

Registered Advanced Nurse Practitioner (RANP)

**Job Specification & Terms and Conditions**

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| **Job Title and Grade Code** | **Registered Advanced Nurse Practitioner (RANP) (insert speciality)**  **Grade Codes:**  Advanced Nurse Practitioner (General) 2267  Advanced Nurse Practitioner (Children’s) 2270  Advanced Nurse Practitioner (Community / Primary Care) 2269  Advanced Nurse Practitioner (Intellectual Disability) 2271  Advanced Nurse Practitioner (Mental Health) 2268 |
| **Campaign Reference** | To be completed by Recruiter. |
| **Closing Date** | To be completed by Recruiter. |
| **Proposed Interview Date (s)** | To be completed by Recruiter. |
| **Taking up Appointment** | A start date will be indicated at job offer stage. |
| **Location of Post** | Insert location  There is currently xx permanent / specified purpose / part time / whole-time vacancy available in xxxxxxxxxx  A panel may be formed as a result of this campaign for xxxxxxxxxxx from which current and future, permanent and specified purpose vacancies of full or part-time duration may be filled. |
| **Informal Enquiries** | Please provide name & contact details for person who will deal with informal enquiries. |
| **Details of Service** | Provide details to the following types of questions:   * What service does the unit provide? * What client group is served by the unit? * What are the possible future developments for the service? * What is the team structure? * What area is covered by this service?   There is no limit to the text that can be inserted here. Please use this section to highlight the service and generate interest in the service and job being recruited for |
| **Reporting Relationship** | Please outline reporting relationships associated with the post:   * To whom will the job holder report? * Who will report to the job holder?   Is professionally accountable to the Director of Nursing  Clinically accountable to the Consultant / Clinical Lead / GP |
| **Clinical Indemnity** | **To be completed by the service(s) {Hospital Group and/or CHO area}** |
| **Key Working Relationships**  to include but not limited to: | Director/Assistant Director of Nursing  RANPs and other nursing grades  Nurse Practice Development Co-ordinator  Prescribing site co-ordinator(s)  Medical colleagues  Interprofessional colleagues  Patients/service users/families and/or carers  Nursing and Midwifery Board of Ireland  Higher Education Institution  Nursing and Midwifery Planning and Development Unit  Centres of Nursing and Midwifery Education  National Clinical and Integrated Care Programme  National Leadership and Innovation Centre  Other relevant statutory and non-statutory organisations |
| **Clinical supervision** | The RANP **(insert specialty)** engages in on-going clinical supervision as per a Memorandum of Understanding. The structure, process and outcome of clinical supervision must be explicit (formal and informal).  The RANP **(insert specialty)** maintains a record of clinical supervision in his/her professional practice portfolio. |
| **Purpose of the Post** | The advanced practice service is provided by nurses who practice at a higher level of capability as independent, autonomous and expert advanced practitioners. The overall purpose of the service is to provide safe, timely, evidenced based nurse-led care to patients at an advanced nursing level .This involves undertaking and documenting complete episodes of patient care, which includes comprehensively assessing, diagnosing, planning, treating and discharging patients in accordance with collaboratively agreed local policies, procedures, protocols and guidelines and/or service level agreements/ memoranda of understanding.  The RANP **(insert specialty)** demonstrates advanced clinical and theoretical knowledge, critical thinking, clinical leadership and complex decision-making abilities.  The RANP **(insert specialty)** practices in accordance with the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014), the Scope of Nursing and Midwifery Practice Framework (NMBI 2015), Advanced Practice (Nursing) Standards and Requirements (NMBI 2017), and the Values for Nurses and Midwives in Ireland (Department of Health 2016).  The RANP **(insert specialty)** service provides clinical leadership and professional scholarship in the delivery of optimal nursing services and informs the development of evidence based health policy at local, regional and national levels.  The RANP **(insert specialty)** contributes to nursing research that shapes and advances nursing practice, education and health care policy at local, national and international levels.  [ **please insert any additional role specific requirements to support the purpose of the particular advanced practice nursing service or speciality** ] |
| **Principal Duties and Responsibilities** | The RANP **(insert specialty)** practices to a higher level of capability across six domains of competence as defined by Advanced Practice (Nursing) Standards and Requirements (NMBI 2017).  The six domains of competence are as follows:   * Professional Values and Conduct * Clinical-Decision Making * Knowledge and Cognitive Competences * Communication and Interpersonal Competences * Management and Team Competences * Leadership and Professional Scholarship Competences   Each of the six domains specifies the standard which the RANP **(insert specialty)** has a duty and responsibility to demonstrate and practise.  **Domain 1: Professional Values and Conduct**  Standard 1  The RANP **(insert specialty)** will apply ethically sound solutions to complex issues related to individuals and populations by:   * Demonstrating accountability and responsibility for professional practice as a lead healthcare professional {**in the care of patients with**}.   The initial caseload\* and scope of practice for the RANP **(insert specialty)** is agreed as follows:  {**insert here**}  The inclusion criteria for the RANP **(insert specialty)** are as follows:  {**insert here**}.  The exclusion criteria for the RANP **(insert specialty)** are as follows:  {**insert here**}.  *\*The caseload and scope of practice for the Registered Advanced Nurse Practitioner service will evolve to reflect changing service needs.*   * Articulating safe boundaries and engaging in timely referral and collaboration for those areas outside his/her scope of practice, experience, and competence using established referral pathways as per locally agreed policies, procedures, protocols and guidelines. * Demonstrating leadership by practising compassionately to facilitate, optimise, promote and support the health, comfort, quality of life and wellbeing of persons whose lives are affected by altered health, chronic disorders, disability, distress or life-limiting conditions. The RANP practices according to a professional practice model that provides him/her latitude to control his/her own practice, focusing on person centred care, interpersonal interactions and the promotion of healing environments. * The chosen professional practice model for nursing {**insert here**} emphasises a caring therapeutic relationship between the RANP and his/her patients, recognising that RANPs work in partnership with their multidisciplinary colleagues. * Articulating and promoting the RANP role in clinical, political and professional contexts by {**insert here**} (for example presenting key performance outcomes locally and nationally; contributing to the service’s annual report; participating in local and national committees to ensure best practice as per the relevant national clinical and integrated care programme).   **Domain 2: Clinical-Decision Making Competences**  Standard 2  The RANP **(insert specialty)** will utilise advanced knowledge, skills, and abilities to engage in senior clinical decision making by:   * Conducting a comprehensive holistic health assessment using evidenced based frameworks, policies, procedures, protocols and guidelines to determine diagnoses and inform autonomous advanced nursing care. * Synthesising and interpreting assessment information particularly history including prior treatment outcomes, physical findings and diagnostic data to identify normal, at risk and subnormal states of health. * Demonstrating timely use of diagnostic investigations / additional evidence-based advanced assessments to inform clinical-decision making. * Exhibiting comprehensive knowledge of therapeutic interventions including pharmacological and non-pharmacological advanced nursing interventions, supported by evidence-based policies, procedures, protocols, and guidelines, relevant legislation, and relevant professional regulatory standards and requirements. * Initiating and implementing health promotion activities and self-management plans in accordance with the wider public health agenda. * Discharging patients from the service as per an agreed supporting policy, procedure, protocols, guidelines and referral pathways.   **Domain 3: Knowledge and Cognitive Competences**  Standard 3  The RANP **(insert specialty)** will actively contribute to the professional body of knowledge related to his/her area of advanced practice by:   * Providing leadership in the translation of new knowledge to clinical practice {**insert here**} (for example teaching sessions; journal clubs; case reviews; facilitating clinical supervision to other members of the team). * Educating others using an advanced expert knowledge base derived from clinical experience, on-going reflection, clinical supervision and engagement in continuous professional development. * Demonstrating a vision for advanced practice nursing based on service need and a competent expert knowledge base that is developed through research, critical thinking, and experiential learning. * Demonstrating accountability in considering access, cost and clinical effectiveness when planning, delivering and evaluating care {**insert here**} (for example key performance areas, key performance indicators, and metrics).   **Domain 4: Communication and Interpersonal Competences**  Standard 4  The RANP **(insert specialty)** will negotiate and advocate with other health professionals to ensure the beliefs, rights and wishes of the person are respected by:   * Communicating effectively with the healthcare team through sharing of information in accordance with legal, professional and regulatory requirements as per established referral pathways. * Demonstrating leadership in professional practice by using professional language (verbally and in writing) that represents the plan of care, which is developed in collaboration with the person and shared with the other members of the inter-professional team as per the organisation’s policies, procedures, protocols and guidelines. * Facilitating clinical supervision and mentorship through utilising one’s expert knowledge and clinical competences. * Utilising information technology, in accordance with legislation and organisational policies, procedures, protocols and guidelines to record all aspects of advanced nursing care.   **Domain 5: Management and Team Competences**  Standard 5  The RANP **(insert specialty)** will manage risk to those who access the service through collaborative risk assessments and promotion of a safe environment by:   * Promoting a culture of quality care. * Proactively seeking quantitative and qualitative feedback from persons receiving care, families and members of the multidisciplinary team on their experiences of the service, analysing same and making suggestions for improvement. * Implementing practice changes using negotiation and consensus building, in collaboration with the multidisciplinary team and persons receiving care.   **Domain 6: Leadership and Professional Scholarship Competences**  Standard 6  The RANP **(insert specialty)** will lead in multidisciplinary team planning for transitions across the continuum of care by:   * Demonstrating clinical leadership in the design and evaluation of services {**insert here**} (for example findings from research, audit, metrics, new evidence). * Engaging in health policy development, implementation, and evaluation {**insert here**} (for example key performance indicators from national clinical and integrated care programme/HSE national service plan/ local service need to influence and shape the future development and direction of advanced practice in {**cite speciality**}). * Identifying gaps in the provision of care and services pertaining to his/her area of advanced practice and expand the service to enhance the quality, effectiveness and safety of the service in response to emerging healthcare needs. * Leading in managing and implementing change. |
| **Legislation , regulations, policies and guidelines** | The RANP **(insert specialty)** practises nursing according to:   * The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014); * Scope of Nursing and Midwifery Practice Framework (NMBI 2015); * Values for Nurses and Midwives in Ireland – Care, Compassion and Commitment (Department of Health 2016); * Advanced Practice Nursing Standards and Requirements (NMBI 2017); * National Health Policies and Procedures (latest versions) {list as relevant to the service for example:   National Consent Policy (HSE 2013, revised 2016);  Houses of the Oireachtas Committee on the Future of Healthcare (Sláintecare, 2017);   * Local policies, procedures, protocols and guidelines * Current legislation {list as relevant to the service for example:   Government of Ireland (2015) Assisted Decision-Making Capacity Act {Insert as appropriate to the RANP (insert specialty) service} |
| **Performance Management and Evaluation** | Performance Indicators (PI’s) are required to evaluate nursing interventions and implement initiatives to improve the quality and quantity of nursing care provided. PI’s should have a clinical nursing focus as well as a breakdown of activity, including patients seen and treated. In addition, PI’s should identify areas of good practice that must be recognised and celebrated (HSE 2015).  The Department of Health (2017) *Framework for National Performance Indicators for Nursing and Midwifery* provides a guiding framework for the development of Nursing and Midwifery PI’s.  In collaboration with the Director of Nursing, the RANP will identify and develop Nursing PI’s for their area of practice, collect and collate data which will provide evidence of the impact and effectiveness of the interventions undertaken {**insert here**} (for example relevant integrated clinical care programme and associated KPIs, Department of Health).  The RANP **(insert specialty)** will participate in clinical audit and evaluate audit results and research findings to identify areas for quality improvement in collaboration with nursing and multidisciplinary team colleagues (primary and secondary care). |
| **Professional Practice Portfolio** | The RANP **(insert specialty)** must maintain a professional practice portfolio, incorporating evidence of learning from continuing professional development, clinical supervision, reflective practice and review of his/her own scope of practice in accordance with regulatory requirements and service need. |
| **Health and Safety, Quality Assurance, Risk and Clinical Governance** | 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. These organisational standards and procedures are developed and managed to comply with statutory obligations.  The RANP (**insert specialty**) will;   * Demonstrate knowledge of clinical governance structures and processes supporting service provision. * Be familiar with and is responsible for attending the necessary education, training and support to enable them to meet this responsibility. * Be responsible for ensuring that they comply with hygiene services requirements in their area of responsibility. Hygiene services incorporate environment and facilities, hand hygiene, catering, cleaning, the management of laundry, waste, sharps and equipment. * Adequately identify, assess, manage and monitor risks within their area of responsibility. * Foster and support a quality improvement culture throughout their area of responsibility. * Take reasonable care for their own actions and the effect that these may have on the safety of others. * Be responsible for ensuring they become familiar with the requirements stated within and that they comply with the Hospital Group’s/ Community Healthcare Organisation’s PPPGs. * Have a working knowledge of PPPGs in relation to the care and safety of any equipment supplied for the fulfilment of duty within the RANP **(insert specialty)** nursing service. Ensure the advice of relevant stakeholders is sought prior to procurement. * Have a working knowledge of the Health Information and Quality Authority (HIQA) Standards or Mental Health Commission (MHC) (as relevant) as they apply to the RANP (insert specialty) nursing service, for example: Standards for Healthcare, National Standards for the Prevention and Control of Healthcare Associated Infections, Hygiene Standards or MHC regulations/standards and legislation as relevant. 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. |
| **Management and Leadership** | The RANP (**insert specialty**) will;   * Support the principle that person-centred care comes first at all times and will approach the effective, efficient and resourceful planning, organisation and delivery of RANP **(insert specialty)** nursing service with the flexibility and enthusiasm necessary to make this principle a reality for every patient. * Adopt a professional leadership role within the clinical governance structures influencing both clinical and non-clinical processes that impact upon the experience and/or outcomes for patients within the RANP **(insert specialty)** nursing service. * Participate in the appropriate and effective management of the RANP **(insert specialty)** service. * Participate in the development of the overall service plan and in the monitoring and review of RANP **(insert specialty)** activity against the plan. * Provide innovative and effective leadership, support and advice to nursing and allied staff at all levels related to their area of practice. * Participate and engage in projects and service developments by representing senior nursing on committees and groups as relevant to the RANP **(insert specialty)** nursing service. * Participate in the overall financial planning of the service including the assessment of priorities in pay and non-pay expenditure relating to the RANP **(insert specialty)** nursing service. * Promote a culture that values diversity and respect in the workplace. * Manage and promote liaisons with internal and external bodies as appropriate, for example; intra-hospital service, community services, or voluntary organisations. * Engage in IT developments as they apply to service user and service administration. * Undertake other relevant duties as may be determined from time to time by the Director of Nursing or other designated officer. * To act as spokesperson for the Organisation as required * Demonstrate pro-active commitment to all communications with internal and external stakeholders   **The above Job Specification is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him / her from time to time and to contribute to the development of the post while in office.** |
| **Eligibility Criteria**  **Qualifications and/ or experience** | **Candidates must have at the latest date of application:**  **Please insert Eligibility Criteria for the post - see HSE website at:** [**http://hse.ie/eng/staff/Jobs/Eligibility\_Criteria/**](http://hse.ie/eng/staff/Jobs/Eligibility_Criteria/)  Please note that appointment to and continuation in posts that require statutory registration is dependent upon the post holder maintaining annual registration in the relevant division of the register maintained by:  Bord Altranais agus Cnáimhseachais na hÉireann (Nursing Midwifery Board Ireland)  **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. |
| **Post Specific Requirements** | **This section may be used to specify that candidates must demonstrate particular experience deemed necessary for safe and effective performance in the role**  **e.g.**   * **depth and breadth of experience in providing a service to marginalised communities** * **depth and breadth of experience of working in a High Dependency Unit in an Acute setting** * **depth and breadth of experience of delivering concurrent, multiple projects.**   **Post specific requirements mostly relate to a specific role and might include education / experience required for a specific post in a specific location / may include specialisms e.g. ICU course or experience. We don’t include ‘Nice to have’ / ‘Desirable’ criteria – either a criterion is essential to the role or it isn't. Avoid including ‘numerical data’ here e.g. must have x no. of months / years’ experience in XXX. Instead it is more helpful to detail what it is you want the applicants to know / be able to do.** |
| **Other requirements specific to the post** | **Please outline if there are specific practical requirements that are specific to the post**  **e.g.**   * **have access to appropriate transport to fulfil the requirements of the role** * **participate in an on-call rota** |
| **Skills, competencies and/or knowledge** | The RANP **(insert specialty)** will be required to continue to demonstrate the ability to practice at a higher level of capability across six domains of competence as defined by (NMBI 2017), along with the specialist knowledge and clinical skills in the (**insert specialty**) area of practice.  The RANP **(insert specialty)** must continue to:  **Professional/Clinical Knowledge**   * Demonstrate a high degree of commitment, professionalism and dedication to the philosophy of quality health care provision. * Demonstrate evidence of Policy, Procedure, Protocol, Guideline (PPPG) development and the translation of PPPG into action. * Demonstrate knowledge and experience of quality audit/assurance systems. * Demonstrate experience in developing, implementing and evaluating quality improvement initiatives. * Demonstrate awareness of relevant legislation and policy developments. * Demonstrate a commitment to continuing professional development.   **Planning and Organising Resources**   * Demonstrate ability to proactively plan, organise, deliver and evaluate a nursing service in an efficient, effective and resourceful manner, within a model of person-centred care and value for money. * Demonstrate ability to manage deadlines and effectively handle multiple tasks.   **Building and Maintaining Relationships: Leadership, Staff Management and Team Work**   * Demonstrate flexibility and openness to change and ability to lead and support others in a changing environment. * Demonstrate the ability to communicate a change vision and engage stakeholders in a sustainable change process. * Demonstrate the ability to foster a learning culture among staff and colleagues to drive continuous improvement. * Demonstrate ability to work effectively within multi-disciplinary teams.   **Evaluation Information and Judging Situations**   * Demonstrate the ability to evaluate information, identify risks and solve problems.   **Commitment to Providing Quality Services**   * Demonstrate understanding of and commitment to the underpinning requirements and key processes in providing quality, person-centred care. * Demonstrate the ability to lead on clinical practice and service quality.   **Communication and Interpersonal Skills**   * Demonstrate effective communication and interpersonal skills including: the ability to present information in a clear and concise manner. * Demonstrate ability to engage collaboratively and influence others. * Demonstrate competency in the general use of information technology – computers, office functions, internet for research purposes, email, preparation of presentation materials etc. * Demonstrate evidence of skills in data management and report writing. |
| **Campaign Specific Selection Process**  **Ranking/Shortlisting / Interview** | A ranking and or shortlisting exercise may be carried out on the basis of information supplied in your application form. The criteria for ranking and or shortlisting are based on the requirements of the post as outlined in the eligibility criteria and skills, competencies and/or knowledge section of this job specification. Therefore it is very important that you think about your experience in light of those requirements.  Failure to include information regarding these requirements may result in you not being called forward to the next stage of the selection process.  Those successful at the ranking stage of this process (where applied) will be placed on an order of merit and will be called to interview in ‘bands’ depending on the service needs of the organisation.  The HSE is an equal opportunities employer. |
| **Code of Practice** | The Health Service Executive will run this campaign in compliance with the Code of Practice prepared by the Commission for Public Service Appointments (CPSA). The Code of Practice sets out how the core principles of probity, merit, equity and fairness might be applied on a principle basis. The Code also specifies the responsibilities placed on candidates, facilities for feedback to applicants on matters relating to their application when requested, and outlines procedures in relation to requests for a review of the recruitment and selection process and review in relation to allegations of a breach of the Code of Practice. Additional information on the HSE’s review process is available in the document posted with each vacancy entitled “Code of Practice, Information for Candidates”.  Codes of practice are published by the CPSA and are available on <https://www.hse.ie/eng/staff/jobs> in the document posted with each vacancy entitled “Code of Practice, Information for Candidates” or on <https://www.cpsa.ie/>. |
| The reform programme outlined for the Health Services may impact on this role and as structures change the Job Specification may be reviewed.  This Job Specification is a guide to the general range of duties assigned to the post holder. It is intended to be neither definitive nor restrictive and is subject to periodic review with the employee concerned. | |



**Registered Advanced Nurse Practitioner (RANP) (insert specialty)**

**Terms and Conditions of Employment**

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| **Tenure** | The current vacancy available is **permanent/temporary** and **whole time/part-time.**  Given the developmental nature of this service the successful registered advanced nurse practitioner will be required to adhere to the terms as set out below which are **specific to this** appointment.  In line with standards and requirements set out by NMBI (2017) *Advanced Practice (Nursing) Standards and Requirements* the RANP **(insert specialty)** will continue to engage in a process of self-development, structured education and clinical supervision specific to the service {**insert here**} in order to maintain and develop advanced clinical nursing knowledge and critical thinking skills to maintain the competences necessary to independently provide efficient, effective, safe patient care.  The post is pensionable. A panel may be created from which permanent and specified purpose vacancies of full or part time duration may be filled. The tenure of these posts will be indicated at “expression of interest” stage.  Appointment as an employee of the Health Service Executive is governed by the Health Act 2004 and the Public Service Management (Recruitment and Appointments) Act 2004 and Public Service Management (Recruitment and Appointments) Amendment Act 2013. |
| **Remuneration** | The Salary scale for the post is: **PLEASE INSERT (Pro Rata - part-time)**  **PLEASE INSERT the most recent salary scales for the role and grade code.**  New appointees to any grade start at the minimum point of the scale. Incremental credit will be applied for recognised relevant service in Ireland and abroad (Department of Health Circular 2/2011). Incremental credit is normally granted on appointment, in respect of previous experience in the Civil Service, Local Authorities, Health Service and other Public Service Bodies and Statutory Agencies. |
| **Working Week** | The standard working week applying to the post is to be confirmed at Job Offer stage.  **Please include the following paragraph for posts that traditionally worked 9-5, Monday to Friday. Do not include for nursing and other posts that are required to work shifts over a 7-day week.**  HSE Circular 003-2009 “Matching Working Patterns to Service Needs (Extended Working Day / Week Arrangements); Framework for Implementation of Clause 30.4 of Towards 2016” applies. Under the terms of this circular, all new entrants and staff appointed to promotional posts from Dec 16th, 2008 will be required to work agreed roster / on call arrangements as advised by their line manager. Contracted hours of work are liable to change between the hours of 8am-8pm over seven days to meet the requirements for extended day services in accordance with the terms of the Framework Agreement (Implementation of Clause 30.4 of Towards 2016). |
| **Annual Leave** | The annual leave associated with the post will be confirmed at Contracting stage. |
| **Superannuation** | This is a pensionable position with the HSE. The successful candidate will upon appointment become a member of the appropriate pension scheme. Pension scheme membership will be notified within the contract of employment. Members of pre-existing pension schemes who transferred to the HSE on the 01st January 2005 pursuant to Section 60 of the Health Act 2004 are entitled to superannuation benefit terms under the HSE Scheme which are no less favourable to those which they were entitled to at 31st December 2004 |
| **Age** | The Public Service Superannuation (Age of Retirement) Act, 2018\* set 70 years as the compulsory retirement age for public servants.  ***\* Public Servants not affected by this legislation:***  Public servants 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 for Persons Reporting Child Abuse Act 1998** | As this post is one of those designated under the Protection for Persons Reporting Child Abuse Act 1998, appointment to this post appoints one as a designated officer in accordance with Section 2 of the Act.  You will remain a designated officer for the duration of your appointment to your current post or for the duration of your appointment to such other post as is included in the categories specified in the Ministerial Direction. You will receive full information on your responsibilities under the Act on appointment. |
| **Mandated Person Children First Act 2015** | As a mandated person under the Children First Act 2015 you will have a legal obligation:   * To report child protection concerns at or above a defined threshold to TUSLA. * To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report.   You will remain a mandated person for the duration of your appointment to your current post or for the duration of your appointment to such other post as is included in the categories specified in the Ministerial Direction. You will receive full information on your responsibilities under the Act on appointment. |
| **Infection Control** | Have a working knowledge of Health Information and Quality Authority (HIQA) Standards as they apply to the role for example, Standards for Healthcare, National Standards for the Prevention and Control of Healthcare Associated Infections, Hygiene Standards etc. and comply with associated HSE protocols for implementing and maintaining these standards as appropriate to the role. |
| **Health & Safety** | It is the responsibility of line managers to ensure that the management of safety, health and welfare is successfully integrated into all activities undertaken within their area of responsibility, so far as is reasonably practicable. Line managers are named and roles and responsibilities detailed in the relevant Site Specific Safety Statement (SSSS).  Key responsibilities include:   * Developing a SSSS for the department/service[[1]](#footnote-1), as applicable, based on the identification of hazards and the assessment of risks, and reviewing/updating same on a regular basis (at least annually) and in the event of any significant change in the work activity or place of work. * Ensuring that Occupational Safety and Health (OSH) is integrated into day-to-day business, providing Systems Of Work (SOW) that are planned, organised, performed, maintained, and revised as appropriate, and ensuring that all safety related records are maintained and available for inspection. * Consulting and communicating with staff and safety representatives on OSH matters. * Ensuring a training needs assessment (TNA) is undertaken for employees, facilitating their attendance at statutory OSH training, and ensuring records are maintained for each employee. * Ensuring that all incidents occurring within the relevant department/service are appropriately managed and investigated in accordance with HSE procedures[[2]](#footnote-2). * Seeking advice from health and safety professionals through the National Health and Safety Function Helpdesk as appropriate. * Reviewing the health and safety performance of the ward/department/service and staff through, respectively, local audit and performance achievement meetings for example.   **Note**: Detailed roles and responsibilities of Line Managers are outlined in local SSSS. |
| **Ethics in Public Office 1995 and 2001** | Positions remunerated at or above the minimum point of the Grade VIII salary scale are designated positions under Section 18 of the Ethics in Public Office Act 1995. Any person appointed to a designated position must comply with the requirements of the Ethics in Public Office Acts 1995 and 2001 as outlined below:  A) In accordance with Section 18 of the Ethics in Public Office Act 1995, a person holding such a post is required to prepare and furnish an annual statement of any interests which could materially influence the performance of the official functions of the post. This annual statement of interest should be submitted to the Chief Executive Officer not later than 31st January in the following year.  B) In addition to the annual statement, a person holding such a post is required, whenever they are performing a function as an employee of the HSE and have actual knowledge, or a connected person, has a material interest in a matter to which the function relates, provide at the time a statement of the facts of that interest. A person holding such a post should provide such statement to the Chief Executive Officer. The function in question cannot be performed unless there are compelling reasons to do so and, if this is the case, those compelling reasons must be stated in writing and must be provided to the Chief Executive Officer.  C) A person holding such a post is required under the Ethics in Public Office Acts 1995 and 2001 to act in accordance with any guidelines or advice published or given by the Standards in Public Office Commission. Guidelines for public servants on compliance with the provisions of the Ethics in Public Office Acts 1995 and 2001 are available on the Standards Commission’s website <https://www.sipo.ie/>. |

**\*\*\*\*\*\*\*Helpful Reminders\*\*\*\*\*\*\***

**1) Please remember to delete any prompts and / or tables (in dark blue) in the sections above**

**2) Ensure all fonts are now in black**

1. A template SSSS and guidelines are available on the National Health and Safety Function, here: <https://www.hse.ie/eng/staff/safetywellbeing/about%20us/>

   2 See link on health and safety web-pages to latest Incident Management Policy [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)