

**NHS PUBLIC HEALTH SCOTLAND**

**JOB DESCRIPTION**

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| **1. JOB DETAILS** | | | | | |
| Job Title | | National Clinical Coordinator | | | |
| Immediate Senior Officer/ Line Manager | | Service Manager | | | |
| Department | | Vaccination and immunisation service | | | |
| Directorate | | Clinical and Protecting Health | | | |
| Location | | Glasgow/Edinburgh | | | |
| CAJE Reference | |  | | | |
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| **2. JOB PURPOSE** | | | | | |
| To lead a national audit’s programme of work, ensuring the audit achieves its aims and objectives of improving patient care.  To develop PHS’s National Audit service ensuring it is fit for purpose and able to respond rapidly to the recommendations of the NHS National Information & Intelligence Framework.  To develop and maintain a national audit through the motivation of a team of staff (both the national audit team and Local Audit Co-ordinators) and clinical staff based in hospitals. To provide specialist clinical expertise to the analytical component of the Quality Improvement Service and fulfil a clinical liaison role between PHS and each contributing centre. | | | | | |
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| **3. DIMENSIONS** | | | | | |
| To maintain a national audit structure within the post-holder’s region focused on agreed clinical priority areas. Ensure the results of the national audits are disseminated and acted upon at a clinical level by establishing co-operative relationships with multi-disciplinary teams responsible for the delivery of care to the specific patient groups within each audit.  To provide comprehensive training and management of local co-ordinators in each contributing hospital within the region to ensure the data collected are accurate, consistent and timely. | | | | | |
| **4. ORGANISATION CHART** | | | | | |
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| Note: Each National Audit is staffed according to the requirements of the audit. This structure chart outlines that the staffing levels, and reporting lines, vary between each of the National Audits. The responsibilities of the clinical co-ordinators are, however, consistent between each of the audits. | | | | | |
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| **5. ROLE OF THE DEPARTMENT** | | | | | |
| Public Health Scotland is responsible for leading and enabling the drive to improve health and wellbeing and reduce health inequalities across Scotland.  We deliver:  strong public health leadership across the whole public health system in Scotland  high quality, effective and supportive health improvement, health protection and healthcare public health functions.  We are:  · intelligence, data and evidence led;  · have a key role in enabling and supporting delivery at local level.  We deliver leadership roles in relation to:  · public health research;  · innovation to improve population health and wellbeing;  · supporting the broad public health workforce across Scotland.  PHS is a values driven organisation and we expect all our staff to role model our values in everything they do.  **Diagram  Description automatically generated**  **The role of the Clinical and Protecting Health Directorate** is to protect the people of Scotland from infectious and environmental hazards; enable high-quality clinical and public health knowledge, research and innovation; and change clinical and public health practice by using audits at a national and local level.  The role of the team is to provide vaccination and immunisation programme leadership, management and co-ordination to support all health boards in Scotland. | | | | | |
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| **KEY RESULT AREAS**  The post holder will:   1. Lead all aspects of one or more national audits, ensuring the aims and objectives of the audit(s) are met in full by successfully co-ordinating the activities and resources allocated to the project. 2. Lead and manage the team of staff (both those directly employed by PHS and those employed locally in NHS Boards) involved in delivering the work of the audit, ensuring that all staff have the skills and competencies required to deliver high quality information services. The post holder will provide expert advice and guidance to all staff working on project delivery. 3. Take responsibility for the long term planning of a rolling programme of “time-limited audits”. This will include design, implementation and completion of multiple, concurrent projects within a national audit. This involves designing a project plan with timelines (typically lasting 12months), discussions with specialist Consultants to translate their “wish lists” to an operational reality, designing audit forms, determining standardised definitions and guidelines for completion. 4. Provide expert clinical advice to statistical and clinical teams (including hospital-based staff) on issues related to quality assurance measures for national clinical audit programmes. This ensures the integrity of the national audit database and enables the appropriate interpretation of clinical data which in turn results in accurate reporting of national data. 5. Fulfil a unique role within his/her specialist area as the interface between the analytical team and clinical staff through the provision of appropriate clinical interpretation of the data. This function requires extensive, in-depth clinical and theoretical knowledge of a range of specialised areas to enable him/her to recognise and challenge sub-optimal practice that puts patients at risk. 6. Ensure audit findings are acted upon in every hospital and that escalation policies are implemented in compliance with clinical governance requirements e.g. if there is insufficient theatre time, additional funded sessions could be made available and additional consultants appointed. 7. Participate in Government-led initiatives and take responsibility for ensuring that the audit process facilitates the achievement of the goals of the policy, e.g. working with Health Protection Scotland in redesign of data collection systems to enable national monitoring of compliance with the Scottish Patient Safety Programme (SPSP) of risk reduction. 8. Be a single point of reference for the consistent interpretation and monitoring of the implementation of national policies in specialist areas (e.g. Scottish Patient Safety Programme). This liaison role provides a unique interface between various organisations (Health Improvement Scotland (HIS), SIGN, Scottish Government) and the multidisciplinary teams in each hospital who are required to implement policy/achieve the target set. 9. Contribute to Divisional management, via Senior Management team meetings, to monitor current work and reassess priorities as required; negotiate with other senior colleagues to manage customer expectations and conflicting priorities.   Make presentations to senior clinicians and senior management teams in hospitals to explain Government-led initiatives and persuade all members of the multidisciplinary team to work towards achieving the target. | | | | | |
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| **7. ASSIGNMENT AND REVIEW OF WORK** | | | | | |
| The post-holder will establish his/her own detailed priorities and actions within a broad framework determined by audit steering groups and the business objectives of PHS. The post-holder will adjust team priorities to meet frequently changing customer demands and will review these, self managing any conflicting demands, seeking advice from the Service Manager only when necessary.  Formal line management reporting for the post-holder will be to the Service Manager on a monthly basis. If working outwith PHS, supervision may be assigned to the project sponsor. Takes a pro-active approach in the formulation of a personal development plan. The Service Manager in collaboration with User Group(s) will undertake evaluation of results/objectives.  The post-holder, or staff in the post-holder’s team(s), may be required to work flexibly in short term project teams outwith their usual service area, working with staff from other areas of PHS to take forward short-life development projects.  The post-holder is expected to keep abreast of the range of work undertaken by their staff, both in a line management and project management capacity, ensuring that all staff are appropriately trained to deal effectively with the work demands expected of them. Conflicting demands occur frequently and often require re-negotiation of existing deadlines with customers or negotiation of additional resources from other areas of PHS to meet the increased workload. | | | | | |
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| **8. DECISIONS AND JUDGEMENTS**   * The post-holder works in conjunction with the project team and is responsible for the dissemination of decisions to the clinical teams in each centre. * The post-holder is expected to anticipate problems and advise the Service Manager and the Steering Group accordingly. * The post holder is responsible for developing new audits in uncharted territory by researching publications to ensure best possible methodology and must be able to defend the decision to audit a particular subject from multiple subject options e.g. shifting the main focus of an audit from one part of the patients journey to another e.g. from surgical care to rehabilitation. * The post holder must determine and implement the best methodology for data collection. This requires the post holder to be able to defend decisions and convince clinicians and local co-ordinators of differing opinions, to accept the methodology, which will best optimise data quality within the available resources e.g. time period for review of patients by telephone * The post-holder is responsible for ensuring that appropriate action is taken and that escalation policies are followed (at a unit and national level) whenever a clinical risk issue is identified or the performance of an individual unit raises cause for concern e.g. breaches of a time to theatre target. * The post-holder is responsible for the dissemination of decisions to the clinical teams in each centre, is expected to anticipate problems and advise the Service Manager and the Steering Group accordingly. | | | | | |
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| **9. MOST CHALLENGING PART OF THE JOB**   * Generating and maintaining the co-operation of the clinical teams throughout Scotland to provide accurate data * Improving the management of patients by reporting on audit findings and enabling the multi-disciplinary teams to address issues raised. * Maximising the use of the database through associated research projects and collaborative working to support staff to use the data to influence change in order to improve the quality of service and care delivered. | | | | | |
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| **10. COMMUNICATIONS AND WORKING RELATIONSHIPS** | | | | | |
| * + The post holder is in regular communication with the National Audit Team and Local Audit Co-ordinators.   + The post holder requires highly developed, persuasive communication skills to persuade busy multi-disciplinary clinical and management teams to undertake the additional workload an audit requires.   + She/he is required to explain the clinical context and significance of the data to the team’s analyst to ensure data is presented by a method easily interpreted by clinicians and managers.   + She/he is required to establish and maintain good relationships with senior clinical staff of the audit steering group and sub-groups to ensure continual development of the audit.   + The post holder is responsible for responding to all queries regarding the practical methodology of the data and is required to justify and defend data presented. Senior clinicians and senior managers may question the quality of data e.g. annual reports when their unit is displayed as an outlier.   + She/he must have the ability to defuse confrontational situations when negative audit findings require further investigation.   + The post holder presents audit information to large mixed groups who may be unfamiliar with the subject matter or may not agree with the content of the presentation e.g. compliance with government-set targets that may not be evidence based. She/he has the responsibility to explain the details of the target to senior clinicians and senior management. Target driven healthcare is not always popular and so the post holder has to be able to deal with audience hostility and be able to diffuse confrontational situations. | | | | | |
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| **11. QUALIFICATIONS AND/OR EXPERIENCE SPECIFIED FOR THE POST**   * + Educated to degree level or equivalent with significant additional, relevant specialist experience in a clinical or health information environment, and demonstrable experience of staff and project management.   + The post-holder must be registered, and maintain registration, with the appropriate professional body, e.g. Nursing & Midwifery Council (NMC) or Health Professions Council (HPC).   + Developed knowledge of the NHS and an understanding of the way in which high quality information can support the way the NHS provides services.   + Proven ability to lead, manage and motivate high calibre staff to ensure their continuous personal and professional development. Postholder should also be able to demonstrate his/her own commitment to personal and professional development.   + An expert working knowledge of software packages such as Word, Excel, PowerPoint and Access.   + Excellent organisational, logistical and co-ordinating skills are required.   + Highly effective communication and interpersonal skills using a variety of approaches in order to convey key messages and influence decision-making.   The post involves a substantial element of travel across Scotland, making a driving licence essential | | | | | |
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| **12. EQUIPMENT AND MACHINERY**   * Standard office conditions with ongoing use of VDUs * Frequent driving that can be for extended periods of time in adverse traffic conditions * Frequent use of mobile phones and electronic personal organisers   **13. SYSTEMS**  The postholder is responsible for ensuring information resources are operational and fit for purpose. The postholder will:   * Lead in the development of new national databases and initiate specific projects involving data development to support the audit needs of NHSScotland, identifying ways to improve existing systems in terms of quality, timeliness and reliability of data. * Hold responsibility for national databases maintained and analysed within own specialist audit area(s) * Take active steps, through effective communication with staff of all levels, to keep in touch with current policy and subject issues in PHS and the wider NHS, and their impact on information needs and use. * Champion best practice across all areas of responsibility including taking into account the broader context. Lead the ongoing development and improvement of data held in PHS, liaising with colleagues in PHS’s Data Management Service to ensure data development in the audit area are in line with divisional standards.   Ensure staff work, store and transmit data in accordance with data protection, freedom of information and confidentiality principles. | | | | | |
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| **14. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** Physical  1. A combination of sitting, standing and walking with occasional requirement to move / lift medical records. 2. Substantial part of working day spent working at a PC. 3. Driving: average 200 miles per week. 4. Occasional requirement to leave early in the morning, stay overnight or work out of hours to meet the requirements of clinical staff and/or customers.   **Mental**   1. Daily requirement to prioritise workload, working on several specific tasks at one time. 2. Respond to interruptions. 3. Frequent checking of data, regular presentations and writing reports. 4. Requirement to deal with local problems by telephone or e-mail communication. 5. Level of concentration required to drive for long periods of time on varying standards of roads.   **Emotional**   * Review of deceased patient’s casenotes. * Occasional exposure to distressing or emotional circumstances in relation to staff discipline and grievance matters. * The post holder is required to develop deliver and defend presentations to senior clinicians. Presentation material will often contain contentious material with which the audience may not agree. * Resolution of conflict associated with strategic matters e.g. moving audit resources from one clinical area to another.   .  Working Conditions   * Exposure to unpleasant working conditions is rare. * Need to adapt to non-standard workstations in various hospitals. * Standard office equipment. | | | | | |
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| **15. JOB DESCRIPTION AGREEMENT** | | | | | |
| A separate job description will need to be signed off by each postholder to whom the job description applies. | | | | | |
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| Postholder Print: |  | |  |  |  |
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| Manager Signature: |  | | Date: |  |  |
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