

**Clinical Nurse Specialist (Palliative Care)**

Sain-Altra Cliniciúil(Ginearálta)

**Job Specification & Terms and Conditions**

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| **Job Title and Grade** | **Clinical Nurse Specialist (Palliative Care)**  *(Grade Code: 2632)* |
| **Campaign Reference** | SLPC2501 |
| **Proposed Interview Date (s)** | TBC |
| **Taking up Appointment** | A start date will be indicated at job offer stage. |
| **Location of Post** | This campaign is for **North West Hospice, Sligo** from which current and future, permanent and specified purpose vacancies of full time or part time duration may be filled.  A panel may be created for the Community and Acute Hospitals from which positions can be offered. |
| **Informal Enquiries** | Jacinta Kelly, DON  **Email:** Jacinta.kellysgh@hse.ie  **Tel:** 087 6095902 |
| **Closing Date** | **Tuesday 29th April 2025 @ 12 Noon** |
| **Details of Service/Background to the post** | North West Hospice Palliative Care team provides specialist care for patients, both adults and children, who have problems associated with a life limiting illness and to their families.  The team provides skilled assessment, treatment and support of complex physical and psychological symptoms and social needs related to the condition.  Referrals are made to the team by GP’s or Hospital Consultants for people living in the counties Sligo, Leitrim, South Donegal and West Cavan.  The team provide advice, support, and education to GP’S, PHN's, Nursing Homes and Community & Acute Hospitals and Night Nurses provided by the Irish Cancer Society.  The Palliative Care team is multidisciplinary and led by Consultants in Palliative medicine and includes CNMIII, CNSP's, Palliative Care Consultants & Doctors, Social Workers and has secretarial support.  It is a 7 day service.  It is an experienced, passionate team that strives to improve the quality of life for those in their care. |
| **Reporting Relationship** | The post holder will report to:   * The relevant Clinical Nurse Manager 3 * The relevant Director of Nursing |
| **Purpose of the Post** | **The purpose of this Clinical Nurse Specialist (Palliative Care**) post is to:  Deliver care in line with the five 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 Clinical Nurse Specialist (Palliative Care) will enable the delivery of an efficient and effective Specialist Palliative Care Service that meets the needs of all patients and desired outcomes in line with key national drivers - National Standards For Safer Better Healthcare (HIQA, 2012), National Clinical Programme Palliative Care and Palliative Care Services Development Framework (HSE 2009). The Clinical Nurse Specialist Palliative Care is a key member of the disciplinary Team providing Specialist Palliative Care to malignant and non-malignant conditions.  **Caseload**  All referrals are triaged on clinical need, the Clinical Nurse Specialist (Palliative Care) caseload will focus initially on the following adult and paediatric patient groups;   * Patients with a life-limiting condition * Patients with current or anticipated complexities relating to symptom control, end of life care planning or other physical, psychosocial or spiritual care needs that cannot reasonably be met by the current care provider(s). |
| **Principal Duties and Responsibilities** | The post holder’s practice is based on the five core concepts of Clinical Nurse Specialist (Palliative Care) 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  **Clinical Focus**  Clinical Nurse Specialist (Palliative Care) 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 the assessment, planning, delivery and evaluation of care to the patient, family and/or carer. Indirect care relates to activities that influence and support the provision of direct care.  **Direct Care**  *Clinical Nurse Specialist (Palliative Care) will:*   * Provide a specialist nursing service for patients requiring Palliative caresupport and treatment through the continuum of their care. * Undertake comprehensive palliative care needs assessment to include physical, psychological, social and spiritual elements of care using best evidence based practice in palliative care. * Use the outcomes of patient assessment to develop and implement plans of care/case management in conjunction with the multi-disciplinary team (MDT) and the patient, family and/or carer as appropriate. * Monitor and evaluate the patient’s response to treatment and amend the plan of care accordingly in conjunction with the MDT and patient, family and/or carer as appropriate. * Make alterations in the management of patient’s condition in collaboration with the MDT and the patient in line with agreed pathways and policies, procedures, protocols and guidelines (PPPG’s). * 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’s 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 poly-pharmacy 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 patients with appropriate self-management strategies and escalation pathways. * Manage nurse led palliative care discussions with MDT input. * Identify health promotion priorities for the patient, family and/or carer and support patient self-care in line with best evidence. This will include the provision of educational and health promotion material which is comprehensive, easy to understand and meets patient’s needs.   **Indirect Care**   * Identify and agree appropriate referral pathways for patients who require a palliative care needs assessment. * Participate in case review with MDT colleagues. * Use a case management approach to patients with complex needs in collaboration with MDT in both Primary and Secondary Care as appropriate. * Take a proactive role in the formulation and provision of evidence based PPPGs relating to palliative care. * Take a lead role in ensuring the service for patients with palliative care needs are in line with best practice guidelines and the Safer Better Healthcare Standards (HIQA, 2012).   **Patient/Client Advocate**   * Communicate, negotiate and represent patient’s family and/or carer values and decisions in relation to their condition in collaboration with MDT colleagues in both Primary and Secondary Care as appropriate. * Develop and support the concept of advocacy, particularly in relation to 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 carer. * Establish, maintain and improve procedures for collaboration and cooperation between Acute Services, Primary Care and Voluntary Organisations as appropriate. * Proactively challenge any interaction which fails to deliver a quality service to patients.   **Education & Training:**   * Maintain clinical competence in patient management within palliative care nursing, 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 and other supportive interventions to increase their knowledge, skill and confidence in managing their palliative care needs. * Contribute to the design, development and implementation of education programmes and resources for the patient, family and/or carer in relation to palliative care. * Provide mentorship and preceptorship for nursing colleagues as appropriate. * Participate in training programmes for nursing/midwifery, MDT colleagues and key stakeholders as appropriate. * 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. * Be responsible for addressing own continuing professional development needs   **Audit & Research:**   * Establish and maintain a register of patients with palliative care needs within Clinical Nurse Specialist (Palliative Care) Caseload. * Maintain a record of clinically relevant data aligned to National Key Performance Indicators (KPI’s) as directed and advised by the DoN. * Identify, initiate and conduct nursing and MDT audit and research projects relevant to the area of practice. * Identify, critically analyse, disseminate and integrate best evidence relating to palliative care practice. * Contribute to nursing research on all aspects of palliative care. * Use the outcomes of audit to improve service provision. * Contribute to service planning and budgetary processes through 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 practice.   ***Audit expected outcomes including:***   * Collate data (clinical targets aligned to National Clinical Programme Palliative Care) which will provide evidence of the effectiveness of Clinical Nurse Specialist (Palliative Care) interventions undertaken 3 or 4 - Refer to the National Council for the Professional Development of Nursing and Nursing final report - *Evaluation of Clinical Nurse and Midwife Specialist and Advanced Nurse and Midwife Practitioner roles in Ireland* (SCAPE Report, 2010) and refer to the National KPIs associated with the speciality. They should have a clinical nursing/midwifery focus as well as a breakdown of activity - patients seen and treated. * Evaluate audit results and research findings to identify areas for quality improvement in collaboration with nursing/midwifery management and MDT colleagues (Primary and Secondary Care).   **Consultant:**   * Provide leadership in clinical practice and act as a resource and role model for palliative care practice. * Generate and contribute to the development of clinical standards and guidelines and support implementation. * Use specialist knowledge to support and enhance generalist nursing/midwifery practice. * Develop collaborative working relationships with local palliative care Clinical Nurse Specialists /Registered Advanced Nurse Practitioner/MDT colleagues as appropriate, developing person centred care pathways to promote the integrated model of care delivery. * With the support of the Director of Nursing, 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 on-going delivery of the National Clinical Programme model of care. * Network with other Clinical Nurse Specialist’s in palliative care and in related professional associations.   **Health & Safety:**  These duties must be performed in accordance with local organisational and the HSE 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 Responsibilities**  It is the responsibility of all staff to:   * 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. * 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. * Comply with Health Service Executive (HSE) Complaints Policy. * 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 Clinical Nurse Specialist in palliative care.   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 ones 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 service, respecting the needs of each patient, family and/or carer. * Effectively manage time and caseload in order to meet changing and developing service needs. * Continually monitor the service to ensure it reflects current needs. * Implement and manage identified changes. * Ensure that confidentiality in relation to patient records is maintained. * Represent the specialist service at local, national and international fora as required. * Maintain accurate and contemporaneous records and data on all matters pertaining to the planning, management, delivery and evaluation of 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 DoN. * 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 etcand 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.   **The above Job Specification is 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.** |
| **Eligibility Criteria**  **Qualifications and/ or experience** | **Candidates must have at the latest date of application:**  **1. Professional Qualifications, Experience, etc.**  (a)  Be a registered nurse/midwife 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  Be registered in the division(s) 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 Midwives.  AND  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 (taking into account (ii) (iii) if relevant)  And  Have a minimum of 1 years’ experience or an aggregate of 1 years’ full time experience in specialist area of Palliative Care.  And  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 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 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). INSERT NAME of care prior to application\* (See \*\*Note 1 below).  And  Be required to demonstrate that they have continuing professional development (CPD) relevant to the specialist area.  AND  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.  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.  **2. Annual Registration**   1. 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 na hÉireann) for the role.   **And**   1. Confirm annual registration with NMBI to the HSE by way of the annual Patient Safety Assurance Certificate (PSAC).   **3. Health**  Candidates 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.  **4. Character**  Candidates for and any person holding the office must be of good character.  ***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 na hÉireann (Nursing & Midwifery Board of Ireland) by way of the Patient Safety Assurance Certificate (PSAC).*** |
| **Post Specific Requirements** | Demonstrate depth and breadth of experience in the area of palliative care as relevant to the role. |
| **Other requirements specific to the post** | **N/A** |
| **Skills, competencies and/or knowledge** | **Professional Knowledge**   * 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. * The ability to undertake a comprehensive palliative care needs assessment of the patient**,** including taking an accurate history of their condition and presenting problem. * The ability to employ appropriate diagnostic interventions including to support clinical decision making and the patients’ self- management planning. * Understanding of the principles and philosophy of palliative care * 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 (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. |
| **Campaign Specific Selection Process**  **Ranking/Shortlisting / Interview** | A ranking and or shortlisting exercise may be carried out on the basis of 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. |
| **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 Code of Practice sets out how the core principles of probity, merit, equity and fairness might be applied on a principle basis. The Code also specifies the responsibilities placed on candidates, facilities for feedback to applicants on matters relating to their application when requested, and outlines procedures in relation to requests for a review of the recruitment and selection process and review in relation to allegations of a breach of the Code of Practice. Additional information on the HSE’s review process is available in the document posted with each vacancy entitled “Code of Practice, Information for Candidates”.  Codes of practice are published by the CPSA and are available on [www.hse.ie/eng/staff/jobs](http://www.hse.ie/eng/staff/jobs) in the document posted with each vacancy entitled “Code of Practice, Information for Candidates” or on [www.cpsa.ie](http://www.cpsa.ie). |
| The reform programme outlined for the Health Services may impact on this role and as structures change 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. | |



**Clinical Nurse Specialist (Palliative Care)**

**Terms and Conditions of Employment**

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| **Tenure** | The posts are pensionable. A panel may be created from which permanent and specified purpose vacancies of full or part time duration may be filled. The tenure of these posts will be indicated at “expression of interest” stage.  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 of 01/03/2025 is:  €60,854 61,862 62,715 64,106 65,644 67,154 68,664 70,364 71,943 74,658 76,897 LSI  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 Agencies. |
| **Working Week** | The standard working week applying to the post is to be confirmed at Job Offer stage. |
| **Annual Leave** | The annual leave associated with the post will be confirmed at contracting stage. |
| **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 to those which they were entitled to at 31st December 2004. |
| **Age** | The Public Service Superannuation (Age of Retirement) Act, 2018\* set 70 years as the compulsory retirement age for public servants.  ***\* Public Servants not affected by this legislation:***  Public servants recruited between 1 April 2004 and 31 December 2012 (“new entrants”) have no compulsory retirement age.  Public servants recruited since 1 January 2013 are members of the Single Pension Scheme have already 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. |
| **Protection of Persons Reporting Child Abuse Act 1998** | As this post is one of those designated under the Protection of Persons Reporting Child Abuse Act 1998, appointment to this post appoints one as a designated officer in accordance with Section 2 of the Act.  You will remain a designated officer 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. |
| **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. |
| **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)