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###### JOB DESCRIPTION

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| **Job Title:** | **Associate Community Matron** |
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| **Band:** | **Band 6 Associate Community Matron developmental post, which will be for a maximum of 2 years**   * Nurses who hold an Independent/supplementary prescribing qualification can apply for the Band 6 developmental post. The successful candidate will work towards developing the Community Matron Competency domains, which are identified in the development programme. Following successful completion of the development programme they will then either progress to an available community matron post, if identified in the service, or may remain an Associate Community Matron. * Nurses who do not hold the Independent/supplementary prescribing qualification will work towards developing the Community Matron Competency domains, which are identified in the development programme. Within this period they will undertake the independent/ supplementary prescribing course, and then on successful completion will then either progress to an available Community Matron post, if identified in the service, or may remain an Associate Community Matron. |
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| **Responsible To:** | Community Nurse Team Manager |
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| **Accountable To:** | Community Nurse Team Manager **Senior Nurse Community (Professional Lead)** |
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| **Section/Department/Directorate:** | **Community Nursing - Health and Social Care Directorate** |

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| **Job Purpose:** | | | | | |
| The Associate Community Matron is a post that offers development, during which time the post holder will be supported through professional supervision and mentorship by a Community Matron. This will facilitate the post holder to develop the Community Matron competency domains, which are identified in the development programme.  The Associate Community Matron is a pivotal member of the Adult Health and Social Care team linking with and supporting primary care, community nursing and the multi-disciplinary team, and community adult health and social care teams for patients with complex and long term conditions. | | | | | |
| **Context:**   * Lone working * Remote working without direct supervision * Supervising, teaching and involvement with the development of peers, and other relevant team members, carers and patients * Develop expert assessment, and clinical skills relating to complex long-term conditions and case management. * Provide care and treatment as close to home as possible involving making close links with  secondary care providers to facilitate coordination, as appropriate, through the patient pathway.   The associate community matron will be based in the community setting.  The post holder will fulfil all tasks and work as part of a team. To meet the needs of the service, the post holder may be required to work in other areas as appropriate and as directed by the line manager or appropriate manager. | | | | | | |
| **Key Working Relationships:** | | |  |
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| Patients, Relatives and Carers  Community Nursing Team  Senior Nurse Community  Community Services Managers  Community Matron  Adult Health and Social Care  Community Hospitals  General Practitioners and other members of the Primary Health Care Team  Palliative Care Teams  Continuing Healthcare  Safeguarding Lead/Team and Care Home Educators  Rapid Intervention Centre/Rapid Response  Statutory and Voluntary Agencies  Secondary Care Providers including Discharge Teams  Specialist Nurses  Out of Hours Services  Adult Mental Health Teams  Public Health Teams  Other Agencies/Providers | | | |
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| **Organisational Chart** | | |  |
| Community Services Manager  Senior Nurse Community (Professional Lead)   Community Matron/Associate Community Matron Community Nurse Team Manager    Specialist Nurse (Community)  Nurse (Community)  Phlebotomist  Clinical Support Worker  Higher Level (Community)  Assistant Practitioner  (Community)  Direct Line Mangement  Key Working Relationship | | | | | |

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| **Key Result Areas/Principal Duties and Responsibilities** |
| **Communication and 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, relatives and carers.  The Associate Community Matron will be an Ambassador for the management of complex patients and long term conditions, raising awareness of health promotion and maximising 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 patient care appropriately ensuring issues are followed through with relevant 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 and Judgement Skills**  Analyse and act appropriately in complex situation and escalate wherever applicable eg to Safeguarding Lead.  Make judgements on complex facts requiring interpretation and comparing options. Skills required for assessment and interpretation of complex patient conditions and determining the appropriate course of action.  **Planning and Organisational Skills** As a Care Co-ordinator and Case Manager the Associate 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 required.  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.  **Physical Skills**  A range of highly developed physical clinical skills including dexterity and accuracy for intravenous injections, syringe pumps, insertion of catheters and removal of sutures. This is not an exhaustive list.  **Responsibility for Patient and Client Care**  Always work within the Nursing and Midwifery Council (NMC) Code, standards of practice and behaviour for nurses and midwives. Always work within additional Standards as required e.g. Standards for Medicines Management, Standards of proficiency for nurse and midwife prescribers.  Demonstrate clinical competence developed through continuing professional development, reflective practice, development programme 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.  Develop and carry out programmes of care and hold their own patient caseload.  Work with the multi-disciplinary team to co-ordinate the development, implementation and evaluation of teaching programmes for patients, relatives 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 enable them to effectively access health and social care.  Use advanced skills and expert knowledge to identify subtle changes in condition, providing specialised advice, 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; develop care plans and initiate effective follow through in care.  Negotiate and agree with patient, relatives, 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, relatives and their carers 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, relatives, carers and other staff within the adult healthcare and social care setting.  Identify, monitor and report any concerns identified with vulnerable adults. Work 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.  In conjunction with other Health and Social Care Professionals develop and regularly review patient information taking into account cultural diversity and communication challenge.  **Responsibility for Policy and 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 Associate Community Matron and the approach to the management of complex patient and long term conditions.  To support the implementation and evaluation of policies, protocols and integrated care pathways that are consistent with National and International Standards and current research. Facilitate change in practice which will improve clinical outcomes and meet the needs of patients and carers.  The Associate Community Matron will work with the Community Nurse Team Manager, Senior Nurse Community and Community Services Manager to meet local needs.  **Responsibility for Financial and Physical Resources**  Authorise appropriate resources through the ordering systems.  If a prescriber, the post holder will prescribe within their prescribing status and ensure the efficient use of resource i.e. use of agreed formularies. Prescribing of equipment from the community equipment store, including responsibility for tracking of high level equipment. **Responsibility for Human Resources**  Responsible for ensuring lone working policies and staff tracking systems are adhered to for self and others in the team.  Individual responsibility to attend/undertake required 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 occasionally delivering training to a range of individuals.  **Responsibility for Information Resources**  Inputting, storing & providing information in relation to patient records and care programmes.  Accurately completing and maintaining effective patient 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. Basic keyboard skills required.  **Responsibility for Research and Development**    Critically evaluate and interpret evidence based research findings 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, Community Matron, 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 with the support of the Community Matron.  Contributes to the wider development of practice through presenting and networking locally and nationally.  Ensure the active involvement of patients, relatives, carers and members of the public in planning, monitoring and evaluation of service provision.  **Decision Making**  Works independently and work is managed rather than directly supervised. Is a lone worker, working remotely and without direct supervision.  Works autonomously, manages own time and manages own patient caseload in the community.  Works within codes of practice and professional guidelines.  Works within Trust Policy, Procedure, Standard Operating Procedures (SOP) etc.  Can identify, through risk assessments, when to escalate to the Community Matron, Community Nurse Team Manager, Community Services Manager, Senior Nurse Community (Professional Lead) or on-call escalation process, and/or to other healthcare professionals.  **Physical Effort**  Daily work involves frequent driving, sitting/standing and walking, moving equipment, frequent manual handling and treatment of patients in restricted positions.  Working hours negotiated according to service need.  Frequent use of IT equipment (including mobile phones, laptops, tablets etc).  **Mental Effort**  Understand a range of procures which are evidenced based:   * Community procedures * Clinical observations * Basic life support * Assessing, planning, implementing and evaluating patient care * Infection control   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  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.  **Emotional Effort**  Managing a service which cares for patients with long term conditions, the terminally ill, chronically sick and their relatives, carers and friends. This includes having to break bad news or give distressing news to patients/relatives/carers and dealing with these and other emotional circumstances.  Working with patients with mental health, learning disabilities problems and challenging behaviour.  Frequently copes with and deals with areas of complexity and conflict.  Instigates emergency procedures i.e. finding a collapsed patient and commencing basic life support.  **Working Conditions**  Frequent daily contact with   * Body fluids e.g. faeces, vomit * Smells * Infections * Dust * Driving hazards * Use of IT * Transportation of samples   Occasional exposure to highly unpleasant working conditions.  **GENERAL@** | | |
| This is a description of the job as it is at present constituted. It is the practice of this organisation periodically to examine employees' job descriptions and to update them to ensure that they relate to the job as then being performed, or to incorporate whatever changes are being proposed. This procedure is jointly conducted by each manager in consultation with those working directly to him or her. You will, therefore, be expected to participate fully in such discussions. It is the organisations' aim to reach agreement to reasonable changes, but if agreement is not possible management reserves the right to insist on changes to your job description after consultation with you.   * We are committed to serving our community. We aim to co-ordinate our services with secondary and acute care. * We aim to make all our services exemplary in both clinical and operational aspects. We will show leadership in identifying healthcare needs to which we can respond and in determining the most cost-effective way of doing so. We will share our knowledge with neighbouring healthcare agencies and professionals. * We recruit competent staff that we support in maintaining and extending their skills in accordance with the needs of the people we serve. We will pay staff fairly and recognise the whole staff’s commitment to meeting the needs of our patients. * Each registrant with a clinical leadership role is required to initiate and lead clinical audit projects on an annual basis for their teams or services. This audit activity should be based on nationally recognised best practice standards such as National Institute of Clinical Excellence (NICE) or National Service Frameworks (NSF’s). * The Trust operates a 'non smoking' policy. Employees are not able to smoke anywhere within the premises of the Trust or when outside on official business. * All employees must demonstrate a positive attitude to the Trust’s equality policies and Equality Scheme. Employees must not discriminate on the grounds of sex, colour, race, ethnic or national beliefs, marital status, age, disability, sexual orientation, religion or belief and will treat patients, colleagues and members of the public with dignity and respect. * If the post holder is required to travel to meet the needs of the job, we will make reasonable adjustments, if required, as defined by the Disability Discrimination Act 2010. | | | |
| **SAFEGUARDING:**  To be fully aware of and understand the duties and responsibilities arising from the Children’s Act 2004 and Working Together in relation to child protection and safeguarding children and young people as this applies to the worker’s role within the organisation.  To also be fully aware of the principles of safeguarding as they apply to vulnerable adults in relation to the worker’s role which will include recognising the types and signs of abuse and neglect and ensuring that the worker’s line manager is made aware and kept fully informed of any concerns which the worker may have in relation to safeguarding adults and/or child protection.  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.  **HEALTH AND SAFETY AT WORK:**  The employer will take all reasonably practical steps to ensure your health, safety and welfare while at work. You must familiarise yourself with the employer's Health & Safety policy, and its safety and fire rules. It is your legal duty to take care for your own health and safety as well as that of your colleagues.  **INFECTION CONTROL - ROLE OF ALL STAFF:**  It is the responsibility of all members of staff to provide a high standard of care to patients they are involved with. This includes good infection prevention practice.  All staff have a responsibility to comply with Infection Prevention and Control policies and procedures, this includes:   * Attending mandatory and role specific infection prevention education and training. * Challenging poor infection prevention and control practices. * Ensuring their own compliance with Trust Infection Prevention and Control policies and procedures for example, standard precautions, hand hygiene, prevention & management of inoculation incidents   **CONFIDENTIALITY:**  You may not disclose any information of a confidential nature relating to the employer or in respect of which the employer has an obligation of confidence to any third party other than where you are obliged to disclose such information in the proper course of your employment or as required by law. Any failure to comply with this term of your employment will be treated as an act of misconduct under the employer's disciplinary procedure.  **JOB DESCRIPTION AGREEMENT**  **Job holder’s Signature: .....................................................................................**  **Date: .....................................................................................**  **Manager’s Signature: .....................................................................................**  **Date: .....................................................................................** | | | |