

**Candidate Clinical Nurse Specialist (cCNS Stroke Care, Early Supported Discharge)**

 **Letterkenny University Hospital**

**Job Specification & Terms and Conditions**

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| **Job Title, Grade Code** | **candidate Clinical Nurse Specialist (Stroke Care, Early Supported Discharge)** **(Grade Code 2697)**  |
| **Remuneration** | The salary scale for the post (as at 01/08/2025) is: €56,642; €57,669; €59,118; €60,592; €62,057; €63,532; €65,174; €66,705 New appointees to any grade start at the minimum point of the scale. Incremental credit will be applied for recognised relevant service in Ireland and abroad (Department of Health Circular 2/2011). Incremental credit is normally granted on appointment, in respect of previous experience in the Civil Service, Local Authorities, Health Service and other Public Service Bodies and Statutory Agency |
| **Campaign Reference** | L8468 |
| **Closing Date** | Friday 10th October 2025 at 4pm  |
| **Application Details** | **Applications must be submitted via Rezoomo only. Applications received in any other way will not be accepted. There will be no exceptions made.** |
| **Proposed Interview Date (s)** | Interviews will be held as soon as possible after the closing date. Candidates will usually be given at least one week’s notice of an interview. The timescale may be reduced in exceptional circumstances. |
| **Taking up an Appointment** | A start date will be indicated at the job offer stage. |
| **Location of Post** | Letterkenny University Hospital, HSE West/North WestThere is currently one permanent, part-time vacancy available for a candidate Clinical Nurse Specialist (CNS) in Stroke Care and Early Supported Discharge (ESD) at Letterkenny University Hospital.A panel may be formed as a result of this campaign for c**CNS, Stroke Care ESD,** from which current and future vacancies, both permanent and specified purpose, of full or part-time duration, may be filled.  |
| **Informal Enquiries** | We welcome enquiries about the role. Ms Lisa Friel, Assistant Director of Nursing, LUHEmail: Lisa.friel@hse.ieMobile:- 0874514491 |
| **Background to the cCNS pathway** | The Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice (DOH, 2019) outlines a pathway to support a change for specialist practice to develop and meet service need, including the revised eligibility criteria for CNS/CMS as follows:* A minimum of 1 years’ experience in practice prior to completing the required post graduate qualification in the specialist area at level 9 (equivalent to 60 ECTS or above)
* Recognition as a CNS/CMS to meet service needs therefore requires the completion of a postgraduate qualification together with a minimum of 1 years’ specialist experience
* This is in addition to meeting the requirements set by the HSE to ensure the delivery of safe, effective practice to meet service demands

In response to an identified service need a candidate CNS/CMS pathway has been established and sets out the following:1. Nurses/Midwives currently employed as Staff Nurses/Midwives (SN/SMs) and Enhanced Nurses/Midwives (EN/EMs) and any other nursing/midwifery grades who have a minimum of 1 years clinical experience and who express an interest in CNS/CMS roles could be supported to progress on a candidate CNS/CMS pathway as follows:
2. A recruitment campaign will be organised by the CHO/HG between local HR and services.
3. Nurses/midwives who are successful at interview for candidate CNS/CMS post will:
* be offered a contract for a *candidate CNS/CMS post Stroke Care)* at CNM1/CMM1 grade with a job description outlining the cCNS/cCMS competencies to be achieved.
* be required to demonstrate their specialist experience or if they do not possess the relevant specialist experience, they will be supported to attain one year’s clinical specialist experience
* be required to demonstrate that they have completed the required postgraduate education, or agree and are supported to undertake the required postgraduate education, at level 9 qualification (equivalent to 60 ECTS or above) relevant to the specialist area.
* be required to demonstrate that they have continuing professional development (CPD) relevant to the specialist area or will be supported to obtain the required CPD.
1. All of the above must be achieved within 2 years from appointment for this pathway.
2. For Nurses/Midwives who express an interest in CNS/CMS roles and who currently hold a level 8 educational qualification in the specialist area (equivalent to 60 ECTS or above), this qualification will be recognised up to September 2026.

The clinical experience requirements for this cohort of nurses/midwives remain consistent with the DoH (2019) policy, i.e. a minimum of 1 years’ experience in practice and a minimum of 1 years’ experience in the specialist area and they could be supported to progress on a candidate CNS/CMS Pathway.**The above pathway is valid from May 2023 to September 2026** |
| **Details of Service** | This cCNS position in LUH has been identified as a clinical need by the HSE National Clinical Programme for Stroke and is funded in line with the HSE Stroke Strategy 2022-2027 (HSE, 2022). This strategy outlines four pillars aimed at addressing the growing challenge of stroke care in Ireland. The four pillars are:1. Prevention
2. Acute Care and Cure,
3. Rehabilitation and Restoration to Living, and
4. Research and Education.

Early Supported Discharge (ESD) services are primarily aligned with the Rehabilitation and Restoration to Living pillar; however, as stroke care is, and should continue to be, integrated care, it is envisaged that there will be close linkages and working relationships with the Multi-Disciplinary Team (MDT) across the stroke pathway. The CNS role will involve assessing and supporting patients in their home environment through a structured, coordinated process.**LUH Stroke Care for Patients**The Acute Stroke Unit in LUH is an 8-bed unit that provides care for stroke patients, ensuring they receive high-quality, evidence-based care and information in an environment conducive to their individual needs through an MDT team approach. The introduction of the CNS Stroke Care, ESD will enhance patient care and support the delivery of care from the organisational perspective. Based within LUH, this dedicated Stroke Care EDS CNS position will deliver a high-quality, patient-centred, and evidence-based service to adults presenting with rehabilitation or restoration of living needs after stroke. The cCNS will work within the stroke service as part of the stroke multidisciplinary team (MDT) to deliver best practice stroke care to patients and will further develop the service as required to meet the needs of the patient and the organisation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Letterkenny University Hospital – The wider services** LUH is a 380-bed acute general hospital with a collocated maternity unit delivering a patient-centred, quality-driven, focused service. The hospital provides a range of services which include in-patient, day-case and out-patient basis, services include Intensive Care, Coronary Care, General Medicine, Geriatric care, Renal Dialysis, General Surgical and Urology, Obstetrics and Gynaecology, Paediatric care, a level 1 Special Care Baby Unit, Orthopaedics Consultant-led Oncology/Haematology services and a wide range of diagnostic services. A full range of clinical and non-clinical support services is available on-site, including four theatres, one obstetric theatre, a CSSD department, a Pathology/Laboratory department, and a Pharmacy Department.  LUH is a teaching hospital with links to the National University of Ireland, Galway, the Royal College of Surgeons, and Atlantic Technology University.  The hospital offers clinical training and placements for undergraduate nurses and midwives, as well as postgraduate Medical and Nursing education.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Overview of the University Hospitals (HSE West/North West)**The Saolta University Health Care Group provides acute and specialist hospital services to the West and Northwest of Ireland – counties Galway, Mayo, Roscommon, Sligo, Leitrim, Donegal, and adjoining counties.There are seven hospitals across eight sites:* [Letterkenny University Hospital (LUH)](https://saolta.ie/hospital/letterkenny-university-hospital)
* [Mayo University Hospital (MUH)](https://saolta.ie/hospital/mayo-university-hospital)
* [Merlin Park University Hospital (MPUH)](https://saolta.ie/hospital/merlin-park-university-hospital)
* [Portiuncula University Hospital (PUH)](https://saolta.ie/hospital/portiuncula-university-hospital)
* [Roscommon University Hospital (RUH)](https://saolta.ie/hospital/Roscommon%20University%20Hospital)
* [Sligo University Hospital (SUH)](https://saolta.ie/hospital/sligo-university-hospital), incorporating Our Lady's Hospital, Manorhamilton (OLHM)
* [University Hospital Galway (UHG)](https://saolta.ie/hospital/university-hospital-galway)

The Group's Academic Partner is the University of Galway. The Saolta Group’s region covers one third of the land mass of Ireland, it provides health care to a population of 830,000, employs 12,700 staff ( January 2023), and has a budget of €1 Billion. **Vision**Our vision is to be a leading academic Hospital Group that provides excellent, integrated, patient-centred care delivered by skilled, caring staff.**Saolta Guiding Principles**Care - Compassion - Trust - LearningOur guiding principles are to work in partnership with patients and other healthcare providers across the continuum of care to:* Deliver high-quality, safe, timely and equitable patient care by developing and ensuring sustainable clinical services to meet the needs of our population.
* Deliver integrated services across the Saolta Group Hospitals, with clear lines of responsibility, accountability and authority, whilst maintaining individual hospital site integrity.
* Continue to develop and improve our clinical services supported by education, research and innovation, in partnership with the University of Galway and other academic partners.
* Recruit, retain and develop highly-skilled multidisciplinary teams through support, engagement and empowerment.

**Saolta Strategy 2019-2023**We have developed a five-year strategy that outlines the vision and framework for the Group’s strategic development from 2019 to 2023. The post holder will continue working in line with the Saolta Strategy up to the time of the restructuring and the creation of the RHAs. We are committed to ensuring that our patients are at the centre of all service design, development and delivery. Over the five years of the strategy, we will further develop our services, both clinical and organisational, based around seven key themes: Quality and Patient Safety; Patient Access; Governance and Integration; Skilled Caring Staff; Education, Research and Innovation; eHealth and Infrastructure. These will be our key areas of focus, enabling us to meet the future needs of our patients. We continue to work closely with our community healthcare partners, including Community Healthcare West and Community Health Organisation 1 in the North West, to deliver more streamlined care to our patients in line with the national focus on bringing services closer to patients.We have commenced the process of developing two Managed Clinical and Academic Networks, Women’s & Children's Health and Cancer Services. These networks will ensure that specialities in individual hospitals will no longer work in isolation but as a networked team, which will improve clinical quality and patient safety. It will also support the collective learning and sharing of expertise, and will be supported by education, training, research, and audit programmes. It will result in safer, standardised and more sustainable services for our patients. |
| **Mission Statement** | Patients are at the heart of everything we do. Our mission is to provide high-quality and equitable services to all by delivering care based on excellence in clinical practice, teaching, and research, grounded in kindness, compassion, and respect, while developing our staff and establishing ourselves as a model employer.**OUR GUIDING VALUES** **Respect** - We are an organisation that respects privacy, dignity, and individual needs. Our staff are valued, supported, and involved in decision-making, and diversity is celebrated. Recognising that working in a respectful environment enables us to achieve more. **Compassion** - We treat patients and their family members with dignity, sensitivity, and empathy.**Kindness** - whilst we develop our organisation as a business, we will remember it is a service, and treat our patients and each other with kindness and humanity. **Quality** – We strive for continuous quality improvement in all we do, through creativity, innovation, education, and research. **Learning** - we nurture and encourage lifelong learning and continuous improvement, attracting, developing and retaining high-quality staff, enabling them to fulfil their potential. **Integrity** - through our governance arrangements and value system, we ensure that all our services are transparent, trustworthy, and reliable, delivered to the highest ethical standards, taking responsibility and accountability for our actions. **Teamwork – We engage and empower our staff by sharing best practices** and strengthening relationships with our partners and patients to achieve our Mission. **Communication** - we communicate with patients, the public, our staff and stakeholders, empowering them to actively participate in all aspects of the service, encouraging inclusiveness, openness, and accountability.*These Values shape our strategy to create an organisational culture and ethos that delivers high-quality and safe services for all we serve, and that staff are rightly proud of.*  |
| **Reporting Relationship** | **The cCNS is:** * **Professionally accountable to**: Director of Nursing, via Assistant Director of Nursing in the division.
* **Operationally accountable to**: Assistant Director of Nursing/Service manager, medical directorate.
* **The clinical reporting relationship** is to the Consultant who has responsibility for the service.

Note: Reporting relationships may change as the model of governance within the Hospital and Hospital Group evolves. |
| **Key Working Relationships****to include, but not limited to** | The c**CNS Stroke Care ESD** will work collaboratively with a range of internal and external stakeholders, including:Director/Assistant Director of Nursing/Line ManagerCNSs, RANP, and other nursing gradesMultidisciplinary Team colleagues and other key stakeholders across the integrated service area,Colleagues from the National Clinical and Integrated Care ProgrammesPatients/families and/or carersNursing and Midwifery Board of IrelandEducational BodiesNursing and Midwifery Planning and Development Units Centres of Nursing and Midwifery EducationNational Clinical Leadership CentreModern, safe, and effective stroke care can only be delivered in the context of close inter-professional collaboration. The post holder will be expected to develop and sustain working relationships across the multi-disciplinary acute stroke team and ESD team, as well as with health and social care partners in integrated care, the community setting, and with voluntary services as indicated by the clinical needs arising from the caseload. |
| **Purpose of the Post** | **As outlined in this job description, the cCNS pathway will facilitate the post holder to be supported to professionally and clinically develop the skills and knowledge required to achieve the competencies of the CNS role**. The cCNS post holder will be enabled to deliver care in line with the view core concepts of the role set out in the Framework for the Establishment of Clinical Nurse Specialist Posts, 4th edition, National Council for the Professional Development of Nursing and Midwifery (NCNM) 2008.The purpose of this Candidate Clinical Nurse Specialist, Stroke Care EDS post is to:* Provide effective and efficient delivery of an evidence based, patient focused, quality service for adults with stroke.
* Act as a resource and provide expert opinion, advice and guidance to nursing colleagues and other healthcare professionals in the area of stroke care.
* In conjunction with the relevant Director/Assistant Director of Nursing, ensure the stroke care is delivered in line with national policy.
* In conjunction with the relevant Director/Assistant Director of Nursing, develop local policies and care path-ways within stroke care.
* Work with undergraduate and postgraduate agencies to support the development of a skilled workforce in stroke care.

The cCNS post holder will be enabled to deliver care in line with the five core concepts of the role set out in the Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts, 4th edition, National Council for the Professional Development of Nursing and Midwifery (NCNM) 2008. **Caseload**The cCNS will focus initially on an agreed service user caseload: Adults with a diagnosis of Strokewho require support and treatment through the continuum of care to discharge. The cCNS clinical role is based on the core concepts and associated competencies for the CNS/CMS (adapted from NCNM 4th edition 2008)The concepts are:* Clinical Focus (Direct and Indirect Care)
* Service user/Service User Advocacy
* Education and Training
* Audit and Research
* Consultancy (including leadership in clinical practice)
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| **Principal Duties and Responsibilities** | * The post holder will support the principle that care of the patient comes first at all times and will approach their work with the flexibility and enthusiasm necessary to make this principle a reality for every patient to the most significant possible degree
* Maintain awareness of the patient's primacy about all hospital activities.
* Performance management systems are part of the role, and you will be required to participate in the Group’s performance management programme

Clinical Focus **The cCNS will be supported to:**Develop a strong patient focus whereby the speciality 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 encompasses the assessment, planning, delivery, and evaluation of care to the patient, their family, and/or carer. Indirect care relates to activities that influence and support the provision of direct care.**Direct Care**Throughout the agreed path-way, the cCNS will be enabled to develop the specific knowledge, skills and competencies to:* Provide a specialist nursing service for patients with a diagnosis of Strokewho require support and treatment through the continuum of care to discharge.
* Undertake comprehensive patient assessment in the most appropriate environment for the patient, including physical, psychological, social, and spiritual elements of care, using best evidence-based practice in Stroke care.
* Use the outcomes from nursing assessment to develop and implement plans of care/patient group management to contribute to the plans of patients, their families/carers and the MDT
* Monitor and evaluate the patient’s response to treatment, and adjust the plan of care accordingly in collaboration with the multidisciplinary team (MDT), the patient, their family, and/or carer as appropriate.
* Make alterations to the management of patient conditions in collaboration with the MDT and the patient, in line with the nursing aspects of agreed-upon pathways, policies, procedures, protocols, and guidelines (PPPGs).
* Accept appropriate referrals from MDT colleagues
* Co-ordinate investigations, treatment therapies and patient follow-up
* Communicate with patients, family and/or carer as appropriate, to assess patient needs and provide relevant support, information, education, advice and counselling as required
* Where appropriate, work collaboratively with MDT colleagues across Primary and Secondary Care to provide a seamless service delivery to the patient, family and/or carer as appropriate
* Participate in medication reconciliation, taking cognisance of polypharmacy and support medical and pharmacy staff with medication reviews and medication management
* Identify and promote specific symptom management strategies as well as the identification of triggers, which may cause exacerbation of symptoms. Provide the patient with appropriate self-management strategies and escalation pathways
* Manage nurse-led Strokeclinics in collaboration with the MDT
* Identify health promotion priorities for the patient, family, and/or caregiver, and support the patient in self-care, based on the best available evidence. This will include the provision of educational and health promotion material which is comprehensive, easy to understand and meets patients’ needs

**Indirect Care**The c**CNS** will:* Identify and agree on appropriate referral pathways for patient**s**
* Participate in patients' case reviews with MDT colleagues
* Use a case management approach to patient complex needs in collaboration with the MDT in both Primary and Secondary Care as appropriate
* Take a proactive role in formulating and providing evidence-based PPPGs related to the role of the CNS.
* Take a lead role in ensuring the nursing service for patients with Stroke is in line with best practice guidelines and the Safer Better Healthcare Standards (HIQA, 2012)

**Patient/Client Advocate**The c**CNS** will:* Communicate, negotiate and represent patient, family and/or carer values and decisions about their condition to MDT colleagues in both Primary and Secondary Care as appropriate
* Develop and support the concept of advocacy, particularly about patient participation in decision making, thereby enabling informed choice of treatment options
* Respect and maintain the privacy, dignity and confidentiality of the patient, family and/or carers
* Establish, maintain and improve procedures for nursing collaboration and cooperation between Acute Services, Primary Care and Voluntary Organisations as appropriate
* Proactively challenge any interaction, whether nursing or otherwise, that fails to deliver a high quality of service to the patient and their family.

Education & TrainingThe **cCNS** will:* Maintain clinical competence in patient management within strokenursing, keeping up-to-date with relevant research to ensure the implementation of evidence-based practice.
* Provide the patient, family, and/or carer with appropriate information, education, and other supportive interventions to increase their knowledge, skills, confidence, and autonomy in managing theircondition.
* Contribute to the design, development and implementation of education programmes and resources for the patient, family and/or carer about stroke **to** enable them to manage their condition.
* Provide mentorship and preceptorship for nursing colleagues as appropriate.
* Participate in training programmes for nursing, MDT colleagues and key stakeholders as appropriate.
* Create opportunities for exchanging learning within the MDT about evidence-based stroke nursing delivery through journal clubs, conferences, and other means.
* Develop and maintain links with Regional Centres for Nursing and Midwifery Education (RCNMEs), the Nursing and Midwifery Planning and Development Units (NMPDUs), and relevant third-level Higher Education Institutions (HEIs) in the design, development, and delivery of nursing educational programmes.
* In tandem with the line management structure, be responsible for addressing one's own continuing professional development (CPD) needs to maintain competencies required for the role.
* Utilise agreed-upon protected time for research, education, and professional development.
* In collaboration with the line manager, utilise the Professional Development Planning (CPD) Framework for Nurses and Midwives to plan and self-assess additional continuing professional development (CPD) needs.

Audit & ResearchThe c **CNS**  will:* Establish and maintain a register of patients within thecaseload of the CNS role.
* Maintain a record of clinically relevant data aligned to National Key Performance Indicators (KPI’s) as directed and advised by the DoN Services in conjunction with the senior clinical decision maker.
* Identify, initiate and conduct nursing audit and research relevant to the area of practice and take part in MDT audit and research.
* Identify, critically analyse, disseminate, and integrate into practice the best evidence relating to patient care.
* Contribute to nursing research on all aspects of stroke care in early supportive discharge within the stroke service.
* Use the outcomes of the audit to improve nursing service provision and advocate, when appropriate, for improvement of non-nursing services.
* Contribute to service planning and budgetary processes through the use of audit data and specialist knowledge.
* Monitor, access, utilise and disseminate current relevant research to advise and ensure the provision of informed evidence-based nursing practice.

**Audit expected outcomes, including:*** Collate data (for example, the Irish National Audit of Stroke) that will provide evidence of the effectiveness of CNS interventions. Refer to the National KPIs associated. KPIs should have a clinical nursing focus, as well as a breakdown of activities, including the number of patients seen and treated.
* Evaluate nursing audit results and research findings to identify areas for quality improvement in collaboration with nursing management and multidisciplinary team (MDT) colleagues across integrated care areas.

Consultant (including leadership in clinical practice)The **cCNS will:** * Understand leadership in clinical practice to act as a resource and role model for nursing strokepractice.
* Contribute to expanding nursing knowledge/expertise in the development of clinical standards and guidelines, and support implementation
* Use growing specialist knowledge to support and enhanceown nursing practice and the practice of colleagues.
* Develop collaborative working relationships with local StrokeCNS, Registered Advanced Nurse Practitioners, and MDT colleagues as appropriate, contributing to person-centred care pathways to promote an integrated model of care delivery.
* With the support of the DoN line manager, attend integrated care planning meetings as required
* Where 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 ongoing delivery of the National Clinical and Integrated Programme model of care.
* Network with other cCNSs in Early Supportive Discharge for Stroke Service and related clinical and professional areas of practice.
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| **Health and Safety**  | These duties must be performed by local organisational and the HSE health and safety polices. In carrying out these duties, the employee must ensure that adequate safety procedures are in place to comply with the Health, Safety and Welfare at Work Act (2005). Staff must carry out their duties safely and responsibly, in line with local policy documents and as outlined in the local safety statement, which must be read and understood.* Have a working knowledge of the Health Information and Quality Authority (HIQA) Standards as they apply to the role for example, Standards for Healthcare, National Standards for the Prevention and Control of Healthcare Associated Infections, Hygiene Standards etc.and comply with associated HSE protocols for implementing and maintaining these standards as appropriate to the role.
* To support, promote and actively participate in sustainable energy, water and waste initiatives to create a more sustainable, low carbon and efficient health service.

**Quality, Risk and Safety Responsibilities****I**t is the responsibility of all staff to:* Participate in and comply with legislative and regulatory requirements related to quality, risk, and safety.
* Participate and cooperate with local quality, risk and safety initiatives as required.
* Adequately identifies, assesses, manages and monitors risk within their area of responsibility.
* 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 authority
* Initiate, support, and implement nursing quality improvement initiatives in their area that are in line with local organisational quality, risk, and safety requirements.
* Contribute specialist expertise to the development of PPPGs and safe professional practice, and adhere to relevant legislation, regulations and standards.
* Comply with Health Service Executive (HSE) Complaints Policy.
* Respond immediately and appropriately to ensure the safety of any patient that you are aware has been put at risk.
* Ensure completion of incident/near miss forms and clinical risk reporting.
* Adhere to department policies about the care and safety of any equipment supplied and used to carry out the responsibilities of **CNS, Stroke Care ESD**

**Specific Responsibility for Best Practice in Hygiene**Hygiene is defined as: “The practice that serves to keep people and environments clean and prevent infection. It involves the study of preserving one’s health, preventing the spread of disease, and recognising, evaluating and controlling health hazards. In the healthcare setting, it incorporates the following key areas: environment and facilities, hand hygiene, catering, management of laundry, waste and sharps, and equipment“ (HIQA, 2008; P2)It is the responsibility of all staff to ensure compliance with local organisational hygiene standards, guidelines and practices. |
| **Management/ Administration:** | * Provide an efficient, effective and high-quality nursing service, respecting the needs of each patient, family and/or carer.
* Effectively manage time and caseloadto meet changing and developing service needs
* Continually monitor the nursing service to ensure it reflects current patient and organisational needs.
* Implement and manage identified changes.
* Ensure that confidentiality about patient records is maintained.
* Understand the need to represent the specialist nursing service at local, national and international fora as required.
* Maintain accurate and contemporaneous records and data on all matters about the planning, management, delivery and evaluation of nursing specialist care and ensure that this service is in line with HSE requirements.
* Contribute to the service planning process as appropriate and as directed by the Director of Nursing/ Line Manager.

**To support, promote and actively participate in sustainable energy, water and waste initiatives to create a more sustainable, low carbon and efficient health service.****The above Job Description is not intended to be a comprehensive list of all duties involved. Consequently, the post holder may be required to perform other duties as appropriate to the post, which may be assigned to them from time to time, and to contribute to the development of the post during their tenure.** |
| **Eligibility Criteria****Qualifications and/ or experience** | **Candidates must have at the latest date of application:** 1. **Statutory Registration, Professional Qualifications, Experience, etc.** (a) Eligible applicants will be those who on the closing date for the competition i. Be a registered nurse on the active Register of Nurses and Midwives held by An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) or be eligible to be so registered. **And** ii. Be registered in the General Division of the Nursing and Midwifery Board of Ireland (Bord Altranais agus Cnáimhseachais na hÉireann) Register for which the application is being made or be entitled to be so registered. **Or** In exceptional circumstances, which will be assessed on a case by case basis be registered in another division of the register of Nurses and Midwifes  **And** iii. Have a minimum of 1 years’ post registration full time experience or an aggregate of 1 years’ full time experience in the division of the register in which the application is being made **And**iv. Have a minimum of 1 years’ experience or an aggregate of 1 years’ full time experience in the specialist area of Stroke Care. **Or** If the applicant does not possess the relevant specialist experience, they will be supported to attain one year’s clinical specialist experience **And** v. Have successfully completed a post registration programme of study, as certified by the education provider which verifies that the applicant has achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 9 or higher award that is relevant to the specialist area of Stroke Care (equivalent to 60 ECTS or above), and in line with the requirements for specialist practice as set out by the National Council for Nursing and Midwifery 4th ed (2008). Alternatively provide written evidence from the Higher Education Institute that they have achieved the number of ECTS credits equivalent to a Level 9 or higher standard, relevant to the specialist area of Stroke Care (equivalent to 60 ECTS or above), and in line with the requirements for specialist practice as set out by the National Council for Nursing and Midwifery 4th ed (2008) prior to application (See Note 1 below) **Or** If the applicant does not possess the relevant QQI NFQ Level 9 qualification, the applicant will be supported to undertake the required postgraduate education at QQI NFQ level 9 qualification (equivalent to 60 ECTS or above relevant to the specialist area) **And** vi. Be required to demonstrate that they have continuing professional development (CPD) relevant to the specialist area. **And** vii. Have the ability to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice \*\*Note 1: For Nurses/Midwives who express an interest in CNS/CMS roles and who currently hold a level 8 educational qualification in the specialist area (equivalent to 60 ECTS or above), this qualification will be recognised up to September 2026. The clinical experience requirements for this cohort of nurses/midwives remain consistent with the DoH (2019) policy, i.e. a minimum of 1 years’ experience in practice and a minimum of 1 years’ experience in the specialist area and they could be supported to progress on a candidate CNS/CMS Pathway. **All of the above must be achieved within 2 years for this pathway.**   **And** (b) Candidates must possess the requisite knowledge and ability, including a high standard of suitability and clinical, leadership, managerial and administrative capacity for the proper discharge of the duties of the office. Annual registration1. Practitioners must maintain live annual registration on the appropriate/relevant Division of the register of Nurses and Midwives maintained by the Nursing and Midwifery Board of Ireland (Bord Altranais agus Cnáimhseachais ah Éireann) for the role.

  **And** 1. Practitioners must confirm annual registration with NMBI to the HSE by way of the annual Service user Safety Assurance Certificate (PSAC).

 Please note that appointment to and continuation in posts that require statutory registration is dependent upon the post holder maintaining annual registration in the relevant division of the register maintained by Bord Altranais agus Cnáimhseachais ah Éireann (Nursing & Midwifery Board of Ireland) by way of the Service user Safety Assurance Certificate (PSAC) **Health** A candidate for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service. **Character** Each candidate for and any person holding the office must be of good character. |
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| **Other requirements specific to the post** | Must have access to transport to fulfil the requirements of the role, which includes visits to patients’ home environments. |
| **Essential Skills, competencies and/or knowledge** | **Professional Knowledge and Experience**The **cCNS, Stroke Care ESD** will:* Practice in accordance with relevant legislation and with regard to The Code of Professional Conduct and Ethics Incorporating the Scope of Practice and Professional Guidance (NMBI 2025).
* Maintain a high standard of professional behaviour and be professionally accountable for actions/omissions. Take measures to continuously develop and maintain the competences required for specialist practice.
* Adhere to the Nursing values of Care, Compassion and Commitment (DoH, 2016)
* Adhere to national, regional and local HSE PPPGs
* Demonstrate practitioner competence, Knowledge and professionalism as it relates to CNS Stroke Care.
* Demonstrate an awareness of current and emerging nursing strategies and policies in relation to the clinical or specialist area.
* Demonstrate the ability to relate nursing research to nursing practice.
* Demonstrate an awareness of HR policies and procedures, including disciplinary procedures.
* Demonstrate an awareness of relevant legislation and policy, e.g., health and safety, infection control, etc.
* Demonstrate a commitment to continuing professional development.
* Demonstrate a willingness to develop IT skills relevant to the role.

**Demonstrate:*** An in-depth knowledge of the role of CNS, Stroke Care ESD.
* In-depth knowledge of the pathophysiology
* The ability to undertake a comprehensive assessment of the patient, including taking an accurate history of their medical 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 patient care in collaboration with the patient and key stakeholders.
* Knowledge of health promotion principles/coaching/self-management strategies that will enable patients/clients 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 the CNS 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, email, and PowerPoint.

**Organisation and Management Skills:**Demonstrate:* Evidence of practical organisational skills, including awareness of appropriate resource management and the importance of value for money
* Ability to plan and organise effectively
* Ability to attain designated nursing service targets, manage deadlines and multiple activities
* Ability to work autonomously
* A willingness to be flexible in response to changing local/organisational requirements.

**Building & Maintaining Relationships, including Team and Leadership skills**Demonstrate:* The ability to work on one's own initiative as well as the ability to build and maintain relationships with MDT colleagues.
* With the required support, demonstrate leadership in clinical practice
* A knowledge of change management and team management skills
* Adopts a collaborative approach to patient care by coordination of care/interventions and interdisciplinary team working.

**Commitment to providing a quality service:**Demonstrate:* Awareness and respect for patients' and family/carers’ views about their care
* A strong commitment to providing quality improvement programmes
* The ability to conduct audits
* Demonstrates integrity and ethical stance.
* Demonstrate motivation, initiative and an innovative approach to job and service developments, is flexible and open to change.

**Analysing and Decision Making**Demonstrate:* Adopts an overview of complex problems before generating solutions and anticipates implications
* Effective analytical, problem-solving solving and evidence-based decision-making skills
* Uses a range of information sources and knows how to access relevant information to address issues.

**Communication and Interpersonal Skills**Demonstrate:* Emotionally intelligent communication skills
* Ability to build and maintain relationships, particularly in the context of personal and team relationships
* Ability to present information in a clear and concise manner
* Ability to provide constructive feedback to encourage future learning
* Demonstrates the ability to influence others effectively.
 |
| **Campaign Specific Selection Process****Ranking/Shortlisting / Interview** | A ranking and or shortlisting exercise may be carried out based on information supplied in your application form. The criteria for ranking and/or shortlisting are based on the requirements of the post as outlined in the eligibility criteria and skills, competencies, and/or knowledge section of this job specification. Therefore, it is very important that you think about your experience in light of those requirements. Failure to include information regarding these requirements may result in you not being called forward to the next stage of the selection process. Those successful at the ranking stage of this process (where applied) will be placed on an order of merit and will be called to interview in ‘bands’ depending on the service needs of the organisation. |
| **Diversity, Equality and Inclusion** | The HSE is an equal opportunities employer.Employees of the HSE bring a range of skills, talents, diverse thinking and experience to the organisation. The HSE believes passionately that employing a diverse workforce is central to its success – we aim to develop the workforce of the HSE so that it reflects the diversity of HSE patients and to strengthen it through accommodating and valuing different perspectives. Ultimately this will result in improved patient and employee experience. The HSE is committed to creating a positive working environment whereby all employees inclusive of age, civil status, disability, ethnicity and race, family status, gender, membership of the Traveller community, religion and sexual orientation are respected, valued and can reach their full potential. The HSE aims to achieve this through the development of an organisational culture where injustice, bias and discrimination are not tolerated. The HSE welcomes people with diverse backgrounds and offers a range of supports and resources to staff, such as those who require a reasonable accommodation at work because of a disability or long term health condition. For further information on the HSE's commitment to Diversity, Equality and Inclusion, please visit the Diversity, Equality and Inclusion web page at <https://www.hse.ie/eng/staff/resources/diversity/>  |
| **Code of Practice** | The Health Service Executive will run this campaign in compliance with the Code of Practice prepared by the Commission for Public Service Appointments (CPSA). The CPSA is responsible for establishing the principles that should be followed when making an appointment. These are set out in the CPSA Code of Practice. The Code outlines the standards that should be adhered to at each stage of the selection process and sets out the review and appeal mechanisms open to candidates should they be unhappy with a selection process.The CPSA Code of Practice can be accessed via <https://www.cpsa.ie/>. |
| The reform programme outlined for the Health Services may impact this role, and as structures changel the Job Specification may be reviewed.This Job Specification is a guide to the general range of duties assigned to the post holder. It is intended to be neither definitive nor restrictive and is subject to periodic review with the employee concerned. |

 **Terms and Conditions of Employment**

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| **Tenure**  | The current vacancy available is permanent, part-time and pensionable. A panel may be formed as a result of this campaign for c**CNS, Stroke Care ESD, LUH,** from which current and future, permanent and specified purpose vacancies of full or part-time duration may be filled.Appointment as an employee of the Health Service Executive is governed by the Health Act 2004 and the Public Service Management (Recruitment and Appointments) Act 2004 and Public Service Management (Recruitment and Appointments) Amendment Act 2013. |
| **Remuneration**  | The salary scale for the post (as at 01/08/2025) is: €56,642; €57,669; €59,118; €60,592; €62,057; €63,532; €65,174; €66,705 New appointees to any grade start at the minimum point of the scale. Incremental credit will be applied for recognised relevant service in Ireland and abroad (Department of Health Circular 2/2011). Incremental credit is normally granted on appointment, in respect of previous experience in the Civil Service, Local Authorities, Health Service and other Public Service Bodies and Statutory Agency |
| **Working Week** | The standard working week applying to this post is 18.75 hours.HSE Circular 003-2009 “Matching Working Patterns to Service Needs (Extended Working Day / Week Arrangements); Framework for Implementation of Clause 30.4 of Towards 2016” applies. Under the terms of this circular, all new entrants and staff appointed to promotional posts from Dec 16th 2008 will be required to work agreed roster / on call arrangements as advised by their line manager. Contracted hours of work are liable to change between the hours of 8 am-8 pm over seven days to meet the requirements for extended day services by the terms of the Framework Agreement (Implementation of Clause 30.4 of Towards 2016). |
| **Annual Leave** | The annual leave associated with the post will be confirmed at the contracting stage and is in accordance with HSE Policy. |
| **Superannuation** | This is a pensionable position with the HSE. The successful candidate will upon appointment become a member of the appropriate pension scheme. Pension scheme membership will be notified within the contract of employment. Members of pre-existing pension schemes who transferred to the HSE on the 01st January 2005 pursuant to Section 60 of the Health Act 2004 are entitled to superannuation benefit terms under the HSE Scheme which are no less favourable than those which they were entitled to at 31st December 2004. |
| **Age**  | The Public Service Superannuation (Age of Retirement) Act, 2018\* sets 70 years as the compulsory retirement age for public servants.***\* Public Servants not affected by this legislation:***Public servants joining the public service, or re-joining the public service with a 26 week break in service, between 1 April 2004 and 31 December 2012 (new entrants) have no compulsory retirement age.Public servants, joining the public service or re-joining the public service after a 26 week break, after 1 January 2013 are members of the Single Pension Scheme and have a compulsory retirement age of 70. |
| **Probation** | Every appointment of a person who is not already a permanent officer of the Health Service Executive or of a Local Authority shall be subject to a probationary period of 12 months as stipulated in the Department of Health Circular No.10/71. |
| **Mandated Person Children First Act 2015** | As a mandated person under the Children First Act 2015, you will have a legal obligation * To report child protection concerns at or above a defined threshold to TUSLA.
* To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report

You will remain a mandated person for the duration of your appointment to your current post or for the duration of your appointment to such other post as is included in the categories specified in the Ministerial Direction. You will receive full information on your responsibilities under the Act on appointment. |
| **Protection of Children Guidance and Legislation** | The welfare and protection of children is the responsibility of all HSE staff. You must be aware of and understand your specific responsibilities under the Children First Act 2015, the Protections for Persons Reporting Child Abuse Act 1998 in accordance with Section 2, Children First National Guidance and other relevant child safeguarding legislation and policies. Some staff have additional responsibilities such as Line Managers, Designated Officers and Mandated Persons. You should check if you are a Designated Officer and / or a Mandated Person and be familiar with the related roles and legal responsibilities.For further information, guidance and resources please visit: [HSE Children First webpage](https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/). |
| **Infection Control** | Have a working knowledge of Health Information and Quality Authority (HIQA) Standards as they apply to the role for example, Standards for Healthcare, National Standards for the Prevention and Control of Healthcare Associated Infections, Hygiene Standards etc. and comply with associated HSE protocols for implementing and maintaining these standards as appropriate to the role. |
| **Health & Safety** | It is the responsibility of line managers to ensure that the management of safety, health and welfare is successfully integrated into all activities undertaken within their area of responsibility, so far as is reasonably practicable. Line managers are named and roles and responsibilities detailed in the relevant Site Specific Safety Statement (SSSS). Key responsibilities include:* Developing a SSSS for the department/service[[1]](#footnote-1), as applicable, based on the identification of hazards and the assessment of risks, and reviewing/updating same on a regular basis (at least annually) and in the event of any significant change in the work activity or place of work.
* Ensuring that Occupational Safety and Health (OSH) is integrated into day-to-day business, providing Systems Of Work (SOW) that are planned, organised, performed, maintained and revised as appropriate, and ensuring that all safety related records are maintained and available for inspection.
* Consulting and communicating with staff and safety representatives on OSH matters.
* Ensuring a training needs assessment (TNA) is undertaken for employees, facilitating their attendance at statutory OSH training, and ensuring records are maintained for each employee.
* Ensuring that all incidents occurring within the relevant department/service are appropriately managed and investigated in accordance with HSE procedures[[2]](#footnote-2).
* Seeking advice from health and safety professionals through the National Health and Safety Function Helpdesk as appropriate.
* Reviewing the health and safety performance of the ward/department/service and staff through, respectively, local audit and performance achievement meetings for example.

Note: Detailed roles and responsibilities of Line Managers are outlined in local SSSS. |

1. A template SSSS and guidelines are available on the National Health and Safety Function/H&S web-pages [↑](#footnote-ref-1)
2. See link on health and safety web-pages to latest Incident Management Policy [↑](#footnote-ref-2)