



National Policy on the Lead Agency Model

Brief description

The Lead Agency Model is the agreed structure for the future service delivery of children's disability services. Each lead agency will have the responsibility for the provision of services for children 0-18 with complex disability ¹in the Children's Disability Network Team(s) (CDNT) assigned to that agency. The lead agency may be a HSE funded non-statutory organisation or a HSE Community Healthcare Organisation.

To be considered as a lead agency the service provider must be able to demonstrate that it is in compliance with all HSE Policy and fulfils the specific criteria and responsibilities as outlined below.

This structure ensures that:

- There is clarity that clinical and operational governance of the CDNT is provided by one structure (in line with national policy).
- The lead agency has line management responsibility for the Children's Disability Network Manager and all members of the Children's Disability Network Team.
- Clinical supervision is managed through the lead agency for all staff (i.e. the lead agency has responsibility to ensure that all staff have appropriate clinical supervision in partnership with employing agencies/HSE).
- All information requests from the Department of Health/HSE re complaints, PQs, REPS, KPIs and other reporting requirements etc. are managed through the lead agency.
- The lead agency brings clarity for teams where everyone works to the same structure and processes under one clear management arrangement.
- The lead agency will have responsibility for the recruitment of new and vacant posts within the team.

The Children Disability Services in each CHO will be governed by a Children's Disability Network Services Governance Group structure to ensure consistency in service delivery.

This policy uses terms that refer to existing HSE structures. These terms will require review in the event of change.

¹ National Policy on Access to Services for Children with Disability or Developmental Delay 2016

1. Guidance Criteria to select Lead Agencies

- 1.1 The proposed Lead Agency has the ability to fulfil all its responsibilities (listed in Section 2).
- 1.2 The proposed Lead Agency demonstrates an understanding of the expectations of the role of lead agency.
- 1.3 The proposed Lead Agency provides evidence of compliance with its Service Arrangements.
- 1.4 The proposed Lead Agency is a strong advocate for and has a history of managing and delivering Children's Disability Services.
- 1.5 The proposed Lead Agency has the capacity to manage the transition to Children's Disability Network Teams. This may include interagency communication with parents and families.
- 1.6 The proposed Lead Agency is prepared to enter into an interagency agreement regarding the role, responsibility and governance of the Children's Disability Network Teams.
- 1.7 The proposed Lead Agency has the capacity to manage all Children's Disability Network Teams assigned to that agency.

2. Responsibilities of the Lead Agency

2.1 Governance

Appendix 1 – Role of the Governance Group

Appendix 2 – Principles for CDNTs

Appendix 3 – Clinical Governance

- 2.1.1 The Lead Agency must operate in line with the core principles and values of the Progressing Disability Services for Children and Young People (0-18) programme as agreed in the CHO area.
- 2.1.2 The Lead Agency is a member of the CHO Children's Disability Network Services Governance Group structure. Membership includes the HSE CHO Chief Officer/Head of Social Care and Chief Executive Officers/Directors of Services of the relevant agencies within the HSE Community Healthcare Organisation and representatives from the Family Forum (this list is not exhaustive). (See Appendix 1 for guidance on Role of Governance Group)
- 2.1.3 The Lead Agency also has defined accountability to the HSE, either directly (in the case of HSE as Lead Agency) or through the Service Arrangement (in the case of Section 38 or 39 Lead Agencies).
- 2.1.4 The Lead Agency has responsibility for the implementation of national standards and policies for Children's Disability Network Teams and for the framework agreed by the governance group.
- 2.1.5 The lead agency is responsible for recruitment of posts within the team.

2.2 Service Arrangements

http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/

- 2.2.1 The Lead Agency must agree a service arrangement with the HSE for the provision of the Children's Disability Network Service.
- 2.2.2 The Lead agency is accountable for funding provided either directly (in the case of HSE as Lead Agency) or through the Service Arrangement (in the case of Section 38 or 39 Lead Agencies. for their assigned Children's Disability Services Network(s).
- 2.2.3 The Lead Agency has responsibility for identifying appropriate funding capacity and requirements in order to fulfil their obligations and provide the necessary services. This will inform the HSE Estimates process and Service Arrangements.
- 2.2.4 The Lead Agency has responsibility for managing accommodation & equipment for their assigned Children's Disability Services Network(s).

2.3 Operational Management

- 2.3.1 The Lead Agency has the responsibility for all of the provision of services for children 0-18 with complex disability eligible under the National Policy on Access to Services for Children with Disability or Developmental Delay 2016 in the area assigned to that agency.
- 2.3.2 The Lead agency, through the Children's Disability Network Manager, has operational management responsibility for the staff within the teams of their assigned Children's Disability Services Network(s). See Appendix 4 – Role of Children's Disability Network Manager.
- 2.3.3 The Lead Agency must ensure that any staff member not directly employed by that lead agency has an identified manager within their employing agency with whom the staff member has a formal engagement on a biannual basis to review working arrangements and address any issues in consultation with the CDN. M.
- 2.3.4 The Lead Agency has the operational management responsibility for probation for all team members. The CDN will work collaboratively with the relevant Head of Discipline as appropriate. Where staff are not directly employed by that lead agency, the CDN must inform the employing agency of any issues as they arise and must report on each staff member's probation as required by the employing agency.
- 2.3.5 The Lead Agency must work collaboratively with the identified manager in each employing agency when there is a requirement to utilise grievance and / or disciplinary procedures.
- 2.3.6 The Lead Agency has the operational management responsibility for the referrals and waiting lists for their assigned Children's Disability Services Network(s).
- 2.3.7 The Lead Agency will have responsibility for the liaison with Primary Care Services and Child and Adolescent Mental Health Services within their assigned Children's Disability Services Network(s), in line with the HSE Joint

Working Protocol between Primary Care Disability Services and Child and Adolescent Mental Health Services 2017.

- 2.3.8 The Lead Agency has responsibility for ensuring mandatory and statutory training of all staff is undertaken for their assigned Children's Disability Services Network(s).
- 2.3.9 The Lead Agency will ensure compliance with all legal requirements, policies and procedures affecting service users and staff.
- 2.3.10 The Lead Agency has responsibility for information management, responses to Parliamentary Questions and public representations, risk management and the Risk Register for their assigned Children's Disability Services Network(s).
- 2.3.11 The Lead Agency has responsibility for compliance with the Children First Act (2015) within their assigned Children's Disability Services Network(s).
- 2.3.12 The Lead Agency has responsibility for liaising with the HSE, Tusla, the Principal / Designated Liaison Person (DLP) in the School and the DLP in an organisation where the child accesses respite services (as appropriate) in relation to child protection issues for their assigned Children's Disability Services Network(s).
- 2.3.13 The Lead Agency will develop and maintain key links and strong working relationships between the Teams/Lead Agency and Liaison Officer and Assessment of Need Officers (under the Disability Act 2005).
- 2.3.14 The Lead Agency has responsibility to ensure compliance with GDPR.

Appendix 1: Guidance on the Role of the CHO Children's Disability Services Governance Group

To ensure CDNT services are delivered in line with national policy

- To ensure ongoing strategic direction for the CDNTs in line with the Principles for CDNTs, national policy and standards, and National Service Plans
- To act within statutory, financial and other constraints

To provide leadership and direction to the CDNTs

- To ensure clear and effective standards of governance in the delivery of services in the CDNTs.
- To ensure that the agreed principles for the CDNTs are evidenced in the continued operation of the services
- To ensure the service is responsive to the needs of children/young people and their families

To monitor performance of the CDNTs

- To establish performance and quality targets that maintain the effective use of resources and provide value for money
- To oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary
- To ensure the delivery of services reflects best practice with performance being measured against agreed objectives
- To ensure structures are in place for performance management, supervision and support for members of the CDNTs
- To monitor Quality, Safety and Risk and to escalate risk as appropriate.

To plan for ongoing delivery of services by CDNTs

- To oversee the development, ratification and application of CHO and local policies
- To identify and support the essential training needs for teams
- To highlight emerging issues/risks and identify gaps in the CDNTs to the Chief Officer.
- To provide an annual report to the Chief Officer and the Head of Social Care of the service's activities, challenges, developments and plans
- To establish and maintain the CHO risk register by ensuring that risks are systematically identified, reported, managed and analysed in accordance with agreed HSE policy

- To specify requirements for service and financial planning succinctly, efficiently and in good time to ensure the Governance Group can fulfil its responsibilities

Terms of Reference for the Governance Group to include:

- Membership
- Jurisdiction
- Goals
- Reporting procedures
- Standing orders (voting, quorum, confidentiality, collaborative approach)
- Communication
- Frequency and duration of meetings

V1 18/12/2019

Appendix 2: Principles for CDNTs

The following twelve principles and values provide the bedrock for the model of service delivery for Children's Disability Network Teams. These principles have been identified and developed through an iterative process based on evidence, consideration by the National Working Group and its sub groups, and consultation with broader stakeholders.

1. Bio-psychosocial model

The **bio-psychosocial model** is a broad view that attributes disease outcome to the intricate, variable interaction of biological factors (genetic, biochemical, etc), psychological factors (mood, personality, behaviour, etc.), and social factors (cultural, familial, socioeconomic, medical, etc.).

Services should be delivered holistically, focusing on all aspects of a child and young person's and family's life, particularly in the context of the community and society. The model promotes the idea that society and the environment must recognise and accommodate individual needs, based on dignity and respect, supporting and facilitating children and families to access and be included in their community and society. This involves working in partnership with stakeholders and the wider community to support and develop services and activities that achieve mutually beneficial outcomes.

2. Equity of access

One of the primary objectives in the development of Children's Disability Network Teams is to have equity of access to services for all children and their families based on need. Access must be based on the child's needs and not on diagnosis or category of disability or the school he/she attends.

The National Policy on Access to Services for Children with Disability or Developmental Delay 2016 provides the framework for services to consider a child's needs and the most appropriate service to meet those needs. Eligibility criteria and procedures for accessing services is transparent and user friendly. Any form of discrimination in relation to access to services must be guarded against by adhering strictly to national policy and to agreed local procedures.

3. Accessibility

Environment: All service delivery should facilitate the needs of the child and the family including accessible physical environments. Ability to travel, access to public transport and the geographical location of the family should be taken into account.

Information: Families should know how to access information, from whom or where it can be obtained. Information should detail service provision, range and accountability. Information should be presented in a clear and concise manner, jargon-free and in a language that is easily understood. Information should be available in a variety of accessible formats.

4. Family Centred Practice

Family centred practice focuses on the whole family and not just the child requiring support. It recognises that the wellbeing and development of the child is dependent on the wellbeing of each of the family members and the family as a whole. Family centred practice ensures that supports provided are determined from family priorities. It recognises that each family has its own role, values, structures, beliefs and coping styles.

5. Interdisciplinary Team Approach

An interdisciplinary team is a number of professionals from different disciplines who work with the child and family, sharing information, decision-making and goal-setting. They have common procedures and policies and frequent opportunities for communication. They work collaboratively to meet the identified needs of the child with a joint service plan, and see the child separately or together as appropriate. The interdisciplinary team approach is supported by national and international best practice². This model of practice aims to enable each child and family to experience and access a holistic, unified continuum of service delivery where a family centred planning approach is central to the process.

6. Accountability

Accountability needs to be embedded in the culture of the team and is the responsibility of all involved in service delivery and can be achieved through:

- Evaluation
- Feedback
- Written policies and procedures
- Monitoring
- Functional, clinical and personal outcome measurement
- Evidence based practice and up-skilling
- Financial
- Compliance with legislation and national policy guidelines

² Ten principles of good interdisciplinary team work. [Susan A Nancarrow](#),¹ [Andrew Booth](#),² [Steven Ariss](#),² [Tony Smith](#),³ [Pam Enderby](#),² and [Alison Roots](#)⁴. Human Resources for Health. 2013

7. Inclusion

Children's Disability Network Teams support the inclusion of children in their community and facilitate the maximum development of each child's independence and participation. This includes offering programmes that support the development of skills for daily living, support for participation in pre-school and school as appropriate and information for families on local activities, social and leisure opportunities.

8. Early Identification of Needs

The earlier we can identify children with developmental concerns the better, so introducing intervention at the earliest point possible may well achieve maximum developmental benefits. Disability services have a key role in assisting those who come in contact with children and parents in early childhood to recognise risk factors and make appropriate referrals.

There should be a clear pathway to services which is easily understood by parents and other referrers. Strong co-ordination is needed between services so that no child/young person/family will fall through a gap in services.

9. Clinical Governance and Evidence Based Practice

Services should be planned and delivered under a system of clinical governance and evidenced best practice. The application of research is part of an evidence based approach to decision making, which incorporates the child and family's preferences, the use of current best practice and practitioners' clinical expertise and experience into the support plan. The application of an evidence based approach involves ensuring that services keep up to date with on-going research that informs new practices or techniques and the inclusion of agreed clinical guidelines, policies and protocol with inbuilt audit and review dates. Through clinical governance teams demonstrate that they deliver an evidence based practice. Guidelines, policies and protocols should be locally owned and ensure that research is converted appropriately into practice.

10. Cultural Competence

Sensitivity to cultural differences is entwined in the systems of service delivery which should be compatible with family values and goals. Each family's unique cultural differences and diversity should be recognised. The uniqueness will inform the partnership in service delivery with the family. The culture of each organisation needs to be acknowledged and appropriate aspects integrated within the culture of the new services.

11. Staff are Valued and Respected

Effective services for children with a disability and their parents are grounded both in the knowledge and skills of frontline staff and in the relationships formed between staff and families. Staff who are well-motivated and happy in their work provide better care and support better outcomes. Their efforts to provide the best possible service must be acknowledged and valued, and they must be supported by management and encouraged to continuously develop their professional knowledge and skills.

12. Outcomes for Children and their Families

The Outcomes for Children and their Families Framework will apply to all staff in Children's Disability Network Teams in terms of what they can be held accountable for:

- To maintain a focus on desired outcomes for the individual child and the family
- To ensure a standardised outcomes-focused approach to the delivery of services and supports for each child and their family in accordance with their needs and priorities

An outcome is defined as a benefit experienced by a child, their family or the wider community as a result of the services and supports provided.

Appendix 3: Guidance on clinical governance for CDNTs

1. Definition of clinical governance:

- Clinical governance is described as the system through which healthcare teams are accountable for the quality, safety and satisfaction of service users in the care they have delivered. For healthcare staff, this means specifying the clinical standards you are going to deliver and showing everyone the measurements you have made to demonstrate that you have done what you have set out to do.

Ref: HSE (2012) Quality & Safety prompts for multidisciplinary teams

- It is built on a model of senior managers working in partnership with senior clinicians.

Ref: HIQA (2012) National Standards for Safer Better Healthcare (Chapter 7, P. 94)

- A key characteristic of clinical governance is a culture and commitment to agreed service levels and quality of care to be provided.

Ref: HSE (2012) Quality & Safety prompts for multidisciplinary teams

2. Principles

- CDNTs will work within the overall governance document and model of practice agreed by the CHO, while ensuring compliance with all relevant national regulations and standards including HIQA, EPSN, and Disability Act.
- They will adhere to best practice and to standards set out by CORU and Professional Bodies. Team members will take individual responsibility for CPD (Continuous Professional Development).
- There must be structures in place to support staff and managers and to respond to governance issues in a timely manner. This is to ensure safe processes and a safe working environment for all levels of staff.
- It is recognised that clinical governance is everyone's responsibility. There must be clear lines of accountability including clinical accountability and a performance management structure for all members of the CDNT.

HSE Guiding Principles for Quality and Safety



Clinical governance is an integral component of governance arrangements, where:

- Each individual, as part of a team, knows the purpose and function of leadership and accountability for good clinical and social care;
- Each individual, as part of a team, knows their responsibility, level of authority and who they are accountable to;
- Each individual, as part of a team, understands how the principles of clinical governance can be applied in their diverse practice;
- A culture of trust, openness, respect and caring is evident among managers, clinicians, staff and patients;
- Each individual, as part of a team, consistently demonstrates a commitment to the principles of clinical governance in decision making; and
- Clinical governance is embedded within the overall corporate governance arrangement for the statutory and voluntary health and personal social services in realising improved outcomes for patients.

Ref: HSE (2012) Quality and patient Safety: Clinical Governance Information Leaflet

3. Responsibilities

Clinical Governance is everything that we do as individuals and as an organisation to strive to achieve excellence in the clinical services we provide.

Clinical Governance is part of the practice of every clinician and not a separate function carried out on their behalf.

3.1 Individual Clinicians

Individual health professionals remain responsible for the quality of their own clinical practice. They contribute to this by:

- Ensuring they are committed to maintaining a high quality service to Service Users by continual development of practice.
- Ensuring professional accountability and self-regulation.
- Committing to Continuing Professional Development and creating a learning environment.
- Providing Input to appraisal process, clinical audit and risk management.
- Sharing good practice.
- Undergoing a minimum of an annual cycle of self-reflection about their practice.
- Developing individual objectives as part of a Personal Development Plan including practice competence issues.
- Reflecting on the service user and carer experience.

3.2 Managers

Managers with responsibility for members of staff are particularly responsible for:

- Supporting individuals through supervision/direction, leadership, service development, performance management.
- Ensuring accountability arrangements and systems are in place within their service.
- Ensuring all staff attend training.
- Promoting a culture that supports learning and encourages reporting; having systems in place to deal with and learn from incidents and complaints, and to identify manage risks.
- Ensuring all staff have adequate supervision.

Appendix 4: Children's Disability Network Manager Job Specification

Job Title and Grade	<p>Children's Disability Network Manager, Community Healthcare Organisation</p> <p>Grade Code: 6010</p>
Organisational Area	<p>Community Health Organisation (CHO)</p>
Details of Service Context of Post	<p>Health care services in Ireland are undertaking a significant reform programme in line with Government policy. The "Community Healthcare Organisations" report was commissioned by the HSE in May 2013, to review Community Healthcare services. This report provides a framework for the governance and organisation of all of Community Healthcare services. The new structures recommended will facilitate the move to an increasingly integrated healthcare system which is responsive to people's needs at the lowest level of complexity, and which will ensure a focus on the population in local areas.</p> <p>The recommendations of the CHO Report emphasises the need for strong leadership and ownership at local level, bringing the relationship between primary care, specialist social care and mental health services, as well as advancing the health and wellbeing of the population into a much more focused and integrated place in each local area. This will ensure a greater focus on service delivery and decision making at local level informed by national frameworks, which will allow the HSE to:</p> <ul style="list-style-type: none"> • provide better direct accountability; • provide for increased decision making at local level; and • Deliver services in the community through an integrated management structure. <p>Community Healthcare Services are the broad range of services that include Primary Care, Disability Services, Older Person Services, Mental Health and Health & Wellbeing Services. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to people's homes. Full details of the services provided by a CHO can be found at http://www.hse.ie/eng/services/publications/corporate/CHORreport.html</p> <p>Under the <i>Progressing Disability Services for Children and Young People Programme</i>, Children's Disability Network Teams are being reconfigured so that all children with a disability and developmental delay and their families will have access to services according to their needs and there will be consistency and equity in delivery of services across the country.</p> <p>The Children's Disability Network Teams are charged with the delivery of an efficient and effective health and personal social service for a designated</p>

	<p>population in order to achieve targeted health outcomes within the overall Community Health Network.</p> <p>Each area has agreed “lead agencies” to manage defined Children’s Disability Networks.</p>
Reporting Relationship	<p>All Children’s Disability Network Managers will be employed by either the HSE or a Section 38 funded agency. In areas where the agreed “lead agency” is a Section 39 funded non-statutory organisation, the manager will be seconded to that organisation from the HSE or Section 38 agency. The Children’s Disability Network Manager will report to the designated line manager in the organisational structure.</p> <p>The Children’s Disability Network Manager will be accountable to the Community Healthcare Organisation Head of Social Care (or nominated officer) through the children’s disability services governance group with respect to adherence to the model of service delivery, key objectives and key performance indicators.</p>
Key Working Relationships	<p>The Children’s Disability Network Manager will work collaboratively with the following:</p> <ul style="list-style-type: none"> • Lead Agency Management Team • Head of Social Care and the Social Care Team • Head of Primary Care and the Primary Care Team • Head of Mental Health and the Mental Health Team • Community Healthcare Network Managers • HSE and HSE funded non-statutory organisations providing children’s disability services in the Network • Heads of Discipline across Lead Agencies and HSE • Network GP Lead • Key Personnel in other Divisions, agencies and relevant organisations <p>This list is not exhaustive and it is envisaged that the successful candidate would forge appropriate relationships as befitting the role.</p>
Purpose of the Post	<p>The Children’s Disability Network Manager (CDNM) is responsible to the Lead Agency for the development of Children’s Disability Services within a designated area in line with National Policy. The CDNM is the accountable and responsible person for ensuring the delivery of high quality, safe, integrated children’s disability services to the population of the Community Healthcare Network. This will be provided in accordance with legislative and service delivery frameworks and requirements, within the resources allocated.</p> <p>Using the key principles of the Progressing Disability Services for Children and Young People programme as a model of service which is based on family centred practice and interdisciplinary team working, the CDNM will have full responsibility</p>

and accountability for managing resources including all staff the children’s disability staff within the Children’s Disability Network.

The CDNM will provide day to day operational line management for children’s disability staff and provide clinical assurance regarding the professional supervision of each clinician working in that team.

The CDNM will be supported in this regard by an agreed evidence based clinical governance structure within the Lead Agency or Community Healthcare Organisation.

<p>Principal Duties and Responsibilities</p>	<p>Professional / Clinical /Administrative</p> <ul style="list-style-type: none"> • To promote a child and family centred practice within the Lead Agency • To provide strategic leadership and direction for the team which results in the delivery of effective, efficient, quality assured and person centred services in collaboration with the Lead Agency and in line with National Policy. • To be accountable for the management and reporting of all financial allocations (pay and non-pay) associated with the delivery of Children’s Disability Services in the assigned network. • To promote evidence based practice in collaboration with the professional discipline leads. • To provide clinical assurance regarding the professional supervision of each clinician working in the Children’s Disability Network service • In order to maintain clinical currency, the post holder will be required to undertake appropriate continuous professional development and may be required to carry a small case load from time to time. • To be responsible for agreeing and implementing clinical pathways and oversee the timetabling/scheduling needed to achieve these pathways. • To manage referral intake meetings, referral waiting lists and caseloads inclusive of assessment, intervention, review pathways and discharge processes. • To be actively involved in leading and supporting continuous quality improvement initiatives. • To work with and lead the team in identification of Policies, Protocols, Procedures and Guidelines (PPPGs) which may be required • To lead on development and implementation of Standard Operating Procedures (SOPs) as required. • To co-ordinate and chair team meetings as appropriate • To co-ordinate responses to PQs, complaints, incidents, health and safety matters and liaise with child safeguarding processes in accordance with Lead Agency Policy / HSE requirements. • To be responsible for facilities management in consultation and agreement with the Lead Agency as appropriate including ensuring clinical and non-clinical spaces and other resources are appropriate to service user needs and are used to maximum effect. • To liaise with external agencies and services as appropriate – respite services, schools, NEPS, TUSLA, etc. • To manage and audit team performance including achievement of national and area level KPIs, and agreed service user outcomes.
---	---

- To implement and audit the agreed care planning model inclusive of Key Worker and the Individualised Family Service Plan (IFSP).
- Responsible for compliance with all relevant General Data Protection Regulation (GDPR) Legislation
- To develop and maintain links between primary and tertiary services.
- To provide effective communication with families and children, including establishment of communication links with the users of the service, ensuring the feedback from same is considered and evaluated in terms of service delivery / required changes to service deliver.
- Responsible for building links with community supports and parent representative groups to maximise inclusion and service user participation.
- To liaise with professional discipline leads /heads of discipline regarding students and professional volunteer placements. Manage non-professional volunteer placements.
- To liaise with other CDNMs and professional discipline leads as required.
- To analyse, project and anticipate demand for services and supports.
- To manage the budget assigned to the Children's Disability Network Services in keeping with agreed financial policies of the Lead Agencies / HSE.
- To liaise with staff, staff representative organisations and Employee Relations Departments on service / staff issues in line with current HSE / Lead Agency policy, frameworks and ethos.
- To develop a shared sense of commitment and participation among staff in the management of change.
- To promote a culture that values diversity and respect in the workplace.
- To manage the network service in line with the agreed policies and procedures as relevant to the discharge of functions associated with the role.
- To engage in IT developments as they apply to service user and service administration.
- Have a working knowledge of the Health Information and Quality Authority (HIQA) Standards as they apply to the role for example, Standards for Healthcare, National Standards for the Prevention and Control of Healthcare Associated Infections, Hygiene Standards etc. and comply with associated HSE protocols for implementing and maintaining these standards as appropriate to the role.
- To support staff in delivering high quality services through team working, team development and proactive quality and risk management.

Personnel

- To be responsible for the operational work of the team(s).
- To manage seconded staff in line with the Secondment Policy
- Foster a high level of morale among staff by effective motivation and communication.
- Responsible for induction of new staff in accordance with the Lead Agency and Progressing Disability Services for Children and Young People with Disabilities (PDS) induction policy.
- To provide the necessary co-ordination and deployment of staff in designated area(s) of responsibility, ensuring efficient rostering that takes into account skill mix requirements associated with fluctuating workloads and ensuring optimal use of available resources.

- To monitor, assess and report on workforce trends through collection and analysis of activity data in order to ensure effective service planning and delivery within approved resources.
- To ensure the appropriate maintenance of clinical and administrative records and support appropriate reporting arrangements.
- To ensure compliance with legal requirements, policies and procedures affecting service users, staff and other service matters.
- Be responsible for and ensure that Child Protection/Safeguarding measures/processes are in place in line with the organisation procedures and regulations under the Health Acts and to work with the Designated Liaison Person for the service area on all such matters as appropriate.
- 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

Health and Safety

- To lead the services in maintaining a safe environment for service users, staff and visitors by ensuring appropriate quality & risk assessment and reporting is in place.
- To ensure implementation and adherence to established Lead Agency policies and procedures e.g. health and safety, infection control, etc.
- To observe, report and take appropriate action on any matter which may be detrimental to service user's care or well-being or may inhibit the efficient provision of care.
- To ensure completion of incident / near miss forms and appropriate reporting.
- To adhere to departmental policies in relation to the care and safety of any equipment associated with service user care including maintenance to an appropriate standard.
- To ensure that facilities within the service are kept in a clean and appropriate state and to report any matters prejudicial to the efficient operation of same.

Education and Training

- To manage mandatory and other relevant team training to ensure professional development requirements are met. This will be done in consultation with the professional discipline leads in accordance with the service training policy and subject to training budget
- In consultation with HR, to ensure where appropriate that professional registration is in place.
- To engage in continuing professional development by keeping up to date with literature, recent research and new developments in management.
- To assist in the development of knowledge, skill and competencies of all staff including students where appropriate.
- Work with Heads of Discipline / Professional Discipline Leads to establish the clinical experience required to meet the needs of the student placement programme(s). To engage in performance review processes including personal professional development planning as appropriate.
- To participate in the practice education of student clinicians.

General

- To support, promote and actively participate in sustainable energy, water and waste initiatives to create a more sustainable, low carbon and efficient health service.

The above 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.

This job description 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.

V118/12/2019