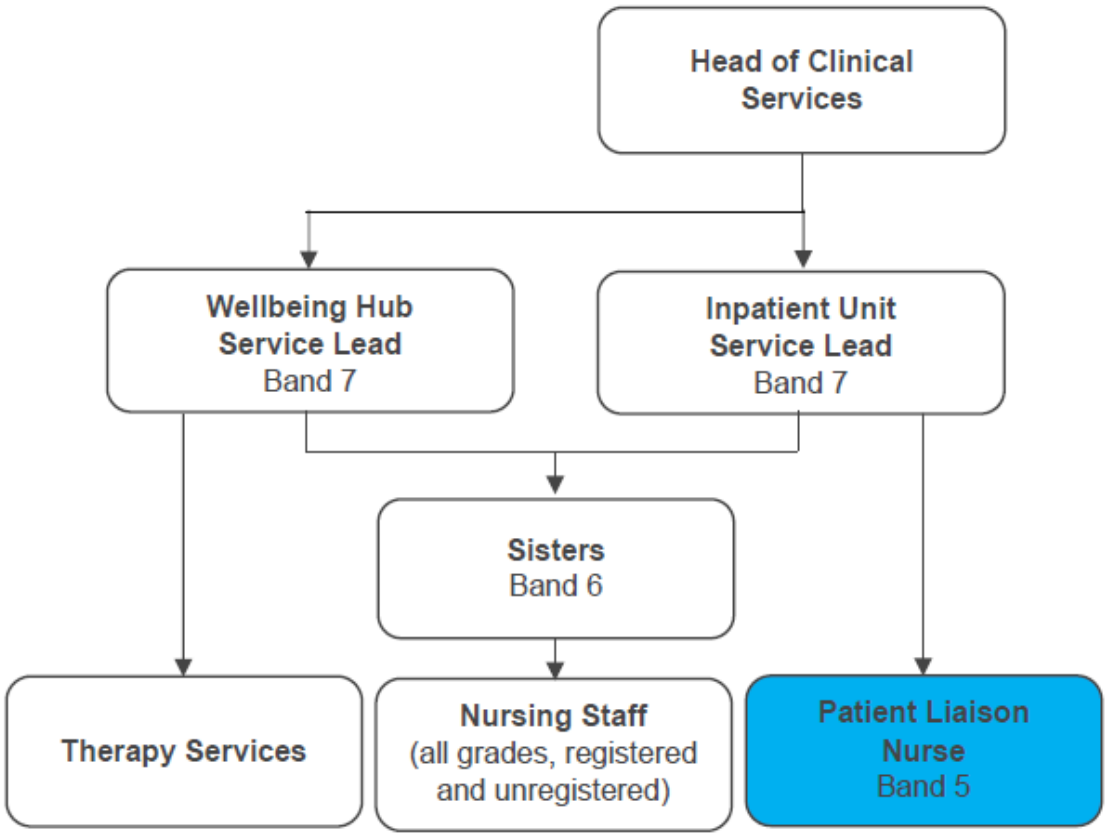
Bolton Hospice
caring from the heart

JOB DESCRIPTION

Job Title:	**Staff Nurse**
Department:	Clinical Nursing Team
Post Holder:	**tbc**
Grade:	Band 5 Senior Staff Nurse
Reports to:	Service Lead
Accountable to:	Head of Clinical Services

Organisation Chart:



The duties and responsibilities of this post have been assessed as levels of competence required and reflect the skill and knowledge needed to satisfactorily perform the duties of the post.

Job Purpose:	To provide a single point of contact for patients, families, referrers and other health and social care workers who are seeking an admission to the Inpatient Unit, Wellbeing Hub or Hospice at Home service. To work collaboratively with Hospice clinicians, MDT members, primary

	and secondary care services, patients and carers, to ensure that service arrangements/agreements/care plans are well communicated and in place to ensure continuity of care for patients being admitted or discharged from the hospice inpatient unit.

Key Working Relationships:	**Bolton Hospice** Clinical Nurse Director Service Leads Senior Sisters/Sisters Registered Nurses Hospice at Home Team Consultants Medical team Administration team AHPs Social Workers **External** Hospital and Community Macmillan Nurses General Practitioners District Nurses Nurse Specialists Nursing and Care Homes CHC Patients and their families / carers Consultants / Secretaries / CNS at Tertiary Centres

Role Responsibilities:

Key Objectives

- To be responsible for facilitating and co-ordinating admissions and discharges to/from the hospice, working closely with all members of the MDT and external agencies.
- Promote and maintain the philosophy of the hospice.
- Make decisions based upon knowledge and experience in respect of patient care and to be accountable for those decisions.
- Ensure standards are maintained at all times.
- Promote and maintain high quality patient care by acting as a role model for more junior staff.

Admission

- Attend morning liaison meeting to discuss current referrals for admission and identify other potential referrals, as well as providing updates on discharge plans, where appropriate.
- Maintain contemporaneous and accurate records of all contacts including contacts with patients, relatives/carers and members of the multidisciplinary team (internal and external) on the Electronic Patient Record systems (I-Care and GM Care Record/EPaCCs).
- Provide a single point of verbal contact for referrers, patients and families- providing information and support throughout the referral process.
- Engage with referrers and other healthcare professionals to gather all core information to enable effective decision making with regard to the daily allocation of beds based on patient needs assessment.

- Liaise with patient/family and health and social care professionals and other services to facilitate safe transfer of patient to the hospice.
- Ensure administration staff provide admitting team with timely information to enable effective admission of patient to service.
- Inform relevant health and social care workers of dates of admission once decision has been made.
- Make face to face contact with patient/family at admission, or as soon as practicably possible, to introduce self and to support future contact at discharge.
- Maintain regular contact and communication with the referrers to update information about patients' needs and to inform referrers about likelihood of bed availability.
- Provide comprehensive verbal and written summaries of patient information and recommendations to enable decisions regarding bed offers to be made at the morning liaison meeting.

Discharge

- Collaborate with the relevant health and social care teams to enable timely, safe and effective discharges for all patients, which may include those with complex issues, i.e.:
    - Homeless
    - Safeguarding
    - Lack of suitable placement in care home
    - The need for assessments for eligibility for health and social care funding
- Ensure transport is booked/arranged.
- Participate in MDT meetings, proactively identifying patients who may be suitable for discharge.
- Maintain contemporaneous and accurate records of all contacts including contacts with patients, relatives/carers and members of the multidisciplinary team on the Electronic Patient Record systems (I-Care and GM Care Record/EPaCCs).
- Establish effective working relationships with patients and family carers as early in their admission as appropriate, encouraging patient empowerment when making decisions, respecting and promoting their contribution to discharge planning.
- With the patients consent refer appropriately to other services and agencies, in relation to their admission or discharge from the hospice.
- Alongside other members of the clinical team, work with patients and carers/families to assist them to gain full understanding of available resources related to discharge and manage their expectations of these services.
- Ensure that patients have a realistic, expected date of discharge to work towards.
- Liaise with and meet external health and social care providers who are required to undertake assessments of a patient's needs.
- Communicate with the appropriate identified care agencies regarding discharge needs.
- Ensure that the discharge process is fully coordinated and all services and individuals involved are aware of time scales and arrangements.
- Co-ordinate Rapid Discharges for end of life care, ensuring that the management plan is fully communicated to all members of the multidisciplinary team involved in the patients care, in a timely way.

Advice Line

- Take advice line calls during working hours, in line with hospice policy and procedure and within own limitations, seeking advice from senior colleagues where appropriate.
- Follow the Bolton-wide Palliative Care guidelines for symptom and pain management.

Managerial / Leadership

- Plan, coordinate and manage time effectively in order to achieve effective admissions and discharges within the inpatient unit.

  Attend Locality Wide MDT meetings as appropriate.
- Safeguard all patients/families and public through participation in robust staff training and adherence to internal and external policies and procedures reporting any concerns to the manager or relevant professional body.
- To ensure that the dignity, safety and confidentiality of all patients is respected and that all patients receive the highest possible standards of care.
- Demonstrate high standards of professional behaviour at all times in line with professional and organisational values.
- Act as a resource and provide advice, information and support to patients, family/carers and all members of multidisciplinary team regarding admission/discharge process and external services, where appropriate.
- Accept accountability for own actions and areas of responsibility.
- Attend and contribute to departmental and organisational meetings, when required, to facilitate team communication and service development.
- In collaboration with IPU MDT, manage referrals for hospice admission, assessing their appropriateness, managing the waiting list and planning admissions according to bed and staff availability, ensuring that the department runs efficiently and effectively.
- Act as a positive member of the wider hospice team and ensure communication is clear, objective and focussed on excellent patient care.
- Develop and maintain systems and pathways for all patient admissions and discharges, in collaboration with the whole multi-disciplinary team.
- Participate in clinical audit and other quality improvement initiatives, as required.

Education and Training

- Identify own development needs within personal development plan, in line with service requirements to inform the annual review process of performance and training needs.
- Undertake appropriate CPD and revalidation activities in accordance with NMC and organisational requirements.
- Assist with induction programmes for newly appointed staff, providing support and guidance.
- Participate in teaching and training as required.
- Attend all mandatory training in accordance with hospice policy.
- Ensure all relevant staff are informed of any change to local or national agreement.

Clinical Governance

- To work in adherence to the organisational policies and guidelines of Bolton Hospice.
- To ensure all untoward incidents, complaints and accidents are dealt with promptly and in accordance with hospice policy.

Communication

- Attend and chair the Hub Meeting, ensuring information is shared and communicated to the relevant service in a timely manner.
- Attend weekly Locality MDT
- Attend and participate in organisational meetings to ensure awareness of developments within the area of practice and across the organisation.
- Maintain effective communication networks, written, verbal and electronic.

- Liaise with both internal and external agencies to plan discharges and admissions.
- Promote positive communications and relationships with the public.
- Be a key link, recognised by external agencies, for all aspects of admission and discharge.

General Responsibilities:

Health and Safety

All employees have a duty to report and accidents, complaints, defects in equipment, near misses and untoward incidents, following hospice procedure, in a timely way.

Ensure health and safety legislation is complied with at all times, including COSHH and Workplace Assessment.

Confidentiality

All information relating to patients, patients' families, staff, volunteers, supporters and suppliers gained through your employment with Bolton Hospice is confidential. Disclosure to any unauthorised person is a serious disciplinary offence.

Infection Control

Prevent spread of infection. Comply with policies and procedures for correct disposal of waste, sharps and soiled linen.

Training

Managers are required to take responsibility for their own and their staff's development. All employees have a duty to attend mandatory training as required by the Hospice.

Safeguarding Vulnerable People (Children and Adults)

All employees have a responsibility to protect and safeguard vulnerable people (children and adults). They must be aware of child and adult protection procedures and who to contact within the Hospice for further advice. All employees are required to attend safeguarding awareness training and to undertake additional training appropriate to their role.

Disclosure & Barring Service Check

This post is subject to a Disclosure & Barring Service check.

Valuing Equality and Diversity

All hospice staff should carry out their duties in accordance with the values and principles of our Equality and Diversity strategy. It is the responsibility of all employees to support the hospice commitment to do all we can to ensure we do not exclude, alienate or discriminate in any way and to promote a positive attitude to equality and diversity in adherence to our Equality and Diversity policy.

The range of duties and responsibilities outlined above are indicative only and are intended to give a broad flavour of the range and type of duties that will be allocated. They are subject to modification in the light of changing service demands and the development requirements of the post holder. This job description is an outline of the main responsibilities. It will be subject to periodic review and amendment.

Employee Name:			
Employee Signature:		Date:	

Manager Name:			
Manager Signature:		Date:	

PERSON SPECIFICATION

Job Title:	**Patient Liaison Nurse**
Department:	Clinical Nursing Team
Grade:	Band 5 Senior Staff Nurse

The person specification sets out the qualifications, experience, skills, knowledge and personal attributes which the post holder requires to perform the job to a satisfactory level.

	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
QUALIFICATIONS	Registered General Nurse. ENB 998/mentorship or equivalent experience. Degree or equivalent level of experience.	Management qualification. Enhanced Communication Skills. Palliative Care Qualification at Diploma level or higher level. ENB 285/931 or 237. EOLC Module.	Application Form Interview Certificates
EXPERIENCE	Significant post-qualification experience of Inpatients and/or community settings. Knowledge of CHC processes. Application of evidence to practice. Evidence of multi-professional working. Understanding and evidence of application of the NMC, and other, professional codes of conduct to practice. Healthcare Administration experience.	Experience of triaging referrals/admissions, supporting discharge to and from healthcare environments. Experience of writing policies.	Application Form Interview
SKILLS	Ability to manage risk effectively. Ability to plan personal and professional development of self and others. Computer literacy. Ability to maintain confidentiality. Excellent written and oral communication skills at all levels and with both professionals and patients/families.	Presentation skills. Clinical credibility within the sphere of palliative care.	Application Form Interview

Continued overleaf…

	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
SKILLS	Excellent assessment skills, with the ability to record assessment effectively, enabling continuity of process and care. Ability to summarise key clinical data to support decision making. Punctual, reliable and flexible. Strategic thinker. Ability to organise, prioritise and manage time effectively		
KNOWLEDGE	Up to date knowledge base of speciality. Awareness of the local and national influences in relation to speciality.	Awareness of the need for succession planning.	Application Form Interview
PERSONAL ATTRIBUTES	Able to work proactively, independently and on own initiative. Discrete and tactful. Adaptable and able to work collaboratively in a team environment. Assertive and confident. Able to inspire trust and respect. Able to work and remain calm under pressure. A commitment to the vision and values of Bolton Hospice.	Full clean driving licence and access to vehicle for business use subject to the Equality Act 2010.	Application Form Interview