

**Associate Director**  
**Public Health/Public Health Medicine**  
**Argyll & Bute**

**Information Pack**  
**MS17 125173**

**APPOINTMENT OF ASSOCIATE DIRECTOR IN PUBLIC HEALTH/PUBLIC HEALTH MEDICINE  
INFORMATION PACK**

**Section 1 Welcome**

**Section 2 Advert**

**Section 3 Job Information**

**Section 4 Job Plan**

**Section 5 Person Specification**

**Section 6 Terms and Conditions**

# Section 1 – Welcome

## Introduction

Thank you for your interest in joining NHS Highland. This information package contains details relating to the local area, this post and the Terms and Conditions of Service.

NHS Highland is committed to becoming a learning organisation, recognising that staff require access to opportunities to learn, maintain and develop skills and knowledge, and we recognise the importance of valuing and supporting our staff throughout their time here.

We offer:

- Policies to help balance commitments at work and home and flexible family friendly working arrangements
- Excellent training and development opportunities.
- On-site library services at the Centre for Health Sciences
- Access to NHS staff benefits/staff discounts
- Cycle to Work Scheme
- Excellent student support
- Access to NHS Pension scheme

NHS Scotland is committed to encouraging equality and diversity among our workforce and eliminating unlawful discrimination. The aim for our workforce to be truly representative and for each employee to feel respected and able to give their best. To this end, NHS Scotland welcomes applications from all sections of society.

## Recruitment Process

Applicants are expected to make contact with the department before applying and we would **strongly** encourage those that are shortlisted to visit the department prior to interview. The cost of one preliminary visit will be met by NHS Highland.

When organising a visit, candidates must agree appropriate travel and accommodation arrangements with the Medical Staffing Department prior to booking. Expenses will be reimbursed to candidates who are subsequently shortlisted.

**Failure to confirm arrangements with Medical Staffing may result in limited reimbursement of expenses.**

### Department Contact:

Fiona Davies, Chief Officer, Argyll and Bute Health and Social Care Partnership – [fionadavies5@nhs.scot](mailto:fionadavies5@nhs.scot) or

Dr Tim Allison, Director of Public Health and Policy – [tim.allison@nhs.scot](mailto:tim.allison@nhs.scot)

## How to Apply

- Applicants should complete an Application Form on the NHS Scotland National Recruitment Portal. <https://apply.jobs.scot.nhs.uk/>. Please note we are unable to accept CVs.
- All candidates and employees are afforded equal opportunities in the recruitment and selection process and in employment irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

- Your personal information will not be sent with the application for shortlisting. The application form will be identified by the candidate number only to ensure that no applicant will be unfairly discriminated against.
- NHS Scotland is exempt from the 1974 Rehabilitation of Offenders Act (Exclusions & Exceptions) (Scotland) Order 2003. As part of any offer of employment in regulated work candidates will be subject to Protection of Vulnerable Groups Scheme membership.

Job reference: 125173

Closing date: Midnight Sunday 18 December 2022

Interview date: Friday 13 January 2022

For further information on NHS Highland, please visit our website on [www.nhshighland.scot.nhs.uk](http://www.nhshighland.scot.nhs.uk)

***PLEASE NOTE - You should apply for this post by completing the application process on Job Train. We***

***suggest you use Internet Browser "Google Chrome" or "Microsoft Edge"***

***DO NOT upload a CV as this will not be used for short listing purposes.***

***Once you have submitted your application form you will be unable to make any amendments.***

***For help to complete an application on Job Train please click [here](#).***

Please contact [kay.mcghee@nhs.scot](mailto:kay.mcghee@nhs.scot) for any queries regarding submitting your application to the NHS

Scotland National Recruitment website.

# Section 2 – Advert

NHS Highland/Argyll and Bute Integrated Joint Board

**ASSOCIATE DIRECTOR IN PUBLIC HEALTH MEDICINE/ASSOCIATE DIRECTOR IN PUBLIC HEALTH**

**Permanent**

**Consultant - £91,474 to £121,548 - 40 hours per week (2022/23 rates)**

**OR**

**Agenda for Change Band 8d - £86,611 - £90,532 - 37.5 hours per week (2021/22 rates)**

**Location – agreed base in Argyll and Bute**

This post is an exciting opportunity to lead the Public Health team in Argyll and Bute and to contribute to the wider public health Directorate in NHS Highland. The post will be professionally accountable to the Director of Public Health and Policy, NHS Highland, with day to day management by the Chief Officer, Argyll & Bute Health and Social Care Partnership. You will be a professional advisor and member of the Argyll and Bute Integrated Joint Board.

The key tasks you will lead on include:

- Contribute to the Strategic Management Team for Argyll and Bute
- Provide professional advice to the Integrated Joint Board
- Provide advice to and contribute to the leadership of the Community Planning Partnership
- Lead the public health team in Argyll and Bute
- Contribute to the Senior Public Health Leadership Team in NHS Highland
- Manage local budgets
- Contribute to Health Protection function in NHS Highland
- Liaise with Board coordinators for screening and immunisation
- Provide leadership to the Argyll and Bute Drug and Alcohol Partnership
- Lead on emergency planning and business continuity in Argyll and Bute IJB
- Maintain close working relationship with NHS, council and third sector partners
- Ensure effective links with health board information governance systems

Flexible leadership style, strategic thinking, collaborative team working, a strong ethical framework and an understanding of the challenges of working in remote and rural areas are essential features of this post.

Medical applicants should be on the Specialist Register of the GMC for Public Health Medicine or, if in a specialist training programme, be within 6 months of obtaining this at time of interview. Applicants from a background other than medicine should be on the UKPHR or, if in a specialist training programme, be within 6 months of obtaining this at time of interview.

Interested candidates are strongly advised to make contact for informal discussion with both Fiona Davies, Chief Officer, Argyll and Bute Health and Social Care Partnership – [fiona.davies5@nhs.scot](mailto:fiona.davies5@nhs.scot) and Dr Tim Allison, Director of Public Health and Policy – [tim.allison@nhs.scot](mailto:tim.allison@nhs.scot)

**Closing date for completed applications is Midnight Sunday 18 December 2022**

**Interviews for this post will be held on Friday 13 January 2022**

NHS Scotland is committed to encouraging equality and diversity among our workforce and eliminating unlawful discrimination. The aim is for our workforce to be truly representative and for each employee to feel respected and able to give their best. To this end, NHS Scotland welcomes applications from all sections of society.

***PLEASE NOTE - You should apply for this post by completing the application process on Job***

***Train. We suggest you use Internet Browser "Google Chrome" or "Microsoft Edge"***

***DO NOT upload a CV as this will not be used for short listing purposes.***

***Once you have submitted your application form you will be unable to make any amendments.***

## Section 3 – Job Information

### Appointment

This is a full time post for a CPHM/CPH to replace a Public Health Specialist in NHS Highland. The post holder will be based in Argyll & Bute, where secretarial, IT and health information support is available.

### Job Summary

In general the postholder will be expected to be able to cope with multiple and changing demands, and to meet tight deadlines. A high level of intellectual rigour, negotiation and motivation skills and flexibility are required to deal with complex public health issues, to advise and make recommendations regarding services and patient care. A high level of tact and diplomacy is required and an ability to understand other cultures to enable effective working across organisational boundaries and influencing without authority.

### The details of the post should be set out below but it is expected that the postholder:

- Will have responsibility for development, implementation and delivery of national, regional and local policies, developing inter-agency and interdisciplinary strategic plans and programmes, with delegated Board or organisational authority to deliver key public health targets
- Will provide expert public health advice and leadership to support and inform an evidence-based approach within ethical frameworks for commissioning and developing high quality equitable services, across primary, secondary and social care, and across sectors including local authorities, voluntary organisations, etc
- Will develop and utilise information and intelligence systems to underpin public health action across disciplines and organisations, leading collation and interpretation of relevant data
- Will manage a team of staff in Argyll and Bute design and may deliver training e.g. training Specialist Registrars in Public Health Medicine and Public Health Specialist Trainees
- Will be responsible for the day to day management of a around 14 public health staff (and 6 administrative team), with direct line management of four staff.
- Will be an authorised signatory and delegated budget holder for the Public Health service in Argyll & Bute. The total budget is £1,352,800 including £85,000 contract values with NHS Greater Glasgow & Clyde.
- Will either lead on public health research, and/or commission research audits/projects, and/or undertake research or audit

### The Employing Organisation

This is a NHS Highland wide post (based in Argyll and Bute) impacting on the whole population of NHS Highland whilst focusing particularly on the population of the Argyll and Bute and working with the Argyll and Bute Council in the context of the Integrated Joint Board. There will also be an increasing role in relation to the West of Scotland Region.

NHS Highland covers an extensive geographical area from John O' Groats in the north to Campbeltown in the south. The major population centres are around the Inner Moray Firth (Inverness), Fort William, Wick/Thurso, Helensburgh and Oban with large sparsely populated areas elsewhere.

- Geographical area of 32,568 square kilometres
- Numerous inhabited small islands
- Total population of 320,000
- Operational Units (North & West; Inner Moray Firth, Argyll & Bute)
- Secondary/Tertiary Centre – Raigmore Hospital
- Rural General Hospitals in Wick, Fort William and Oban.
- 2 Local Authorities and Health & Social Care Partnerships

The NHS Highland Directorate of Public Health has a total staff complement of approximately 60 staff covering all domains of public health: health protection, health improvement, service quality and health intelligence. There are around 14 (plus 6 administrative staff) in the Argyll and Bute Public Health team.

Argyll and Bute is relatively sparsely populated with 13 persons per kilometre compared to the Scottish average of 69, and the English average of 420 per kilometre. It is estimated that there are 86,890 people living in Argyll and Bute.

There are 5 settlements with over 4,000 people in Argyll and Bute; Rothesay, Campbeltown, Oban, Dunoon settlement area and Helensburgh settlement area. The largest of these is the Helensburgh settlement area, including Rhu, with 15,590 people. 52% of Argyll and Bute's population live in 'rural' areas and approximately 17% of Argyll and Bute's population live on one of 25 inhabited islands.

Poor health and wellbeing is more common in areas with multiple deprivation. There are eleven datazones (small areas) within Argyll and Bute that are classified as within the 20% most deprived datazones in Scotland. These are located within the 5 towns of Campbeltown, Dunoon, Helensburgh, Oban and Rothesay.

25% of the people living in Argyll and Bute are aged 65+, this is 7% higher than in Scotland as a whole. National Records of Scotland produce population projections for Argyll and Bute based on Mid-2014 population estimates, current birth and death rates and estimated migration rates. Between 2014 and 2024 the population of Argyll and Bute is projected to decrease overall by 3%. The number of working age adults is projected to decrease by 8% but the number of people 75+ is projected to increase by 36%. This aging demographic is a major challenge for health and social care services.

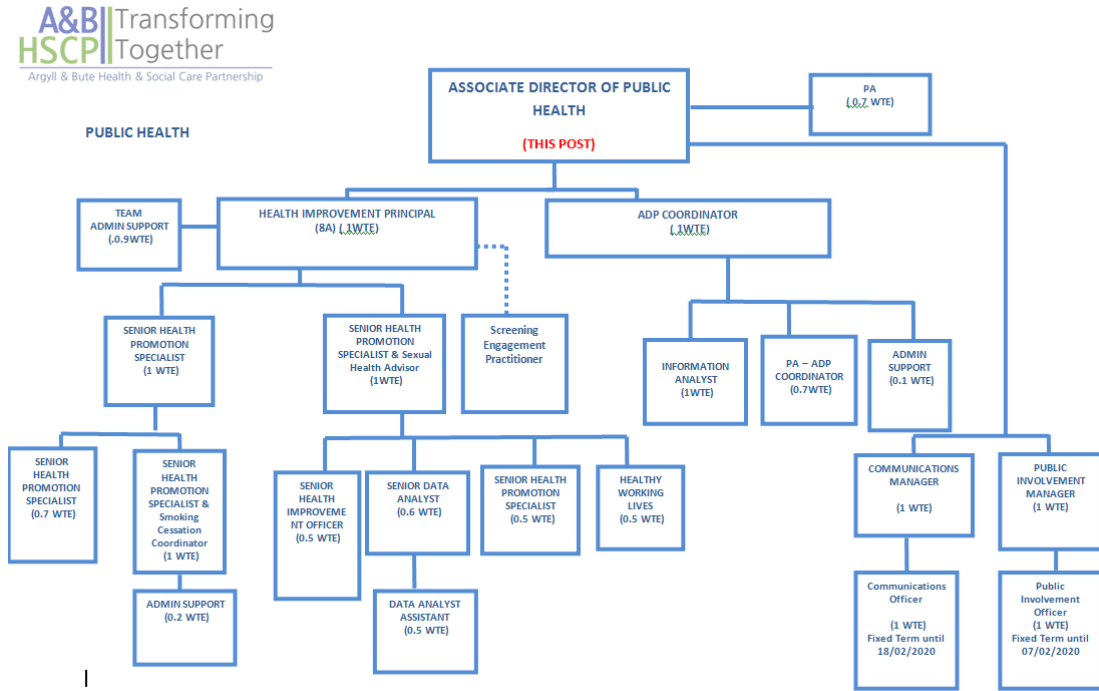
In 2015, 30% of deaths in Argyll and Bute were due to Cancer with cancers of the lung, trachea and bronchus accounting for 7% deaths. Ischemic Heart diseases (13%), Cerebrovascular diseases (8%), Chronic Lower Respiratory diseases (6%) and Mental and Behavioural disorders (including dementia) (8%) accounted for a further 35% of deaths.

The health and wellbeing of Argyll and Bute is profiled by ScotPHO. For 52 out of 56 indicators, Argyll and Bute is either significantly 'better' or not significantly different from the Scottish average. For example, life expectancy at birth in Argyll and Bute is 77.3 for males and 81.2 for females, both of which are higher than Scotland as a whole. The 4 indicators which mark Argyll and Bute as 'worse' than Scotland as a whole are People living in 15% most 'access deprived' areas, alcohol related hospital stays, Immunisation Uptake at 24 months – MMR, and Child Obesity in Primary 1.

**Department/Directorate of Public Health**

**Current Staffing**

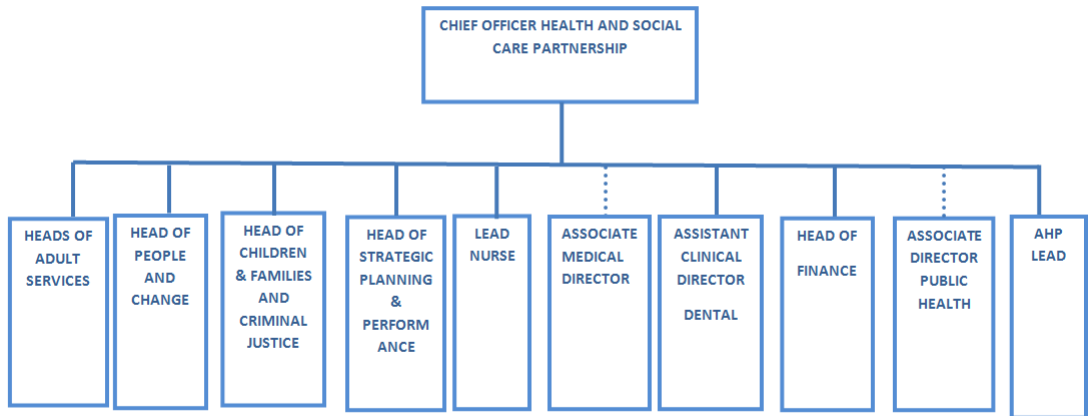
Details of current staffing are provided in the organogram below.



The organogram for the Argyll & Bute Health and Social Care Partnership is shown below.



HSCP ORGANISATION CHART (SENIOR LEADERSHIP TEAM)



## **Resources**

IT, secretarial support and other internal resources will be provided

## **Training and CPD arrangements**

There are currently no formal training posts in the Argyll and Bute team, but there is the opportunity to develop such posts.

## **Management Arrangements**

The postholder will be professionally accountable to NHS Highland through the Director of Public Health & Health Policy and managerially accountable on a day to day basis via, the Chief Officer, Argyll & Bute Health and Social Care Partnership. Annual appraisal will be by the Director of Public Health.

Professional appraisal will be required.

An initial job plan will be agreed with the successful candidate prior to taking up the post. This job plan will be reviewed as part of the annual job planning process for medical consultants, and through TURAS Appraisal for Agenda for Change.

The postholder:

- Will directly manage four staff and be responsible for the Argyll and Bute public health team, which will include responsibilities for formal line management duties such as recruitment, appraisals, disciplinary and grievance issues.
- Will manage budgets associated with the Public Health service in Argyll & Bute. The total budget is £1,352,800 including £85,000 contract values with NHS Greater Glasgow & Clyde.
- Will be expected to take part in on call arrangements for communicable disease control/health protection
- Provide leadership around local nuclear facilities at Her Majesty's Naval Base, Faslane.
- Will be a member of the Integrated Joint Board and deputise for both the Chief Officer, Argyll and Bute and the Director of Public Health and participate in the senior management team on call rota in Argyll and Bute. Argyll and Bute are an Integrated Joint Board and the incumbent will be part of the senior management team in the IJB. For example, if the individual was attending a council meeting the individual might be speaking on behalf of the Chief Officer of the IJB. Historically, Board wide on call rotas and local management rotas have been aligned to reduce the on call commitment.
- Will be regarded as a senior member of the Public Health Team in NHS Highland with some cross Highland responsibilities. This will be based on the experience and interests of the individual.

## **Professional Obligations**

The postholder will be expected to:

- Participate in the organisation's staff appraisal scheme and public health departmental audit, and ensure appraisal and development of any staff for which s/he is responsible
- Contribute actively to the training programme for Foundation Year Doctors/SHOs/Specialist Registrars in Public Health Medicine and Public Health Specialist Trainees as appropriate, and to the training of practitioners and primary care professionals within the locality
- Pursue a programme of CPD/CME, in accordance with Faculty of Public Health requirements, or other recognised body, and undertake revalidation, audit or other measures required to remain on the GMC/GDC Specialist Register or the UK Public Health Register or other specialist register as appropriate.

## Key Tasks

The key tasks you will lead on include:

- Contribute to the Strategic Management Team for Argyll and Bute
- Provide professional advice to the Integrated Joint Board
- Provide public health advice to and contribute to the leadership of the Community Planning Partnership
- Lead the public health team in Argyll and Bute
- Contribute to the Senior Public Health Leadership Team in NHS Highland
- Manage local budgets
- Contribute to the on call Health Protection function in NHS Highland
- Liaise with Board coordinators for screening and immunisation
- Provide leadership to the Argyll and Bute Drug and Alcohol Partnership
- Lead on emergency planning and business continuity in Argyll and Bute IJB
- Maintain close working relationship with NHS, council and third sector partners
- Ensure effective links with health board information governance systems

The job description will be subject to review in consultation with the postholder and in the light of the needs of the employing organisation and the development of the speciality of public health and any wider developments in the field of public health.

## CORE COMPETENCY AREAS

### ***Surveillance and assessment of the population's health and well-being***

- To design, develop and utilise information and intelligence systems to underpin public health improvement and action across disciplines and organisations
- To receive, interpret, provide and advise on highly complex epidemiological and statistical information about the health of populations to the NHS, Local Authority and voluntary organisations
- To write and/or contribute to national and local policy setting reports on the health of the population of NHS Highland

### ***Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services***

- To provide expert public health advice and leadership to support and inform an evidence-based approach within ethical frameworks for commissioning and to develop high quality equitable services, across primary, secondary and social care, and across sectors including local authorities, voluntary organisations, etc, in potentially contentious and hostile environments where barriers to acceptance may exist
- To be responsible for leading on service development, evaluation and quality assurance governance in specific areas and for preparing and adjusting action plans in line with changing needs and changing geographical boundaries
- To be responsible for the identification and implementation of appropriate health outcome measures, care pathways/protocols and guidelines for service delivery across patient pathways for the local population.

### ***Policy and strategy development and implementation***

- To lead on behalf of NHS Highland on the communication, dissemination and implementation and delivery of national, regional and local policies, developing inter-agency and interdisciplinary strategic plans and programmes, with delegated Board or organisational authority to deliver key public health targets.
- To act in an expert advisory capacity on public health knowledge, standards and practice, across the spectrum of public health at Board or equivalent level.
- To be responsible for the development and implementation of multi-agency long-term public health programmes as required, based on identification of areas of potential health improvement, the diversity of local needs and the reduction of inequalities.

### ***Leadership and collaborative working for health***

- To take the lead role on behalf of NHS Highland in developing inter-agency and interdisciplinary short and long-term strategic plans for securing health improvement both in the general population and in

vulnerable groups at high risk of poor health and/or reduced life expectancy, in partnership with a range of agencies such as those in the statutory, non-statutory, voluntary and private sectors and by taking lead responsibility with a defined local authority. This requires the ability to work cross-directorate and across other agencies and voluntary organisations.

- To lead on the integration of health, social services and voluntary organisations to promote effective joint working to ensure delivery of the wider government targets
- To influence external agencies in their public health policy decisions by working with complex professional, managerial and population groups and other organisations in the statutory, non-statutory and private sectors

## **DEFINED COMPETENCY AREAS**

### ***Health Improvement***

- To be responsible for designated areas of health improvement programmes, public health surveillance, population screening or geographical areas. This may include engagement with primary care professionals and community staff to raise awareness and achieve engagement in their public health role.
- To take a Board or equivalent level leadership role in specified areas with local communities and vulnerable and hard to reach groups, helping them to take action to tackle longstanding and widening health inequality issues, using community development approaches as appropriate.
- To provide expert knowledge to ensure effective community involvement with regard to all the work of the organisation including commissioning and prioritising high cost services and to ensure that policies and strategies are interpreted, developed and implemented at all levels.

### ***Health Protection***

- To take responsibility for safeguarding the health of the population in relation to communicable disease, infection control and environmental health, including delivery of immunisation targets.
- To take part in local arrangements and contributing to the on call rota for the effective control of communicable disease, environmental hazards to health and emergency planning, as detailed in local health protection agreements.
- To communicate effectively and diplomatically with a wide audience including the media and the public to change practice in highly challenging circumstances such as communicable disease outbreaks, chemical incidents, immunisation and screening.

### ***Service Improvement***

- To provide expert advice to support evidence based commissioning, prioritisation of services for the population (and in some circumstances providing highly specialised advice on preferred treatment options or protocols based on the evidence for individual patients) in order to maximise opportunities for health
- To lead the developments of clinical networks, clinical governance and/or audit.

### ***Public Health Intelligence***

- To analyse and evaluate quantitative and qualitative data and research evidence from a range of sources to make recommendations and inform decision making which has long term impacts.
- To compare, analyse and interpret highly complex options for running projects identified as key public health priorities, and communicate this information across organisations and the local community.
- To lead on, plan and design agreed aspects of the assessment of health needs, health inequalities, and health impact assessment, to identify areas for action within the local population based on the best available evidence and to be responsible for short and long term planning and for providing advice on the treatment of groups of populations

### ***Academic Public Health/ Research and Development***

- To undertake and commission literature reviews, evaluative research surveys, audits and other research as required informing equitable service and reducing health inequalities.
- To develop links with academic centres as appropriate, to ensure the work of the organisation is based on a sound research and evidence base.
- To develop public health capacity through education and training by raising awareness of the contribution of public health skills and knowledge in the local health community, including the local authority and the voluntary sectors, by contributing to teaching at undergraduate and postgraduate level and by supervising those training and working in public health.

*Medically qualified members of the public health team are expected to play certain roles in medical leadership, in relationships with the medical profession and in bringing a medical perspective to public health advice. A medically qualified holder of this post would be expected to share these roles with other medically qualified members of the team.*

# Section 4 – Job Plan

## NHS Highland Health Board.

This job plan started 05 June 2017.

**Job plan for Public Health, Draft in Public Health Medicine -**

**Agenda for Change candidates please see above job description**

### Basic Information

Job plan status	In 'Discussion' stage
Appointment	Full Time
Cycle	Rolling cycle - 1 week
Start Week	1
Report date	06 Jun 2017
Expected number of weeks in attendance	42 weeks
Usual place of work	Mid Argyll Hospital, Lochgilphead
Alternate employer	None Specified
Contract	New
1 PA of premium time equates to	3 hours
Private practice	No

### Job plan stages

Job plan stages	Comment	Date stage achieved	Who by
In 'Discussion' stage		5 Jun 2017	Mrs Amy MacRae

### PA Breakdown

	Main Employer PAs	Core hours	EPA hours	Total hours
Direct Clinical Care (DCC)	8.000	30:00	0:00	30:00
Supporting Professional Activities (SPA)	2.000	7:50	0:00	7:50
Total	10.000	37:50	0:00	37:50

### On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Level	Amount	PAs
On-call Rota	Mid Argyll Hospital, Lochgilphead	4	4	1	£18.55 per period of on-call	0.000
Type	Normal	Premium	Cat.	PA		
			Total:		0.000	
Predictable	0:00	0:00	DCC		0.000	
Unpredictable	0:00	0:00	DCC		0.000	
The total PAs arising from your on-call work is:		0.000				

## On-call rota details

### On-call Rota (hours entry)

General information	
What is your on-call activity?	On-call Rota
Where does your on-call rota take place in?	Mid Argyll Hospital, Lochgilphead
What is your on-call classification?	1
Weekday work	
What is the frequency of your weekday on-call work?	1 in 4.00
Do you work your weekday on-call on a specific day?	No fixed day
	<b>Predictable Unpredictable</b>
What are your average hours of emergency work per weekday on-call?	00:00 00:00
How much of this takes place between 20:00 & 08:00? (premium time)	00:00 00:00
How much of your weekday predictable on-call work displaces other activities?	00:00
Weekend work	
(A weekend is classed as Saturday to Sunday for this rota)	
What is the frequency of your weekend on-call work?	1 in 4.00
	<b>Predictable Unpredictable</b>
What are your average hours of emergency work per weekend on-call?	00:00 00:00
Does your weekend predictable work displace other activities?	No
Other information	
Which objective does this on-call work relate to?	
Comments	

### Sign off

Role: Project Manager	Role: Board Member	Role: Project Manager
Name: Mrs MacRae, Amy	Name: Dr Bashford, Ian	Name: Dr Support, Ziradian
Signed:	Signed:	Signed:
Date:	Date:	Date:

### Timetable

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Public health duty (please specify) 09:00 - 17:00	Public health duty (please specify) 09:00 - 17:00	Public health duty (please specify) 09:00 - 17:00	Public health duty (please specify) 09:00 - 17:00	Other SPA (please specify) 09:00 - 17:00		

### No specified day

"(") Refers to an activity that replaces or runs concurrently

Extra Programmed Activities										
Type	Normal	Premium	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours	
On call duty only.										

# Board Objectives

## 1. Implementing our Vision and Strategy

Provide continuing clarity of strategic direction and ambition, through the opportunity that integrated health and social care brings, the promotion and delivery of the Improvement and Co-Production Plan and the Highland Quality Approach, in the context of National Policy and Regional priorities. Align our Quality Objectives with the delivery of care by our staff to our patients, clients and whole communities.

## 10. Delivering our Targets

Ensure that we develop a positive and lean performance monitoring and governance Framework that complements the Highland Quality Approach and with effective operational business support to deliver on the Local Delivery Plan and meet all our Targets, Standards and Local Outcome Agreements.

## 2. Improving Population Health and Reducing Inequalities

Ensure that the Board continues to improve the health and wellbeing of the population and our staff, so that people are willing and able to take more responsibility for their own health and participate in the prevention and early detection of diseases. Ensure that more focus is given to reducing the inequalities gap and that there is a renewed effort in the most deprived areas, and full engagement in the Early Years Collaborative.

## 3. Creating a Caring, Person-centred Experience

Continue to develop mutually beneficial partnerships between patients, clients and their families and those delivering health and social care, which enhances the person's experience of care and respects individual needs, demonstrating compassion, continuity, clear communication and shared decision making, in line with the Person-centred Health and Care Collaborative.

## 4. Providing Safe and Effective Care

Further increase safety in our Acute Hospitals, Maternity Services, Mental Health and Primary Care Services, demonstrating measurable improvements in Patient Safety through the roll out of the Scottish Patient Safety Programme. Ensure that there is no avoidable injury or harm to people from the health and social care they receive or deliver and that an appropriate clean and safe environment is provided.

## 5. Transforming our Services

Lead and promote transformational change and continuous quality improvement, through visible, inspirational and committed leadership, identifying and delivering on key work-streams, projects and Rapid Process Improvement Workshops and by developing Care Pathways, using project management skills and Improvement Science and by continuing to learn from other high performing health and social care systems.

## 6. Designing Integrated Care

Continue to create a more seamless service between Primary and Secondary Care and ensure that the integration of Health and Social care is progressed through the development of the Body Corporate model in Argyll and Bute and continues to be effectively and creatively delivered, through the Lead Agency Model in the Highland Council area. Work with the Independent and Voluntary Sectors to design person-centred services ensuring that resources are utilised innovatively and efficiently.

## 7. Engaging our People

Lead and demonstrate a deep and broad commitment to our Vision and Mission, engaging the hearts and minds of our staff, and supporting the teams they work in, by living our values - Teamwork, Excellence, Integrity and Caring. Develop a healthy and creative organisational culture and a capable, integrated and sustainable workforce, including the implementation of 'Everyone Matters', and embedding the spirit and culture of the Highland Quality Approach.

## 8. Promoting Creativity, Innovation and Research

Promote a culture of creativity and innovation and utilise new technologies and electronic systems to help deliver high quality care. Actively encourage and support research and development and research publication and ensure that a strong evidence based approach to care delivery is established and utilised.

## 9. Ensuring Value and Sustainability

Ensure that our organisation achieves break even and further reduces its reliance on non recurrent funding, developing a sustainable financial position for the future. Ensure that services are reliable, efficient and effective and that waste is eliminated from our systems and processes, through effective housekeeping, procurement, building utilization and process redesign. Contribute to the development of Shared Services at both national level and with the Highland and Argyll and Bute Councils.

## Section 5 – Person Specification

**Essential Criteria** - these are attributes without which a candidate would not be able to undertake the full remit of the role. Applicants who do not clearly demonstrate in their application that they possess the essential requirements will normally be eliminated at the short listing stage.

**Desirable Criteria** - these are attributes which would be useful for the candidate to hold. When short listing, these criteria will be considered when more than one applicant meets the essential criteria.

**IMPORTANT: This person specification contains changes introduced in amendments made to the NHS (Appointment of Consultants) Regulations for England, Scotland, Northern Ireland and Wales which came into force during 2005.**

<b>Education/Qualifications</b>	<b>Essential</b>	<b>Desirable</b>
Inclusion in the GMC Specialist Register/GDC Specialist List/UK Public Health Register (UKPHR) for Public Health Specialists	X	
If included in the GMC Specialist Register/GDC Specialist List in a specialty other than public health medicine/dental public health, candidates must have equivalent training and/or appropriate experience of public health medicine practice	X	
Public health specialist registrar and specialist trainee applicants who are not yet on the GMC Specialist Register/GDC Specialist List in dental public health/UKPHR must provide verifiable signed documentary evidence that they are within 6 months of gaining entry at the date of interview; all other applicants must provide verifiable signed documentary evidence that they have applied for inclusion in the GMC/GDC/UKPHR specialist registers [see <i>shortlisting notes below for additional guidance</i> ]	X	
Applicants must meet minimum CPD requirements (i.e. be up to date) in accordance with Faculty of Public Health requirements or other recognised body	X	
MFPH by examination, by exemption or by assessment	X	
Minimum 6 months training in health protection	X	
<b>Personal qualities</b>		
Strong commitment to public health principles	X	
Able to prioritise work, and work well against a background of change and uncertainty	X	
Adaptable to situations, can handle people of all capabilities and attitudes	X	
Commitment to team-working, and respect and consideration for the skills of others	X	
Self-motivated, pro-active, and innovative	X	
High standards of professional probity	X	
<b>Experience</b>		
Project management skills	X	
Staff management and training	X	
Practical experience in facilitating change	X	
Budget management skills	X	
Training and mentoring skills		X
Scientific publications, presentation of papers at conferences, seminars etc		X
Experience of communicable disease control/dealing with environmental hazards, including out of hours on call	X	
Experience of emergency planning		X

<b>Skills</b>		
Strategic thinker with proven leadership skills	X	
Excellent oral and written communication skills (including dealing with the media)	X	
Effective interpersonal, motivational and influencing skills	X	
Ability to respond appropriately in unplanned and unforeseen circumstances	X	
Good presentational skills (oral and written)	X	
Sensible negotiator with practical expectation of what can be achieved	X	
Substantially numerate, with highly developed analytical skills using qualitative and quantitative data	X	
Computer literate <i>MS Office etc as appropriate for post</i>	X	
Ability to design, develop, interpret and implement policies	X	
Ability to concentrate for long periods (e.g. analyses, media presentations)	X	
Resource management skills	X	
<b>Knowledge</b>		
High level of understanding of epidemiology and statistics, public health practice, health promotion, health economics and health care evaluation.	X	
Understanding of NHS	X	
Knowledge of methods of developing clinical quality assurance, quality improvement and evidence based clinical and/or public health practice	X	
Understanding of social and political environment	X	
Understanding of local authorities and social services, other public sector and voluntary organisations	X	
Familiarity with the criminal justice system and issues around substance misuse and alcohol		X
Familiarity with the implementation of clinical strategies		X
Understanding of lab microbiological services		X
Understanding of clinical infectious disease services		X
Understanding of radiological principles		X

# Section 6 – Terms and Conditions

## TERMS AND CONDITIONS OF SERVICE

This appointment is offered on the terms and conditions of service of the Consultant Contract in accordance with the Hospital Medical & Dental Staff (Scotland) and current General Whitley Council. Further information can be found here: <http://www.msg.scot.nhs.uk/pay/medical>

<b>Job Title</b>	Associate Director in Public Health Medicine
<b>Type of Contract</b>	Full Time Permanent
<b>Location</b>	Argyll & Bute
<b>Salary</b>	£91,474 - £121,548 per annum pro rata. Placing on the salary scale will be on the minimum point unless the successful applicant has previous experience in a NHS Consultant post or previous non-NHS experience equivalent to that gained in an NHS Consultant post.
<b>Arrangement of Duties</b>	See Job Plan (detailed above)
<b>Medical Negligence</b>	NHS Highland takes responsibility for expenses and damages arising from medical negligence where they, as the employer, are vicariously liable for the acts and omissions of their medical and dental staff. However, the appointee is strongly advised to maintain separate medical defence or insurance cover for all work which does not fall within the scope of the Board's indemnity scheme, details of which are given in NHS Circular 1989(PCS) 32.
<b>Registration with General Medical Council</b>	Applicants must have full registration with the General Medical Council, a licence to practise and be eligible for inclusion on the GMC Specialist Register. Those trained in the UK should have evidence of higher Specialist Training leading to a CCT or be within six months of confirmed entry from the date of interview or obtained specialist registration through CESR (CP). Non UK applicants must demonstrate equivalent training.
<b>Disclosure of Criminal Convictions</b>	Appointment to this post will be made subject to satisfactory screening by Disclosure Scotland. This post is considered to require registration with the Protecting Vulnerable Groups (PVG) Scheme as it involves substantial access to children and / or vulnerable adults. A PVG Scheme Record will contain details of all convictions on record, whether spent or unspent. This means that even minor convictions, no matter when they occurred will be included in the Scheme Record. It may also contain non conviction information held locally by the police, where this is considered relevant to the post. Following the selection interview only the "successful" candidate will be subject to registration with the PVG Scheme. Offers of appointment will be made subject to satisfactory PVG Scheme screening and medical fitness. Please note that a commencement date will only be issued once this clearance has been received.
<b>Rehabilitation of Offenders Act 1974</b>	The Rehabilitation of Offenders Act 1974 provides for many people who have been convicted of certain criminal offences the opportunity to have no need to refer to these convictions or the circumstances relating to them in the course of their daily lives. Certain convictions can, therefore, be regarded as "spent" after the lapse of a period of years under the terms of the Act. The National Health Service employment for which you are applying is <b>excluded</b> in the provisions of the Act unless otherwise stated in the job description. If the post is excluded you are required not to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. In the event of employment, any failure to

	disclose such convictions could result in dismissal or disciplinary action by your employer. Any information given, however, will be completely confidential and will be considered only in relation to the post for which this application form refers.
<b>Medical Fitness</b>	All prospective members of staff are asked to submit a confidential health questionnaire to the Occupational Health Service. On the basis of this, they may be passed fit, or an appointment for further information or screening may be required. All entrants must be certified medically fit and employment is conditional on such certification. All appointees are expected to comply with NHS Highland's Immunisation Policy. Those posts classified as Exposure Prone Procedures appointments are dependent on satisfactory proof of immunity or freedom from Hep B infection prior to appointment.
<b>Right to Work</b>	NHS Highland has a legal obligation to ensure that it's employees, both EEA and non EEA nationals are legally entitled to work in the United Kingdom. Before any person can commence employment within NHS Highland they will need to provide documentation to prove that they are eligible to work in the UK. Non EEA nationals will be required to show evidence that either Entry Clearance or Leave to Remain in the UK has been granted for the work which they are applying to do. Where an individual is subject to immigration control under no circumstances will they be allowed to commence until the right to work in the UK has been verified. You will be required provide appropriate documentation prior to any appointment being made.
<b>Annual Leave &amp; Public Holidays</b>	The leave year shall run from date of taking up appointment and in a full year the postholder will be entitled to 6.6 weeks' annual leave plus 8 statutory and public holidays as agreed by NHS Highland.
<b>Superannuation</b>	New entrants to NHS Highland who are aged sixteen but under seventy five will be enrolled automatically into membership of the NHS Pension Scheme.
<b>Notice</b>	The postholder will be required to give and is entitled to receive a minimum of three months' notice of termination of employment.
<b>Removal Expenses</b>	Assistance with Removal expenses will be given in accordance with the NHS Highland Long Term Relocation Policy. It is compulsory that you discuss any arrangements relating to your relocation with us before arranging anything. Failure to do so may result in limited or no assistance being given.
<b>Private Residence</b>	Your private residence shall be maintained in contact with the public telephone service and shall be not more than 10 miles or 30 minutes by road from your hospital base, unless the Board gives specific approval to you residing at a greater distance.
<b>Identity Badge Policy</b>	NHS Highland has a policy that all staff will be issued with and required to wear an Identity Badge at all times when on duty. If your badge needs replacing for any reason you are required to contact the Fire/Security Office, Estates Department to arrange for a replacement. All identity badges are the property of NHS Highland and must be returned when you terminate your employment.
<b>Smoke Free Policy</b>	NHS Highland operates a No Smoking Policy of tobacco products or e-cigarettes in any of our properties, vehicles or grounds. When selecting new staff NHS Highland does not discriminate against applicants who smoke but applicants who accept an offer of employment will in doing so agree to observe and familiarise themselves with NHS Highland's Smokefree policy.
<b>Confidentiality</b>	In the course of your duties you may have access to confidential material

	<p>about patients, members of staff or other health service business. On no account must information relating to patients be divulged to anyone other than authorised persons - for example medical, nursing or other professional staff, as appropriate who are concerned directly with the care, diagnosis and/or treatment of the patient.</p> <p>If you are in any doubt whatsoever as to the authority of a person or body asking for information of this nature you must seek advice from your superior officer. Similarly no information of a personal or confidential nature concerning individual members of staff should be divulged to anyone without the proper authority having first been given. Failure to observe this rule will be regarded by your employers as serious misconduct, which could result in serious disciplinary action being taken against you including dismissal. The unauthorised disclosure of official business under consideration by the Board Management Team or one of its Committees by an employee is also regarded as a breach of confidence and may lead to disciplinary action.</p>
<p><b>Scottish Workforce Information Standard System (SWISS)</b></p>	<p>The information that staff provide will be used for employment purposes and where necessary to comply with legal obligations. The purpose of holding this information is for administration i.e. employment and pay amendments, superannuation, workforce management/planning and other personnel matters in relation to employment. Any requests for information outwith the above will only be processed with individual consent (e.g. building society mortgage applications etc.)</p> <p>Staff information will be held securely, and will be accessed at a local, regional and national level to meet the requirements outlined above. Managers may also hold information within your department. There will be no unauthorised access.</p>

**AGENDA FOR CHANGE**  
**TERMS AND CONDITIONS OF SERVICE**

***Band 8D***

**Job Band and Salary**

This post is graded Band 8D, under the NHS Agenda for Change grading system. The salary scale for this post is £86,611 - £90,532 per annum pro rata if part time (**with effect from 1<sup>st</sup> April 2021**). Appointment will normally be at the first point of the scale.

If you are part time you will be remunerated at the full time rate pro rata to actual hours worked. In addition you will be entitled to a payment for unsocial hours when and as they are worked. Your salary will be credited monthly, in arrears, at 1/12th of the annual rate to an account at a bank/building society of your choice.

**Hours of duty**

The hours of this post will be 37.5 per week, excluding mealtimes, and the normal days of duty will be as required to meet the needs of the service. This post is offered on a permanent contract.

**Annual Leave and Public Holidays**

The leave year runs from 01 April to 31 March and annual leave entitlement and public holiday entitlement will be:-

<b>Length of Service</b>	<b>Annual leave entitlement and Public Holiday Allocation</b>
On appointment	27 days + 8 public holidays
After 5 years service	29 days + 8 public holidays
After 10 years service	33 days + 8 public holidays

All the above entitlements are based on a working day of 7.5 hours and will be applied on a pro rata basis for part-time staff.

All part time workers will receive a pro-rata entitlement to public holidays.

**Superannuation - Auto Enrolment**

All employees, eligible to join the NHS must be automatically included in the scheme from the first day of employment. Eligible employees will no longer be allowed to opt out of the scheme before they take up employment. They must be enrolled in the first instance.

Those who are ineligible to join the scheme will be enrolled in NEST, again opt out can only occur once in the scheme.

Further information can be found on the Pension Regulators website [www.sppa.gov.uk](http://www.sppa.gov.uk)

Part A - Officer members (including GP Practice Staff who are not practitioners)

From 1 April 2018 NHS pension scheme members will pay contributions at the rate in column 3 based on their previous year's whole time equivalent pensionable earnings which fall in the relevant banding in column 2 of the table below.

<b>Tier</b>	<b>Whole time equivalent pensionable earnings</b>	<b>contribution percentage rate</b>
1	Up to £16,928	5.2%
2	£16,929 to £22,439	5.8%
3	£22,440 to £27,910	7.3%
4	£27,911 to £51,481	9.5%
5	£51,482 to £73,498	12.7%
6	£73,499 to £114,760	13.7%
7	£114,761 and above	14.7%

Pensionable pay should be rounded down to the nearest pound.

The above contribution rates will be applicable for 4 years from 1 April 2015 to 31 March 2019 however the earnings bands may be adjusted to reflect any national pay awards.

In general the amount you will pay will be based on your previous year's earnings.

If you were employed part-time the amount is uprated to the whole time equivalent pay for that post.

If you change jobs during the current year or have a promotion or step down to a lower paid job your contribution rate will be reset in line with your new pay band.

For more detailed information please see SPPA circular 2015/04 available on the SPPA website.

## Part B - Practitioners members

Tier	Whole time equivalent pensionable earnings	contribution percentage rate
1	Up to £16,928	5.2%
2	£16,929 to £22,439	5.8%
3	£22,440 to £27,910	7.3%
4	£27,911 to £51,481	9.5%
5	£51,482 to £73,498	12.7%
6	£73,499 to £114,760	13.7%
7	£114,761 and above	14.7%

Pensionable pay should be rounded down to the nearest pound.

The above contribution rates will be applicable for 4 years from 1 April 2015 to 31 March 2019 however the earnings bands may be adjusted to reflect any national pay awards.

The contribution rates apply across both the old scheme (1995 and 2008 sections) and the new 2015 scheme

Practitioner members pay contributions at the rate in column 3 based on their total current year practitioner earnings from all sources which falls into the relevant band in column 2.

There is a calculator on the SPPA website where you can see what these changes mean for you. For more detailed information please see employers circular 2015/04 also available on the website. If you have any enquiries about which contribution rate you are paying please contact Practitioner Services Division of NHS National Services.

**Changes to the NHS Pension Scheme from 1 April 2015** – for further information please visit the SPPA website [WWW.sppa.gov.uk](http://WWW.sppa.gov.uk) or email: [nhspensionsreform@scotland.gsi.gov.uk](mailto:nhspensionsreform@scotland.gsi.gov.uk)

## Minimum Notice

The postholder is required to give, and is entitled to receive, a minimum period of **three months'** notice of termination of employment.

## Sick Pay Scheme

The Conditions of Service provide for operation of a scheme related to length of service.

Staff should keep managers informed of the likely duration of absence and should ring their place of work regardless on the 4<sup>th</sup> day because a self-certificate will be required.

Staff do not need a medical certificate for the first 3 days of sickness absence. For sickness absence of 4 to 7 days, a self-certificate (DSS form SC2) is required. These are available from GP practices and line managers and the self-certificate must be returned to the line manager within 7 days of the first day of incapacity. From the 8<sup>th</sup> day of sick absence the member of staff should go to their General Practitioner for a medical certificate which should be sent to their line manager without delay. When the medical certificate runs out, the member of staff should get another one if they are still not fit for work and again send it to their line manager.

If staff do not follow this procedure then they will be considered to be 'absent' without leave' and therefore will not receive any pay or sick pay for that period of absence.

## **Medical Fitness**

All prospective members of staff are asked to submit a confidential health questionnaire to the Occupational Health Service. On the basis of this, they may be passed fit, or an appointment for further information or screening may be required. All entrants must be certified medically fit and employment is conditional on such certification. All appointees are expected to comply with NHS Highland's Immunisation Policy.

## **Healthy Working Lives**

Healthy Working Lives (formerly SHAW, Scotland's Health at Work) is the national award programme designed to encourage and reward employers in their efforts to improve the health and well-being of their staff. Healthy Working Lives involves having policies and practices in place which help employees be better informed to make healthy choices. It also involves recognising that organisations themselves can have a direct impact on the health and well-being of the individual members of staff.

Over the last few years, NHS Highland has placed the wellbeing of staff high on our list of priorities and is committed and signed up to achieving the Healthy Working Lives Award.

Healthy Working Lives needs the support and involvement of staff. To find out where your nearest contact for Healthy Working Lives is, contact Susan Birse on [susanbirse@nhs.net](mailto:susanbirse@nhs.net)

## **Induction Standards and Code of Conduct**

Your performance must comply with the "Mandatory Induction Standards for Healthcare Support Workers in Scotland" 2009; and with the Code of Conduct for Healthcare Support Workers, both as amended from time to time.

Copies can be obtained on-line at <http://www.hcswtoolkit.nes.scot.nhs.uk/> or from your Employment Services Department. **Failure to adhere to the Standards or to comply with the Code may result in disciplinary action**

## **Scottish Social Services Council**

To undertake this post you must be registered with the SSSC and must comply with their code of conduct. If you are registered with another Social Services body, you will be expected to transfer your membership to SSSC on appointment.

## **NHS Highland Confidentiality**

In the course of your duties you may have access to confidential material about patients, members of staff or other health service business. On no account must information relating to patients be divulged to anyone other than authorised persons - for example medical, nursing or other professional staff, as appropriate, who are concerned directly with the care, diagnosis and/or treatment of the patient. If you are in any doubt whatsoever as to the authority of a person or body asking for information of this nature you must seek advice from your superior officer. Similarly no information of a personal or confidential nature concerning individual members of staff should be divulged to anyone without the proper authority having first been given. Failure to observe this rule will be regarded by your employers as serious misconduct which could result in serious disciplinary action, including dismissal, being taken against you.

The unauthorised disclosure of official business under consideration by NHS Highland or one of its Committees by an employee is also regarded as a breach of confidence and may lead to disciplinary action.

All new members of staff will be required to sign an NHS Highland Confidentiality Statement.

## **Rehabilitation of Offenders Act 1974 & ( Exceptions) Order 1975**

Because of the nature of the work this post has been exempted from the provisions of the Act and you are therefore required not to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action.

During employment you must inform your Line Manager of any new conviction.

## **Disclosure Scotland**

### **Basic**

Appointment to this post will be made subject to satisfactory screening by Disclosure Scotland. This post is considered to require a Basic Disclosure. A Basic Disclosure will contain details of all unspent convictions on record.

### **Standard**

Appointment to this post will be made subject to satisfactory screening by Disclosure Scotland. This post is considered to require a Standard Disclosure as it involves substantial access to children and vulnerable adults. A Standard Disclosure will contain details of all convictions on record, whether spent or unspent. This means that even minor convictions, no matter when they occurred will be included in the Disclosure.

### **Protecting Vulnerable Groups Scheme**

Appointment to this post will be made subject to satisfactory screening by Disclosure Scotland. This post is considered to require membership of the Protecting Vulnerable Groups (PVG) Scheme as it involves registerable work with children and/or vulnerable adults. A PVG Membership Certificate will contain details of all convictions on record, whether spent or unspent. This means that even minor convictions, no matter when they occurred will be included. It may also contain non conviction information held locally by the police, where this is considered relevant to the post.

Following the selection interview only the successful candidate will be subject to a check by Disclosure Scotland to verify details previously supplied by him/her. Offers of appointment will be made subject to satisfactory Disclosure Scotland screening.

### **Identity Badge Policy**

NHS Highland has a policy that all staff will be issued with and required to wear an Identity Badge at all times when on duty. If your badge needs replacing for any reason you are required to contact your Supervisor to arrange for a replacement. All identity badges are the property of NHS Highland and must be returned when you terminate your employment.

### **Equal Opportunities in Employment**

NHS Highland affirms that all employees should be afforded equal opportunities in employment, in accordance with its Equal Opportunities Policy.

### **Smoke Free Highlands**

Please be aware that smoking tobacco products or e-cigarettes is not allowed anywhere in NHS Highland properties, vehicles or grounds. All staff who smoke can access information regarding services provided by Occupational Health and locality based Stop Smoking Advisers for smoking cessation support - for more information please visit [www.smokefreehighland.co.uk](http://www.smokefreehighland.co.uk).

All NHS Highland employees will have the same part to play when maintaining the Smokefree Policy. It will be everyone's role to enforce the policy by reminding people that NHS Highland provides a smoke-free environment and that they cannot smoke anywhere inside its buildings or in its grounds.

When selecting new staff NHS Highland does not discriminate against applicants who smoke but applicants who accept an offer of employment will in doing so agree to observe and familiarise themselves with NHS Highland's Smokefree policy.

### **Scottish Workforce Information Standard System (SWISS)**

#### **Data Statement**

The information that staff provide will be used for employment purposes and where necessary to comply with legal obligations. The purpose of holding this information is for administration i.e. employment and pay amendments, superannuation, workforce management/planning and other personnel matters in relation to

employment. Any requests for information outwith the above will only be processed with individual consent (e.g. building society mortgage applications etc.)

Staff information will be held securely in a national database, which will be accessed at a local, regional and national level to meet the requirements outlined above. Managers may also hold information within your department. There will be no unauthorised access.

### **Knowledge & Skills Framework (KSF)**

To support personal development and career progression, there is an NHS Knowledge and Skills Framework which supports the process of annual development review and agreeing personal development plans.

The NHS Knowledge and Skills Framework helps staff develop their skills to the full in a particular NHS post. It helps ensure better links between education, development and career and pay progression for all NHS Staff.

The first gateway in each pay band will be after one year in post.

The position of the second gateway will vary between pay bands but will fall between the top three points of the payband.

### **The Highland Clinical Research Facility**

The UHI Millennium Institute's (UHI) Clinical Research Facility, is housed on the ground floor within the Highland Diabetes Institute; phase III of the new Centre for Health Science building adjacent to the Raigmore Hospital site, it opened in January 2009.

The Clinical Research Facility is a joint NHS/UHI initiative aiming to provide a high quality clinical environment in which participants can take part in research programmes safely according to ethically approved study protocols. It comprises a bedded clinical research unit in which patient monitoring may be conducted on a day case or 24 hour basis. The facility has the capacity to be used by departments or specialties within NHS Highland, UHI or other research institutions for clinical research.

The facility is supported by the CRF Advisory Group and approved studies are reviewed by the CRF User's Group. It is staffed by a small team comprising a dedicated manager, research nurses, research pharmacist, part time pharmacy technician and administrative support under the leadership of a part time CRF Director, Prof Sandra MacRury.