

JOB DESCRIPTION

JOB DETAILS	
Job Title	Community Matron
Reports to	Community Nurse Team Manager
Band	Band 7
Department/Directorate	Community Care Group

JOB PURPOSE

The Community Matron is a pivotal member of the Adult Health and Social Care team linking with and supporting secondary and primary care, community nursing and the multidisciplinary team for patients within the community setting.

The Community Matron will be considered part of the community nursing team and work closely with the community teams to ensure patient care is delivered in a timely, effective and safe way.

The Community Matron will set up, implement and promote the Community Matron's role supporting patients with complex needs, frailty and Long-Term Conditions.

The Community Matron will case manage and work with patients, families and their carers to maximise on the benefits of the role in supporting their care programmes, encouraging self-care and self-management approaches to long term conditions.

The Community Matron will work with community services and the acute services to prevent avoidable hospital admissions.

The Community Matron will support secondary care in facilitating complex discharges.

The post holder will support and develop students of nursing through practice assessor/supervisor roles.

KEY RESULT AREAS/PRINCIPAL DUTIES AND RESPONSIBILITIES

- Lone Working
- Remote working without direct supervision
- Supervising, teaching and involvement with the development of peers and other relevant team members, carers and patients.
- Expert assessment and clinical skills relating to long term conditions and case management.
- Provide care and treatment as close to home as possible, making close links with secondary care providers to facilitate coordination, as appropriate, through the patient journey.

The post holder will fulfil all tasks and work as part of the community nursing team. To meet the needs of the service, the post holder may be required to work in other areas as appropriate and under the direction of the line manager or appropriate manager.

KEY WORKING RELATIONSHIPS

The post holder is required to deal effectively with staff of all levels throughout the Trust as and when they encounter on a day to day basis.

In addition, the post holder will deal with the wider healthcare community, external organisations and the public.

This will include verbal, written and electronic media.

Of particular importance are working relationships with:

Internal to the Trust	External to the Trust
<ul style="list-style-type: none"> • Community Clinical Matron • Community Nursing Teams • Community Services Manager • Adult Health and Social Care • Community Hospitals • Acute Hospital At Home (AHAH) • Palliative Care Teams • Continuing Healthcare • Urgent Community Response Team • Community Rehabilitation Therapy Team • Specialist Nurses • Out of Hours Nursing Team 	<ul style="list-style-type: none"> • Patients, Relatives and Carers • Safeguarding Lead/Team • Statutory and voluntary agencies • Care Home Educators • General Practitioners and other members of the Primary Health Care Team. • Other Agencies/providers • Hospice

ORGANISATIONAL CHART

FREEDOM TO ACT

Works autonomously, manages own time and caseload.

Works within codes of practice and professional guidelines.

Work within organisational policies, procedure and Standard Operating Procedure (SOP).

Participates in the senior clinician on-call group and remunerated in line with the Trust's Single On-call Remuneration Agreement.

Can identify through risk assessment actions when to escalate to the Community Nurse Team Manager, Community Services Manager, Senior Nurse Community or on call escalation process and other health care professionals.

COMMUNICATION/RELATIONSHIP SKILLS

Able to effectively communicate at all levels in the organisation, to a variety of health and social care professionals, patients/users and carers, to provide the best outcomes for patients and their carers. Communicates sensitive and complex information relating to patient's medical conditions. Requires the ability to resolve conflict and overcome barriers to understanding through negotiating skills.

The Community Matron will be an Ambassador for the management of complex patients and long term conditions, raising awareness of health promotion and maximise on opportunities to engage teams and individuals in their understanding of the aspirations of the role.

Able to maintain a high level of performance and be goal and outcome focussed when faced with opposition or when working under conditions of pressure.

Able to listen and empathise with the needs and wishes of users and their carers. Advocating for patients and carers appropriately ensuring issues are followed through with appropriate actions.

Understand the implications of the Mental Capacity Act and acts to assess capacity as appropriate.

Understand the safeguarding adult's issues and act within the guidance of the policy to keep adults within their care safe.

Acts at all times in a manner which illustrates compassion, respect for privacy, dignity and confidentiality.

Able to keep accurate contemporaneous documentation and care plans using and supporting the organisational documentation.

This role requires excellent communication skills, verbal, written and use of IT.

ANALYTICAL/JUDGEMENTAL SKILLS

Carries a patient caseload. Analyses and acts appropriately in complex situations and escalates where required eg to Safeguarding Lead.

Judgements on complex facts requiring interpretation and comparing options. Skills required for assessment and interpretation of patient conditions and determining the appropriate course of action.

Assessment and interpretation of acute symptoms for complex patient conditions and taking appropriate action.

PLANNING/ORGANISATIONAL SKILLS

As a Care Co-ordinator and Case Manager the Community Matron will be expected to:

Anticipate care needs and collaborate with key stakeholders to develop appropriate care plans, referring on to other services or professionals as appropriate.

Build on a network that can be used to streamline care pathways for the caseload of patients.

Exhibit a sense of responsibility and accountability for the Long-Term Conditions caseload and co-ordinate care in all settings within the care pathway. Able to work with multi-disciplinary teams within adult health and social care teams to plan and implement high quality care.

Use effective and efficient leadership and management skills, influencing others and enabling delivery of patient care by most appropriate clinical professional within the multi-disciplinary Team.

PATIENT/CLIENT CARE

Always work within the Nursing and Midwifery Council (NMC) Code, Standards of Practice and Behaviour for Nurses and Midwives. Additional Standards e.g. Standards for Medicines Management, Standards of proficiency for nurse and midwife prescribers.

Carry a patient caseload of the most complex patients. Demonstrate clinical competence developed through continual professional development, reflective practice and maintenance of a skills portfolio.

Develop a therapeutic alliance with the patient that supports self-care abilities and the patient's own expertise in the management of their own complex and/or long term condition.

Use advanced skills and expert knowledge to identify subtle changes in condition, taking a proactive approach to make appropriate interventions in the patient care pathway including prescribing within their competence and prescribing status, and medicines management within the professional code.

Use advanced clinical professional skills and expert knowledge to assess the physical and psycho – social needs of a defined patient group, instigating therapeutic treatments based on best available evidence in order to improve health outcomes.

Use advanced skills and expert knowledge to make comprehensive and focussed assessments including prescribing within their competence and prescribing status, and medicines management within the professional code.

Work in partnership with adult health and social care teams, GPs; Consultants, Secondary Care, Pharmacist and clinical practitioners to ascertain diagnosis; care plans and initiate effective follow through in care.

Negotiate and agree with patients, families, carers and other care professionals, individual roles and responsibilities with actions to be taken and outcomes to be achieved, referring on to other services or professionals as appropriate.

Challenge professional and organisational boundaries, identifying areas for skill/ knowledge development.

Promote health for the patient, families and carer using expert clinical and health promotional knowledge base.

Complete appropriate risk assessment of patients and their environment to support clinical care and address health and safety issues.

Recognise and appropriately address risk factors to patients, families, carers and other staff within the adult and health and social care setting.

Identify, monitor and report any concerns identified with vulnerable adults. Working in partnership to safeguard vulnerable adults in all community settings.

Engage teams and service users to contribute to the developments and support for the Expert Patient strategy and the ongoing management in health and social care of long-term conditions.

Provide assurance of quality care delivery through audit reports and organisational data.

POLICY/SERVICE DEVELOPMENT

To work to Trust Policies, Procedures and Standard Operating Procedures (SOP).

To maintain Trust Standards of Clinical Governance.

To maintain Professional Standards of Practice.

To work collaboratively and in partnership with other practitioners, offering appropriate advice to all professions on care practices, delivery and service development.

To proactively work with teams to promote the role of the Community Matron and the approach to the management of complex patients and long-term conditions.

To support the implementation, evaluation and development of policies, protocols and integrated care pathways that are consistent with National and International Standards and current research, facilitating change in practice which will improve clinical outcomes and meet the needs of patients and carers.

In conjunction with other Health and Social Care Professionals support the development and regular review of patient information taking into account cultural diversity and communication challenges.

The Community Matron will work with the Community Nurse Team Manager, Senior Nurse Community and Community Services Manager to meet local needs.

FINANCIAL/PHYSICAL RESOURCES

Authorise appropriate resources through the ordering systems.

Prescribing at independent/supplementary level and ensuring the efficient use of resources i.e. use of agreed formularies.

Prescribing of equipment from the community equipment store, including responsibility for tracking of high-level equipment.

HUMAN RESOURCES

Responsible for ensuring lone working policies and staff tracking systems are adhered to.

Individual responsibility to attend mandatory training.

Participate in supervision and appraisal with line manager to support professional development focussing on the individual skill set and competency.

In collaboration with the line manager takes responsibility for assessment of the learning and development needs of patients/users, carers, clinical practitioners and other professionals in relation to complex patients and/or long-term conditions. Supports strategies for developing and enhancing their

skills and abilities, teaching how to identify early signs and changes of condition to facilitate gaining of competencies, care planning and effective implementation of care pathways related to complex patients and long-term condition management.

Works in partnership with the Learning and Development Team in the creation, delivery and evaluation of learning opportunities that fulfil these requirements. This includes regularly delivering training to a range of individuals.

Work with the multi-disciplinary team to co-ordinate the development, implementation and evaluation of teaching programmes for patients, families and their carers. Provide patients with the necessary knowledge and skills to gain independence safely manage their circumstances, plan for unavoidable progression in their Long-Term Condition and enabling them to effectively access health and social care.

INFORMATION RESOURCES

Inputting, storing and providing information in relation to patient records.

Accurately completing and maintaining effective patient's records including addressing confidentiality issues.

Accessing, interpreting and acting on data from secondary care providers to support patient pathways.

Completing activity data using Trust agreed data collection sets.

Inputting and storing information on relevant IT systems.

RESEARCH AND DEVELOPMENT

Critically evaluate and interpret evidence-based research finding from diverse sources making informed judgements about their implications for changing and/ or developing services and clinical practice.

Continually evaluate and audit the quality and effectiveness of the practice of self and others in collaboration with the Community Nurse Team Manager, Senior Nurse Community and G.P, selecting and applying a wide range of valid and reliable approaches and methods.

Identify gaps in evidence and/ or practice knowledge and participates in their resolution through primary research as appropriate.

Contributes to the wider development of practice through, presenting and networking locally and nationally.

Ensure the active involvement of patients, families and carers and members of the public in planning, monitoring and evaluation of service provision.

PHYSICAL SKILLS

A range of clinical skills including dexterity and accuracy for intravenous injections, syringe pumps, insertion of catheters and removal of sutures. This is not an exhaustive list.

PHYSICAL EFFORT

Daily work involves frequent driving, sitting/standing and walking, moving equipment, manual handling in restricted positions in patient's homes in the community etc.

Working hours negotiated according to service need.

Use of IT equipment.

MENTAL EFFORT

Understanding of a range of procedures which are evidenced based:

Community procedures

Clinical observations

Basic life support

Assessing, planning, implementing and evaluating patient care.

Infection Control

To liaise with and develop effective partnerships with a wide range of individuals and organisations in the statutory, voluntary and private sectors, in relation to patients with complex and/or long term conditions.

Accurately completing and maintaining effective patient's records including addressing confidentiality issues.

Work pattern requires delivering a schedule of patient visits with frequent concentration for developing care plans, treating and interacting with patients/carers etc. The workload is deadline driven, unpredictable and subject to change and interruption i.e. calls being re-prioritised, interactions with work colleagues, family/patients/carers needs.

Ability to concentrate for long periods using IT

EMOTIONAL EFFORT

Managing a service which cares for patients with long term conditions, at end of life, chronically sick and their families, carers and friends. This includes having to break bad news or give distressing news to patients/relatives/carers and dealing with emotional circumstances.

When required, instigates emergency procedures i.e. finding a collapsed patient and commencing basic life support.

Working with patients with mental health, learning disabilities and challenging behaviour.

Ability to cope with and deal with areas of complexity and conflict.

WORKING CONDITIONS

Frequent daily contact with:

Body fluids e.g. faeces, vomit

Smells

Infections

Dust

Occasional exposure to unpleasant working environment

Driving hazards

Transportation of samples

Visual Display Unit (VDU)

OTHER RESPONSIBILITIES

Take part in regular performance appraisal.

Undertake any training required in order to maintain competency including mandatory training, e.g. Manual Handling

Contribute to and work within a safe working environment

You are expected to comply with Trust Infection Control Policies and conduct him/herself at all times in such a manner as to minimise the risk of healthcare associated infection

As an employee of the Trust, it is a contractual duty that you abide by any relevant code of professional conduct and/or practice applicable to you. A breach of this requirement may result in action being taken against you (in accordance with the Trust's disciplinary policy) up to and including dismissal.

You must also take responsibility for your workplace health and wellbeing:

- When required, gain support from Occupational Health, Human Resources or other sources.
- Familiarise yourself with the health and wellbeing support available from policies and/or Occupational Health.
- Follow the Trust's health and wellbeing vision of healthy body, healthy mind, healthy you.
- Undertake a Display Screen Equipment assessment (DES) if appropriate to role.

DISCLOSURE AND BARRING SERVICE CHECKS

This post has been identified as involving access to vulnerable adults and/or children and in line with Trust policy successful applicants will be required to undertake a Disclosure & Barring Service Disclosure Check.

GENERAL

This is a description of the job as it is now. We periodically examine employees' job descriptions and update them to ensure that they reflect the job as it is then being performed, or to incorporate any changes being proposed. This procedure is conducted by the manager in consultation with the jobholder. You will, therefore, be expected to participate fully in such discussions. We aim to reach agreement on reasonable changes, but if agreement is not possible, we reserve the right to insist on changes to your job description after consultation with you.

Everyone within the Trust has a responsibility for, and is committed to, safeguarding and promoting the welfare of vulnerable adults, children and young people and for ensuring that they are protected from harm, ensuring that the Trusts Child Protection and Safeguarding Adult policies and procedures are promoted and adhered to by all members of staff.

PERSON SPECIFICATION

Job Title	Community Matron
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Requirements	Essential	Desirable
QUALIFICATION/ SPECIAL TRAINING		
Registered nurse.	E	
Post graduate/post registration qualification, or equivalent training and/or experience.	E	
Significant levels of specialist knowledge and experience, for example in long term conditions management, care of the elderly, Chronic Obstructive Pulmonary Disease, evidenced through short courses and/or continuous professional development.	E	
Independent / supplementary prescriber or commitment to undertake this course	E	
Highly numerate and Literate	E	
Teaching qualification		D
Mentorship qualification / skills and/or experience, or committed to undertaking appropriate mentorship course.	E	
KNOWLEDGE/SKILLS		
Leadership skills and excellent decision-making capabilities	E	
Expert clinical knowledge related to long term condition management.	E	
Evidence of continual professional development	E	
EXPERIENCE		
Evidence of community nursing, long term condition management or primary care experience	E	
Experience of working within multidisciplinary teams to influence high quality care programmes for complex patients with Long Term Conditions		D
Previous experience of managing change and project management desirable		D
PERSONAL ATTRIBUTES		
Ability to organise own work within a team setting	E	
Self-motivated and able to use own initiative	E	

Ability to work logically and complete tasks	E	
Willingness to be challenged	E	
Self reliant, ability to deal with stressful situations and work under pressure	E	
Sensitive and empathetic	E	
Prepared to work flexibly	E	
Excellent communication and interpersonal skills, both written and oral	E	
Sound clinical leadership and management skills	E	
Decision making capabilities	E	
Ability to identify own strengths and limitations	E	
OTHER REQUIREMENTS		
The post holder must demonstrate a positive commitment to uphold diversity and equality policies approved by the Trust	E	
To be willing to work throughout the Trust according to service need	E	
Ability to travel	E	

		FREQUENCY			
		(Rare/ Occasional/ Moderate/ Frequent)			
WORKING CONDITIONS/HAZARDS		R	O	M	F
Hazards/ Risks requiring Immunisation Screening					
Laboratory specimens	Y		X		
Contact with patients	Y				X
Exposure Prone Procedures	N				
Blood/body fluids	Y				X
Laboratory specimens	Y		X		
Hazard/Risks requiring Respiratory Health Surveillance					
Solvents (e.g. toluene, xylene, white spirit, acetone, formaldehyde and ethyl acetate)	N				
Respiratory sensitisers (e.g isocyanates)	N				
Chlorine based cleaning solutions (e.g. Chlorclean, Actichlor, Tristel)	N				
Animals	N				
Cytotoxic drugs	N				
Risks requiring Other Health Surveillance					
Radiation (>6mSv)	N				
Laser (Class 3R, 3B, 4)	N				
Dusty environment (>4mg/m3)	N				
Noise (over 80dBA)	N				
Hand held vibration tools (=>2.5 m/s2)	N				
Other General Hazards/ Risks					
VDU use (> 1 hour daily)	Y				X
Heavy manual handling (>10kg)	Y			X	
Driving	Y				X
Food handling	N				
Night working	N				
Electrical work	N				
Physical Effort	Y				X
Mental Effort	Y				X
Emotional Effort	Y				X
Working in isolation	Y		X		
Challenging behaviour	Y		X		