

**National Director, Chief Clinical Officer Function**

**Job Specification & Terms and Conditions**

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| **Job Title, Grade Code** | National Director, Chief Clinical Officer Function*(Grade Code: 0047)* |
| **Campaign Reference** | NRS14999 |
| **Closing Date** | **Thursday, 25th September 2025 at 3:00pm** |
| **Proposed Interview Date (s)** | Candidates will normally be given at least two weeks' notice of interview. The timescale may be reduced in exceptional circumstances. |
| **Taking up Appointment** | A start date will be indicated at job offer stage. |
| **Location of Post** | Chief Clinical OfficeThere is currently one permanent whole-time vacancy available in Erinville Hospital, Cork. The Chief Clinical Officer is open to engagement as regards expected level of on-site attendance at the above base in the context of the requirements of the role and the HSE’s Blended Working Policy.A panel may be formed as a result of this campaign for **National Director, Chief Clinical Officer Function, Chief Clinical Office** from which current and future, permanent and specified purpose vacancies of full or part-time duration may be filled. |
| **Informal Enquiries** | Dr Colm Henry, Chief Clinical OfficerEmail: cco@hse.ie |
| **Background** | The Health Service Executive (HSE) is responsible for the provision of all health and personal social care services in the Republic of Ireland. With over 150,000 employed in the HSE and the Section 38 Agencies, with which the HSE has Service Level Agreements (SLAs), the HSE is the largest employer in the State and the largest of any public sector organisation.  The Health Regions Implementation involved the internal reorganisation of the HSE into six operational regions with responsibility for the planning and coordinated delivery of health and social care services within their respective defined geographies. While the full implementation is a multi-year journey, the Health Region approach was stood up in March 2024 and will continue to progress throughout 2025. These new arrangements are fundamental to the delivery of Sláintecare reforms and aim to improve the health service’s ability to deliver timely integrated care to patients and service users, care that is planned and funded in line with their needs at regional and local level. In addition, the following are being delivered: * Alignment of hospital-based and community-based services to deliver joined-up, integrated care closer to home.
* Clarification and strengthening of corporate and clinical governance and accountability at all levels.
* A population-based approach to service planning and delivery.
* A balanced national consistency with local autonomy to maintain consistent quality of care across the country.
* An efficient, highly productive and transparent health and social care service with aligned incentives to provide people with timely access to safe, high quality integrated care.
* Support for local and regional innovations in service improvement for adoption across regions or at national level as appropriate.

The changes in healthcare governance arrangements have been designed to make our services easier to navigate for people, and to facilitate more integrated care, stronger accountability, and greater transparency across the sector. This in turn aims to foster change and innovation at a local level to deliver high-quality services to populations based on their needs, making our service a better place to work for our staff. The move to a regionalised approach, represents a major shift in the approach to the planning, funding and delivery of health and social care services. In line with international best practice, the new arrangements will support a population-based approach to the planning and resourcing of the geographic delivery of services to improve health outcomes for people in Ireland.  As part of these reforms, the operational focus is moving from the HSE Centre to the Health Regions and Integrated Healthcare Areas (IHAs) to allow the regional structures to have the intended level of appropriate authority and operational control of services in their region. The HSE Centre will develop and oversee standards and guidelines for implementation at regional level. The focus of HSE Centre will be on planning, enabling, performance and assurance (PEPA).  |
| **Details of Service** | The Clinical function is a nationally led function in the HSE Centre, led by the Chief Clinical Officer (CCO) and reporting directly into the Chief Executive Officer (CEO). The function was established as part of an overall investment by the HSE to strengthen and coordinate clinical leadership within the HSE and to drive transformational change across our healthcare system through design and implementation of clinical strategies and new models of care and the promotion of a culture of safety and quality improvement, with enhanced mechanisms to measure and standardise clinical activity.Over time, and as part of the reform programme, the scope and scale of the CCO function and associated responsibilities has grown and critically includes (but is not limited to):* 33 National Clinical Programmes.
* Operational clinical direction and guidance at national level of significant events and issues.
* Establishment of new Quality and Patient Safety structures nationally and regionally.
* Review of the Incident Management Framework while maintaining management oversight of the existing incident management framework.
* Management of the overall approval process in respect of the complex area of drugs reimbursement.
* Management of the National Screening Service, National Cancer Control Programme, Public Health and operational components of ODTI.
* Management of the entire range of clinical specialties that are required to interface at different points of the organisation and at different times.
* Management of the development and implementation of national clinical strategies.
* Management of the development and oversight of the HSEs clinical governance Framework.
* Management of the delivery of clinically-led service developments and improvements.
* Management of the clinical leadership structures such as NDTP and OMNSD.

The delivery of the different elements of the CCO function is core to the successful implementation of the Slaintecare reforms and in delivering a population health approach and high quality, sustainable health and social care services in Ireland. The National Director for CCO function is a newly established post, which will be central to the delivery of this. The focus of the role is on the management and delivery of core objectives of the CCO functions. Under the direction of the CCO the role will be responsible for the planning, delivery and performance management of the agreed aspects of the CCO function remit. The post is accountable for delivering agreed priorities of the HSE led by the CCO function. The role will provide senior management experience across agreed portfolio of areas of CCO accountabilities.  |
| **Reporting Relationship** | The National Director Chief Clinical Officer Function will report directly to the Chief Clinical Officer. As a senior leadership post in the CCO function the post holder has a shared responsibility for the collective leadership and management of the CCO function and is expected to participate in management tasks as may be assigned from time to time by the CCO or CEO and which are not exclusively in the remit of any one individual. Direct reports will include but may not be limited to (subject to conclusion of the implementation of the NCP review recommendations) leads for the following areas of remit within the CCO function:* Office of the CCO operational and performance oversight (including national clinical strategies for Trauma, Heart and Stroke)
* Clinical Design and Innovation
* Genetics and Genomics
* Lab reform
* National Rare Disease Office
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| **Key Working Relationships** | The post holder will work closely with the National Directors in the HSE Centre, the Regional Executive Officers (REOs) and their leadership teams. The post holder will also work collaboratively with the RCDs and clinical and operational leadership across the healthcare system to deliver agreed objectives and outcomes. The post holder will have a professional working relationship with the Department of Health and DCEDIY as required. |
| **Purpose of the Post**  | The primary purpose of the post is to provide leadership and management to ensure that the diverse elements of the CCO function (as noted in the details of services section) deliver their objectives and agreed outcomes within the agreed timelines. The role will be accountable for the operational running of the CCO function. Whilst the National Director role will have governance for the planning, management and delivery of agreed services and elements within the CCO function remit, the services are being delivered to service the Health Regions and their local populations and, as such, partnership working with the Regional Executive Officers and their leadership teams will be crucial.  In addition, the role will be key to delivering on the PEPA elements of the CCO functions remit. The post holder will support the CCO, National Directors across the HSE Centre and the REOs and their leadership teams to ensure that:1. Clinical leadership and expertise continues to be embedded in all aspects of design and delivery of safe, high quality integrated services.
2. Clinically led service improvement and change is planned and designed in line with organisational priorities and challenges.
3. Performance oversight on the consistent delivery of services is provided to the HSE SLT and Board as required.
4. Clinical strategies, guidance and best practice are developed in collaboration with patients and the operational delivery system.
5. Nationally led services that sit within the remit of the CCO function are delivered in line with goals and objectives of the HSE and individual functions.

The post holder will be required to represent the CCO and the CCOs position in all matters as approved by the CCO.  |
| **Principal Duties and Responsibilities** | The principal duties and responsibilities of the National Director for CCO function are as follows:* To implement and operationalise the corporate governance structures and process for the CCO function to ensure that there is appropriate governance, management and oversight of the diverse portfolio within the CCO function.
* Management of the development and delivery of agreed clinical strategies and programmes (including oversight and performance management of annual plans, agreed priorities and deliverables). This will include but not be limited to strategies and programmes such as Trauma, Heart, Genetics and Genomics and NCPs. The exact portfolio may vary depending on CCO/HSE priorities and this will be agreed with the post holder once appointed and reviewed on a regular basis.
* Accountable for the management of development and delivery of a defined portfolio of programmes of work (determined annually by the priorities of the CCO/CCO function aligned to Slaintecare and the HSE NSP and Corporate plan).
* Provide Operational management and oversight at national level of significant events and issues as appropriate on behalf of the CCO.
* To manage the national reporting from CCO function into HSE SLT, Board and external stakeholders. Ensuring the clinical expertise, perspective and insight is harnessed to support decision making as required. In delivering this role the post holder will work collaboratively with ND P&P, ND A&I and Regional leadership teams.
* Manage and oversee the delivery of clinically led service improvement programmes funded and agreed to be led through the CCO function.
* Work closely and collaboratively with the CCO and the other National Directors and REOs, RCDs and their leadership teams to plan, resource and report on strategic priorities.
* From time to time, manage and oversee the delivery of assurance/performance monitoring of the health and social care system as required by the CCO, CEO/SLT or HSE Board. In delivering this the post holder with work collaboratively with NQPS, RCDs and other ND as appropriate.

**The above Job Specification is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to them from time to time and contribute to the development of the post while in office.** |
| **Eligibility Criteria****Qualifications and/ or experience** | **Candidates must have at the latest date of application: -** * Extensive experience at a senior leadership level in either health or social care delivery or other comparable and relevant business environment of equivalent complexity, as relevant to this role.
* Significant operational leadership experience with a proven track record of organisational management, operational excellence and organisational improvement in a distributed and highly complex organisation or other relevant and highly complex organisation, as relevant to this role
* Significant experience of strategic planning underpinned by an effective internal corporate governance framework and risk management system.
* Significant experience in managing large programme budgets, including budget planning, financial management and resource management processes.
* Experience managing and working collaboratively with multiple internal and external stakeholders and a proven ability to collaborate and work effectively with external service delivery partners within well-structured governance relationships as relevant to this role.
* Have the requisite knowledge and ability (including a high standard of suitability and management ability) for the proper discharge of the duties of the office.

**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. |
| **Other requirements specific to the post** | * Access to appropriate transport to fulfil the requirements of the role
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| **Additional eligibility requirements:** | **Citizenship Requirements** Eligible candidates must be: 1. EEA, Swiss, or British citizens

**OR**1. Non-European Economic Area citizens with permission to reside and work in the State

Read Appendix 2 of the Additional Campaign Information for further information on accepted Stamps for Non-EEA citizens resident in the State, including those with refugee status.To qualify candidates must be eligible by the closing date of the campaign.  |
| **Skills, competencies and/or knowledge** | **Professional Knowledge & Experience**Demonstrates: * An in-depth knowledge of the issues and developments and current thinking in relation to best practice in health and social care services, policy and delivery.
* A well-developed knowledge of the key challenges and issues across the health system.
* An in depth understanding of the HSE’s strategic reform and innovation agenda, as per Sláintecare and the resultant organisational structure that aligns healthcare governance at regional level, within a strong national framework to enable better co-ordination and improved performance across health and social care services.
* An in depth understanding of risk, information technology, financial management, corporate and clinical governance and accountability.
* Significant knowledge and experience of multidisciplinary working in a complex environment as relevant to the role.
* Significant experience of engaging at Senior Management Team and Board Level, as relevant to the role.
* Experience in a senior leadership role.
* A detailed understanding of the public service regulatory and legislative framework in Ireland, with particular reference to the regulatory requirements related to particulargroups of patients and/or populations, e.g., HIQA, Mental Health Commission.
* Knowledge and experience of application of evidence-based decision-making practices and methodologies.
* A general knowledge of the legal and corporate governance framework of the HSE.

**Leadership & Delivery of Change**Demonstrates: * Effective leadership and the capacity to build a coalition for change across the whole system and drive the transformation needed to deliver better outcomes.
* An ability to remain fully informed in a dynamic and challenging environment, while at the same time having a clear view of what changes are required to achieve immediate and long-term health service objectives.
* Significant understanding of integrated service delivery and issues impacting access and capacity.
* A track record of service innovation and delivery in a challenging environment.
* A strong focus on results and an ability to achieve results through collaborative working, including external stakeholders.
* Leadership and team management skills including the ability to work with multi-disciplinary team members, internal and external stakeholders.

**Managing and Delivering Results (Operational Excellence)** Demonstrates: * The ability to adequately identify, assess, manage and monitor risks within their area of responsibility.
* The ability to develop / implement strategic action plans and programmes.
* A high degree of commitment and energy to well directed activities and looks for and seizes opportunities that are beneficial to achieving organisation goals.
* Perseverance and an ability to see tasks through.
* A commitment to measurement on delivery of results and a willingness to take personal responsibility to initiate activities and drive objectives through to a conclusion.
* The ability to develop strategies/policies.
* A strong emphasis on achieving high standards of excellence.

**Building and Maintaining** **Relationships/Communication Skills** Demonstrates:* Highly effective interpersonal and communication skills to establish and develop trust based, high-stake partnerships and relationships with a range of external partners and stakeholders.
* An ability to promote organisational cohesion and the pursuit of excellence through first-class relationship management practices throughout all levels of the service.
* A commitment to working co-operatively with and influencing senior management colleagues to drive forward the reform agenda.
* A commitment to building a professional network to remain up to date with and influence internal and external politics.
* An ability to support the development of an effective team.
* The ability to communicate ideas, positions and information clearly and convincingly in a manner that is sensitive to wider issues and has the ability to advocate for and negotiate positions which allow for the on-going improvement of services.

 **Critical Analysis and Decision Making** Demonstrates: * The capacity to operate as an effective strategic and tactical thinker.
* An ability to provide significant input to operational and strategic decision making.
* A capacity for critical analysis to identify how things can be done better.
* The ability to analyse and evaluate, in a rational objective, consistent and systematic manner, a range of complex information to identify the core issues and arguments that are most salient to the situation at hand.
* The ability to challenge effectively and to maintain the highest levels of professional integrity in challenging circumstances.
* A willingness to take calculated risks and consider the range of options available to support improved change practices.
* An ability to makes timely decisions and stand by those decisions as required.

 **Personal Commitment and Motivation** * Understands, identifies with and is committed to the core values of the HSE.
* Demonstrates a strong willingness and ability to operate in the flexible manner that is essential for the effective delivery of the role.
* Demonstrates a commitment to and focus on quality and the promotion of high standards to improve patient outcomes, by involving patients and the public in their work.
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| **Campaign Specific Selection Process****Ranking/Shortlisting / Interview** | A ranking and or shortlisting exercise may be carried out on the basis of information supplied in your application form. The criteria for ranking and or shortlisting are based on the requirements of the post as outlined in the eligibility criteria and skills, competencies and/or knowledge section of this job specification. Therefore it is very important that you think about your experience in light of those requirements. Failure to include information regarding these requirements may result in you not progressing 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. |
| **Diversity, Equality and Inclusion**  | The HSE is an equal opportunities employer.Employees of the HSE bring a range of skills, talents, diverse thinking and experience to the organisation. The HSE believes passionately that employing a diverse workforce is central to its success – we aim to develop the workforce of the HSE so that it reflects the diversity of HSE service users and to strengthen it through accommodating and valuing different perspectives. Ultimately this will result in improved service user and employee experience. The HSE is committed to creating a positive working environment whereby all employees inclusive of age, civil status, disability, ethnicity and race, family status, gender, membership of the Traveller community, religion and sexual orientation are respected, valued and can reach their full potential. The HSE aims to achieve this through development of an organisational culture where injustice, bias and discrimination are not tolerated. The HSE welcomes people with diverse backgrounds and offers a range of supports and resources to staff, such as those who require a reasonable accommodation at work because of a disability or long-term health condition. For further information on the HSE commitment to Diversity, Equality and Inclusion, please visit the Diversity, Equality and Inclusion web page at <https://www.hse.ie/eng/staff/resources/diversity/>  |
| **Code of Practice** | The Health Service Executive will run this campaign in compliance with the Code of Practice prepared by the Commission for Public Service Appointments (CPSA).The CPSA is responsible for establishing the principles to be followed when making an appointment. These are set out in the CPSA Code of Practice. The Code outlines the standards to be adhered to at each stage of the selection process and sets out the review and appeal mechanisms open to candidates should they be unhappy with a selection process.The CPSA Code of Practice can be accessed via <https://www.cpsa.ie/>. |
| The reform programme outlined for the health services may impact on this role, and as structures change the Job Specification may be reviewed.This Job Specification is a guide to the general range of duties assigned to the post holder. It is intended to be neither definitive nor restrictive and is subject to periodic review with the employee concerned. |

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**National Director, Chief Clinical Officer Function**

**Terms and Conditions of Employment**

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| **Tenure**  | The current vacancy available is permanent whole time. The post is pensionable. A panel may be created from which permanent and specified purpose vacancies of full or part time duration may be filled. The tenure of these posts will be indicated at “expression of interest” stage. Appointment as an employee of the Health Service Executive is governed by the Health Act 2004 and the Public Service Management (Recruitment and Appointments) Act 2004 and Public Service Management (Recruitment and Appointments) Amendment Act 2013. |
| **Remuneration**  | The Salary scale for the post (as at 01/08/2025) is:**€191,464**New appointees to any grade start at the minimum point of the scale. Incremental credit will be applied for recognised relevant service in Ireland and abroad (Department of Health Circular 2/2011). Incremental credit is normally granted on appointment, in respect of previous experience in the Civil Service, Local Authorities, Health Service and other Public Service Bodies and Statutory Agencies. |
| **Working Week** | The standard weekly working hours of attendance for your grade are **35** hours per week. Your normal weekly working hours are 35 hours.  Contracted hours that are less than the standard weekly working hours for your grade will be paid pro rata to the full time equivalent. You are required to work agreed roster/on-call arrangements advised by your Reporting Manager. Your contracted hours are liable to change between the hours of 8.00am and 8.00pm over seven days to meet the requirements for extended day services in accordance with the terms of collective agreements and HSE Circulars. |
| **Annual Leave** | The annual leave associated with the post will be confirmed at Contracting stage. |
| **Superannuation** | This is a pensionable position with the HSE. The successful candidate will upon appointment become a member of the appropriate pension scheme. Pension scheme membership will be notified within the contract of employment. Members of pre-existing pension schemes who transferred to the HSE on the 01st January 2005 pursuant to Section 60 of the Health Act 2004 are entitled to superannuation benefit terms under the HSE Scheme which are no less favourable to those which they were entitled to at 31st December 2004 |
| **Age** | The Public Service Superannuation (Age of Retirement) Act, 2018\* set 70 years as the compulsory retirement age for public servants.***\* Public Servants not affected by this legislation:***Public servants joining the public service or re-joining the public service with a 26 week break in service, between 1 April 2004 and 31 December 2012 (new entrants) have no compulsory retirement age.Public servants, joining the public service or re-joining the public service after a 26 week break, after 1 January 2013 are members of the Single Pension Scheme and have a compulsory retirement age of 70. |
| **Probation** | Every appointment of a person who is not already a permanent officer of the Health Service Executive or of a Local Authority shall be subject to a probationary period of 12 months as stipulated in the Department of Health Circular No.10/71. |
| **Protection of Children Guidance and Legislation** | The welfare and protection of children is the responsibility of all HSE staff. You must be aware of and understand your specific responsibilities under the Children First Act 2015, the Protections for Persons Reporting Child Abuse Act 1998 in accordance with Section 2, Children First National Guidance and other relevant child safeguarding legislation and policies. All Mandated Persons under the Children First Act 2015, within the HSE, are appointed as Designated Officers under the Protections for Persons Reporting Child Abuse Act, 1998. Mandated Persons such as line managers, doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, social workers, social care workers, and emergency technicians have additional responsibilities. You should check if you are a Mandated Person and be familiar with the related roles and legal responsibilities.Visit [HSE Children First](https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/) for further information, guidance and resources. |
| **Infection Control** | Have a working knowledge of Health Information and Quality Authority (HIQA) Standards as they apply to the role for example, Standards for Healthcare, National Standards for the Prevention and Control of Healthcare Associated Infections, Hygiene Standards etc. and comply with associated HSE protocols for implementing and maintaining these standards as appropriate to the role. |
| **Health & Safety** | It is the responsibility of line managers to ensure that the management of safety, health and welfare is successfully integrated into all activities undertaken within their area of responsibility, so far as is reasonably practicable. Line managers are named and roles and responsibilities detailed in the relevant Site Specific Safety Statement (SSSS). Key responsibilities include:* Developing a SSSS for the department/service[[1]](#footnote-1), as applicable, based on the identification of hazards and the assessment of risks, and reviewing/updating same on a regular basis (at least annually) and in the event of any significant change in the work activity or place of work.
* Ensuring that Occupational Safety and Health (OSH) is integrated into day-to-day business, providing Systems Of Work (SOW) that are planned, organised, performed, maintained, and revised as appropriate, and ensuring that all safety related records are maintained and available for inspection.
* Consulting and communicating with staff and safety representatives on OSH matters.
* Ensuring a training needs assessment (TNA) is undertaken for employees, facilitating their attendance at statutory OSH training, and ensuring records are maintained for each employee.
* Ensuring that all incidents occurring within the relevant department/service are appropriately managed and investigated in accordance with HSE procedures[[2]](#footnote-2).
* Seeking advice from health and safety professionals through the National Health and Safety Function Helpdesk as appropriate.
* Reviewing the health and safety performance of the ward/department/service and staff through, respectively, local audit and performance achievement meetings for example.

**Note**: Detailed roles and responsibilities of Line Managers are outlined in local SSSS.  |
| **Ethics in Public Office 1995 and 2001** | Positions remunerated at or above the minimum point of the Grade VIII salary scale are designated positions under Section 18 of the Ethics in Public Office Act 1995. Any person appointed to a designated position must comply with the requirements of the Ethics in Public Office Acts 1995 and 2001 as outlined below: A) In accordance with Section 18 of the Ethics in Public Office Act 1995, a person holding such a post is required to prepare and furnish an annual statement of any interests which could materially influence the performance of the official functions of the post. This annual statement of interest should be submitted to the Chief Executive Officer not later than 31st January in the following year.B) In addition to the annual statement, a person holding such a post is required, whenever they are performing a function as an employee of the HSE and have actual knowledge, or a connected person, has a material interest in a matter to which the function relates, provide at the time a statement of the facts of that interest. A person holding such a post should provide such statement to the Chief Executive Officer. The function in question cannot be performed unless there are compelling reasons to do so and, if this is the case, those compelling reasons must be stated in writing and must be provided to the Chief Executive Officer. C) A person holding such a post is required under the Ethics in Public Office Acts 1995 and 2001 to act in accordance with any guidelines or advice published or given by the Standards in Public Office Commission. Guidelines for public servants on compliance with the provisions of the Ethics in Public Office Acts 1995 and 2001 are available on the [Standards Commission’s website](https://www.sipo.ie/). |

1. A template SSSS and guidelines are available on [writing your site or service safety statement](https://healthservice.hse.ie/staff/health-and-safety/safety-statement/).

2 Structures and processes for effective [incident management](https://www2.healthservice.hse.ie/organisation/qps-incident-management/incident-management/) and review of incidents. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)