting relationships
- To monitor symptom control issues, and support patients in developing coping strategies for living with symptoms
- To set and maintain a welcoming environment for patients, offering support and providing opportunities to explore anxieties

## **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 designing and delivering formal and informal education.
- Attending mandatory regular caseload reviews, multi-disciplinary meetings and reflect on practice and performance with the CNS Team Leader.

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## Professional

- To adhere to the Nursing and Midwifery Council Statutory Requirements for Practice, Guidelines and 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 and Guidelines of Prospect Hospice.
- To participate fully in case review.
- To ensure patient and service records are recorded and maintained in accordance with Prospect Hospice policies and professional standards.

## 4. Key Contacts

- CNS Team Leader
- IPU Nursing Team
- Matron
- Prospect Hospice Consultant in Palliative Care and doctors
- Multi-disciplinary Team
- Director of Services
- Patients and their families
- Health and social care practitioners in primary and secondary care
- GWH End of Life strategy group members

# Person Specification

## 5. Skills, Knowledge & Experience

### Essential

- Registered Nurse with a minimum of 5yrs post registration experience.
- First level degree, or demonstrate willingness and ability to complete relevant degree level study.
- To have an understanding and adequate knowledge base regarding effective symptom control management within palliative care and confidence to make safe recommendations for symptom control.
- Knowledge of hospice philosophy, policy and palliative care principles.
- Understanding of the unique challenges faced by acute hospitals in providing quality palliative care
- Knowledge of current National Palliative Care guidance and initiatives.
- Knowledge of the principles of clinical governance and clinical supervision.
- The ability to respond effectively in situations where the needs of palliative care patients are changing rapidly.
- Advanced clinical decision making skills.
- Excellent communication and negotiation skills, able to communicate effectively at all levels.
- Effective strategies and approaches to facilitate coping with emotional demands of role, particularly exposure to loss and patient death.
- Able to plan and manage own workload and activities.
- Understanding and experience of multi-disciplinary team working.
- Proactive and acts on initiative
- Able to work to tight deadlines
- Act as a positive ambassador for the Hospice.
- Able to travel between Hospice, hospital, care homes and local community-access to car.

### Desirable

- Informal and formal teaching experience.
- Experience of using reflective processes as a framework to improve practice.
- Experience of leading and coordinating the care of a patient with complex palliative care needs.
- Innovative approach to problem solving.
- Ability to liaise effectively with other agencies to positively influence outcomes for palliative care patients.

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## 6. Personal Attributes

- Ability to demonstrate emotional resilience and intelligence in the face of conflict, complex situations and competing priorities
- Has a flexible attitude with a desire to ensure that we provide an excellent service and plays a key part in that delivery
- Commitment to and ability to demonstrate Prospect Hospice values and behaviours at all times
- Able to maintain the highest professional standards at all times
- Be authentic, open honest and transparent
- Have a track record of working inclusively and a genuine appreciation of the value of diversity

### IMPORTANT ADDITIONAL INFORMATION

The line manager will discuss all elements of the job description with the postholder on an annual basis during appraisal, recognising that some elements may be developed.

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