

**Job Specification & Terms and Conditions**

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| **Job Title and Grade** | Radiotherapy Database Manager (Grade V)  Grade Code: 0566 |
| **Campaign Reference** | G1807 |
| **Closing Date** | 12.00 noon on 25th March 2019 |
| **Proposed Interview Date (s)** | Interviews will be held as soon as possible after closing date. Candidates will normally be given at least one weeks' notice of interview. The timescale may be reduced in exceptional circumstances |
| **Taking up Appointment** | To be agreed at job offer stage. |
| **Organisational Area** | Saolta University Health Care Group |
| **Location of Post** | Radiotherapy/Medical Oncology/Haematology Department, University Hospital, Galway  The successful candidate may be required to work in any service area within the vicinity as the need arises.  A panel may be created for Radiotherapy Database Manager, Galway University Hospitals, from which permanent and specified purpose vacancies of full or part time duration may be filled. |
| **Informal Enquiries** | Stephen Coyne – Radiotherapy Services Manager  **Tel:** 091-542567 **Email:** [stephen.coyne@hse.ie](mailto:stephen.coyne@hse.ie) |
| **Details of Service** | Saolta University Health Care Group is one of seven new hospital groups announced by the then Minister for Health, Dr. James Reilly TD in May, 2013, as part of a re-organisation of public hospitals into more efficient and accountable hospital groups that will deliver improved outcomes for patient. The Saolta University Health Care Group comprises of 7 hospitals:   * Letterkenny University Hospital * Sligo University Hospital * Mayo University Hospital * Roscommon University Hospital * Portiuncula University Hospital * Merlin Park University Hospital Galway * University Hospital Galway   The Group has one overall Group Management Team, turnover of €820 million and operates with 1,781 beds and staffing of 9,000 WTEs and a headcount of 10,324 (October 2018).  The objectives of the groups are to:   * Achieve the highest standard of quality and uniformity in care across the group * Deliver cost effective hospital care in a timely and sustainable manner * Encourage and support clinical and managerial leaders * Ensure high standards of governance, both clinical and corporate and recruit and retain high quality nurses, NCHDs, consultants, allied health professionals and administrators in all our hospitals.   There is an evolving Group governance structure with 5 Clinical Directorates which manage the clinical specialities across each site:   * Medicine * Perioperative * Laboratory * Radiology * Women and Children’s   Each Directorate has a set of key performance indicators to improve quality, drive performance, and ensure efficiency. The Directorates will, in turn, evolve into Managed Clinical Networks.    The Group provides a range of high quality services for the catchment areas it serves and GUH is a designated supra-regional cancer service provider meeting the needs of all the counties along Western seaboard and towards the midlands from Donegal to North Tipperary.    Saolta University Health Care Group aims to meet its service plan targets. Its priority is to implement the national clinical care programmes across the Group and establish a performance management culture with the development of Key Performance Indicators.  **Vision**  The formation of the hospitals groups, which will transition to independent hospital trusts, will change how hospitals relate to each other and integrate with the academic sector. Over time, the Group will deliver:   * Higher quality service * More consistent standards of care * More consistent access to care * Stronger leadership   Greater integration between the healthcare agenda and the teaching, training, research and innovation agenda  Our Academic Partner is the National University of Ireland, Galway and we are developing further international partnerships in the UK and the USA” |
| **Mission Statement** | Patients are at the heart of everything we do. Our mission is to provide high quality and equitable services for all by delivering care based on excellence in clinical practice, teaching, and research, grounded in kindness, compassion and respect, whilst developing our staff and becoming a model employer.  **OUR VISION STATEMENT**  Our Vision is to build on excellent foundations already laid, further developing and integrating our Group, fulfilling our role as an exemplar, and becoming the first Trust in Ireland.  **OUR GUIDING VALUES**  **Respect** - We aim to be an organisation where privacy, dignity, and individual needs are respected, where staff are valued, supported and involved in decision-making, and where diversity is celebrated, recognising that working in a respectful environment will enable us to achieve more.  **Compassion** - we will treat patients and family members with dignity, sensitivity and empathy.  **Kindness** - whilst we develop our organisation as a business, we will remember it is a service, and treat our patients and each other with kindness and humanity.  **Quality** – we seek continuous quality improvement in all we do, through creativity, innovation, education and research.  **Learning** - we will nurture and encourage lifelong learning and continuous improvement, attracting, developing and retaining high quality staff, enabling them to fulfil their potential.  **Integrity** - through our governance arrangements and our value system, we will ensure all of our services are transparent, trustworthy and reliable and delivered to the highest ethical standards, taking responsibility and accountability for our actions.  **Teamworking** – we will engage and empower our staff, sharing best practice and strengthening relationships with our partners and patients to achieve our Mission.  **Communication** - we aim to communicate with patients, the public, our staff and stakeholders, empowering them to actively participate in all aspects of the service, encouraging inclusiveness, openness, and accountability.  *These Values shape our strategy to create an organisational culture and ethos to deliver high quality and safe services for all we serve and that staff are rightly proud of.* |
| **Reporting Relationship** | For Employment Issues: The post holder will report to the Information Services Manager.  For Operational Issues: The post holder will report to the Radiation Therapy Services Manager and Deputy Radiation Therapy Services Manager or their designate. |
| **Purpose of the Post** | The post holder will be responsible for the management of the MOSAIQ Oncology Information System across the SAOLTA group including system administration, report compilation, training of staff, and addressing any issues that occur on a day by day basis. |
| **Principal Duties and Responsibilities** | * The person holding this post is required to support the principle that the care of the patient comes first at all times and will approach their work with the flexibility and enthusiasm necessary to make this principle a reality for every patient to the greatest possible degree * Maintain throughout the Group’s awareness of the primacy of the patient in relation to all hospital activities. * Performance management systems are part of role and you will be required to participate in the Group’s performance management programme   **Service Delivery**  *The Radiotherapy Database Manager (Grade V) will be responsible for :*   * Data mining, quality control (accuracy, consistency, reliability & relevance) and report analysis for MOSAIQ database queries to support the operational and strategic requirements of the Radiotherapy/Medical Oncology & Haematology Departments, and their contributions to National initiatives. * Preparation of performance indicators/performance management reporting as required by the National Cancer Control Programme (NCCP). * Represent the hospital at NCCP KPI meetings/teleconferences. * Member of the GUH project team for the implementation of a national Medical Oncology Clinical Information System (MOCIS). * Provision of ad hoc statistical information and reports when requested by Consultants, NCHDs, Nursing, Radiation Therapists, Physics and Administration staff within Radiotherapy and Medical Oncology /Haematology. * Provision and support of CQI (Continuous Quality Improvement) and audit requirements of Clinical Trials, HIPE, Cancer Registry, research students, etc. * Liaising with hospital departments ensuring the efficient and smooth flow of information across the hospital e.g. HIPE, Activity Based Funding (ABF) * Reporting and following up to ensure that data capture and data quality meet the required standards in terms of accuracy, timeliness and completeness. * Training of system users (Radiotherapy/Medical Oncology & Haematology & peripheral sites within the Saolta hospital group – clinical and clerical staff) in the use of the MOSAIQ database and provision of support and training documentation on an on-going basis. * Troubleshooting contact for all MOSAIQ users within the hospital group. * Customisation of system to facilitate new processes and workflow. * Assisting in subsequent phases of development and implementation of enhancements to the clinical database, including extension to other users and services. These demands continue to increase. * Team member of a cross functional MDT. * Provision of advice to other hospital departments and projects as required. * Efficient day to day administration in area of responsibility. * Future developments in cancer services as they emerge.   **KPI’s**   * The identification and development of Key Performance Indicators (KPIs) which are congruent with the Hospital’s service plan targets. * The development of Action Plans to address KPI targets. * Driving and promoting a Performance Management culture. * In conjunction with line manager assist in the development of a Performance Management system for your profession. * The management and delivery of KPIs as a routine and core business objective.   **PLEASE NOTE THE FOLLOWING GENERAL CONDITIONS:**   * Employees must attend fire lectures periodically and must observe fire orders. * All accidents within the Department must be reported immediately. * Infection Control Policies must be adhered to. * In line with the Safety, Health and Welfare at Work Acts 2005 and 2010 all staff must comply with all safety regulations and audits. * In line with the Public Health (Tobacco) (Amendment) Act 2004, smoking within the Hospital Buildings is not permitted. * Hospital uniform code must be adhered to. * Provide information that meets the need of Senior Management. * To support, promote and actively participate in sustainable energy, water and waste initiatives to create a more sustainable, low carbon and efficient health service.   **Risk Management, Infection Control, Hygiene Services and Health & Safety**   * The management of Risk, Infection Control, Hygiene Services and Health & Safety is the responsibility of everyone and will be achieved within a progressive, honest and open environment. * The post holder must be familiar with the necessary education, training and support to enable them to meet this responsibility. * The post holder has a duty to familiarise themselves with the relevant Organisational Policies, Procedures & Standards and attend training as appropriate in the following areas:   + Continuous Quality Improvement Initiatives   + Document Control Information Management Systems   + Risk Management Strategy and Policies   + Hygiene Related Policies, Procedures and Standards   + Decontamination Code of Practice   + Infection Control Policies   + Safety Statement, Health & Safety Policies and Fire Procedure   + Data Protection and confidentiality Policies * The post holder is responsible for ensuring that they become familiar with the requirements stated within the Risk Management Strategy and that they comply with the Group’s Risk Management Incident/Near miss reporting Policies and Procedures. * The post holder is responsible for ensuring that they comply with hygiene services requirements in your area of responsibility. Hygiene Services incorporates environment and facilities, hand hygiene, catering, cleaning, the management of laundry, waste, sharps and equipment. * The post holder must foster and support a quality improvement culture through-out your area of responsibility in relation to hygiene services. * The post holders’ responsibility for Quality & Risk Management, Hygiene Services and Health & Safety will be clarified to you in the induction process and by your line manager. * The post holder must take reasonable care for his or her own actions and the effect that these may have upon the safety of others. * The post holder must cooperate with management, attend Health & Safety related training and not undertake any task for which they have not been authorised and adequately trained. * The post holder is required to bring to the attention of a responsible person any perceived shortcoming in our safety arrangements or any defects in work equipment. * It is the post holder’s responsibility to be aware of and comply with the HSE Health Care Records Management/Integrated Discharge Planning (HCRM / IDP) Code of Practice.   **The above Job 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.** |
| **Eligibility Criteria**  **Qualifications and/ or experience** | **This campaign is confined to staff who are currently employed by the HSE, TUSLA, other statutory health agencies, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004 as per Workplace Relations Commission agreement -161867"**   1. **Professional Qualifications, Experience, etc** 2. Eligible applicants will be those who on the closing date for the competition:  |  |  | | --- | --- | | (i) | Have satisfactory experience as a Clerical Officer in the HSE, TUSLA, other statutory health agencies, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004  **Or** | | (ii) | Have obtained a pass (Grade D) in at least five subjects from the approved list of subjects in the Department of Education Leaving Certificate Examination, including Mathematics and English or Irish1. Candidates should have obtained at least Grade C on higher level papers in three subjects in that examination.  **Or** | | (iii) | Have completed a relevant examination at a comparable standard in any equivalent examination in another jurisdiction  **Or** | | (iv) | Hold a comparable and relevant third level qualification of at least level 6 on the National Qualifications Framework maintained by Qualifications and Quality Ireland, (QQI). |   **And**   1. Candidates must possess the requisite knowledge and ability, including a high standard of suitability, for the proper discharge of the office.   Note1 : Candidates must achieve a pass in Ordinary or Higher level papers. A pass in a foundation level paper is not acceptable.  Candidates must have achieved these grades on the Leaving Certificate Established programme or the Leaving Certificate Vocational programme.  The Leaving Certification Applied Programme does not fulfil the eligibility criteria  **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  **Age**  Age restrictions shall only apply to a candidate where he/she is not classified as a new entrant (within the meaning of the Public Service Superannuation Act, 2004). A candidate who is not classified as a new entrant must be under 65 years of age on the first day of the month in which the latest date for receiving completed application forms for the office occurs. |
| **Post specific Requirements** | * Demonstrate depth and breadth of experience of working with a Clinical Information System or other Information Systems, i.e. Mosaiq or Dendrite, as relevant to the role. * Demonstrate depth and breadth of experience of data mining an information system and generating reports from the information collated, as relevant to the role. |
| **Other requirements specific to the post** | The successful candidate must have access to transport as post will involve travel on occasion to other hospitals in the group. |
| **Skills, competencies and/or knowledge** | * Demonstrate the ability to develop and report from electronic systems * Demonstrate the ability to numerate, analyse data and generate reports * Demonstrate the ability to evaluate information and make effective decisions. * Demonstrate the ability to work in, build and manage an effective team. * Demonstrate evidence of ability to empathise with patients, relatives and colleagues with dignity and respect. * Demonstrate the ability to work under pressure and meet deadlines. * Demonstrate the ability to influence and lead on change management initiatives. * Demonstrate the ability to develop and contribute to reports * Demonstrate the ability to adapt and drive continuous quality improvements * Demonstrate the ability to be flexible and show a willingness to develop and adapt the role to meet the needs of a changing environment. * Demonstrate an understanding of importance of accurate data capture and reporting. * Demonstrate evidence of effective planning and organising skills including time management. * Demonstrate ability to manage deadlines and effectively handle multiple tasks particularly with regard to report/KPI deadlines. * Demonstrate effective communication skills with a multi-disciplinary team including: the ability to give constructive feedback. * Demonstrate awareness and appreciation of the service user. * Demonstrate leadership and team management skills including the ability to work with multi disciplinary team members * Demonstrate evidence of computer skills including Microsoft word, and Excel. * Demonstrate a working knowledge of the hospital IT system. |
| **Campaign Specific Selection Process**  **Ranking/Shortlisting/ Interview** | A ranking and or short-listing exercise may be carried out on the basis of information supplied in your application form. The criteria for ranking and or short-listing are based on the requirements of the post as outlined in the eligibility criteria and skills, competencies and/or knowledge section of this job specification. Therefore it is very important that you think about your experience in light of those requirements.  Failure to include information regarding these requirements may result in you not being called forward to the next stage of the selection process.  Those successful at the ranking stage of this process (where applied) will be placed on an order of merit and will be called to interview in ‘bands’ depending on the service needs of the organisation. |
| **Code of Practice** | The Health Service Executive / Public Appointments Service will run this campaign in compliance with the Code of Practice prepared by the Commission for Public Service Appointments (CPSA). The Code of Practice sets out how the core principles of probity, merit, equity and fairness might be applied on a principle basis. The Code also specifies the responsibilities placed on candidates, facilities for feedback to applicants on matters relating to their application when requested, and outlines procedures in relation to requests for a review of the recruitment and selection process and review in relation to allegations of a breach of the Code of Practice. Additional information on the HSE’s review process is available in the document posted with each vacancy entitled “Code of Practice, information for candidates”.  Codes of practice are published by the CPSA and are available on [www.cpsa.ie](http://www.cpsa.ie) |
| The reform programme outlined for the Health Services may impact on this role and as structures change the job 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. | |



**Radiotherapy Database Manager (Grade V)**

**Terms and Conditions of Employment**

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| **Tenure** | The current vacancy available is permanent, whole time and pensionable.  A panel may be created for Radiotherapy Database Manager, Galway University Hospitals, from which permanent and specified purpose vacancies of full or part time duration may be filled.  Appointment as an employee of the Health Service Executive is governed by the Health Act 2004 and the Public Service Management (Recruitment and Appointment) Act 2004 and Public Service Management (Recruitment and Appointments) Amendment Act 2013. |
| **Remuneration** | The Salary scale for the post is: € 42,037, 43,377, 44,715, 46,054, 47,392, **48,944, 50,491, LSIs** |
| **Working Week** | The standard working week applying to the post is 37 hours  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 job offer stage |
| **Superannuation** | This is a pensionable position with the HSE. The successful candidate will upon appointment become a member of the appropriate pension scheme. Pension scheme membership will be notified within the contract of employment. Members of pre-existing pension schemes who transferred to the HSE on the 01st January 2005 pursuant to Section 60 of the Health Act 2004 are entitled to superannuation benefit terms under the HSE Scheme which are no less favourable to those which they were entitled to at 31st December 2004. |
| **Probation** | Every appointment of a person who is not already a permanent officer of the Health Service Executive or of a Local Authority shall be subject to a probationary period of 12 months as stipulated in the Department of Health Circular No.10/71. |
| **Protection of Persons Reporting Child Abuse Act 1998** | As this post is one of those designated under the Protection of 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. |
| **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. |
| **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. |

1. A template SSSS and guidelines are available on the National Health and Safety Function/H&S web-pages [↑](#footnote-ref-1)
2. See link on health and safety web-pages to latest Incident Management Policy [↑](#footnote-ref-2)