

## ROLE DESCRIPTION

### NATIONAL CLINICAL LEAD INTEGRATED CARE PROGRAMME FOR PATIENT FLOW

#### **CLINICAL STRATEGY AND PROGRAMMES DIVISION**

The HSE's Clinical Strategy and Programmes Division (CSPD) is leading a large-scale programme of work to develop a system of Integrated Care within our health and social care services to address a fundamental commitment in *Future Health* (DoH, 2012). Integrated care places the patient perspective as the organising principle of service delivery. It is based on illness prevention, patient empowerment, multi-disciplinary cross-service care planning and delivery, where all health and social care services work together to provide a flexible network of care responsive to the changing needs of patients and their families.

Building on the work of the National Clinical Programmes, CSPD is establishing five Integrated Care Programmes (ICPs), to deliver better, more integrated and responsive services to people in the most appropriate setting. The first phase of National Clinical Programmes was based on strong clinical leadership and developing excellence in specialties/specific conditions and specific populations. The Integrated Care Programmes represent the next stage and will address integration of these programmes, to provide a more effective end-to-end patient journey, particularly where patient needs are complex and involve multiple encounters delivered across a range of providers. The Integrated Care Programme for Patient Flow has been identified as a priority ICP.

#### **INTEGRATED CARE PROGRAMME PATIENT FLOW**

The Integrated Care Programme for Patient Flow (ICP-Patient Flow) is currently being established **to develop a strategic, whole system, standardised and shared approach to managing patient flow**: by placing the needs and views of the patient/service user at the centre of care plans; supporting optimal use of resources, avoiding unnecessary delays in care and facilitating seamless co-ordination of care across multiple settings. Put simply, the programme aims to ensure that patients/service users receive the right care, by the right person, in the right place, at the right time. The ultimate goal of improving patient flow is better outcomes and experience for patients and staff.

Improvements in patient flow will be achieved through targeted workstreams: to redesign processes of care, supporting timely access to scheduled and unscheduled care, to optimise use of health & social care and ICT resources, and to support integrated discharge/transfer. The Programme proposes to work collaboratively with key stakeholders in the DoH, HSE, the National Clinical and Integrated Care Programmes, Service providers and enabling functions **to design, agree and support phased implementation of an integrated care framework for patient flow to improve whole system patient flow**. In designing the the ICP Patient Flow Framework, the programme acts as a focal point and driver in prioritising new and existing work-streams, (e.g. care pathways, new ways of working, technology enabled solutions) to positively impact on patient flow.

Design and implementation of this framework will be phased in order to establish the essential foundations and enablers to support new ways of working (e.g. national and local governance, ICT support, financial support, training/education programmes, building working relationships across geographical, organisational and professional boundaries) and will be guided by ongoing evaluation incorporating structure, process and outcome measures.

The sponsoring National Clinical Advisors and Group Leads (NCAGL) for the Integrated Programme for Patient Flow are the NCAGL for Acute Hospitals and the NCAGL for Primary Care and the Executive Chair is the Chief Officer, Community Health Organisation 6.

## **EXISTING AND PLANNED WORKSTREAMS**

### **Scientific Management Practices in Healthcare to Tackle Patient Flow: Proof of Concept Programme**

The *Scientific Management Practices in Healthcare to Tackle Patient Flow, Proof of Concept Programme* commenced in GUH and UHL in July 2016 and aims to successfully test, implement and spread an operations management approach to optimise throughput and improve patient flow. An essential element of this programme is building a sustainable infrastructure and education programme to enable skill and knowledge transfer.

This three-year programme is jointly sponsored by the HSE Acute Hospitals Division and Clinical Strategy and Programmes Division and is closely aligned with the work of the Special Delivery Unit (SDU). While the initial focus of this work is in the acute hospital system; the vision, aims and programme of work acknowledges the importance of a true whole system approach across acute, primary, community health, mental health and social care settings, understanding these flows and their interdependencies in relation to improving patient flow. The Integrated Care Programme for Patient Flow is a key driver in the development of a national strategy to support the phased roll out of this programme across the HSE. **The outputs of this programme will inform the broader ICP Patient Flow framework.**

### **Targeted initiatives to improve discharge planning and processes:**

- **Criteria Led Discharge (CLD), developing a national approach to Implementation:** CLD has been demonstrated as an effective interdisciplinary patient flow quality improvement tool in Australia and NHS Scotland. The ICP-PF will work with key stakeholders to co-ordinate the development of an agreed national approach to implementing criteria led discharge.
- **Integrated Spinal cord injury pathway:** this initiative will develop and begin implementation of an integrated care pathway for spinal cord injury patients particularly those requiring ventilation, involving the NSIU MMUH, NRH rehabilitation services, disability services and long term care as a model for complex discharge planning. It is supported by the National Clinical Programme for Critical Care and the National Clinical Programme for Rehabilitation Medicine.
- **Early Supported Discharge (ESD) Stroke Programme,**

The Integrated Care Programme Patient Flow and National Clinical Programme for Stroke have agreed to work collaboratively to support expansion of the Early Support Discharge Stroke Programme in 2017. This involves increasing the staffing in three existing ESD Stroke teams and developing two new teams.

**Theatre Quality Improvement Programme (TQIP):** The ICP Patient Flow programme is supporting the collaboration with the RCSI's Quality & Process Improvement Centre (QPIC), National Clinical Programme in Surgery, National Clinical Programme for Anaesthesia and the HSE Quality Improvement Division to implement TQIP in selected sites, with the aim of facilitating sustainable improvements in theatre efficiency.

### **NATIONAL CLINICAL LEAD INTEGRATED CARE PROGRAMME FOR PATIENT FLOW**

The National Clinical Lead for the Integrated Care Programme for Patient Flow will be responsible for providing clinical leadership to the Programme and will be a key member of the National ICP team including the Senior Programme Manager, the sponsoring National Clinical Advisors and Group Leads and the Executive Chair. The role will involve active membership of the National Integrated Care Programme for Patient Flow Steering Group and other groups and committees which support the work of the Programme such as the *Scientific Management Practices to tackle Patient Flow Proof of Concept* National Programme Steering Group.

Working closely with the Programme Manager, Executive Chair and Programme Steering Group, and with the support of the two sponsoring National Clinical Advisors and Group Leads, the Clinical Lead will contribute to prioritising, initiation and leadership of work-streams and projects relevant to patient flow. This includes providing clinical oversight and management on behalf of the NCAGL of Acute Hospitals, of existing National Clinical Programmes, which are relevant to patient flow. The Clinical Lead will work within the context of an overall agreed national governance structure for the Integrated Care Programmes as described by CSPD. It is through this governance structure that Programme plan, projects and outputs will be approved.

### **REPORTING RELATIONSHIPS**

The Clinical Lead shall report directly to the National Clinical Advisor & Group Lead for the Acute Hospitals Division and shall ensure that the CSP Division is provided with all necessary information to exercise governance and policy responsibilities. This reporting relationship will be facilitated by regular meetings between the Clinical Lead and the NCAGL for Acute Hospitals. In line with Clinical Strategy and Programme Division progression and /or re-structuring, the reporting relationship may change.

### **RESPONSIBILITIES**

- Provide clinical leadership and expertise to the Integrated Care Programme for Patient Flow contributing to defining the scope and objectives of the programme and the agreed integrated care framework for whole system patient flow.

- Provide clinical leadership to the Scientific Management Patient Flow Programme and contributing to the plan for roll out to other sites.
- Provide clinical oversight on behalf of the NCAGL Acute Hospitals, of National Clinical Programmes' work-streams which are relevant to achieving the objectives of the ICP Patient Flow.
- Provide expert clinical guidance, integrating evidence based care and research in informing the ICP framework including development of novel ways of care and service delivery to improve patient flow.
- To support, as appropriate, engagement with service users, carers and family members and the general public to inform the development and implementation of the programme work-streams.
- Provide clinical advice and expertise where relevant in relation to commissioning of health and social care services relevant to the Integrated Care Programme for Patient Flow.
- Contribute to the co-ordination and allocation of programme resources across the integrated care programme.
- Provide clinical input to updates for the Programme Steering Group and other stakeholders as required.
- Support the provision and embedding of education and training as appropriate.
- Identify and support research opportunities for the programme.
- Provide a sustained focus on continual quality and safety improvement, optimal resource utilisation and quality assurance.
- Support implementation of current and future national standards for equity of access, quality and safety.
- Provide clinical leadership, communication and focus to interdisciplinary health professional teams, hospitals, and professional bodies across all healthcare settings in the context of supporting work streams of the Integrated Care programme for Patient Flow.
- Provide clinical advice and expertise where relevant to the national clinical and integrated care programmes and as requested by the HSE Consultants Applications Advisory Committee.
- Support the Clinical Strategy and Programmes Division (CSPD) in relation the yearly national service planning process, priority-setting and financial planning.
- Assist in the identification and development of key performance metrics for the Integrated Care programme for Patient Flow.
- Support the Programme Manager in responding to PQ's or Reps relating to the ICP Patient Flow for Government through the office of the Director of Clinical Strategy and Programmes.
- Adhere to the HSE Communications protocol for any interaction with the press or media and in relation to any public relations events or queries.
- Adhere to the HSE National Financial Regulations for any expenditure or costs associated with the programme.
- Comply with Freedom of Information and Data Protection legislation.
- Comply with the Ethics in Public Office (a copy of this declaration should be forwarded to the office of the Director of Clinical Strategy and Programmes each year).



- 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.

**The above Role Description 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. The reform programme outlined for the Health Services may impact on this role and as structures change the job description may be reviewed.**

#### **TERMS AND CONDITIONS OF OFFICE:**

The successful candidate will retain their existing terms and conditions of employment on secondment into this role. Appropriate arrangements for backfill will be made with the employer (if required). The successful candidate will be required to take up duty as soon as possible.

The term of office will be initially for a one year period. The term of office may be extended for a further period of up to three years subject to satisfactory annual review with the National Clinical Advisor and Group Lead for Acute Hospitals and with the agreement of both parties. It is anticipated that the position requires a commitment of 3 days per week (0.6WTE).

During the term a performance and development plan for the individual according to mutually agreed goals and parameters will be agreed with the NCAGL Acute Hospitals. Training and educational opportunities relevant to the role will be considered on request in compliance with HSE policy and guidelines.

#### **ELIGIBILITY CRITERIA**

Candidates must at the time of application:

- Be a medically qualified health professional with no less than 10 years of post- qualification experience.
- Be an employee of the HSE or other public funded agency (e.g. Section 38). Recently retired consultants from the public service may apply. However, the appointment of a retiree to the role will necessitate an agreement between the HSE and the relevant post graduate college with regard to employment by them of the successful candidate.
- Be registered with the Medical Council of Ireland on the specialist division of the register.

#### **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.

The successful candidate will:

- Have demonstrated successful and innovative leadership and management of change in health care delivery.
- Have a profile of peer recognition at national and/or international level.
- Demonstrate capability in and awareness of: quality improvement, operational management science and related methodologies (e.g. Lean, Six Sigma) and their application in improving patient flow.
- Have demonstrated alignment with population-based approaches to improved health outcomes, including the deployment of evidence as a basis for 'best practice', prioritisation and resource allocation.
- Demonstrate commitment to fostering partnerships, multi-professional and multi-disciplinary relationships, multi-institutional relationships, and collaborative, programmatic development across primary, community and tertiary constituencies.
- Demonstrate excellent inter-personal skills, including experience and familiarity with public, professional, media and political communications and stakeholder relations.

### **KEY SKILLS/EXPERIENCE**

#### **Clinical/ Professional Knowledge**

Demonstrates:

- Credibility and ability to command respect as a recognised clinical leader within the clinical community with a good understanding of the reform programme and its requirements of clinical leaders.
- Experience of providing significant senior clinical input to operational decision making.
- A track record as an effective leader who has developed effective teams and driven and delivered sustainable change programmes to transform clinical services.
- A capacity to operate successfully and efficiently in a challenging environment.
- A commitment to and focus on quality, promotes high standards to improve patient outcomes, by consistently putting clinicians at the heart of decision making and involving patients and the public in their work.
- Demonstrate capability to effectively engage in the development of a transparent and objective resource utilisation model.

#### **Results focused with critical analysis and decision making**

Demonstrates:



- Strong personal emphasis on achieving high standards of excellence and willingness to take personal responsibility to initiate activities and drive objectives through to a conclusion.
- Ability to rapidly assimilate and analyse complex information, make timely decisions and take ownership of those decisions and their implications.
- Capacity to anticipate problems and to recognise when to involve other parties at the appropriate time and level.
- Capacity to integrate scientific research, use data and best clinical practice in knowledge generation, transfer and application and seeks out innovative solutions.
- Acceptance of, and comfort with, environments characterised by ambiguity, change management, continuous development and a requirement for flexible and creative approaches to resolution.

### **Leadership-working with and through others**

Demonstrates:

- The ability to influence and negotiate effectively in furthering the objectives of the role.
- The ability to build excellent collaborative networks and a track record of building and maintaining key internal and external relationships in furtherance of organisational goals.
- Recognition and respect for the expertise of others and the contribution of team members; to harness good teamwork and open contributions to enable the achievement of programme aims.
- Highly developed communication skills which include an ability to convey clinical priorities and complex messages to colleagues, various stakeholders, media and interest groups.

### **Other requirements specific to the post**

Access to transport will be required as post will involve travel.

### **APPLICATION PROCESS**

Candidates interested in being considered for this position should apply by submitting a CV, together with a brief note clearly indicating their relevant experience. Applications must be by email to the Office of the National Director for Clinical Strategy and Programmes at [nationalcsp@hse.ie](mailto:nationalcsp@hse.ie) no later than **close of business on Monday April 3<sup>rd</sup> 2017**.

*NB: Please ensure that the subject of the email references the role of National Clinical Lead – ICP PF.*

Short listing may be carried out on the basis of information supplied in the application. The criteria for short listing are based on the requirements of the post as outlined in the eligibility criteria and key skills and experience sections section of this role description. Therefore it is very important that candidates think about their experience in light of those requirements. Failure to include information regarding these requirements may result in not being called forward to the next stage of the selection process. Those successful at the shortlisting stage of this process (where applied) will be called forward to a skills match meeting with senior management. It is intended that these skills match meetings will be held during the week commencing **24<sup>th</sup> April 2017**.