Job Description

Job Title: **Community Palliative Care Clinical Assessment, Prioritisation and Advice Nurse**

Band **Band E**

Reporting to: TBC

Job purpose: Our Vision is to make every day the best day possible for patients, and those closest to them, living with life-limiting illnesses in South Devon. **As the Community Palliative Care Clinical Assessment, Prioritisation and Advice Nurse**, you will deliver this by providing timely senior clinical assessment of new and waiting referrals, prioritising need and risk, offering advice and guidance to referrers, and coordinating the most appropriate response. The role will support safe management of demand while protecting Community Clinical Nurse Specialist capacity for patients who require specialist palliative

Our Values: Honesty & Integrity Generosity of Spirit Respect Team Player

Key Roles and Responsibilities

Clinical Assessment and Prioritisation

- Undertake timely clinical assessment of referrals received by the Community CNS and Hospice at Home service, using available referral information and direct professional contact where clarification is required.
- Assess palliative and supportive care needs, clinical urgency, complexity, risk and anticipated trajectory, including signs of deterioration or entry into the dying phase.
- Apply the agreed clinical prioritisation and RAG framework consistently, documenting the decision and clinical rationale.
- Review patients awaiting allocation when new information is received or where there is concern that need or risk has changed.
- Make autonomous decisions within scope of practice, seeking senior CNS, medical or multidisciplinary advice where needs exceed competence or agreed pathways.
- Identify and immediately escalate safeguarding concerns, unmanaged symptoms, rapid deterioration, carer breakdown or other patient-safety risks.

Advice, Guidance and Referral Management

- Provide proportionate palliative care advice and guidance to referrers within professional competence, including interim actions while further review is arranged.
- Clarify the reason for referral, the specialist palliative care need and the outcome being requested.
- Use an advice-and-guidance-first approach where appropriate, without creating unnecessary delay in access to specialist assessment.
- Identify referrals that are incomplete, inappropriate or better met by another service and support safe onward signposting or escalation.
- Communicate decisions constructively and clearly, including where further information or action is required from the referrer.
- Promote understanding and consistent use of Rowcroft referral criteria and pathways.

Coordination and Allocation

- Maintain oversight of new referrals and patients awaiting CNS allocation, supporting fair and clinically appropriate prioritisation.
- Coordinate with Community CNS, Hospice at Home, medical, Allied Health Professional and other hospice colleagues to identify the most appropriate response.
- Ensure urgent referrals and significant changes in need are handed over promptly to the appropriate clinician or service.
- Support safe allocation according to clinical priority, geography, continuity, complexity and available capacity.
- Contribute relevant patients and clinical risks to multidisciplinary review and service huddles.

Demand, Patterns and Service Intelligence

- Monitor referral volume, source, urgency, complexity and outcomes to identify emerging patterns and pressures.
- Identify recurrent incomplete, inappropriate or misdirected referrals and provide themes to service leaders for action.
- Escalate demand-and-capacity concerns that may compromise timely access, continuity or patient safety.
- Contribute to reporting, audit, evaluation and quality improvement of referral, triage, advice and allocation processes.



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- Support the development and review of referral criteria, standard operating procedures, clinical tools and outcome measures.

Clinical Communication and Documentation

- Maintain accurate, timely and contemporaneous clinical records of assessment, prioritisation, advice, decisions, escalation and handover. Utilising technology as agreed by Rowcroft to assist with this (Heidi ai).

- Communicate sensitively and professionally with patients, those closest to them, referrers and multidisciplinary colleagues.

- Ensure responsibility is clearly transferred and understood when a patient is allocated or redirected.

- Use Rowcroft clinical systems and communication processes in line with information governance requirements.

Leadership, Governance and Development

- Act as an accessible Band 6 clinical resource and role model, promoting psychologically safe, compassionate and evidence-informed practice.

- Practice in accordance with the NMC Code, Rowcroft policies, professional standards and agreed clinical pathways.

- Participate in supervision, reflective practice, clinical audit, incident learning and service improvement.

- Support induction, coaching and education relating to referral quality, clinical prioritisation and advice and guidance.

- Promote a culture of continuous learning, development and wellbeing; identify personal learning needs and maintain mandatory and essential training.

- Play an active part in team meetings and help create an environment that critically questions practice and promotes learning.

- Take reasonable care for your own safety and the safety of others and adhere to all Health and Safety requirements.

This list can never be exhaustive and is subject to change in line with the evolving needs of the organisation but covers most of the work you will be doing, always with talent, initiative and a commitment to excellent service.



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Infection Prevention

All Rowcroft Hospice employees are required to adhere to Infection Prevention and Control policies and make every effort to maintain high standards of infection control at all times to reduce the burden of healthcare-associated infections, including MRSA.

You agree to:

- Decontaminate your hands prior to and after direct patient care or contact with the patient's surroundings;
- Take part in mandatory infection control training provided;
- Responsibly manage your own infections (other than common colds and illness) that may be transmittable to patients, including to contact Occupational Health for guidance.

Place of Work

This role has been identified as a field worker. The role may be carried out at a Rowcroft site or another location, including home, according to service need. Planned time may include Rowcroft sites, patient homes and Rowcroft or non-Rowcroft community locations. Working arrangements will be discussed and agreed with the postholder to meet individual and service needs.

PERSON SPECIFICATION

Community Palliative Care Clinical Assessment, Prioritisation and Advice Nurse

Attributes	Essential	Desirable
Qualifications and Training	• Registered Nurse with current NMC registration. • Relevant post-registration study or demonstrable specialist knowledge in palliative/end-of-life care. • Evidence of continuing professional development.	• Degree-level qualification or equivalent experience. • Advanced communication, clinical assessment or mentorship qualification. • Non-medical prescribing qualification.
Knowledge and Skills	• Advanced clinical assessment and prioritisation skills relevant to palliative and end-of-life care. • Ability to recognise deterioration, uncontrolled symptoms, changing risk and the dying phase. • Sound autonomous decision-making within scope of practice, with appropriate escalation. • Excellent telephone, digital and face-to-face communication skills. • Ability to provide clear clinical advice and constructive challenge to referrers. • Accurate clinical documentation and effective handover skills. • Ability to analyse referral patterns and communicate service risks. • Working knowledge of safeguarding, consent, mental capacity, information governance and professional accountability.	• Knowledge of local health and care pathways across South Devon. • Quality-improvement, audit or data-analysis skills. • Coaching or teaching skills.
Experience	• Significant post-registration nursing experience. • Experience in specialist palliative care, end-of-life care, oncology, community nursing or a closely related field. • Experience assessing complex clinical needs and prioritising competing demands. • Experience working collaboratively across multidisciplinary and organisational boundaries.	• Previous Band 6 or equivalent experience. • Telephone or digital clinical assessment experience. • Experience in community specialist palliative care. • Experience of service redesign or referral-pathway improvement.



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Attributes	Essential	Desirable
Personal Requirements	• Compassionate, calm and confident when making time-critical decisions. • Leadership through creative problem solving, a positive can-do attitude and a desire to ensure all who come into contact with Rowcroft have the best possible experience. • Proven ability to be part of a committed and hardworking team, in line with the ethics and values of Rowcroft Hospice, acting in the best interests of Rowcroft at all times. • Able to work autonomously while recognising limitations and seeking support appropriately. • Resilient, organised and able to manage uncertainty and competing priorities. • Able to travel across South Devon in accordance with service needs. • Committed to equality, inclusion, learning and professional development.	• Willing and able to volunteer at least one Rowcroft event each year.



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