







SPECIALIST PALLIATIVE URGENT RESPONSE SERVICE (SPUR)

CLINICAL SPECIALIST TRIAGE & FACLITATOR NURSE JOB DESCRIPTION





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ABOUT US

Birmingham St Mary's and John Taylor Hospices merged in 2021. Now unified under one name, Birmingham Hospice, we care for more people than ever before. Our patients are at the heart of everything we do, and have been throughout our combined 160-year history. From caring for those in our Inpatient Units, to providing vital day services in our Living Well Centres, and supporting families with personalised bereavement counselling, we take care of our community when they need us most.

OUR VALUES







Kindness Togetherness Positivity









WHY JOIN US?

Everyone at our charity is here to make a difference. Our people are knowledgeable, committed, open, friendly and fun; they understand and buy into the values of a hospice.

We're committed to making our charity a brilliant place to work, and maintaining high levels of engagement with our people throughout the organisation.

WHAT WE OFFER

Benefits of working for us

We are proud to offer a range of additional benefits to our people, including the following:

- Flexible working options, including part-time working
- 27 days of annual leave (increasing with length of service) plus bank holidays
- Wagestream service allowing you to access a proportion of your pay early
- Reward Gateway discounts, benefits, financial tools and wellbeing advice
- Support and funding for learning and development
- Free onsite parking
- · Access to car fleet/cycle to work schemes
- NHS discounts
- · Transfer over of NHS Pension scheme
- Reckonable service for holiday if joining from the NHS
- Recognition scheme
- Free 24/7 employee assistance support
- BHSF cash plans for medical, ophthalmic and dental costs
- Refer and earn scheme
- Discounted events tickets
- Free hot drinks, toast and fruit.





JOB DESCRIPTION

Happy to talk flexible working

Purpose of the role

The Specialist Palliative Urgent Response (SPUR) service will be delivered between the hours of 8pm and 8am. During these hours, the Triage/Facilitator role through triage and clinical rotation (e.g. one week of triage, one week of clinical) will be to respond to urgent palliative response calls from patients, their families, loved ones and professionals within the Birmingham and Solihull area, and provide specialist palliative and end of life support and advice, either through delegation to satellite teams as the triaging nurse or in person as the clinical specialist. The aim is for visits to take place within a two-hour timeframe.

Job title:	Clinical specialist triage & facilitator nurse
Hours:	Full-time or part-time
Department:	Specialist Palliative Urgent Response Service
Hospice band:	Hospice banding - Band 7: £44,835 - £51,307
Reports to:	
Responsible for:	
DBS required	Enhanced

"You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die."

Dame Cicely Saunders

MAIN DUTIES

Role overview

A registered practitioner who will take all telephone calls into the service, from a range of services with in the Birmingham and Solihull (BSoL) system (acute, community, West Midlands Ambulance Service, Badger, patients/families) and triage them for the most appropriate clinical response.

Calls could relate to:

- Patients with a known palliative diagnosis (known)
- Patients who have not yet been identified as having palliative/end of life (EOL) needs but need further assessment, e.g. not on a GP palliative care register, no advance care planning conversations/ReSPECT conversations have taken place (unknown).

Job summary

- To act as an autonomous practitioner working independently and in conjunction with other health professionals.
- Assess, diagnose and treat the conditions of patients within their own homes and initiating referrals as appropriate.
- Independently prescribe appropriate medication, evaluate or refer to other specialists if necessary.
- Work collaboratively with the hospice, community, primary care and acute teams to meet the needs of patients, support the delivery of policy and procedures and provide clinical leadership.
- Provide expert professional advice to patients, carers and colleagues, and ensure the maintenance of clinical excellence.
- Co-ordinate all available staffing resource, working with the heads of service to deliver priorities.
- Provide education and training to other people and students.

Key relationships

- Patients, families/loved ones and informal carers.
- Team colleagues, clinical and non-clinical.
- Primary health care teams including GPs, Community services, Urgent Community Response (UCR) and Multidisciplinary Team (MDT).
- Paramedics
- 111



- Badger out of hours (OOH).
- East of England single point of access for community services.
- Hospices of Birmingham and Solihull (HoBS).
- Hospital specialist palliative care teams.
- Emergency Department.

Key responsibilities

- Prioritise and triage patients presenting with a range of conditions including palliative, EoL and acute conditions, making any necessary referrals in an appropriate manner.
- Implement and evaluate personalised care planning, individual specialised treatment plans, Medications Authorisation for Symptom Control (MASC), Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and advanced care planning for patients.
- Provide specialist palliative care and support to patients and their families/loved ones in the place they call 'home' as required in accordance with clinical-based evidence, National Institute for Clinical Excellence (NICE) guidance and the National Service Framework (NSF).
- Be sensitive to patients and their families/loved ones' changing physical, psychological and spiritual needs.
- Process and interpret pathology and other diagnostic results as required.
- Maintain accurate clinical records in conjunction with current legislation.
- Support the team in dealing with clinical emergencies.
- Support patients in the use of their prescribed or over the counter medicines (within own scope of practice), reviewing as required.
- Liaise with external services/agencies and the patient's usual community teams to ensure the patient continues to be supported appropriately.
- Delegate clinical responsibilities appropriately (ensuring safe practice and the task is within the scope of practice of the individual).
- Support the team with all safeguarding matters in accordance with local and national policies.
- Support and participate in shared learning within the system.
- Continually review clinical practices, responding to national policies and initiatives where appropriate.
- Participate in the review of significant and near-miss events applying a structured approach through Patient Safety Incident Response Framework (PSIRF) learning.

Management, supervisory, teaching and training responsibilities

 Provide clinical leadership and expertise, be first contact for the service, and exercise a high degree of professional autonomy and critical judgement in providing expert clinical assessment for known and unknown patients with specialist knowledge in palliative care.

- Effectively lead and manage people within the team, through off-duty planning, annual appraisals and monthly 1-1s.
- Manage poor performance and initiate any appropriate investigation, seeking advice where appropriate.
- Manage all people absence in line with organisational policy, including directing other people who hold absence management responsibilities.
- Fully participate in the review, management and learning from patient complaints and incidents, regarding the nursing service.
- Ensure the clinical team maintains high quality standards for the environment; manage medical equipment and infection control issues in line with the CQC standards and NICE guidance and follow local policies and procedures.
- Assess effectiveness of care delivery for the nursing team through peer review, benchmarking and formal evaluation.
- Lead and support the nursing team with effective planning of team resources, ensuring the appropriate skill mix is allocated to meet service needs.
- Provide advice and support for the multi-disciplinary team e.g. symptom management advice and care planning.
- Work autonomously across professional, organisational and system boundaries
- Liaison / escalation to relevant members of the MDT to agree appropriate management plan or pathway.
- Coordinate, lead and manage triage process and escalation/referral to appropriate clinical pathway.
- Coordinate / prioritise visits following triage.

Knowledge, training and experience

- Highly developed specialist palliative knowledge across the range of work procedures and practices, underpinned by theoretical knowledge and relevant practical experience.
- Advanced health assessment skills and experience in advanced Health Assessment of patients with undiagnosed undifferentiated illness.
- Triage experience.
- Competent non-medical prescriber (V300).
- Working knowledge of computer databases and willingness to learn electronic patient record systems.
- Experience in mentoring and supporting people, students and professional visitors.
- V300 prescriber (non-medical prescribing).
- Palliative care knowledge and skill in the identification of patients with end-oflife care needs utilising the appropriate tools e.g. Supportive and Palliative Care Indicator tool (SPCIT) to support rapid delivery of treatment, care planning and identification of appropriate pathway.

GENERAL DUTIES

Confidentiality

- All people are required to uphold the confidentiality of all information records in whatever format, during the course of employment and after it.
- All people are bound by the requirements of the General Data Protection Regulations when, in the course of their employment, they deal with information records relating to individuals.

Equality and Diversity

• The hospice is committed to promoting an environment that values diversity. All people are responsible for ensuring that they treat individuals equally and fairly and do not discriminate on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex and sexual orientation. The hospice expects all people to behave in a way that recognises and respects diversity in line with the appropriate standards.

Health and Safety

 All people have a responsibility under the terms of the Health and Safety at Work Act 1974 to protect and promote their own health and that of others in the workplace.

• All people must comply with all hospice Health and Safety procedures.

• The prevention and control of infection is the responsibility of everyone who is employed by the hospice. People must be aware of Infection Control

policies, procedures and the importance of protecting themselves and their clients in maintaining a clean and healthy environment.





GENERAL DUTIES

Information Governance

 All people are responsible for ensuring they undertake any training relating to information governance, read the hospice's policies, procedures and guidance documents relating to information governance, and understand how this affects them in their role.

Professional development

- All people must participate in an annual appraisal and develop a personal development plan with their line manager.
- All people are responsible for maintaining their statutory and mandatory training.

Safeguarding children, young people and vulnerable adults

• The hospice is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults. All people and volunteers are expected to behave in such a way that supports this commitment.

Pandemic or major incident

 In the event of a pandemic or major incident, the postholder may be asked to undertake other duties not necessarily commensurate to the banding of this role. This could include duties in any part of the hospice. Prior to

undertaking any duties, the person will have full training and induction. We won't ask any person to undertake duties for which they are not competent or where they feel unsafe in their environment, or which could put patients or themselves at risk.



PERSON SPECIFICATION

Clinical Specialist triage & facilitator nurse

A= Application form

Job Title

I=Interview

T=Test

C=Certificate

D		Department	Specialist Palliative Urgent Response Service			
		Hospice Band	Band 7			
Requirements	Essential			Desirable		How identified
Education and qualifications	NM Ind qua Eu: Car	IC Adult registe lependent presc alification/spec ropean certifica re		 Master's deg (Healthcare working tow Level 7 Educe Teaching qu or demonstre experience Relevant possible specialist qualification 	related) or vards with cation alification able stgraduate	A, C, I
Knowledge and experience	 in palliative and end-of-life care. Complex reasoning Critical thinking, reflection and analysis, audievaluation. Experience of independent practices planning and evaluating patient care autonomously Knowledge and skills of a broad range clinically and professionally challent complex situations Service development Influencing skills Change management Suitability to work with adults/child of abuse Patient/user involvement or advocated advanced in the patient of the pa		eflection and analysis to sments, clinical judgements ependent practice. Assessing uating patient care ills of a broad range of essionally challenging and sent ewith adults/children at risk evement or advocacy ion, analysis, audit and	 Effective lea experience a Managemen leadership e 	and skills t/	A, I

· Ability to inspire others through value-based

healthcare.

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Department	Specialist Palliative Response Service
Hospice Band	Band 7

Requirements	Essential	Desirable	How identified
Cont	 Able to work under pressure across competing priorities. Ability to utilise research and develop a research culture. Knowledge of current NHS policy and their implication for services. Can act on own initiative. Ambition in expectations of self and colleagues in delivering high-quality care. Highly specialised clinical skills requiring accuracy and dexterity. Workforce planning. Extensive experience in end-of-life care. 		I, A, C
Personal skills and attributes	 Able to communicate highly complex, highly sensitive and/or contentious information, including where there are barriers to understanding. Advanced clinical reasoning Demonstrate high level of self-awareness i.e. strengths and weaknesses, personal qualities and skills. Ability to demonstrate advanced analytical and problemsolving skills. Able to communicate with a wide range of people at all levels of the system. Demonstrate leadership behaviour in a variety of settings i.e. strategically and corporately. Competent V300 Prescriber. Evidence of innovation in practice. Ability to work independently and in a team. Continuous personal professional development. Willingness to work flexibly to meet the needs of the service. Driver with access to suitable vehicle for work purposes. 		I, A, C

THE SPUR SERVICE

What is the need for a new service?

Too many BSoL citizens are admitted into hospital in their last year of life. 47% of citizens die in an acute hospital compared to a national average of 43%. While some admissions are necessary there are many that are avoidable, in part due to the lack of urgent access for patients/families and community professionals to specialist end of life (EoL) and palliative care provided by hospices.

Patients and families have highlighted both the inconsistency and gaps in EoL and palliative care services in BSoL, and the significant distress and pain this causes them at a time when they need support the most.

How have we developed the SPUR service?

Through cross-system working, we have developed this exciting new service that will provide 24/7 coverage from a hospice specialist nurse, and be available to take calls from clinical professionals including West Midlands Ambulance Service (WMAS) and acute hospital teams. The service will also take calls directly from patients/families. The service will have a single triage nurse who will be able to provide 24/7 specialist advice, coordinate access to appropriate hospice services from providers and importantly, through an enhanced model, be able to arrange a specialist urgent community response (within two hours of a call) for a patient/family from a dedicated 24/7 hospice team. The team will work in collaboration with the NHS Urgent Community Response (UCR) team and District Nursing teams in hours and the on-call District Nursing teams out of hours.

Visits will occur either separately or where appropriate through a joint visit with the clinician referring into the service such as the District Nurse or GP. This would enable an MDT approach to the assessment and planning of the patient's care. SPUR clinicians will attend the patient's place of residence within two hours to plan, assess and treat, with the aim of supporting a patient in crisis. The team will have access to the on-call palliative consultant for support/advice if the SPUR clinician requires a point of escalation.

Following intervention patients will either:

- If known, hand over to the care of existing teams with an appropriate plan agreed and in place.
- If unknown, remain on caseload until appropriate services have been accessed and the patient safely handed over.
- Remain on caseload for up to 72 hours until the patient is safely able to step down to an appropriate service(s).

WORKING WITH US

Band 7 Clinical specialist triage and facilitator nurse

Out of hours shifts will start at 8pm and finish at 8am.

The triage nurse will provide specialist advice, coordinate access to appropriate hospice services from providers and importantly, through an enhanced model, be able to arrange and delegate a specialist urgent community response visit for a patient/family from a dedicated 24/7 hospice team.

Role overview

A registered practitioner who will triage all telephone calls into the service, from a range of services with in the BSoL system (acute, community, WMAS, Badger, patients/families) and triage them for the most appropriate clinical response. Support with nonmedical prescribing and MASC forms and act as an expert point of contact for the visiting nurse/HCA.

Calls could relate to:

- Patients with a known palliative diagnosis.
- Patients who have not yet been identified as having palliative/End of Life needs but need further assessment for example, the patient may be not on a GP palliative care register, no advance care planning conversations / ReSPECT conversations have taken place (unknown).



HOW TO APPLY

You can apply by following the link or by scanning the QR code below.

For further information and informal discussion about the role please contact Rachel Harrison on rachel.harrison@birminghamhospice.org.uk or Kerry Millard on kerry.millard@birminghamhospice.org.uk.

We encourage you to pop in for a visit and connect with us.





www.birminghamhospice.org.uk/jobs