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SPECIALIST PALLIATIVE URGENT RESPONSE SERVICE (SPUR)

CLINICAL SPECIALIST

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



Openness



Respect



Innovation

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 Clinical role will be to respond to urgent palliative response visits within a two-hour timeframe and provide face to face clinical assessment and intervention following initial triage – this may include joint visits with other services e.g. community nursing, Badger, West Midlands Ambulance Service (WMAS) to assess:

- 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 as likely to be recognised as palliative – e.g. not on a GP palliative care register, no advance care planning conversations / ReSPECT conversations have taken place (unknown).

| | |
|-------------------------|---|
| Job title: | Clinical Specialist |
| Hours: | Full-time or part-time |
| Department: | Specialist Palliative Urgent Response Service |
| Hospice band: | Hospice banding - Clinical Band 6: £36,277 - £43,683 |
| 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

Job Summary

- To act as an autonomous practitioner working independently and in conjunction with other health professionals.
- Assess and treat the conditions of patients within their own homes and initiating referrals as appropriate.
- Work collaboratively with the hospice, community, primary care and acute teams, to meet the needs of patients and support the delivery of policy and procedures.
- Provide expert professional advice to patients, carers and colleagues, and ensure the maintenance of clinical excellence.
- 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.



MAIN DUTIES

Key Responsibilities

- Prioritise and visit patients presenting with a range of palliative, EoL and acute conditions, making any necessary referrals in an appropriate manner.
- Adapt to unforeseen circumstances and multiple demands on time.
- Assesses, implements and evaluates specialist care for patients.
- Provide specialist palliative and end-of-life 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.
- Maintain accurate clinical records in conjunction with current legislation.
- Support patients in the use of their prescribed medicines 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.
- Support and escalate safeguarding matters in accordance with local and national policies.
- Support and participate in shared learning within the system.
- Participate in the review of significant and near-miss events applying a structured approach, e.g. Root Cause Analysis (RCA).
- Support the provision of accurate and timely data to support the team and organisation.



MAIN DUTIES

Knowledge, training and experience

- Autonomous practitioner - will need to make clinical decisions and develop complex management plans in the diagnosis, assessment and treatment of patients
- Broad clinical experience relevant to the post, including specialist skills and experience in palliative care.
- Excellent self-management in time and workload.
- Highly developed specialist palliative knowledge across the range of work procedures and practices, underpinned by theoretical knowledge and relevant practical experience.
- Experience and knowledge of the wider system.
- Working knowledge of computer databases and willingness to learn electronic patient record systems.
- Working knowledge of all relevant organisational policies.
- Experience in mentoring and supporting our people, students and professional visitors.
- Palliative care knowledge and skill in the identification of patients with end-of-life care needs utilising the appropriate tools e.g. Supportive and Palliative Care Indicator tool (SPICt) to support rapid delivery of treatment, care planning and identification of appropriate pathway.
- Advanced communication skills, communicating complex, sensitive and emotive information through discussions regarding end-of life care, anticipatory care plans, advance care planning / Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussions and clinical management plans.
- Experience in advanced Health Assessment of patients with undiagnosed undifferentiated illness.
- Able to make independent, non-medical prescribing decisions; undertaking a review of medication as part of the assessment process, liaising with the MDT as required.
- Able to work autonomously across professional, organisational and system boundaries.
- Liaison / escalation to relevant members of the MDT to agree appropriate management plan or pathway.
- Clinical handover to the palliative care MDT (daily).



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

A= Application form

I=Interview

T=Test

C=Certificate

| | |
|---------------------|---|
| Job Title | Clinical Specialist |
| Department | Specialist Palliative Urgent Response Service |
| Hospice Band | Band 6 |

| Requirements | Essential | Desirable | How identified |
|--------------------------------|---|--|----------------|
| Education and qualifications | <ul style="list-style-type: none">• Relevant HCP qualification with current NMC / HCPC registration (e.g. RGN/HCPC)• Healthcare related degree or working towards• European Certificate in Essential Palliative care• Evidence of continued professional development | <ul style="list-style-type: none">• Non-medical prescribing qualification (V300)• Advanced Health Assessment.• Advanced communication course | A, C |
| Knowledge and experience | <ul style="list-style-type: none">• Significant relevant post-registration experience of working in palliative and end-of-life care.• Experience of working within a community team• Experience of forging excellent relationships across professional boundaries• Sound knowledge and application of up to date evidenced base practice and trends• Knowledge of principles of research, audit and quality improvement methodology• Experience & ability of using relevant IT packages, email and electronic patient records• Clinical skills including (but not exhaustive) oral and subcutaneous drug administration, syringe driver management and verification of death. | | A, I, C |
| Personal skills and attributes | <ul style="list-style-type: none">• Excellent communication skills• Ability to deal with complex / challenging situations• Ability to work independently and within a team• Effective leadership skills• Time management• Willingness to work flexibly to meet the needs of the service• Driver with access to suitable vehicle for work purposes. | <ul style="list-style-type: none">• Advanced communication skills training or willingness to work towards• Teaching skills | A, I, 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

More about the role

During both out of hours (OOH) and in hours, the Clinical role will aim to respond to urgent palliative response visits within a two hour timeframe and provide face to face clinical assessment and intervention following the initial triage (Band 7). This may include joint visits with other services e.g. Community nursing, Badger, West Midlands ambulance service to jointly assess the following patients-

- Patients with a known palliative diagnosis
- Patients who have not yet been identified as having palliative/end of life (EoL) needs but need further assessment as they're likely to be recognised as palliative; e.g. they're not on a GP palliative care register, no advance care planning conversations/ReSPECT conversations have taken place.

In-hours between 07:30am and 15:30pm the band 6 specialist nurses will be based at various hospices and will visit the patient either on their own or a joint visit with the referring clinician. These patients will either have been seen the night before and discussed at the 7:30am handover or referred to through the current NHS Urgent Community Response (UCR) service. An assessment, plan and treatment will be put in place and shared with the relevant services and when appropriate, the patient will be handed back to their known service provider.

OOH shifts are between 8pm and 8am based at hospice sites; the Band 6 will visit patients alongside a HCA (for lone working) within two hours of the call being received and triaged, or complete a joint visit with the referring clinician. An assessment, plan and treatment will be put in place and shared with the relevant services; the patient will be discussed at 7.30am handover with a plan to hand over to their existing service or to support for a maximum of 72 hours until appropriate long-term services/support are in place.

We actively welcome candidates from diverse backgrounds as we believe in the value of an inclusive workplace.

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