

JOB DESCRIPTION

JOB TITLE:	Frailty Nurse Specialist
GRADE:	Band 7
HOURS:	37.5 hours per week
SPECIALISM:	Registered Nurse
SERVICE:	Frailty Virtual Ward
LOCATION:	Kestrel House
ACCOUNTABLE TO:	Frailty Virtual Ward Service Lead
LIAISON WITH:	UCRT, Community District Nursing Teams, Broomfield hospital.

JOB SUMMARY

The Frailty nurse specialist will be responsible for providing the delivery of evidence based and clinically effective practice within the community to facilitate step down from the acute hospitals and step up from the community. To promote effective self-management of patients preventing unnecessary hospital admissions and improving quality of life and to actively identify patients who would benefit from an admission to the virtual ward.

The post holder should be an experienced community nurse, with diagnostic and consultation skills and preferably be a non-medical prescriber or willing to complete the course and will act within their professional boundaries, providing care for the presenting patient, from initial history taking through to treatment. They will work collaboratively with the multi-disciplinary team to meet the needs of the patients.

Key responsibilities of the post holder are to consolidate skills of critical analysis and evaluation, to enable knowledge pertaining to complex contemporary community nursing practice. The post holder will use innovative practices to manage complex community situations in challenging environments. Take responsibility for developing and changing practices within the community.

MAIN DUTIES & RESPONSIBILITIES

Clinical Responsibilities

- To be responsible for the efficient management of the Mid Essex Frailty Virtual Ward central point of access (hub) when allocated to the hub

- To act as an autonomous, registered practitioner who is legally and professionally accountable for own unsupervised actions guided by the professional code of conduct and Trust guidelines and protocols
- The post holder will have Current Effective Status on the Nursing and Midwifery Council (NMC) – Registered Nurse
- Further professional knowledge will have been gained through accredited courses workshops, study and in-house training programmes
- To be responsible, and accountable, for service delivery to clients/patients.
- To undertake comprehensive geriatric assessments for patients under the care of the Frailty Virtual Ward and formulate personalised management plans in collaboration with the MDT. This includes chronic, acute and palliative care within own competencies, recognising own limitations and seeking advice when necessary. This will include continuously evaluating and acting on outcomes
- To be able to initiate referrals to other health professional specialist services and agencies
- To provide patients and relatives with information and education thus ensuring they have meaningful choices that promote dignity, independence and quality of life
- To ensure practice is supported by research, evidence-based practice, literature and peer review
- To actively promote discharge from the acute sector into the community setting at the earliest possible opportunity and provide in-reach support.
- To provide a visible professional presence where staff, patients, carers, voluntary, statutory and private services can approach for assistance, advice & support to enable provision of holistic care
- To support the effective allocation of daily patient visits, when overseeing the hub
- Attend as part of a rota, virtual GP calls to discuss patients and liaise with the Frailty Consultant for complex medical management
- To ensure patients receive high standards of nursing care by leading on the development of the skills of the registered nurses and support staff
- To participate in training junior colleagues to achieve/maintain their competencies
- To lead on discharges alongside the Multidisciplinary team and ensure length of stay is optimal
- To empower patients and their carers to participate in and make informed choices about their care, ensuring that it is personalised.
- Networking with other multi-disciplinary, statutory, private and voluntary organisations, users, carers and assisting in managing the interfaces between them
- Inspiring others through action and example, challenging traditional practices and encouraging innovative problem solving amongst staff
- To improve outcomes for people with frailty and complex co-morbidities and reduce the need for these people to attend or be admitted into hospital or long-term residential care
- Develop innovative ways of increasing flow in and out of the frailty virtual ward with a particular focus on admission avoidance working in collaboration with the Urgent Community Response Team (UCRT)
- Use advanced specialist knowledge to enable patients & carers to develop self-care skills with respect to health and health services

- To keep an accurate, up to date record of patients' condition, defining clinical outcomes and providing written communication and timely reports to appropriate agencies e.g. GP's, Consultants, MDT's and Social Services
- Following a risk assessment, report to Line Manager any deficit in the provision of service, equipment and staff
- Be responsible for the delivery of safe evidence-based care which is delivered in a timely manner by the right health care professional

Managerial Responsibilities

- To lead on rota management alongside band 7 colleagues
- To monitor team productivity by participating in audits, monitoring sickness, performance management and HR processes
- To deputise for the service lead in their absence ensuring the effective day to day running of the service and attend meetings in their absence
- To lead and co-ordinate on clinical nursing competencies in accordance with local policy and national frailty drivers
- To actively contribute to own 1:1 with Line Manager. To participate in own clinical supervision, appraisal, and PDP in collaboration with Line Manager
- To line manage staff and support individualised professional development via appraisal process and 1-1's
- To improve quality of services, through use of evidence-based practice projects, standards, audit and measuring outcomes, making recommendations for change where required
- To be actively involved in the collection, selection and analysis of appropriate data and statistics required by the current health governmental bodies
- To work with others in setting up guidelines for all clinical practice within own professional scope. To assist medical staff by ensuring patients conditions are reported on as necessary and medical instructions are conveyed to patients', carers and staff as appropriate
- To assist in the continued implementation of a multidisciplinary service, whilst working as part of the virtual frailty ward
- To work with others to achieve service aims and objectives
- Work with team and the organisation as a whole towards supporting financial balance
- Undertake risk assessments to manage risk appropriately, ensure that the team follows recommendations accordingly
- Following a risk assessment, report to Line Manager any deficit in the provision of service, equipment and staff
- Manage informal complaints and implement the recommendations following formal complaints
- Actively engages in the recruitment and selection of team members and manages the induction and orientation programmes for new staff
- Implements the National Service Frameworks
- Undertake the role of preceptorship / mentorship as required

OTHER

There may be a requirement to undertake other duties as reasonably required to support the organisation, which may include work at other organisations managed locations. This may also include work outside of the postholder's normal sphere of activities, including functions not detailed within this job description or working within

another location, environment or NHS Trust. However, the postholder will not be required to undertake any function for which he or she is not trained or qualified to perform. Normal health & safety procedures would continue to apply and accountability remains with Provide.

This job description is not intended to be exhaustive but indicates the main functions of the post as presently constituted. Periodic reviews should be carried out to ensure that the job description reflects the job being performed and to incorporate any changes. It is hoped that agreement can be reached with regards to any reasonable changes. If this is not possible, the organisation reserves the right to make changes to the job description after consultation with the post holder.

The post holder must familiarise his or her self with, and adhere to, all Provide policies and procedures, including (but not exhaustively):

- Equality and Diversity,
- Health and Safety,
- Risk Management,
- No Smoking policy
- Information Governance including Data Protection
- Business Continuity/Civil Emergencies

Copies of these documents/policies can be found on the staff intranet under both the Workforce and Provide Policies sections.

Infection Prevention & Control

The post holder is accountable and responsible for the prevention and control of healthcare associated infections and must comply with the standards set by the Health Act 2006: Code of Practice for the prevention and control of healthcare associated infections (revised January 2008).

Safeguarding Children, Young People & Vulnerable Adults

Safeguarding is a key priority of the organisation. Staff must always be alert to the possibility of harm to children, young people and vulnerable adults through abuse and neglect. This includes being aware of the adults who may find parenting difficult. All staff should be able to recognise the indicators of abuse and know how to act on them, including the correct processes and decisions to be undertaken when sharing information. The depth of knowledge you work from must be commensurate with your role and responsibilities. All staff must follow the Safeguarding policies and guidelines, know how to seek specialist advice and must make themselves available for training and supervision as required.

PERSON SPECIFICATION

JOB TITLE: Frailty Nurse Specialist Band 7

FACTOR	ESSENTIAL	DESIRABLE
QUALIFICATIONS & EDUCATION	<ul style="list-style-type: none"> • Current NMC registration • Evidence of ongoing continuing professional development • Evidence of achievement of Advanced Skills in Clinical Assessment Module • Management education development, including in supervision/ teaching/team management 	<ul style="list-style-type: none"> • Studied at Masters level or equivalent • Qualified Independent Prescriber / willingness to attend training • Relevant nursing degree or equivalent community qualification • ACP accredited course
WORK RELATED KNOWLEDGE & EXPERIENCE	<ul style="list-style-type: none"> • At least 3 years community experience • Minimum 5 years post registration experience • Extensive experience of working with people with complex frailty • Commitment to working as part of a multi-disciplinary team • Experience of inter-agency working • Experience of effective multi-professional collaborative working • Ability to manage staff, conflict and difficult situations and to challenge and support others appropriately and assertively. 	
SKILLS & APTITUDES	<ul style="list-style-type: none"> • Excellent interpersonal and organisational skills • Good time management skills • Able to deliver clinical supervision to junior staff. • The ability to innovate and motivate • The ability to lead, manage and work as a team member • The ability to undertake mentorship / preceptorship 	

	<ul style="list-style-type: none"> • Able to demonstrate empathy with staff, clients, carers, families and other colleagues - ensuring that effective communication is achieved, particularly where barriers to understanding exist • Excellent communication skills both verbal and written including an ability to write patient and service reports • Ability to analyse and interpret information and data and make swift and sound judgements and decisions • Competent in use of IT systems e.g. Excel, Word, Citrex, System 1 	
PERSONAL ATTRIBUTES	<ul style="list-style-type: none"> • Value service users as partners in health care provision • Commitment to the provision of high-quality care • Commitment to the future development of primary care 	
CIRCUMSTANCES	<ul style="list-style-type: none"> • This role will require the post holder to work in the community and provide care in people's homes • Full driving licence and access to a car 	