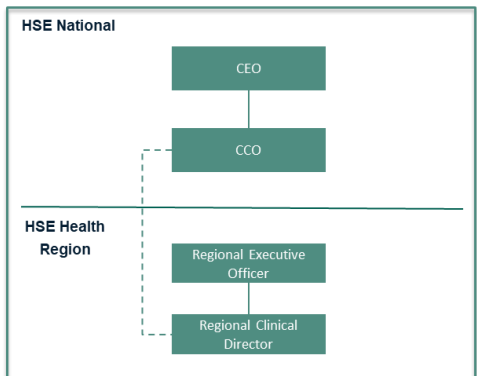




**Regional Clinical Director
HSE Dublin and South East
Job Specification & Terms and Conditions**

Job title, grade code	Regional Clinical Director / <i>Stiúrthóir Cliniciúil Réigiúnach</i> (Grade Code:1101)
Remuneration	The salary scale for the post is 01/06/2026: €238,221 €251,098 €264,691 €271,846 €278,998 €286,151 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.
Campaign reference	DSE562026
Closing date	Monday 5th October 2026 no later than 12noon *We recommend that candidates submit their application a minimum of 1 hour before the closing date and time to ensure their application form has been uploaded successfully to Rezoomo. Applications will not be accepted after this date and time, no exceptions will be made*
Proposed interview date (s)	Candidates will normally be given at least two weeks' notice of interview. The timescale may be reduced in exceptional circumstances.
Taking up appointment	A start date will be indicated at job offer stage.
Location of post	HSE Dublin and South East/ <i>Bhaile Átha Cliath agus an Oirdheisceart</i> There is currently 1 specified purpose and part-time positions available for a duration of 3 years (up to 0.6 WTE, with the remaining 0.4 WTE on clinical activities) in HSE Dublin and South East The nature of the part time element is to allow the post holder retain some clinical practice however the Regional Clinical Director will have a minimum commitment of 60% A panel may be formed as a result of this campaign for Regional Clinical Director for Dublin & South East from which current and future, permanent and specified purpose vacancies of full or part-time duration may be filled for the region.
Informal enquiries	We welcome enquiries about the role. HSE Dublin and South East Martina Queally, Regional Executive Officer reo.dublinsoutheast@hse.ie Chief Clinical Officer Dr Colm Henry, Chief Clinical Officer cco@hse.ie For enquiries relating to the recruitment process, please contact: Tiegán Barnaville, Recruitment Lead Email: tiegan.barnaville@hse.ie
Reasonable Accommodations	Candidates who require a Reasonable Accommodation/s to support their participation, at any stage, in the recruitment and selection process, should email Tiegán Barnaville, Campaign Lead tiegan.barnaville@hse.ie

Details of service	A key responsibility of the HSE is implementing universal Healthcare in the Programme for Government and underpinned by the Sláintecare policy framework. This high-level strategic roadmap to deliver a universal single-tier health and social care system, where everyone has equitable access to services based on need and the focus is on continuous improvement of outcome and integration of services. Sláintecare signals a new direction for the delivery of health and social care services in Ireland with the potential to create a far more sustainable, equitable, cost-effective system and one that delivers better value for patients and service users. At its core, the strategy focuses on establishing programmes of work to move to a community-led model, providing local populations with access to a comprehensive range of services at every stage of their lives. This will enable our healthcare system to provide care closer to home for patients and service users, to be more responsive to needs and deliver better outcomes, with a strong focus on prevention and population health improvement. Health Regions Implementation Central to the Sláintecare vision is the reorganisation of the HSE into six new health regions and a revised national structure which supports this model. The new regional structures will provide the organisational and aligned corporate and clinical governance arrangements to enable population-based planning, management, and delivery of integrated care for people within a region. These new arrangements aim to improve the health service's ability to deliver timely integrated care to patients and service users, care that is planned and funded in line with their needs at regional and local level. The primary objective of this reform is to help deliver universal and integrated care for people, providing them with timely access to the care they need, when they need it. This will help to ensure that the needs of people are prioritised by promoting a culture that seeks to continuously improve the access to, and quality of, health and social care services. This will be achieved by refining processes and minimising structural barriers to integrated care thereby increasing productivity and the consistency, effectiveness, and efficiency of services. The changes in healthcare governance arrangements are being designed to make our services easier to navigate for people, and to facilitate more integrated care, stronger accountability, and greater transparency across the sector. This in turn aims to foster change and innovation at a local level to deliver high-quality services to populations based on their needs, making our service a better place to work for our staff. The structure and associated functions of the Health Regions are evolving in line with the implementation of the Health Regions programme to achieve a clinically led, professionally managed, integrated governance structure which will result in: • An integrated approach to management, governance and service delivery across hospital-based and community-based services • The delivery of high-quality and safe services • Regional and national consistency in quality and standards of care • High standards in clinical aspects of governance • Sustainable quality assurance and improvement • Bringing decision making closer to the point of care with increased responsiveness • More streamlined care pathways for patients within and across specialties, organisations and functions • Clarity of responsibility and accountability for all staff • Integrated planning and delivery of services across the pathway of care • Optimisation of resources across the region with an increasing focus on productivity in the public interest. Key responsibilities: The Regional Clinical Director will provide clinical leadership and management in collaboration with the Regional Director Population and Public Health, the Regional Executive Nurse Midwife (RENM), and the wider clinical community of medical, dental, health and social care professionals and nursing and midwifery.
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	In a matrix reporting relationship the RCD will report directly and operationally to the Regional Executive Officer (represented below in the solid line) and professionally to the national Chief Clinical Officer (represented below in the dotted line). This will ensure that the Regions have consistency of approach in clinical matters and provide for the national HSE to mandate clinical programmes, standards and patient safety management. The RCD will play a key role in building new clinical structures within the Regions to not only merge but modernise the outgoing clinical structures in acute hospitals, community healthcare organisations and regional public health departments. The RCD with other members of the RHA executive management team is accountable for key matters relating to the relevant clinical communities and groups across the clinical and care workforce in their region. They will also be designated accountable for statutory and non-statutory functions that the Regional Executive will need to perform. They will also be responsible for implementation of key national policy, strategies and programmes of care including, but not limited to ○ Achieving Performance Targets in both Scheduled and Unscheduled Care ○ National Dementia Strategy, ○ National Cancer Strategy, ○ National Stroke Strategy, ○ National Maternity Strategy ○ National Trauma Strategy; ○ Modernised Care Pathways Programme; ○ National Genetics and Genomics Strategy; ○ Healthy Ireland Strategic Action Plan and Implementation Plan; ○ Sharing the Vision – A Mental Health Policy for Everyone; and ○ Connecting for Life, the national suicide prevention strategy.
Reporting relationship	The post holder will be a member of the Health Region Executive Management Team and will report directly on operational and performance matters to the Regional Executive Officer. The post holder will be professionally responsible to the HSE Chief Clinical Officer. The post holder will be appointed to the Regional Executive Management Team for a three-year period. The post holder will work in collaboration with the appointed Regional Director of Nursing and Midwifery, Regional Director of Public Health, Regional Director of Health and Social Care Professionals, and other colleagues. Reporting relationships are shown in the diagram below:  <pre> graph TD subgraph HSE_National [HSE National] CEO[CEO] CCO[CCO] CEO --- CCO end subgraph HSE_Health_Region [HSE Health Region] REO[Regional Executive Officer] RCD[Regional Clinical Director] REO --- RCD end CCO -.- RCD </pre>
Key working relationships	The post holder be a member of the Health Region Executive Management Team and will work collaboratively with other members of the EMT assisting the Regional Executive Officer on all clinical and other relevant matters relating to the provision of health and social care services. All existing Clinical Directors, Lead Clinical Directors, and Executive Clinical Directors within each region will have a reporting line to the RCD, as directed by the REO until the design of a new Regional Clinical structure to be completed within the first year of the establishment of this post.

	In the execution of the role, the RCD will work alongside, and be supported by the Health Region Executive Management Team comprising: • Regional Director of Planning & Performance • Regional Director for People • Regional Director of Nursing and Midwifery • Regional Director of Public Health • Regional Director of Health and Social Care Professionals • IHA Managers • Regional Director of Finance • Regional Director Technology and Transformation • Regional Director of Communications & Public Affairs • Office of the Regional Executive Officer. The responsibilities of the RCD will also include Academic, Research & Education, Clinical Leadership for Service Development and Sustainability, Quality & Patient Safety, and Patient Advocacy & Experience and this will determine the initial reporting relationships to the RCD.
Purpose of the post	The primary purpose of the Regional Clinical Director role is to lead the Clinical Function across the full continuum of care, encompassing hospital and community-based and public health services within the Health Region, including those provided by S 38 organisations. The RCD as part of an executive management team will lead on overseeing quality of health services within the Health Region including sharing intelligence and working with other key partners and regulators across and outside their system to improve quality of care and outcomes. The RCD as part of an executive management team will be accountable for providing high-quality clinical and professional leadership of all Health Region activities. This includes ensuring that clinical and care professional leadership is embedded at all levels of the Health Region. The RCD will play a key role with others building partnerships and collaborating with relevant funded provider agencies, public health, local government, other partners, and local people to deliver better access, improvements in life outcomes and reductions in health inequity. With the Regional Director of Nursing and Midwifery and other colleagues, the RCD will be accountable for securing multi-professional clinical and care leadership in delivery of the Health Region objectives. Working with national clinical and digital programmes the RCD will ensure the Regional translation of these for implementation at local level and with the regional executive management team will foster a culture of research and improvement in partnership with academic and training institutions. The RCD will influence and work collaboratively as part of a wider system, including with the Office of the Chief Clinical Officer, to create opportunities to make sustainable long-term improvements in population health with key partners. This may include developing approaches which are non-traditional in nature, ambitious and wide-reaching in areas which incorporate the wider determinants that have an impact on improving clinical outcomes, better life outcomes and reducing health inequalities for the population of the Region. The RCD will work with the executive team to identify performance risks and issues related to the quality of patient care and working with relevant providers and partners to enable and deliver solutions. As a registered professional, individuals in these roles will be accountable for their own practice and conduct in the role. It will be for the Regional Executive Officer to determine what other specific corporate functions each executive board member is accountable for within the Region As a lead for the Regional Clinical Executive Team, the RCD will also oversee Networks of Care which are set up within the region. These Networks of Care will be responsible for; planning and

	assuring sustainable, quality & safe patient/ service user care through continuous improvement within the region; facilitating person-focused, integrated and multidisciplinary delivery of care for service users and patients. The post holder will: • Provide strategic, clinical, academic and whole system leadership/management across the Health Region implementing a population health approach that priorities access and integration; • Have a clear focus on ensuring the highest calibre, safe, staffed and sustainable integrated care ensuring appropriate levels of national consistency, standardisation and collaboration across care networks / pathways of care; • Ensure appropriate standards and professionalism and a focus on quality, patient safety, and improved patient experience across all services; • Establish and lead the Regional Clinical Executive Team as a core element of system governance at Health Region level underpinning clinical decision making and service developments. • Establish appropriate and fit for purpose clinical governance arrangements across the full patient pathway within the context of Integrated Healthcare Areas and associated substructures providing guidance on clinical policy issues and clinical matters; • Maintain links with the academic, research and education community and institutions within the region, ensuring supply of clinical workforce and training to meet local needs; • Report to the Regional Executive Officer in the delivery of improved outcomes and organisational effectiveness via service development and sustainability initiatives, as well as contributing to the realisation of the overall mission, vision, values and strategy of the Health Region and wider HSE; • Be a system change leader in fostering networks and patient / service user partnerships to positively influence change and service improvement in the interests of local communities; • Progress multi-disciplinary team working and collective leadership enabling staff to work to their full scope of practice to meet quality patient / service user standards; • Advancing clinical practices and service innovation and excellence through policy development, education, research, digital technologies and academic alliances to ensure a sustainable response to meet future service and population needs.
Principal duties and responsibilities	The Regional Clinical Director, working in collaboration with colleagues on the Regional Clinical Executive Team and with the Regional Executive Officer and their Executive Management Team, is responsible for the following at Health Region level: • Contributing to the strategic direction of clinical aspects of governance and patient safety • Providing input into all decisions in relation to clinical and academic services • Chairing of regular meetings to discuss clinical aspects of governance, professional issues, patient outcomes • Reporting regularly with REO to provide insights, advice and recommendations on clinical matters • Acting as lead in terms of the delivery of integrated, multi-disciplinary, high-quality and safe care for patients as directed by the REO • Working collaboratively with colleagues to identify areas for patient safety improvement and/or clinical audit and to inform improvement initiatives • Ensuring care is being delivered in a manner which is consistent with national standards, strategies and programmes • Collaborating with the other Regional Clinical Executive Teams • Engaging within the region and with the REO in relation to all professional issues • Advocating for patients & families, and their experience • Development and sustainability of clinical services. • Supporting the implementation of POCC23, OMTA and the recruitment and retention of Consultants

The RCD is accountable for the efficient, effective and safe delivery of all clinical services for patients in the Health Region as set out in the service plan, in conjunction with the REO and the Regional Executive Team, along with the following areas:

Strategy and Planning

- Provide the clinical leadership for the development, prioritisation implementation and monitoring of the regional clinical strategy.
- Oversee implementation of National and regional strategic priorities/ initiatives across the region.
- Lead the development and execution of the clinical aspects within Service Plans.
- Identify service development priorities and annual budget bids in line with region-wide strategic goals.

Clinical and Integrated Care

- Lead the development of the integrated care models/pathways working in partnership with HSE staff and other service providers, including Primary Care and CHNs, voluntary organisations and patients/service users.
- Lead the regional quality and patient safety fora and responsibility for ensuring alignment with national quality and patient safety structures.
- Responsibility and authority for clinical effectiveness and outcomes including management of adverse events and ensuring that there are robust quality and safety systems in place.
- Ensure implementation of national clinical programmes and clinical quality & risk standards in line with national frameworks.
- Lead on the development of National Clinical guidance to ensure standardisation and equity of care
- Develop and implement a clinical audit function to inform improvement programmes and to deliver service improvement and excellence across the region.

Education, Research & Academic

- Progress professional development including advanced levels of specialism and strategic workforce planning with HR and academic institutions to address key future workforce needs to adapt to the rapidly changing health and social care environment.
- Ensure that the Research and Innovation Strategies of the region are informed by and aligned to that of service providers and third level institutions strategic objectives.
- Foster collaboration in research and innovation across third level institutions and clinical providers.
- Ensure academic excellence and innovative research programmes are a central component of clinical services.
- Take a lead role in embedding clinical training and continuing professional development throughout the clinical services of the region with academic leads.
- Ensure educational and training standards are delivered in an accountable and transparent manner as outlined by regional and national stakeholders (training bodies, NDTP, Medical Council, CORU, An Bord Altranais).
- Foster a culture of teaching, research and innovation.
- Develop close working relationships with industry partners and patient advocacy groups.
- Engage in the HSE performance achievement process in conjunction with your Line Manager and staff as appropriate

Communication and Teamworking

- Ensure patients/service users are core to service delivery/development in line with National and regional policies through active implementation of co-design guidelines.
- Foster and implement team working across the region.
- Play a lead role in establishing effective communications within and across the region.

Clinical Leadership & Management

- Lead the implementation of Health Region reform with colleagues in the EMT.

- Collaborate with providers, agree and meet national and regional waiting list targets.
- Provide leadership to all staff within the region.
- Responsible and accountable for efficient, effective and safe delivery of services, in partnership with providers.
- Monitor and control performance against planned clinical and performance targets.
- Play a lead role in workforce planning in partnership with individual providers.
- Manage, and participate in performance management processes.
- Implement measures required to meet accreditation and regulatory requirements.
- Implement and comply with risk management policy and provisions.
- Ensure the implementation of the grievance and disciplinary procedures in line with national and other relevant policies.
- Ensure a consistency of approach across the region in relation to application of national and ethical standards / clinical protocols in accordance with best practice.
- Play a lead role in the recruitment of staff as required.
- Line Management Responsibility for reports.
- Act as spokesperson for the Organisation as required
- Demonstrate pro-active commitment to all communications with internal and external stakeholders
- Support the functioning of the Academic Office which includes the Chief Academic Officer, the Regional Director for Research and Ethics and the Regional Lead for National Doctors training and Planning, all of whom report directly to the RCD.

Quality and Patient Safety

- Take executive responsibility for QPS, responsible for providing assurance to the REO with respect to regional adherence in terms of QPS policies, protocols, procedures, guidelines and KPIs.
- Act as an ambassador for QPS across the health region, influencing and promoting QPS strategy adoption and compliance.
- They will have also have an indirect reporting line to the CCO for clinical matters including QPS.
- Line management responsibility for the Regional Lead for QPS and will work on a collaborative basis with s/he to ensure the effectiveness of the QPS function and consistency in practice across the region.
- Responsible for reviewing serious incidents (category 1 incidents) and ensuring that responses in train are appropriate, proportionate to the incident, timely, and in accordance with national policy. S/he will also be responsible for further escalating serious incidents to the NQPSU as appropriate.
- Responsible for timely escalation and notification of serious incidents and other QPS concerns to the REO as deemed appropriate
- Recommending to the REO the regional commissioning of reviews (using an approach developed and approved by the Regional QPS Committee) for management of serious incidents.
- Work in collaboration with the NQPSU in general and specifically in relation to incident management.
- Support the implementation of the HSE Medical device management policy, chairing the Regional Medical Device Management Committee. The regional clinical engineering lead is a direct report.

Performance Management

- Continuously review processes to ensure efficiency and effectiveness with particular emphasis on benchmarking against contemporary best practices.
- Implement the decisions and direction of the Regional Executive Officer expeditiously within the framework of a balanced budget and report on their implementation.
- Regional clinical oversight and associated performance management of the following regional senior leadership roles: Senior HSCP Leader; Senior General Practice Leader; Senior Quality & Patient Safety Leader; Chief Academic Officer; and all existing Clinical Director and Executive Clinical Director
- Oversee compliance with CARP

Key Performance Indicators (KPIs)

- Identify and develop KPIs which are congruent with the region's service plan targets including controls and monitoring against employment targets.
- Develop Action Plans to address KPI targets.
- Drive and promote a Performance Management culture.
- Support the rollout of the Performance achievement process/ system within the region.
- Management and delivery of KPIs as a routine and core business objective

Reform

- Support the implementation of the Health Region management and governance structures.
- Champion change and innovation and communicate the vision of change within the Region to ensure an understanding and buy-in into the change.
- Challenge and assist in the development of processes, systems and structures that reflect the strategic objective of world class delivery of patient centre care.
- Take a lead role in the development and implementation of appropriate internal communication channels to and from clinical staff.

Governance, Accountability and Risk Management

- Ensure that the agreed clinical and professional standards, practices, policies and procedures are in operation within the Health Region in line with Government Policy and the wider civil and public sector reform.
- Support the implementation of the HSE's Accountability Framework in partnership with the Health Region EMT and with other relevant stakeholders within the Health Region.
- Draw on international clinical management/leadership and clinical/ population health service trends to identify solutions and build capabilities.
- Adequately identifies, assesses, manages and monitors risk within their area of responsibility.
- Be familiar with the necessary education, training and support to enable the post holder to meet this responsibility.
- Be familiar with the requirements stated within the Risk Management Strategy and compliance with the Risk Management Reporting Policies and Procedures.

Infection Control, Hygiene Services and Health & Safety

- The management of Risk, Infection Control, Hygiene Services and Health & Safety is the responsibility of everyone and will be achieved within a progressive, honest and open environment.
- 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.
- Support, promote and actively participate in sustainable energy, water and waste initiatives to create a more sustainable, low carbon and efficient health service.
- Be familiar with the relevant Organisational Policies, Procedures & Standards and attend training as appropriate in the following areas:
 - Continuous Quality Improvement Initiatives
 - Document Control Information Management Systems
 - Risk Management Strategy and Policies
 - Hygiene Related Policies, Procedures and Standards
 - Decontamination Code of Practice
 - Infection Control Policies
 - Safety Statement, Health & Safety Policies and Fire Procedure
 - Data Protection and confidentiality Policies
- Foster and support a quality improvement culture through-out your area of responsibility in relation to hygiene services.

	• Take reasonable care for his or her own actions and the effect that these may have upon the safety of others. • Cooperate with management, attend Health & Safety related training and not undertake any task for which they have not been authorised and adequately trained. • Bring to the attention of a responsible person any perceived shortcoming in our safety arrangements or any defects in work equipment. • Be aware of and comply with the HSE Health Care Records Management/Integrated Discharge Planning (HCRM / IDP) Code of Practice. 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 them from time to time and to contribute to the development of the post while in office. It should be noted that further design work of health regions is ongoing and the outputs of which will further inform the list of duties as set out in this job specification.
Eligibility criteria Qualifications and/or experience	This campaign is confined to Consultants who are currently employed by the HSE, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004 Candidates must have at the date of application: • Working in a HSE funded organisation as a Hospital or Community based Consultant. • Experience at a senior level in a clinical management or leadership role, of equivalent complexity, with a proven track record of successful and innovative leadership in the development and delivery of clinical services • Strong record in the development, management and delivery of effective strategies for clinical leadership/management and clinical service development • Strong record of delivering change in a complex environment • Experience of managing and working collaboratively with multiple internal and external stakeholders, as relevant to this role. • Have the requisite knowledge and ability (including a high standard of suitability and management ability) for the proper discharge of the duties of the office. 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.
Other requirements specific to the post	• Flexibility in relation to working hours to fulfil the requirements of the role. • Access to appropriate transport to fulfil the requirements of the role
Additional eligibility requirements:	Citizenship requirements Eligible candidates must be: (i) EEA, Swiss, or British citizens OR (ii) Non-European Economic Area citizens with permission to reside and work in the State

	Read Appendix 2 of the Additional Campaign Information for further information on accepted Stamps for Non-EEA citizens resident in the State, including those with refugee status. To qualify candidates must be eligible by the closing date of the campaign.
Skills, competencies and/or knowledge	<u>Professional Knowledge and Experience</u> • Understanding and experience of medical education and research. • A working knowledge of challenges and developments in medical education at a local and national level. • An understanding of research strategy and governance, and be aware of national developments in clinical research • Detailed knowledge of the issues and developments and current thinking in relation to best practice in health care policy and service delivery. • Knowledge of current public policy with regard to health system transformation • Knowledge of Irish Health Service structures and health service reform • Knowledge and understanding of the complexities of the health service and the interdependencies that contribute to their successful delivery. • Developed understanding of people and culture relevant to the Irish Health and Social Care context. • A proven ability to develop, lead, manage and deliver effective strategies and programmes in line with Sláintecare. • Excellent IT and writing/editing skills to support development of resources to standards required at national and local levels, including the ability to produce professional reports. <u>Leadership & Direction</u> • An ability to work independently and as part of a structured collaborative team. • Leadership and team management skills, including the ability to work with multi-disciplinary team members and to adopt a flexible leadership style. • Have demonstrated effective leadership in a challenging environment including a track record of service innovation / improvements. • Professionalism • Have the capacity to lead, organise and motivate staff to effectively function. • Ability to maintain confidentiality <u>Managing & Delivering Results - Operational Excellence</u> • A proven ability to prioritise, organise and schedule a wide variety of tasks • An ability to manage deadlines and effectively handle multiple tasks. • An ability to effectively adapt to changing sets of demands and work environments. • Experience of developing an organisational culture that promotes clinical engagement in decision making and leading continuous change and improvement in services, encouraging the use of new clinical and service technologies. • Willingness and commitment to building an environment in which personal success is identified through programmatic leadership and strategic direction. • Evidence of effective planning and organising skills including awareness of resource management and importance of value for money • Adequately identifies, manages and reports on risk within area of responsibility • Acceptance of, and comfort with, environments characterised by ambiguity, change management, continuous development and a requirement for flexible and creative approaches to resolution. <u>Critical Analysis & Decision Making</u> • Critical appraisal skills. • Innovative thinking, with a strong service focused approach. • The ability to think and act strategically and to articulate a clear sense of direction and vision to a wide audience.

	• Respect for autonomy and shared decision-making • Strong problem solving and analytical skills. <u>Working with and Through Others - Influencing to achieve</u> • Committed to building a professional network to remain up to date with and influence internal and external politics • Committed to working co-operatively with and influencing senior management colleagues to drive forward the designated agenda • Excellent interpersonal, networking & influencing skills <u>Building Relationships / Communication</u> • Possesses highly effective interpersonal and communication skills to establish and develop trust based, high-stake partnerships and relationships with a range of external partners and stakeholders. • Has a strong focus on ability to achieve results through collaborative working. • Has the ability to explain, advocate and express facts and information clearly and convincingly in a manner that is sensitive to wider issues and has the ability to advocate for a position which allows for the ongoing improvement of services. • Is committed to working co-operatively with and influencing senior management colleagues to drive forward the reform agenda. <u>Personal Commitment and Motivation</u> • Is personally committed and motivated for the complex role of Regional Clinical Director • Demonstrates a willingness to learn from experience and to identify opportunities to further grow and develop. • Be capable of coping with competing demands without a diminution in performance • Demonstrate a patient/service user centred approach to provision of health and personal social services. • Demonstrates a strong willingness and ability to operate in the flexible manner that is essential for the effective delivery of the role.
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 progressing 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 service users and to strengthen it through accommodating and valuing different perspectives. Ultimately this will result in improved service user 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 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. Read more about the HSE's commitment to Diversity, Equality and Inclusion
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 to be followed when making an appointment. These are set out in the CPSA Code of Practice. The Code outlines the standards to 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. Read the CPSA Code of Practice.
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.	



**Regional Clinical Director
HSE Dublin and South East
Terms and conditions of employment**

Tenure	The current vacancies available are for a duration of 3 years and part time (up to 0.6 WTE, with the remaining 0.4 WTE on clinical activities). The post is pensionable. A panel may be created from which specified purpose vacancies of 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.
Working week	The standard weekly working hours of attendance for your grade are 35 hours per week. Your normal weekly working hours are 35 hours. Contracted hours that are less than the standard weekly working hours for your grade will be paid pro rata to the full time equivalent. You are required to work agreed roster/on-call arrangements advised by your Reporting Manager. Your contracted hours are liable to change between the hours of 8.00am and 8.00pm over seven days to meet the requirements for extended day services in accordance with the terms of collective agreements and HSE Circulars.
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 01 st 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 31 st 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 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.
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.

	In the HSE, all Mandated Persons under the Children First Act 2015 are appointed as Designated Officers under the Protections for Persons Reporting Child Abuse Act 1998. You should check Schedule 2 of the Children First Act 2015 to see if you are a Mandated Person, and therefore a HSE Designated Officer, and be familiar with the related roles and legal responsibilities. Visit HSE Children First for further information, guidance and 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/service¹, 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 need 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 managed appropriately and investigated in accordance with HSE procedures². - 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 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.

¹A template SSSS and guidelines are available on [writing your site or service safety statement](#).

² Structures and processes for effective [incident management](#) and review of incidents.

	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.
<u>DEPUTY SECRETARY GENERAL AND ABOVE.</u> <u>CURRENT CIVIL SERVICE SALARY SCALES</u> <i>Please refer to the latest Civil Service Salary scales on the Government's Publications website for the most recent and correct salary information.</i>	Positions remunerated at or above the minimum point of the Deputy Secretary General Civil Service salary scale 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 <u>either</u> (a) a Tax Clearance Certificate issued by the Collector-General not more than 9 months before or after the date of the appointment <u>or</u> (b) 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 https://www.sipo.ie/.