Cancer Clinical Nurse Specialists: Guidance on roles, responsibilities and job planning.

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Approved (Lead Nurse Group) : 26/07/2017
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Date Agreed: 26/07/2016
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1. **Introduction:**

The role of the Clinical Nurse Specialist in Cancer Care can be complex and varied, involving interventions and communication with multiple healthcare professionals across primary and secondary care and other private and charitable organisations. The CNS role improves the quality and experience of care for patients, reinforces patient safety, demonstrates leadership and can increase productivity and efficiency (Macmillan 2013).

While much has been achieved through the introduction of the Clinical Nurse Specialist role, there remains a lack of clarity about roles, titles, responsibilities and the explicit and unique contribution of some posts. This guidance has been developed to:

1. Support services and commissioners on the value and impact of the CNS roles as outlined within the Cancer Strategy and Improving outcomes Guidance.
2. Assist Clinical Nurse Specialists in the development of roles and to accurately describe, quantify and evaluate their work to support Nurse Leaders with job planning to ensure safety, quality and efficiency.

The document should not be used in isolation and will need to be supported by wider nursing strategies and local organisational policies.

2. **Level of practice for the Cancer CNS Role**

There are advanced practice guidelines and agreed agenda for change profiles that provide consistency on career structures and distinguishing advanced level practice from specialist/generalist.

The Department of Health position statement of Advanced level Nursing (DH 2010) defines advanced level nursing practice to clarify the expected level of practice for the CNS. The position statement clusters the elements of advanced nursing practice around the following four themes, which have consistently been recognised as the four aspects of the cancer CNS role:

- clinical/ direct patient care;
- leadership and collaborative practice;
- improving quality and developing practice;
- Developing self and others.

The Skills for Health Career framework (Skills for Health 2006 & 2010) provides a clear description of the different levels of practice – see [appendix A](#).

This guidance can be used when developing roles and identifies that the majority of Cancer CNSs would be expected to be working at level 6 and 7 of the Career Framework with some working at level 8.
3. Functions of the Clinical Nurse Specialist:

The key domains of the Specialist Nurse role can be described as:

- Technical
- Information provision & improving patient experience
- Emotional / Psychological support
- Co-ordination of care pathways

The high level activities of a CNS can be separated into five main functions. In the context of Cancer care these consist of:

1. Using and applying technical knowledge of cancer and treatment to oversee and co-ordinate services, personalise the pathway of care for individual patients to ensure the complex information and support needs of patients and families are addressed.

2. Acting as the Key Worker and the first line professional with access to the Multi-disciplinary team.

3. Undertaking proactive case management and advanced clinical skills to address the needs of patients and carers.

4. Using advanced communication and psychological assessment skills to assess and alleviate the psychological distress for cancer patients and their families, including referral to other agencies / disciplines as appropriate.
5. Applying advanced knowledge and insight from Key stakeholders and the experiences of patients to lead service re-design, implement improvements and ensure services are response to patient need.

4. The impact of the Clinical Nurse Specialist role:
It is evident that Clinical Nurse specialists have a positive impact upon patient care, improving the overall experience for patients and relatives affected by cancer (NCAT 2011):

Nursing and Cancer Nursing is underpinned by the principles and values set out in the NHS Constitution and the 6C’s (Care, compassion, competence, communication, courage and commitment). The recent publication of the Achieving world class Cancer outcomes - A Strategy for England (2015), identifies that the NHS should systematise patients having access to a Clinical Nurse Specialist or other key worker to help co-ordinate their care and to support transform our approach to support people living with and beyond cancer.

Many cancer patients suffer long-term consequences from their cancer or their treatment and are at higher risk of cancer recurrence. Many will suffer psychological or financial hardship and most will have another long-term condition in addition to their cancer. The highest priority should be to accelerate the roll-out of stratified follow up pathways and the commissioning of holistic packages of support of which CNS roles will be key. The aim should be that by 2020 every person with cancer will have access to relevant elements of the Recovery Package and that stratified follow-up pathways should be in place for the common cancers.
5. Job Planning

Job planning is a key process in managing the role of the Clinical Nurse Specialist and ensuring adequate time is allocated to incorporate all of the above activity. It is recommended that an annual job plan review is undertaken with the CNS and line-managers, including relevant operational managers. A Job Plan should provide a detailed view of the duties, responsibilities and objectives of the individual role, meet the needs of the service and also be sensitive to the needs of patients.

It is appreciated that the role of the Clinical Specialist will vary between areas and needs to be flexible to meet the requirements of the service. However there are core elements which are nationally recognised requirements and it is recommended by the Strategic Clinical Network that these core elements are included within all cancer CNS Job plans and that roles are reviewed in accordance with these recommendations:

- Clinical supervision – access to and attendance of monthly sessions is recommended as mandatory. This should be no less than 2/3rds attendance
- Providing holistic needs assessment for every cancer patient 1) post diagnosis and 2) post treatment – developing care plans and supporting development of treatment summaries.
- Direct patient contact / clinical activity – including Nurse Led Clinics, MDT, Multi-disciplinary clinics, supporting and development of health and wellbeing events, telephone follow-up. (recommended 75% job plan)
- Supporting seamless patient pathways – attendance / support of PTL /cancer services teams
- Research – supporting improving access to clinical trials
- Audit – evidence of involvement and monitoring outcomes / effectiveness of own role
- Teaching & Education – including attendance at network meetings
- Service development
- Administration (at least 2 sessions – 1. to include audit, development, research, teaching/education and 2. administration supporting direct patient care/MDT prep/follow up – this is sometimes an additional session dependant on the input and if incorporates follow up for patients)

The Job Planning process:

The job planning process should commence by reviewing the current Job Plan, or in the absence of a Job Plan, a review of the individual’s working week, taking into account future service capacity and demand. Job Plans need to be individual and should be agreed between the clinical specialist and line manager, in line with the Appraisal / Personal Development Plan (PDP) process and documentation. It should be viewed as a prospective process and a positive interaction between health professional and line manager.
The process should include:

- An opportunity to think about the way a Clinical Specialist works and the way services are organised / prioritised in accordance with these recommendations
- An opportunity to make clear the longer-term strategic aims of the service
- Support for the health care professional specifically within the areas of service improvement and development.

A minimum 12 month review should be undertaken and any changes to the Job Plan to be addressed by the Clinical Specialist and their Line Manager. All staff must be aware of the organisational objectives, when agreeing job plans. This will ensure there is a balance between the needs of the Trust as well as the personal objectives of the individual.

On developing / reviewing job plans the following key points should be considered.

- Cover arrangements for Annual leave / sickness
- Minimum staffing levels for the service to be provided
- Include indicative activity information to act as a guide e.g. number of clinic appointments per session / number of procedures per list / number of HNA assessments per session.
- Be specific with timings
- Include a “key” which can be used to provide supplementary detailed information on specific tasks.
- Include specific responsibilities e.g. bleep holder / triage etc.
- Include regular meetings, projects and commitments and identify the frequency e.g. lecturing – 2 hours per month.

An example of a detailed Job plan and template can be found in Appendix B.

6. Revalidation:

All Clinical Nurse Specialists will be required to revalidate to maintain their registration with the Nursing and Midwifery Council (NMC).

Revalidation is an addition to the annual PIN Expiry date that all Registered Nurses are still required to renew.

Taking effect from April 2016, revalidation is straightforward and will help Registered Nurses and Midwives demonstrate that they practice safely and effectively. The new process replaces the current PREPP requirements and Registered Nurses will have to revalidate every three years when they renew their place on the register. Revalidation builds on existing renewal requirements by introducing new elements which encourage Registered Nurses to reflect on the role of the Code in their practice and demonstrate that they are ‘living’ the standards set out within it.
The requirements for revalidation over a period of three years include:

- 450 practice hours or 900 if revalidating as both a Registered Nurse and Midwife
- 35 hours CPD including 20 hours participatory learning
- Five pieces of practice related feedback
- Five written reflective accounts
- Reflective discussion
- Complete the online mandatory health and character declaration
- Professional indemnity arrangements

7. Key Performance Indicators:

The inclusion of Key Performance Indicators for Clinical Nurse Specialists reinforces / supports the level of practice and function of the role, whilst allowing individuals and organisations to demonstrate quality effectiveness and value for money. The Strategic Clinical Network recommend that organisations adopt the following KPI’s and review these in accordance with the National Quality Surveillance programme (QSP) and local KPI’s, appraisal processes and Nursing / quality strategies. The KPI’s and QSP can be included within evidence for revalidation under CPD and reflective accounts and discussions where these are not being met or challenging.

- Attendance at the agreed Network Psychological Support Training Programme (HNA training)
- % increase in the number of holistic needs assessments completed year on year
- Demonstrable improvement in NCPES CNS indicators.
- % increase in CNS present at time of diagnosis
- All CNS’s meeting peer review measure for attendance at clinical supervision

A copy of a performance management tool (KPI) can be found in Appendix C.

8. Circulation of these guidelines

These guidelines will be agreed by the Lead Nurse Clinical Network Group and ratified by the CMSCN steering group. The latest version will be uploaded to the CMSCN website (Lead Nurse CNG section) and will be distributed via the Lead Cancer Nurses for each organisation to individual Clinical Nurse Specialists and Multidisciplinary teams.
9. Acknowledgements

These guidelines were produced by the Lead Nurse Clinical Network Group with special thanks to Jackie Brunton, Lead Nurse / Cancer Manager at Southport & Ormskirk NHS Trust, Diane Dearden, Lead Cancer Nurse at St Helens & Knowsley NHS Trust and Mel Zeiderman, Macmillan LWBC programme lead.

10. References

NCAT (2010), Excellence in Cancer Care: the contribution of the Clinical Nurse Specialist


http://www.skillsforhealth.org.uk/career-framework/?sec=cf


Macmillan (2014), Competence framework for Nurses caring for patients living with and beyond cancer.

Appendix A: Key Elements of the Career Framework

9

**Career Framework Level 9**
People working at level 9 require knowledge at the most advanced frontier of the field of work and at the interface between fields. They will have responsibility for the development and delivery of a service to a population, at the highest level of the organisation. Indicative or Reference title: Director

8

**Career Framework Level 8**
People at level 8 of the career framework require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development. They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role. Indicative or Reference title: Consultant

7

**Career Framework Level 7**
People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative, and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment. Indicative or Reference title: Advanced Practitioner

6

**Career Framework Level 6**
People at level 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and/or have management and leadership responsibilities. They demonstrate initiative and are creative in finding solutions to problems. They have some responsibility for team performance and service development and they consistently undertake self-development. Indicative or Reference title: Specialist/Senior Practitioner

5

**Career Framework Level 5**
People at level 5 will have a comprehensive, specialised, factual and theoretical knowledge within a field of work and an awareness of the boundaries of that knowledge. They are able to use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self-development. They may have responsibility for supervision of staff or training. Indicative or Reference title: Practitioner

4

**Career Framework Level 4**
People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work, but the worker makes judgements, plans activities, contributes to service development and demonstrates self-development. They may have responsibility for supervision of some staff. Indicative or Reference title: Assistant/Associate Practitioner
3

Career Framework Level 3
People at level 3 require knowledge of facts, principles, processes and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2, and will have more responsibility, with guidance and supervision available when needed. They will contribute to service development, and are responsible for self-development. Indicative or Reference title: Senior Healthcare Assistants/Technicians

2

Career Framework Level 2
People at level 2 require basic factual knowledge of a field of work. They may carry out clinical, technical, scientific or administrative duties according to established protocols or procedures, or systems of work. Indicative or Reference title: Support Worker

1

Career Framework Level 1
People at level 1 are at entry level, and require basic general knowledge. They undertake a limited number of straightforward tasks under direct supervision. They could be any new starter to work in the Health sector, and progress rapidly to Level 2. Indicative or Reference title: Cadet

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## Appendix B

### CNS 1 WTE

<table>
<thead>
<tr>
<th>Time Start</th>
<th>Time End</th>
<th>Monday</th>
<th>Wk Mo</th>
<th>Tuesday</th>
<th>Wk Mo</th>
<th>Wednesday</th>
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<td>Ward round &amp; HDU visits (consultant?)</td>
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<td>Triage of telephone calls</td>
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<td>MDT meeting (average 45 pts discussed weekly)</td>
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<td>Pre-treatment Assessment Clinic (Multi-disciplinary) including HNA (4 pts per session)</td>
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<td>Triage of telephone calls / patient telephone reviews</td>
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**Key:**
- **Bleep Holder** - both CNS’s hold bleeps and are therefore contactable throughout the day to see patients in outpatients, within the ward setting or Acute Assessment areas.
- **Admin** - includes data / CNS information on SCR, patient proforma completion, referrals to other care providers, email correspondence, dictation of clinical, co-ordination of the patient pathway. letters, G.P contact, liaison with local trusts.
- **Audit** - All audit / research activity, patient experience,
- **Service / professional Development / Education** - Peer review (QSP), development of LWBC initiatives in H&N, setting up of Nurse-led follow-up, review of policies & protocols. Attendance at Network CNG meetings. Provision of training and Education to ward Nursing and Medical staff, District Nurses.
**Pre-Treatment Assessment clinic:** 4 patients seen per nurse, per session. Full assessment by CNS, including HNA and assessment by Physio, Dietician, SALT and access to Emotional Support Therapist.

**Clinical Supervision:** National Peer review requirement (minimum of 1 hour every month, facilitated by Dr Dominic Bray)

**Wednesday JCC Consultant clinic** - 3 Consultant Surgeon streams (ENT & Skull Base), 1 Oncology Consultant, 2 registrars (6 streams). MFU - 4 Consultant surgeons, 1 Consultant Restorative Dentist, 2 Oncologists and 2 registrars - (8 clinic streams in total).

**Triage / phone calls:** Telephone calls to answer patient queries, advice to G.P’s and District Nurses. Communication to non-specialist Trusts regarding inter-hospital referrals.

**Nurse review inpatients:** review of patients pre & post surgery (Ward and HDU / ITU as necessary), review of patients admitted following a cancer diagnosis with exacerbation of symptoms, patients admitted as an emergency via acute assessment areas.

**Discharge planning:** 5-10 patients discussed per session (patients with complex clinical needs on discharge). Covers local and regional patients.

**SVR nurse-led Clinics:** up to 6 patients seen per clinic session.

**Outreach:** Facilitation of early discharge from ward, home visits for physical / psychological assessment and support. Dual visits with D/N's / training to empower community staff to manage patients at home.
## Appendix C
### Example: Performance Management / KPI Tool

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Process for monitoring</th>
<th>Frequency of monitoring</th>
<th>Individual responsible</th>
<th>Desired outcome</th>
<th>ACTIONS required</th>
<th>Due Date</th>
<th>PROGRESS</th>
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<tbody>
<tr>
<td>CMSCN KPI's</td>
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<td>Attendance at the agreed level 2 Network Psychological Support Training Programme (HNA training).</td>
<td>QSP SA</td>
<td>Annually</td>
<td>CNS / Lead Cancer Nurse</td>
<td>Attendance at the level 2 programme</td>
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<tr>
<td>CNS’s should be present at the time of diagnosis.</td>
<td>Review of COSD data</td>
<td>Quarterly</td>
<td>% increase in CNS present at time of diagnosis</td>
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<td>All patients with a diagnosis of cancer should be offered a Holistic Needs Assessment and Care plan at key points within their pathway of care.</td>
<td>Review of SCR / Macmillan My care plan data</td>
<td>Quarterly</td>
<td>% increase in the number of holistic needs assessments completed year on year</td>
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<td>Improvement in the CNS indicators as per NCPES (National Cancer Patient)</td>
<td>Review of NCPES data</td>
<td>Annually</td>
<td>% Improvement in the CNS indicators set out</td>
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<td>Experience Survey</td>
<td>in the NCPES</td>
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<tr>
<td>All CNS’s meeting peer review measure for attendance at clinical supervision</td>
<td>Attendance records of C.S sessions, Quarterly</td>
<td>CNS’s to demonstrate attendance at 66.6% of C.S sessions over a 12 month period</td>
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