

Job Description - Band 4 Care Coordinator

About us – team NHFT

As a **health and wellbeing organisation** here at **team NHFT** we are dedicated to continually **innovate** and **strive to make a difference** to our community and those working for our Trust, we aim to serve the people of Northamptonshire and surrounding areas with **safe, quality care**. We deliver this from an understanding of our local healthcare needs, economy and the changing demands of our community.

We work with partners, Primary Care Networks, Adult Social Care and Voluntary Sector to develop integrated solutions which meet the holistic need of the person and promote independence.

Our mission, making a difference for you, with you was chosen by our staff and stakeholders. It means in everything we do and through every service we provide, we want to make a **positive difference in people's lives** – for **those we care for, those we work with** and **those who work with us**. **Everyone is part of our team.**

Our core strategy is to be an **employer of choice, a great place to work** and be known for a **diverse and inclusive culture** whose staff feel **valued**. We provide a range of NHS services including physical, mental health and specialty services provided in hospital settings and out in the community within schools, GP clinics and patients own homes.

Here at NHFT we pride ourselves on our 54321 roadmap, pictured here which encompasses our **PRIDE values, leadership behaviours, teams, enablers** and **our mission** all of which are driven by **our vision of 'being a leading provider of outstanding, compassionate care'**. We are extremely proud to say this has also been recognised by the Care Quality Commission (CQC) and our CQC rating of **Outstanding for team NHFT**.



This role...

Northamptonshire Healthcare NHS FT is providing this service which is commissioned by 3Sixty Care (GP Federation) on behalf of the East Northants Primary Care Network. The PCN has an established governance structure with a Steering Group chaired by the Clinical Director with membership from all participating organisations. The Steering Group will set the objectives for the service and be responsible for monitoring delivery. Northamptonshire Healthcare NHS Foundation Trust (NHFT) has recently been awarded Health Service Journal's 'NHS Trust of the year' and are rated "Outstanding" by the CQC.

This is a hugely exciting opportunity to work innovatively with a range of partner organisations to enhance the experience of those living in care homes and in their own home..

East Northants Primary Care Network comprises of nine GP practices and covers a population of over 77,000. Over the last two years we have successfully set tested new approaches; providing earlier multi agency support for emerging needs and delivering a PCN level specialist Frailty clinic each week and a care home team. Building on these successes we are now expanding our service and are looking for to appoint to **two Full Time (37.5 hours/week) Community Care Coordinator (AFC Band 4)** posts.

Working as part of our overall Integrated Holistic Support Team your primary responsibilities will be to:

- Ensure all persons living in 24 hour care settings have high quality individualised co-produced plans
- Assist residents of care homes to remain active members of their local communities
- Ensure care plans are regularly reviewed linking with range of health and other specialists to contribute as needed
- Identify those individuals whose needs have changed and require a formal review by the wider local Multi Disciplinary Team (MDT)
- In addition, as part of the wider holistic team, you will support delivery of our objectives for all older people to live and age well
- Triage cases received by our Age Well team and identifying those that require an MDT vs those that needs specialist input
- Coordinate and attend PCN Frailty Clinics
- To be available to drive to patients' homes and organize resources required to support them
- To sometimes go over and above their remit to ensure our older adults are living and ageing well
- To co-ordinate referrals to ensure patients within the locality receive excellent and timely support.
- Clinical training opportunities are being offered for those interested in HCA upskilling, as well as low level equipment training to provide an immediate solution and help maintain independence and self management.
- To work as a member of the team and uphold key core values to ensure success.
- Across both teams to coordinate communication to and from GP practices in support of the patients needs.

Experience needed for this role:

Candidates need a range of experience, including hands on clinical care in a health setting, as a Health Care Assistant or similar, and be passionate about providing effective support to our older population within the community.

- Have excellent telephone skills to handle a conversation with a patient, their next of kin and carer and ask appropriate questions to establish the level of support that might be needed.
- A good understanding of services available both within the community, Primary care Network (PCN) and hospital and an interest in ensuring patients receive the high standard of care and can be supported is essential.
- Good co-ordination skills, to direct the patient to relevant service and to see that their request has been actioned. Therefore, you must demonstrate the ability to develop close working relationships with other health and social care partners, to help navigate the patient's journey through health and social care systems.
- Arrange, coordinate and when necessary initial home visits and assessments of need within a patient's own home, making relevant referrals to local service provision.
- Undertake basic health checks when visiting patients at home.
- Support person for patients, to enable them to remain as independent as possible within their own home and reduce the risk of crisis support.
- Work alongside families and a person's wider support network, ensuring their choices, needs and support within their own home are met as a long-term plan.
- Document and monitor aspects of patient co-ordination and service delivery, supporting data collection and audit using the practices clinical system as well as organisational data systems
- Maintain an individual case load whilst working cohesively alongside other Age Well partner organisations, supporting a collaborative approach
- Work autonomously with minimal managerial direction.
- To contribute to the ongoing improvement programme by sharing ideas and feedback from both yourself and those you support
- Able to provide reassurance to patients, families and carers that additional support could be accessed from various sources following hospital discharge.
- To clearly communicate with GP practices of any post hospital follow ups that need to be dealt with.
- To be able to communicate to wider MDT and community services to reduce crisis management
- The ability to provide a "safety net" for patients following an inpatient stay that may need additional support in the community.

Description of role/core responsibilities**Age Well and the MDT**

- As a Community Care Coordinator you will need a range of experience, including hands on clinical care in a health setting, as a Health Care Assistant or similar, and be passionate about providing effective support to our older population within the community and in care homes.
- A good understanding of services available both within the community and hospital and an interest in frailty so patients can be supported is essential.
- The ability to develop close working relationships with other health, social care and volunteering partners is an essential aspect of this role. In addition to build on existing networking opportunities. Liaise with GPs and practice teams to identify persons who are elderly, frail or who have long term health needs and support.

Home Rounds and Multi-Disciplinary Teams

- Overall responsibility for arranging the weekly PCN led MDT meetings (including the weekly virtual Care Home(s) MDT)
- The Care Coordinator will :
 - schedule the weekly MDT meetings
 - manage the meeting agenda items
 - identify the patients needing to be prioritized for review that week
 - ensure all new residents in care homes are reviewed in the MDT within four weeks of arrival
 - ensure all residents returning to the home after an acute hospital admission are reviewed by the MDT within seven days of return
 - circulate relevant information to MDT members in advance of the meeting.
- Ensure actions from the MDT are recorded and care plans are correctly updated
- Liaise with all clinical and non-clinical members in the MDT to ensure effective MDT function.
- Chase progress against actions and ensure follow up where necessary.
- Manage reporting required and associated within the PCN contract for Care Home support

Care Planning

- Ensure every resident has a co-produced comprehensive care plan created within seven days of arriving as a resident
- Use provided templates and tools to undertake core assessment elements for inclusion in the care plan
- Holistically bring together all of a person's identified care and support needs, and explore options to meet these within a single personalised care and support plan (PCSP), in line with PCSP best practice, based on what matters to the person.
- Identify those elements of the care plan which require specialist input (pharmacist, dietician, nurse, medic etc) and ensure that these are completed in timely manner

- Develop and implement a programme of regular planned desktop reviews of care plan with care home staff to ensure these remain appropriate to the individual
- Identify patients with a new cancer diagnosis to ensure that appropriate support and management plans are in place. Feedback to practices any learning points from the review of the care and any changes/improvements that have been made.
- Ensure end of life plans are correctly recorded and where appropriate have been shared with family members.
- Identify where technology can be utilised to support continued independence or to aid remote monitoring of health and wellbeing
- Communicate effectively and sensitively and use language appropriate to a patient and carer/relative's condition and level of understanding
- Effectively use all methods of communication and be aware of and manage barriers to communication
- Provide information to patients, their carers and/or relatives on behalf of the team

About you

Behaviors and Values	Knowledge and Experience
<ul style="list-style-type: none">• Ability to work within a pressured environment• Ability to deal with unpredictable and fluctuating demands of a community-based service, quite often daily.• Ability to deal with highly distressing and emotional circumstances such as illness and possible death.• Ability to work under pressure and to deadlines.	<ul style="list-style-type: none">• Health and or social care qualification at NVQ 3 level of equivalent plus experience• HCA experience or equivalent• Previous NHS experience Hospital or Community• Experience of working with physically impaired people &• Understanding of mental health needs• Ability to work holistically• Working knowledge of the normal and abnormal ageing process.• Working knowledge of. therapeutic and nursing interventions within care setting e.g. wound management, unwell adult, end of life, anxiety management, energy conservation etc.• Understanding of the NHS/Social Care systems

<ul style="list-style-type: none"> • Ability to respect confidentiality. • Need to be versatile and adaptable. • Respectful of: - <ul style="list-style-type: none"> • Rights of disabled people's views. • Work of others. <p>Commitment to: -</p> <ul style="list-style-type: none"> • Equal opportunities. • Social model of disability. <ul style="list-style-type: none"> • Professional, approachable, and respectful attitude to others. • An ability to provide constructive feedback and receive feedback in a professional manner. • Assertive and able to manage conflict, challenging negative behavior /raise concerns where appropriate. • Ability to comprehend and work within the Trusts policies. • To be able to work as a lone worker, using own initiative with support (this could be by telephone) from Team Manager if required. • Ability to work in a flexible way and respond to change. • Reliable and consistent in approach, demonstrating empathy and an open communication style with patients and team members, fostering this culture across the team. • Ensure you always act in a professional manner. • To show empathy and fairness. • To give support to other team members 	<ul style="list-style-type: none"> • Good written and verbal communication • Able to work without direct supervision • Able to work within a team • Understanding of how own attitude can impact on others. • Infection Control, Controls Assurance. • Working knowledge of a wide range of therapy equipment and how to safely fit and use it. • Ability to identify potential hazards which may increase the patients falls risk and how to eliminate these risks. • Ability to identify potential safeguarding issues and how these are managed. • Able to demonstrate current knowledge and identify own learning needs • Previous experience in a caring role would be ideal • To demonstrate a knowledge of Equality & Diversity
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Skills and Abilities	
<ul style="list-style-type: none"> • Evidence of extended competencies especially with patients in the community • Ability to delegate work to others within scope of their practice • Ability to identify those at risk of pressure ulcers and actions to minimise the risks • Ability to communicate confidential and sensitive information in written and verbal formats. • Skills also required in non – verbal communication such as body language (as in de- escalating volatile situations) • Ability to communicate with a variety of different patient groups, being sensitive to adapting own approach as necessary. • To act as the patient’s champion escalating to senior staff. • Good time management and prioritisation skills. • Ability to deal with those who have speech and language difficulties and sensory impairments. • Ability to deal with complaints and confrontation both face to face and on the telephone. • Ability to communicate with a diverse range of people from various backgrounds where English may not be their first language. This will also include patients with mental impairments which may cause barriers to be understanding and therefore will require tact and persuasive skills to positively influence for them to access the correct treatment. • Ability to work as part of a team or on own initiative. • Ability to problem solve, risk assessing often complex conflicting situations. • Ability to communicate with other professionals using appropriate medical terminology, including sensitive and contentious information which requires negotiation and cooperation to optimise positive outcomes. • Keyboard and IT skills to include clinical patient systems • Good organisational skills 	

About the role – linking with our 4 Leadership Behaviours

ENGAGING PEOPLE/WORKING TOGETHER

- To demonstrate effective communication, both orally and in writing, to ensure dissemination of information.
- Provide concise handovers to other members of the team and external agencies.
- Assist in the production of patient information and ensure patients have access to information e.g. exercise information sheets.
- To maintain confidentiality always in accordance with Trust Policy.
- Provide education, support, and guidance to families and carers
- Induct and support new members of staff to the Team
- Act as a role model for other support staff within the team.
- To ensure collaborative working partnerships with the multi-professional team using effective communication.
- Prioritise and effectively time manage own day-to-day caseload/work schedule with support from the rest of the team.

BEING AUTHENTIC

- Perform area specific clinical competencies to enhance the delivery of patient care.
- To have knowledge of specific physical, emotional, psychological, social, cultural and spiritual needs of the service users and carers and, taking these into account, implement appropriate action to meet those needs.
- Understand a range of non-routine work procedures and practices which require intermediate level of theoretical knowledge gained through relevant training and experience
- Develop and consolidate personal knowledge and skills demonstrating the evidence in a CPD portfolio. Demonstrate continuous evaluation of personal clinical practice and identifies opportunities to meet own learning needs.
- Demonstrate a commitment to their own development and that of the role.
- To be accountable for own practice.
- Promote a positive image of the organisation
- Maintain professional standard of record keeping which is accurate and current, in line with professional codes, service standards and team specific requirements. Provide information and data as requested by the organisation. Participates in audit, benchmarking and research where requested.





TAKING RESPONSIBILITY

- To be responsible for the safe use of all equipment within their scope of practice.
- Be responsible for identifying appropriate patients for attendance at frailty clinic MDT, book in appointment and facilitate attendance using MS Teams and support at patient's home setting,
- Carryout cleaning and maintenance of all equipment used in the department, being mindful of infection control, COSHH and health and safety policies and protocols always in accordance with cleaning schedules
- Contribute to the non-clinical day to day running of the service as necessary to ensure its smooth running.
- Plan and progress patient interventions with autonomous assessing and support planning and evaluation daily with indirect supervision of qualified therapist.
- Carryout low-level equipment assessment and order and then issue equipment as required.
- Identify support needed, assist in setting estimated dates of discharge/ onward referral to appropriate services
- Management of longer-term caseload for more complex patients
- Liaise with colleagues externally to assist with the discharge process.
- Have the ability and knowledge to deal with an emergency
- Accept personal responsibility for the actions and quality of own work.
- Identify when patients have reached a safe level of independence to facilitate discharge to the service.

EMBRACING CHANGE

- Attend all relevant mandatory training sessions, other in-house and external courses, identified in professional development plans during appraisal, on topics associated with the service speciality
- To be actively involved in team effectiveness by attending staff meetings and contributing as a team player to team development.
- To provide on-going contribution to the development of the Age Well Community Co Ordinator role.
- Manage time and resource effectively, taking account of patient/service user needs.
- Working with MDT to develop a scope of practice which reflects service needs and changes over time, to improve service and outcomes.
- Participate in managing complaints and make changes in line with Trust policy.

Benefits

Salary 	Location of work 	Permanent/fixed term 								
Band 4 – See Advert Details You will be paid on the 27 th of each month. If this date falls at a weekend you will be paid on the Friday before this date.	The post holder will be given a nominal base but will be expected to flex across bases as service needs dictate. Must be able to travel independently to other bases in the Trust across Northamptonshire.	This post is a for a permanent contract								
Hours/pattern of work	Annual leave and bank holiday entitlement	Pension entitlement 								
37.5 hours per week , worked as agreed within the team to deliver the Service. This may include some occasional evening and weekend work to meet specific operational requirements.	<table><tr><td>Length of service</td><td></td></tr><tr><td>On appointment</td><td>27 days + 8 days</td></tr><tr><td>After five years' service</td><td>29 days + 8 days</td></tr><tr><td>After ten years' service</td><td>33 days + 8 days</td></tr></table>	Length of service		On appointment	27 days + 8 days	After five years' service	29 days + 8 days	After ten years' service	33 days + 8 days	Details on the benefits of the NHS Pension Scheme can be found here: https://www.nhsbsa.nhs.uk/nhs-pensions
Length of service										
On appointment	27 days + 8 days									
After five years' service	29 days + 8 days									
After ten years' service	33 days + 8 days									
Health and Wellbeing Because your health matters too	Learning and Development	Equality and diversity								
Our Occupational Health and Wellbeing team support our staff through many different channels. Whether you have a physical or emotional issue or want to take positive steps to improve your fitness, this team can help you.	Our Learning and Development team provide effective and impactful learning solutions for our staff. Our experienced team of facilitators offer a wide range of opportunities from corporate induction, mandatory and role specific training, personal development and leadership training.	We are committed to ensuring people are treated equally and fairly whether at work, during care or out in the community. Equality, diversity and inclusion will always be a core focus and commitment for team NHFT. We have a number of staff networks to support this focus too. These networks are open to all our staff.								

Find out more about us at:

www.bit.ly/24hoursinNHFT

www.nhft.nhs.uk

Confidentiality and Data Protection

Any matters of a confidential nature, including patient and staff records, and any commercially sensitive information must, under no circumstances, be divulged or passed on to any unauthorised person or persons without a legal basis to do so. In accordance with the Data Protection Act 2018, if you are required to access personal data held in any format, you will be expected to adhere to the Trusts Information Governance Policies, copies of which are held on the staff intranet.

Any breach of confidentiality or data protection legislation will result in disciplinary action and may result in summary dismissal.

Infection Control

The prevention and control of healthcare associated infections in service users, staff and visitors is taken seriously by the Trust. All staff employed by Northamptonshire Healthcare NHS Foundation Trust are required to adhere to the Trust infection control policies and procedures.

Employees must be aware of the importance of protecting themselves, service users and visitors and of maintaining a clean safe environment. Any breach in infection control practice, which places service users, other staff or visitor at risk, may result in disciplinary action. Each staff member is responsible for ensuring they identify together with their manager, their infection control training needs in their PDP.

Health and Safety

To carry out the duties placed on employees by the Health and Safety at Work Act 1974 i.e.

I. To take reasonable care for the Health and Safety of themselves and of other persons who may be affected by their acts or omissions at work.

II. To co-operate with their employer as far as is necessary to meet the requirements of the legislation.

III. Not to intentionally or recklessly interfere with or misuse anything provided in the interest of health, safety or welfare in the pursuance of any relevant statutory provision.

No Smoking

In order to protect the health of employees, patients and visitors, Northamptonshire Healthcare NHS Foundation Trust operates a No Smoking Policy. Therefore smoking is prohibited in all of the Trust's buildings, grounds and all Trust-owned or leased vehicles.

Equality and Diversity

To ensure that all duties are carried out to the highest possible standard, and in accordance with current quality initiatives within the area of work and the Trust Managing Diversity and Equal Opportunities in Employment Policy.

Risk Management

To have a commitment to identify and minimising risk, report all incidents and report to manager any risks, which need to be assessed.

Safeguarding Adults and Children

It is the duty of all staff working for the Trust;

- To recognise that promoting the welfare and safeguarding children, young people and adults is everyone's business and access training and supervision as appropriate to the role.
- To support the organisation in ensuring service users are protected from abuse or the risk of abuse and their human rights are respected and upheld.
- To ensure concerns are responded to appropriately in line with the Trust's Safeguarding Adults Policy and the Child Protection Policy and interagency safeguarding procedures.
- To comply with recruitment and other checks as requested by the organisation including undertaking an Enhanced Disclosure via the Criminal Records Bureau.

Professional Registration

All qualified/ professional staff are required to adhere to the relevant Code of Practice (and other guidance issued by them). It is the responsibility of the individual concerned to keep professional registered and updated in accordance with the requirements of the relevant Code of Practice and to follow guidance issues by the professional body.

Policies and Procedures

The post holder is expected to comply with all relevant Trust policies, procedures and guidelines. Any contravention of the Trust Policies or managerial instructions may result in disciplinary action being initiated.

Review of Job Description/ Person Specification

This is not an exhaustive list of duties and responsibilities, but indicates the key responsibilities of the post. The post holder may be required to undertake other duties as may reasonably be required commensurate with the grade and/ or hours of work at the postholder's initial place of work or at any other of the Trust's establishment.

NOTE: This is a description of the job as it is at present constituted. It is the practice of this Trust regularly to examine employee's job descriptions and to up-date them to ensure that they relate to the job as then being performed, or to incorporate whatever changes are being proposed.