

## Agreement for Community Specialist Support Team Staff working in an external organisation

Implemented February 2013/Updated June 2014

### Receiving hospital's responsibility agreement

For and on behalf of patient:..... DoB:..... NHS:.....

Hospital name:..... Ward:.....

In the event that the above named patient requires admission to hospital, trained nursing staff or Specialist Support Workers (SSW's) from the Community Specialist Team (CSST) may attend the above named receiving hospital's ward / unit on the proviso that these terms are agreed.

- Staff from the CSST will work under the direction of Qualified Nursing on the hospital's ward/unit. CSST staff will continue to provide social care and support for the above patient during the period of admission;
- When CSST staff are deemed clinically competent to meet the patients continuing healthcare needs, this relates to when the above named patient is medically stable and therefore caution is required in relation to the delegation of tasks to the SSW's when the patient is acutely unwell. The CSST competence is documented on the reverse of this document.
- Qualified Nursing Staff on the hospital's ward / unit will be fully responsible for the on-going assessment of the above patient's health needs and for ensuring that the above patient's Healthcare is safely delivered and documented. Qualified Nursing staff on the hospital's ward / unit will be responsible for ensuring safe delegation to SSW's.
- Staff from the CSST must not be counted in the hospital's ward / unit staffing establishment.
- It is the receiving hospital's ward / unit responsibility to provide a local induction to the care environment and will provide a suitable working environment for staff from the CSST and ensure that they are supported and have access to a suitable area to take regular breaks. **This agreement will be carried by the SSW at all times when in the hospital.**
- Staff on the hospital's ward/unit will discuss any concerns relating to the CSST with the above patient's **On Call Nurse on [insert phone number]**.
- CSST will provide the hospital's ward / unit with a rota outlining details of which CSST staff will attend the unit to include name / designation and shift start and finish times. If a member of the CSST staff does not arrive on duty at the stated times, then the hospital's ward / unit will notify the on-call nurse for the CSST.
- All members of the CSST staff attending the ward / unit have an up to date enhanced Disclosure and Barring Service clearance (within 3 years), have occupational health clearance and will be up to date with mandatory training, to include Child Protection / Vulnerable adults and Basic Life Support Training.

**Above named Ward/Unit Manager's signature:**.....

**Name and designation (print):**..... **Date:** .....

**CSST Manager's signature:**..... **Date:** .....

**Name and designation (print):** ..... **Date:**.....

The receiving hospital has inducted the CSST member of staff in accordance with their local induction procedure and has signed below to confirm this.

Above named ward staff responsible for induction

**Name (print):** ..... **Designation:**.....

**Signed:**..... **Date:**.....

**Competency profile for:**.....

The table below details the competency I am required to complete for the aforementioned patient and this is my competency completion status to date. I am competent / training (delete as required).

Competency	Required Competence	Competence Level			
		E	P	Ia	Ib
Core Competency					
Administration of Medication					
Assisted Cough					
Autonomic Dysreflexia					
Bowel Care					
Buccal Midazolam					
Catheterisation					
CCHS					
Cough Assist					
Enteral Feeding					
Humidification					
Nebuliser					
Non-Invasive Ventilation					
Nursing Care					
Oxygen					
PEEP Ambu Bag					
PCO <sub>2</sub> Monitoring					
Rectal Medications					
Respiratory Physiotherapy					
Suction of artificial airways					
Suction of natural airways					
Suprapubic Catheterisation					
Tracheostomy					
Transport					

Ventilation					
Ventriculoperitoneal Shunt					

**Key:**

E = Exposure

P = Participation

la = Internalisation Competent to practice without supervision

lb = Internalisation Competent and experienced

**Name (print):** ..... **Designation:**.....

**Signed:**..... **Date:**.....