JOB DESCRIPTION
& PERSON SPECIFICATION

Clinical Nurse Specialist
Community Palliative Care
1.0WTE Permanent Contract
TITLE  
**Clinical Nurse Specialist - Community Palliative Care**

REPORTING TO  
Assistant Director of Nursing & Operations

SALARY SCALE  
Department of Health & Children Consolidated Pay Scales will apply to this post: € 48,570 to € 57,421 per annum pro rata. This position is funded by the HSE.

HOLIDAYS  
26-28 days per annum pro rata

HEALTH  
A candidate for and any person holding the post must be fully competent and capable of undertaking the duties attached to the post and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service. For the purpose of satisfying the requirements as to health, the successful candidate, before being appointed, shall undergo a pre-employment medical.

CHARACTER  
A candidate for and any person holding the office must be of good character.

HOURS OF WORK  
39 hours per week. Details of starting and finishing times, which may vary in accordance with Hospice needs, will be notified to you by your Head of Department/Deputy. There will be times when you will be required to work outside of the normal office hours.

WORKING WEEK  
Will be determined by the needs of the department.

LOCATION  
This position is based in Harold’s Cross however Our Lady’s Hospice & Care Services (OLH&CS) currently operates across two sites; Harold’s Cross and Blackrock. In the interest of patient care and changing needs, candidates are required to be completely flexible and are obliged to carry out duties in any department or location of the Hospice or associated locations when required to do so by the Chief Executive Officer.

ETHICAL CODE  
The post holder is requested to respect the special charism, ethos and tradition of OLH&CS and to observe and comply with its general policies, procedures and regulations.

CONFIDENTIALITY  
You will have access to various types of records/information in the course of your work. Such records and information are strictly confidential and unless acting on the instruction of an authorised person, on no account must information concerning staff, patients or other Hospital business be divulged or discussed except in the performance of normal duty. In addition, records may never be left in such a manner that unauthorised persons can obtain access to them and must be kept in safe custody when no longer required.

GARDA VETTING  
Legislation has been introduced for the provision of Garda Vetting in respect of candidates for employment in areas of the Health Services, where it is envisaged that potential employees would have substantial access to children or vulnerable adults. The successful candidate will be required to satisfactorily complete the Garda Vetting process prior to an appointment being made.
JOB PURPOSE

The purpose of this post in is to provide Specialist Palliative Care (SPC) and on-going management to patients and their families/carers under the care of OLH&CS. The aim of the role is to provide for the seamless care of this patient cohort and will involve strong clinical component together with a liaison role with the multidisciplinary team (MDT), speciality services and community services as appropriate to the care of the patient and their family / carers. The CNSp will work as a key member of the Consultant led Inter-disciplinary team providing physical, psychological, social and emotional support to the patient and their family /carers as appropriate to patient need.

The post holder’s practice is based on the five core concepts of the CNSp. role as defined by the NCNM 4th edition (2008) in order to fulfil the role. The concepts are:

- Clinical Focus
- Patient/Client Advocate
- Education and Training
- Audit and Research
- Consultant

MAIN DUTIES AND RESPONSIBILITIES

Clinical Focus

The CNSp will have a strong patient focus whereby the specialty defines itself as nursing and subscribes to the overall purpose, functions and ethical standards of nursing. The clinical practice role may be divided into direct and indirect care. Direct care comprises of the assessment, planning, delivery and evaluation of care to patients, their families and/or carer. Indirect care relates to activities that influence others in their provision of direct care.

Direct Care

- Model excellence in practice and promote a person centred approach to care, utilising specialist palliative care knowledge and expert skills.
- Provide a specialist nursing service for patients with progressive life limiting conditions e.g. cancer and other non-malignant conditions, as part of the Community Palliative Care Team, providing specialist palliative care, advice and support, to patients and their families/carers as appropriate.
- Apply the principles of palliative care that affirm life, offer patients with life-limiting conditions a support system to help them live as actively as possible until death with optimal quality of life and help families/carers cope during illness. Patients and their families/carers should be helped to engage in care planning to the extent that they are able and wish to be involved.
- Manage an agreed caseload within the community setting, facilitating the provision of high quality specialist palliative care to patients and their families, providing advice, expertise and support as part of the multidisciplinary team.
- Ensure that the dignity of the patient is ensured and maintained at all times and having regard to the ethics and philosophy of OLH&CS.
- Facilitate the provision of high quality palliative care by providing direct support and advice to patients and their families and to contribute specialist knowledge and skills to support the primary service providers.
- Accept appropriate referrals.
Undertake comprehensive patient assessment to include physical, psychological, social and spiritual elements of care using latest evidence based practice in specialist palliative care. Anticipate the many varied palliative care needs of patients and their families. Analyse complex situations and develop action plans to improve the quality of patient care.

Use the outcomes of patient assessment to develop and implement plans of care in conjunction with MDT colleagues, the patient, family and/or carer. Coordinate and integrate person-centred care in order to promote quality of life for patients with life-limiting conditions and their families/carers. This involves assessing need, promoting and preserving choice, predicting likely problems and planning for the future in the context of a changing and deteriorating disease trajectory.

Monitor and evaluate the patient’s response to treatment and make alterations in the management of patient’s conditions in collaboration with the MDT, GP and Public Health Nurse and the patient in line with agreed evidence based, pathways and policies, procedures, protocols and guidelines (PPPGs).

Advise and provide appropriate support to patients and their families in a relaxed and informal atmosphere so that the patient and his/her family feel that there is adequate time to discuss their problems of whatever nature.

Provide advice and support to augment symptom control and psychological, spiritual and bereavement care, for people with life threatening illness and their families.

Identify and promote specific symptom management strategies as well as the identification of triggers which may cause exacerbation of symptoms. Provide patients with appropriate self-management strategies and escalation pathways.

Work with other members of a multidisciplinary team with regard to pain and symptom management.

Provide a supportive service for patients and families assessing their psychosocial and spiritual needs and refer for formal counselling services as necessary being aware of the impact that illness may be having on the family as a whole.

Address ethical issues and, with other members of the multidisciplinary team, support patients when faced with ethical decisions.

Provide initial support to bereaved families, friends and carers and referring to the hospice bereavement service as appropriate.

Maintain accurate records using a system of documentation and appropriate information systems, which reflects on advanced assessment and practice.

Evaluate the effectiveness of nursing interventions and treatment protocols to ensure best clinical outcomes to benefit the patients, families, carers and organisational needs.

Support the CNM3 in working with the Primary Healthcare Team developing care initiatives and responding the changing health care environment.

Participate in team/unit meetings on patient/family care, management and progress.

Maintain effective channels of communication with patients, relatives and all other members of the multidisciplinary team.

**Indirect Care**

Agree and establish clear referral pathways to enhance communication and inter-professional teamwork with all members of the multidisciplinary team to ensure that multiple disciplines and agencies can be accessed and referred to as required in a timely manner.

Ensure that referrals received are made with approval from the General Practitioner/Consultant of Reference.

Advise family/carers on the safekeeping of drugs in the home.

Liaise closely with other agencies to ensure seamlessness of care for example; the Cancer Society and the Irish Hospice Foundation.
Patient Advocate

- Act as a patient’s advocate within the multidisciplinary team. Communicate, negotiate and represent patient’s values and decisions in relation to their condition in collaboration with MDT colleagues in both primary and secondary care.
- Enable patients, families/ carers to participate in decisions about their palliative care needs ensuring that the person and her/his family/carer understands and participate in decision-making regarding care to the extent that he/she is able to and wishes to be involved.
- Give encouragement, support, empathy and advice to patients, families and carers to enable them to explore and express feelings and issues of concern promoting informed choice.
- Facilitate effective communications between the multidisciplinary team the patients and their family/carers.
- Advocate for appropriate assessments, support and strategies for patients with palliative care needs.
- Establish, maintain and improve procedures for collaboration and cooperation between Acute Services, Primary Care and Voluntary Organisations.
- Actively promote positive approaches to palliative care management.
- Offer a support system to help the family/carer cope during the individuals illness and their impending loss, seeking, responding to and implementing people’s preferences about where they are cared for (e.g. in their own homes) if this is practicable.
- Advocate for the development of further services/resources to support and drive the management of positive approaches to palliative care.
- Demonstrate an awareness of ethical principles and social issues on an individual patient basis.
- Give skilled emotional support prior during and after treatments.
- Promote a safe, therapeutic care environment for patients.
- Show a commitment to developing self-care strategies.
- Proactively challenge any interaction which fails to deliver a quality service to patients.
- Comply with the organisations complaints policy.

Education & Training:

- Maintain professional expertise by participation in educational courses etc., thus ensuring continuing credibility amongst nursing, medical and health and social care professionals (NCNM 2001).
- Act as a role model and promote the provision of a clinical learning environment which enables the educational and professional development needs of staff to be met.
- In liaison with the CNM3, take part in planning and delivering research based, education and training, within the community.
- Facilitate the learning and development of others, in order to improve care for those with life-limiting conditions and their families.
- Support the development of healthcare professionals on placement with OLH&CS, by providing mentorship as appropriate and when required.
- Encourage individual practitioners and teams to participate in the education strategy to develop palliative care knowledge and competence in their own practice.
- Identify the specific education needs of individual patients and carers and facilitate meeting those needs.
- Assist in formal and informal education initiatives to staff, patients and carers to achieve effective clinical outcomes.
- Create exchange of learning opportunities within the MDT in relation to evidence based palliative care delivery through journal clubs, conferences etc.
- Develop and maintain links with Regional Centres for Nursing & Midwifery Education (RCNMEs), the Nursing and Midwifery Planning and Development Units (NMPDUs) and
relevant third level Higher Education Institutes (HEIs) in the design, development and delivery of educational programmes in palliative care.

- Have a commitment to lifelong learning and continue to undertake own professional development in accordance with professional requirements.
- Evaluate independently their own practice and goals using established outcome criteria and initiate discussion on performance with their manager.
- Promote developments to support nursing care and practice development through the use of reflective practice, clinical significant event analysis and staff support within the multidisciplinary team.
- Make effective use of developments in information technology for both patient care and administrative support in a manner which integrates well with systems throughout the organisation.
- To act as a resource to other team members, other healthcare professionals and to students on clinical placement.

Audit and Research:

- Maintain a record of clinically relevant data aligned to National KPI’s as directed and advised by the DON, the National Clinical Programme and senior management.
- Promote and contribute to nursing research in palliative care. Access current relevant research and advise and ensure the provision of informed evidence based practice in palliative care.
- Evaluate audit results and research findings to identify areas for quality improvement in collaboration with nursing management and MDT members and in keeping with the standards set out by the Clinical Programme for Palliative care and in line with the goals of the health service.
- Participate in the implementation of the recommendations outlined in National and International Reports and Literature.
- Initiate and audit the clinical effectiveness of the CNSp palliative care services in conjunction with the multidisciplinary team.
- Participate in multi-disciplinary audit and hospice performance management, setting realistic objectives in order to maintain a personal professional profile and demonstrate a high level of specialist practice.
- Contribute to service planning and budgetary processes using audit data and specialist knowledge. Identify service development needs annually.
- Keep accurate and legible records and data and submit statistical returns of specialist nursing activity. Provide information for performance indicators as required.
- As part of our ongoing commitment to quality patient care, you will be expected to be involved in OLH&CS continuous quality improvement work.
- Identify and encourage research based practice, policies and standards in relation to palliative care in the community.
- Critically evaluate research and assist in the implementation of evidence-based best practice in all aspects of patient care.
- Actively participate in the development of clinical policies, protocols and guidelines in liaison with the Medical Director and Director of Nursing.
- Disseminate research to colleague.
- Apply appropriate, evidence based, published research to practice and care.

Consultant:

- Provide leadership in clinical practice and act as a resource and role model for specialist practice.
- Actively participate in the development of evidence based clinical policies, protocols and guidelines in liaison with the Medical Director and Director of Nursing.
• Develop collaborative working relationships with local palliative care CNSp/ Registered Advanced Nurse Practitioners/MDT colleagues as appropriate.
• Develop and maintain relationships with specialist services in Voluntary Organisations which support patients in the community.
• Liaise with other health service providers in the development and on-going delivery of the National Clinical Programme model of care.

Management/Leadership

• Contribute to effective multidisciplinary team working and discussion, actively contributing to the in development of standards of care, audit tools and outcome measures related to the service.
• Support the development and effectiveness of team meetings through appropriate attendance and participation.
• Use of reflective skills and facilitation skills to evaluate current practice. Receive clinical supervision / alternative supports as needed.
• Support practice development through participation in complex case discussion /reflection with members of the MDT and other health care professionals as appropriate.
• Assume specific responsibilities in the absence of the CNM3 / COM as required.
• Work within the hospice’s policies and procedures guidelines.
• To ensure cost effective and appropriate use of material resources with due regard to budgetary control.
• Establish and maintain good working relationships with nursing staff and all other disciplines involved in care to provide good quality palliative care for patients and their families both within hospital, hospice and community services
• To adhere to Departmental and Hospice policies at all times.
• To perform such other duties appropriate to the post as may be assigned from time to time by the Manager or a nominee.

Health and Safety

These duties must be performed in accordance with local organisational & health and safety polices. In carrying out these duties the employee must ensure that effective safety procedures are in place to comply with the Health, Safety and Welfare at Work Act (2005) Staff must carry out their duties in a safe and responsible manner in line with the local policy documents and as set out in the local safety statement, which must be read and understood.

Quality, Risk and Safety

• Participate and cooperate with legislative and regulatory requirements with regard to quality, risk and safety.
• Participate and cooperate with local quality, risk and safety initiatives as required.
• Participate and cooperate with internal and external evaluations of the organisation’s structures, services and processes as required, including but not limited to, The National Hygiene Audit, National Decontamination Audit, Health and Safety Audits and other audits specified by the HSE or other regulatory authorities.
• To initiate, support and implement quality improvement initiatives in their area which are in keeping with local organisational quality, risk and safety requirements.
• Contribute to the development of PPPGs and safe professional practice and adhere to relevant legislation, regulations and standards.
• Ensure completion of incident/near miss forms and clinical risk reporting.
• Adhere to department policies in relation to the care and safety of any equipment supplied and used to carry out the responsibilities of the role of CNSp. in palliative care.
Specific Responsibility for Best Practice in Hygiene

Hygiene in healthcare is defined as “the practice that serves to keep people and the environment clean and prevent infection. It involves preserving ones health, preventing the spread of disease and recognising, evaluating and controlling health hazards” HSE(2006).

It is the responsibility of all staff to ensure compliance with local organisational hygiene standards, guidelines and practices.

The duties and responsibilities detailed above are a reflection of the present service requirements and are not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him/her from time to time and to contribute to the development of the post while in office.

This job description will be subject to review in the light of changing circumstances. The job description is not intended to be exhaustive but should be regarded as providing guidelines within which individuals work.
## Person Specification

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<th>Criteria</th>
<th>Essential</th>
<th>Desirable</th>
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<td>Qualifications</td>
<td>* Be a registered nurse in the General Division on the active Register of Nurses</td>
<td>* Management Training</td>
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<td>* Hold a relevant (level 8) post-graduate qualification in Palliative Care</td>
<td>* Teaching qualification</td>
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<td>* A full current drivers licence and access to a car</td>
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<tr>
<td>Experience</td>
<td>* Five years post qualification experience</td>
<td>* Experience in community nursing</td>
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<td>* Two years post qualification experience in Specialist Palliative Care.</td>
<td>* Experience in policy and procedure development</td>
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<td>* Demonstrate evidence of continuing professional development</td>
<td>* Experience with quality assurance, audit and nursing research</td>
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<td></td>
<td>* Have the ability to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice</td>
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## Core Competencies

### Professional Knowledge

**Clinical Nurse Specialist (Palliative Care) will:**

- Practice in accordance with relevant legislation and with regard to The Scope of Nursing & Midwifery Practice Framework (Nursing and Midwifery Board of Ireland, 2015) and the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (Nursing and Midwifery Board of Ireland, 2014)
- Maintain a high standard of professional behaviour and be professionally accountable for actions/omissions. Take measures to develop and maintain the competences required for professional practice
- Adhere to the Nursing & Midwifery values of Care, Compassion and Commitment (DoH, 2016)
- Adhere to national, regional and local HSE PPPGs
- Adhere to relevant legislation and regulation
- Adhere to appropriate lines of authority within the nurse management structure.

**Clinical Nurse Specialist (Palliative Care) will demonstrate:**

- In-depth knowledge of the role of Clinical Nurse Specialist (Palliative Care)
- In-depth understanding of the full spectrum of trajectories of life limiting conditions including prognostic factors, symptoms and problems. of the
- The ability to undertake a comprehensive assessment of the patient with specialist palliative care needs including taking an accurate history of their condition and presenting problem
The ability to formulate a plan of care based on findings and evidence based standards of care and practice guidelines
The ability to follow up and evaluate a plan of care
Knowledge of health promotion principles/coaching/self-management strategies that will enable people to take greater control over decisions and actions that affect their health and wellbeing
An understanding of the principles of clinical governance and risk management as they apply directly to Clinical Nurse Specialist in Palliative Care (role and the wider health service
Evidence of teaching in the clinical area
A working knowledge of audit and research processes
Evidence of computer skills including use of Microsoft Word, Excel, E-mail, PowerPoint

Communication and Interpersonal Skills

- Effective communication skills
- Ability to build and maintain relationships particularly in the context of MDT working
- Ability to present information in a clear and concise manner
- Ability to manage groups through the learning process
- Ability to provide constructive feedback to encourage future learning
- Effective presentation skills.

Organisation and Management Skills:

- Evidence of effective organisational skills including awareness of appropriate resource management
- Ability to attain designated targets, manage deadlines and multiple tasks
- Ability to be self-directed, work on own initiative
- A willingness to be flexible in response to changing local/organisational requirements.

Building & Maintaining Relationships including Team and Leadership skills

- Leadership, change management and team management skills including the ability to work with MDT colleagues.

Commitment to providing a quality service:

- Awareness and respect for the patient’s views in relation to their care
- Evidence of providing quality improvement programmes
- Evidence of conducting audit
- Evidence of motivation by ongoing professional development.

Analysing and Decision Making

- Effective analytical, problem solving and decision making skills