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**National Clinical Lead - Trauma Services**

**Job Specification & Terms and Conditions**

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| **Job Title and Grade** | **National Clinical Lead - Trauma Services**  **Consultant (Grade Code - to be confirmed)** |
| **Campaign Reference** | HBS06758 |
| **Closing Date** | Tuesday 15th January 2019 @ 3pm |
| **Proposed Interview Date (s)** | February 2019 |
| **Taking up Appointment** | A start date will be indicated at job offer stage. |
| **Organisational Area** | HSE Corporate |
| **Location of Post** | Health Service Executive, Dr. Steevens' Hospital, Dublin 8  A panel may be created for National Clinical Lead, Trauma Services from which specified purpose vacancies of full or part time duration may be filled |
| **Informal Enquiries** | John Hennessy,  National Director – Acute Strategy & Planning  Phone: 01 635 2232 Email: [acute.strategy@hse.ie](mailto:acute.strategy@hse.ie) |
| **Details of Service** | The Report of the Trauma Steering Group: A Trauma System for Ireland was published in February 2018 and sets out a vision for the future of trauma services in Ireland. The report recommends that the future Trauma System is based on the introduction of national standards for the delivery of trauma care so that each patient regardless of the severity of their injury, or their location, receives the highest possible standard of care in the most appropriate health care facility. Patients with major trauma and complex needs will be managed in an integrated, seamless way due to the co-ordination and teamwork of the individual specialties and services involved in their care.  This includes the categorising of regions and hospitals within a tiered trauma system. The inclusive trauma system will operate as a “Hub and Spoke” model, providing high quality services in such areas as prevention, pre-hospital care, acute care, reconstruction and ongoing care and rehabilitation. Patient safety and quality must be at the core of the trauma system, which will continually strive to reduce variability in the provision of trauma care across the care pathway. There will be a strong focus on training, education, monitoring and evaluating the system, audit and research.  The development of an integrated and inclusive trauma system will build on the existing strengths of many individual elements of the trauma prevention and care pathway as well as address recognised shortcomings in trauma care. Hospital Groups, Community Healthcare Organisations, the National Ambulance Service and other service providers will have a role in delivering an effective inclusive trauma system.  The trauma system governance arrangements will ensure integration across organisational boundaries, in addition to providing distinct national leadership. Trauma system governance arrangements will be established both at national level and network level. |
| **Reporting Relationship** | Professional reporting line to the Chief Clinical Officer HSE  Reporting relationship may be subject to change in accordance with new organisational structures.  **Key Working Relationships:**   * Chief Clinical Officer, Acute & Community Operational Services, Acute and Community Strategy & Planning, Strategic Planning and Transformation, Office of the Chief Information Officer, Quality & Patient Safety Lead. * The National Ambulance Service * The Trauma Clinical Advisory Group * The HSE Clinical Strategy and Programmes, including the Clinical Programmes for:   + Emergency Medicine   + Trauma and Orthopaedics   + Surgery   + Older Persons   + Rehabilitation Medicine   + Anaesthesia   + Critical Care   + National Transport Medicine   + Integrated Care Programmes   The Office of the Nursing and Midwifery Services Director and the Irish Institute of Trauma and Orthopaedic Surgery (IITOS), the Royal College of Surgeons in Ireland (RCSI), the National Office of Clinical Audit(NOCA), universities, professional bodies, the Health Information and Quality Authority(HIQA) and service user representatives.   * The role will also have key working relationships with colleagues across the Hospital Groups and Community Healthcare Organisations (CHOs). * The proper execution of duties will involve the development of appropriate communication plans with a range of senior and other key stakeholders both internal and external, including with the Department of Health. |
| **Purpose of the Post** | The core purpose of this role is to provide clinical leadership to the transformation of trauma services, working as part of the wider commissioning arrangements currently being introduced within the HSE. The Clinical Lead will have oversight of trauma services nationally, and will play a lead role working alongside senior strategy and planning staff with the implementation of the Report of the Trauma Steering Group. He/she will be responsible for ensuring that effective governance mechanisms are put in place to support the establishment and development of the Trauma System and individual Trauma Networks. He/she will provide clinical advice, perspective and support to the Chief Clinical Officer and the Deputy Director Generals for Strategy and Planning, and Operations in relation to trauma services and work through and across the Hospital Group and CHO structures.  To align systems and processes already in place in the healthcare system with the components of the trauma care pathway.  To ensure that all components of the trauma service, whether at the prevention stage, pre-hospital, individual hospital, network, or CHO level, are developed in a coherent, coordinated and inclusive manner.  To facilitate and support a process of alignment between the national trauma system agenda and the strategic and operational objectives of the wider HSE.  Key deliverables will include the successful implementation of the recommendations of the Report of the Trauma Steering Group within scheduled timelines and the achievement of improved clinical outcomes for trauma patients in Ireland. |
| **Principal Duties and Responsibilities** | **Leadership**   * To play a lead role with the implementation of the Trauma Steering Group Report at all levels within the HSE and through the Hospital Groups and CHOs, and specifically to provide support and general leadership in trauma services in relation to the development of:   + A detailed implementation plan which groups initiatives by short (1 year), medium (2-4 years) and long term (6 years) goals   + Trauma system component pathways   + Robust repatriation protocols   + A gap analysis of the existing capacity and range of services available along the entire trauma care pathway   + Appropriate key performance metrics   + A National Clinical Advisory Group for Trauma   + Trauma Patient Advisory Committee   + Protocols to ensure that the patient voice is at the centre of trauma services nationally * To support the establishment of the National Office of Trauma Services within the HSE. * To work closely with the Department of Health, the HSE, Hospital Groups, CHOs, pre-hospital care providers and training, accreditation and professional bodies on the implementation of the Trauma recommendations. * Drive necessary changes / improvement in relation to clinical governance / leadership in Trauma Services. * Develop and integrate HSE contingency plans for major emergency events across the entire trauma care pathway.   **Quality & Safety**   * Provide clinical guidance support in relation to trauma services quality and risk issues. * Establish a Quality Assurance system framework, inclusive of clinical audit and performance measurement at national, network and local levels that links to the governance framework. * Establish and maintain a Trauma Service Risk Register. * Support the clinical audit function of trauma services, informed by the trauma services strategy and the Major Trauma Audit (MTA), National Office of Clinical Audit. * Collaborate with the Clinical Lead for the MTA to further develop the trauma audit methodology to capture medium and long term patient outcomes. * Develop a suite of Key Performance Indicators (KPI’s) in order to benchmark hospitals, networks and overall health systems performance in trauma care against national and international norms. * Establish a national performance framework, which reflects and encompasses the recommended trauma care pathway, to support delivery of enhanced major trauma care in Ireland. * Collaborate with HSE Human Resources to ensure that leadership capacity is developed throughout the trauma service by the establishment of a developmental programme for staff. * Publish quarterly and annual national performance reports on the trauma service. * Harness expertise and advocacy by engaging with a range of organisations, including, HIQA, colleges, specialist professional associations, patient groups, community health services and social care to develop a shared focus on the development of an integrated National Trauma System. * To support, promote and actively participate in sustainable energy, water and waste initiatives to create a more sustainable, low carbon and efficient health service.  Have a working knowledge of the Health Information and Quality Authority (HIQA) Standards as they apply to the role, e.g. National Standards for Safer Better Healthcare, National Standards for the prevention and control of healthcare-associated infections in acute healthcare settings, Medication Safety Monitoring Programme, Hygiene Standards and comply with associated HSE protocols for implementing and maintaining these standards as appropriate to the role.  * Guide on compliance with HIQA standards in conjunction with the Quality & Patient Safety Lead. * Develop national standards, guidelines and clinical practice guidance in line with National Clinical Effectiveness Committee’s (NCEC) Standards for Clinical Practice Guidance and the HSE Framework for Policies, Procedures, Protocols and Guidelines.   **Change Management and Service Improvement**   * Participate in the collective decisions and actions necessary to deliver, develop and streamline trauma services provided by the HSE. * Support and facilitate significant clinical service reorganisation / reform in relation to trauma services. * Undertake a workforce plan to build capacity to deliver the new model of trauma service. * Undertake a training needs analysis to build capability. * Identify interdependencies between the national trauma office, National Clinical Programmes work streams, Integrated Care Pathways and facilitate agreement on how best these are managed. * Oversee the establishment of the South and Central Trauma Networks with robust governance arrangements, clear roles and responsibilities and a strong clinical governance and quality assurance framework. * Develop and facilitate implementation of system wide trauma care pathways. * Promote and enable multidisciplinary team working in trauma services. * Establish a multidisciplinary working group to plan system wide development of rehabilitation services. * Work directly and in partnership with others, and as part of cross directorate teams to deliver successful outcomes.   **Communications**   * Work collaboratively; facilitating interaction across and between other relevant National Clinical Leads, to ensure there is coherent guidance across service areas and National Clinical Programmes / Integrated Care Pathways. * Engage with the Department of Health and other relevant government agencies. * Act as a spokesperson, as required, for the HSE (e.g. with the media, professional groups and other relevant organisations) as appropriate and in line with the organisation’s Communication Plan. * Engage with and involve patient representative groups to ensure dissemination of information on the national trauma system. * Demonstrate pro-active commitment in all communications with internal and external stakeholders. * Support and advise the emergent trauma networks across and through the Hospital Groups.   **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**  Registration as a specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland in one of the relevant trauma pathway specialties (Emergency Medicine, Trauma and Orthopaedic Surgery, Anaesthesiology, Critical Care Medicine, Surgery).  **AND**  **2.** Applicants must demonstrate all of the criteria listed below:   * Have a minimum of 5 years’ experience as a consultant in one of the relevant trauma pathway specialities. * Have experience in a substantive leadership role in one of the relevant trauma pathway specialities, providing significant senior clinical input into planning and operational decision making and in change management. * Have experience of leading extensive operational, planning and management functions within a public health service sector.   **3. 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.  **4. Character**  A candidate for and any person holding the post must be of good character.  **5. Entry to competition and subsequent appointment**  For the purposes of eligibility for entry to any competition or recruitment process associated with this post, a candidate must fulfil the eligibility requirements laid down in the Additional Campaign Information for the post.  The successful interviewee must be registered as a Specialist in a relevant specialty on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland before taking up appointment. The candidate will be allowed a max of 180 calendar days from date of interview to secure this registration and produce evidence of special interest training where relevant.  Should the successful candidate not be registered as a Specialist, the post may be offered to the next suitable candidate.  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 The Medical Council of Ireland. |
| **Other requirements specific to the post** | Access to appropriate transport to fulfil the requirements as the post will involve travel in the course of duty. |
| **Skills, competencies and/or knowledge** | **Candidates must demonstrate the following:**  **Professional Knowledge and Experience**   * A comprehensive knowledge of the current Irish health care system. * An understanding of:   + Data Analytics   + Standard Setting   + Risk Management   + Quality and Performance Measurement systems. * Knowledge of best practice in relation to project management. * Excellent analytical and report writing skills and be able to demonstrate the ability to produce reports to publication standard. * Knowledge of the issues, developments and current thinking in relation to best practice in performance and service delivery. * An ability to lead on engagement with public representatives and respond to media requests. * An understanding of the performance systems needed to manage in a cross division healthcare environment. * Knowledge and experience of evidence based decision making practices and methodologies.   **Operational Excellence – Managing and Delivering Results**   * A proven ability to prioritise, organise and schedule a wide variety of tasks and to manage competing demands. * Evidence of effective planning and organising skills including awareness of resource management and importance of value for money.   **Critical Analysis and Decision Making**   * The ability to consider the range of options available, involve other parties at the appropriate time and level to make balanced and timely decisions. * The ability to think strategically, with strong analytical and judgement skills.   **Leadership and Direction**   * Have demonstrated effective leadership in a challenging environment including a track record of service innovation/ improvements. * Have the capacity to lead, organise and motivate staff to achieve the confident delivery of excellent services * Be flexible, team oriented and a relationship builder and have a significant track record of achievement in the area. * Demonstrate team building and management skills including the ability to work collaboratively with multi-disciplinary/ multi-sectoral team members.   **Building and Maintaining Relationships – Communication**   * Have excellent interpersonal and communications skills with strong influencing ability * Possess the interpersonal skills to facilitate working effectively in teams, while having the ability to give constructive feedback to encourage learning   **Personal Commitment and Motivation**   * Is driven by a value system compatible with the aims and ethos of the HSE * A strong commitment to providing a quality service * Demonstrate patient/service user centred approach to provision of health and personal social services * Be capable of coping with competing demands without a diminution in performance. |
| **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. | |



**National Clinical Lead – Trauma Services**

**Terms and Conditions of Employment**

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| **Tenure** | The current vacancy is a specified purpose contract for a 3 year period (with a potential to renew). The post is whole-time, however flexible/reduced working hours will be considered in order to maintain clinical skills. Where the successful candidate accepts the post on less than whole-time hours, the terms and conditions outlined below will apply on a pro rata basis.  Consideration will be given to the successful candidate if he/she wishes to maintain clinical practice. This will be reviewed after 12 months.  The post is pensionable. A panel may be created from which 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** | At the level of Consultant salary + Clinical Director allowance\* or Group Manager (Clinical Director)\*\* salary of €204,234 as applicable.  \**Any Consultant remunerated under salary scales issued prior to 1/10/2012 or under the integrated salary scale applying from 1/11/2013.*  *\*\*New Entrants* |
| **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 job offer 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 |
| **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 for Persons Reporting Child Abuse Act 1998** | As this post is one of those designated under the Protection for 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. |
| **Ethics in Public Office 1995 and 2001**  **Positions remunerated at or above the minimum point of the Grade VIII salary scale (€ 67,135 as at 01.10.2018)**  **Positions remunerated at or above *€162,867 at 01.10.18.*** | Positions remunerated at or above the minimum point of the Grade VIII salary scale (€67,135 as at 01.10.2018) are designated positions under Section 18 of the Ethics in Public Office Act 1995. Any person appointed to a designated position must comply with the requirements of the Ethics in Public Office Acts 1995 and 2001 as outlined below;  A) In accordance with Section 18 of the Ethics in Public Office Act 1995, a person holding such a post is required to prepare and furnish an annual statement of any interests which could materially influence the performance of the official functions of the post. This annual statement of interest should be submitted to the Chief Executive Officer not later than 31st January in the following year.  B) In addition to the annual statement, a person holding such a post is required, whenever they are performing a function as an employee of the HSE and have actual knowledge, or a connected person, has a material interest in a matter to which the function relates, provide at the time a statement of the facts of that interest. A person holding such a post should provide such statement to the Chief Executive Officer. The function in question cannot be performed unless there are compelling reasons to do so and, if this is the case, those compelling reasons must be stated in writing and must be provided to the Chief Executive Officer.  C) A person holding such a post is required under the Ethics in Public Office Acts 1995 and 2001 to act in accordance with any guidelines or advice published or given by the Standards in Public Office Commission. Guidelines for public servants on compliance with the provisions of the Ethics in Public Office Acts 1995 and 2001 are available on the Standards Commission’s website <http://www.sipo.gov.ie/>  Positions remunerated at or above €62,867 as at 1st October 2018 are designated positions under the Ethics in Public Office Acts 1995 and 2001.  In accordance with Section 18 of the Ethics in Public Office Act 1995, a person holding such a post is required to prepare and furnish an annual statement of any interests which could materially influence the performance of the official functions of the post. This annual statement of interest should be submitted to the Chief Executive Officer not later than 31st January in the following year.  In addition to the annual statement, a person holding such a post is required, whenever they are performing a function as an employee of the HSE and have actual knowledge, or a connected person, has a material interest in a matter to which the function relates, provide at the time a statement of the facts of that interest. A person holding such a post should provide such statement to the Chief Executive Officer. The function in question cannot be performed unless there are compelling reasons to do so and, if this is the case, those compelling reasons must be stated in writing and must be provided to the Chief Executive Officer.  Under the Standards in Public Office Act 2001, the post holder must within nine months of the date of appointment provide the following documents to the Standards in Public Office Commission at 18 Lower Lesson Street, Dublin 2:   1. A Statutory Declaration, which has been made by the post holder not more than one month before or after the date of the appointment, attesting to compliance with the tax obligations set out in section 25(1) of the Standards in Public Office Act and declaring that nothing in section 25(2) prevents the issue to the post holder of a tax clearance certificate 2. and either 3. a Tax Clearance Certificate issued by the Collector-General not more than 9 months before or after the date of the appointment or 4. an Application Statement issued by the Collector-General not more than 9 months before or after the date of the appointment.   A person holding such a post is required under the Ethics in Public Office Acts 1995 and 2001 to act in accordance with any guidelines or advice published or given by the Standards in Public Office Commission. Guidelines for public servants on compliance with the provisions of the Ethics in Public Office Acts 1995 and 2001 are available on the Standards Commission’s website http://www.sipo.gov.ie/ |

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)