

# Palliative Care Restructure Plan



Consult Services in Northern Sydney Local Health District

**Executive Director Operations** 

May 2024

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### Reason and purpose of the restructure



- NSLHD requires integrated palliative care services to provide care in acute hospitals, sub-acute palliative care units, people's homes and residential aged care facilities. Community and some inpatient services are delivered in collaboration with HammondCare under a Service Agreement.
- Existing reviews of NSLHD palliative care services demonstrate systems characterised by:
  - A lack of clarity over which service is responsible for delivery of care at the appropriate time, resulting in fragmented care and duplication of processes;
  - Confusion for patients, families and carers resulting in poor consumer experience;
  - Slow implementation of new initiatives and services that can respond to the changes in population needs and prognostic trends.
- The current governance and organisational structures of NSLHD palliative care services have evolved progressively over time driven by incremental funding enhancements. The Ministry of Health has committed \$13,860,000 over 5 years to enhance palliative care services in NSLHD. These funds have provided an opportunity to redesign palliative care services to address these issues, however, successful, and sustained implementation of new or redesigned services requires a comprehensive review of governance and organisational structures to support those initiatives into the future.
- The Supportive and Palliative Care Network is responsible for strategic planning for the services and is currently taking on operational elements causing confusion and conflict with facilities.
- Patients, families and carers will continue to experience fragmented care resulting in confusion, frustration and suboptimal outcomes and experience of care.
- NSLHD may not be able to quickly implement new initiatives and adapt to the changing needs of the population.
- In line with NSLHD's Strategic Plan 2022-2027, strategic outcome 2.4 Patient care is seamless across providers, services and settings and NSLHD's Draft Clinical Services Plan 2024-2029, recommendation 109 Ensure equitable access to comprehensive palliative care consultation within acute services which supports staff, patients and carers in decision making and care coordination for end-of-life care.

# Cost benefit analysis



Strengths	Weakness	Opportunities	Threats
Consistent management of cc including local recruitment	Managing more change  More demand on local	Consistent approach to consult services outlined in an agreed model of care	Palliative care funding redistribution to other services
Clear governance structure for palliative care consult services	leadership if medical staff are for example embedded into medicine	Consistent processes/reporting of activity across LHD	Failing to provide sufficient professional support
Better integration of staff into local hospital structures	Potential to leave palliative care staff isolated without adequate	Document MOU between services with regards to the	Agreed approach to providing after hours support by all pall care SS across Northern Sydney
Consistent with the reasoning behind shifting HC staff to sites co-located with their managers	planning for how this will be addressed eg shared MDTs, M&M, reflective practice,	expectations and capacity to provide appropriate leave cover	
	education sessions, other committees	Articulate the clear distinction between operational management and professional support	
		Reinforce the role of the Network to support consistent palliative care delivery	

#### Likely impact on services and functions



- The multidisciplinary team will be managed locally not centrally at RNSH
- Costs for staffing will move from RNSH to the site or division where the staff are based
- Includes positions temporarily funded from the Ministry of Health where NSLHD has received confirmation of annualised funding.
- Includes the positions funded from Enhancing End of Life Care Tranche 3 to replace HammondCare staffing to deliver consult services to RNS and Ryde Hospitals.
- This excludes community/non-admitted staffing.

### Likely impact on budget and funding



- This is a cost neutral restructure. The aim is to move staff and budgets where they work and realign their reporting lines.
- This restructure also includes new positions from Ministry of Health Funding under the following initiatives:
  - Enhancing End of Life Care Consult Service (transition from HammondCare provider to NSLHD)
  - Supporting Multidisciplinary End of Life Care
  - Continued Strengthening of Palliative Care

### Likely impact on employees



#### Impacts:

- The main change is reporting lines.
- There is one role that has updates to their position description to be inclusive of clinical activity (i.e. Bereavement coordinator).
- There is one role that is changing grades to be inclusive of more clinical activity (e.g. Aboriginal Health Worker Palliative Care).

#### Supports for the change:

- Maintain consistent service practice in line with model of care developed for consult services
- Maintain consistent activity reporting requirements
- MOU to be drafted to support leave relief across sites
- Maintain shared practices (e.g. shared MDTs, M&M, reflective practice, education sessions, other committees)

# Current and proposed FTE establishment, including StaffLink position numbers/employees/assignment numbers

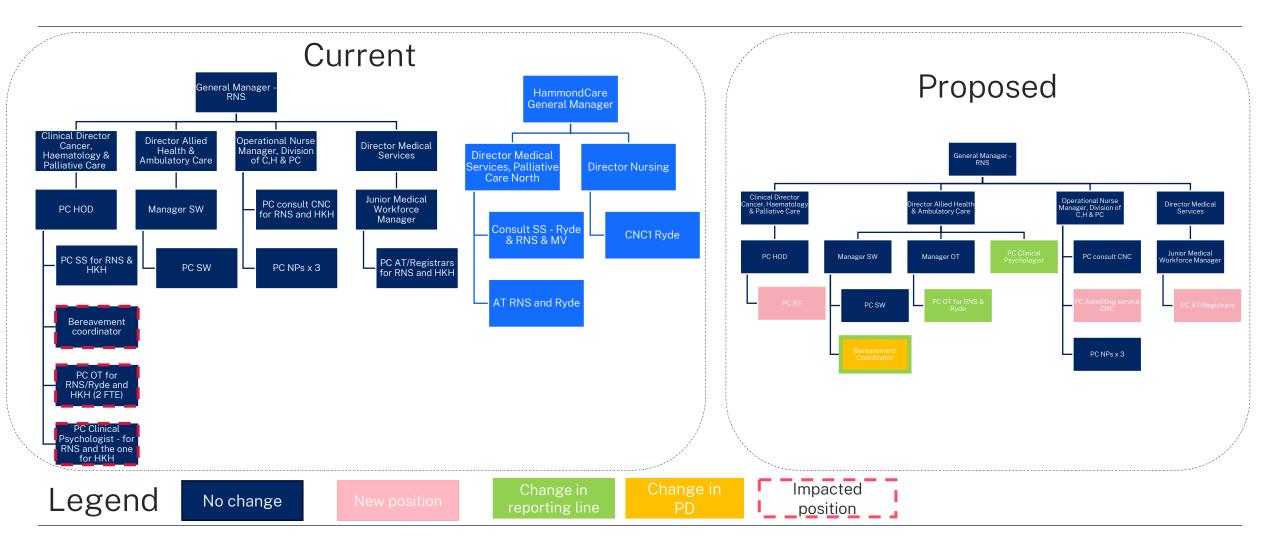


#### See next slides on each facility

- RNSH
- Ryde
- Hornsby Ku-ring-gai
- Mona Vale
- Aboriginal Health Service
- Clinical Networks

### RNSH Hospital





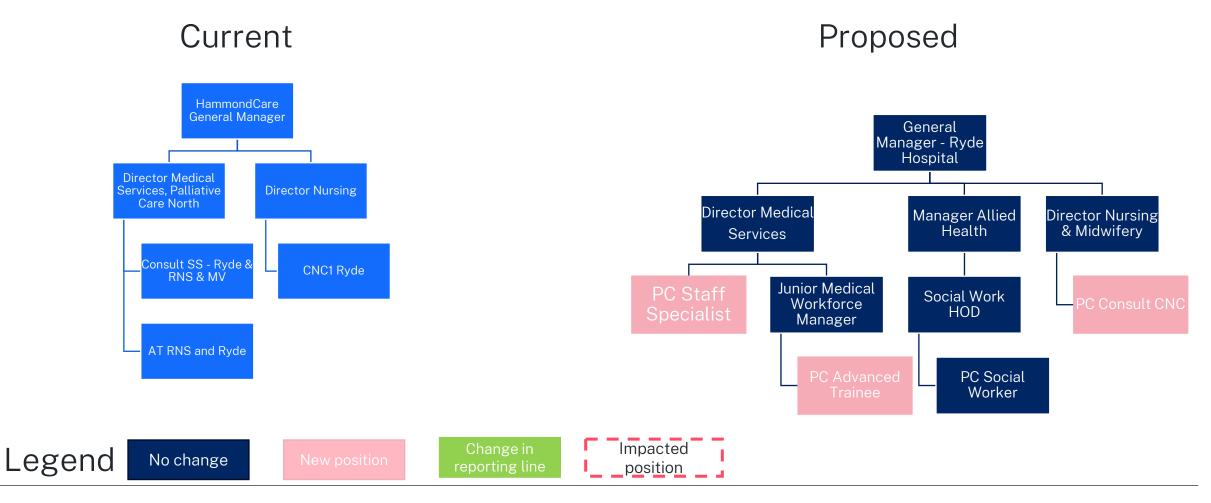
### RNSH Hospital



Discipline	Current FTE/Grade	Current Reporting Line	Proposed FTE/Grade	Change
Medical	0.6 FTE Staff Specialist	HammondCare	No change	New position. External recruitment. Commenced as required to start 4 August 2024 Reporting to RNSH HOD Palliative Care
	1 FTE Advanced Trainee HC	HammondCare	No change	New position. External recruitment. Reporting to RNSH HOD Palliative Care
Nursing	0.8 FTE CNC2	RNSH NM Division of C,H & PC	No change	Realign reporting to Deputy Director Nursing & Midwifery, HKHS
Allied Health	1 FTE Occupational Therapist level 4 RNS	RNSH HOD Palliative Care	No Change	Realign reporting to HOD, Occupational Therapy, RNSH
	0.63 FTE Clinical Psychologist RNS	RNSH HOD Palliative Care	No change	Realign reporting to Director Allied Health & Ambulatory Care, RNSH
	0.63 FTE LHD Bereavement Coordinator - level 4	RNSH HOD Palliative Care	No change	Realign reporting to HOD, Social Work, RNSH Modify position description to include counselling/ clinical work Change to permanent role with external recruitment Current incumbent on internal secondment from RNSH Social Work on temporary contract

### Ryde Hospital





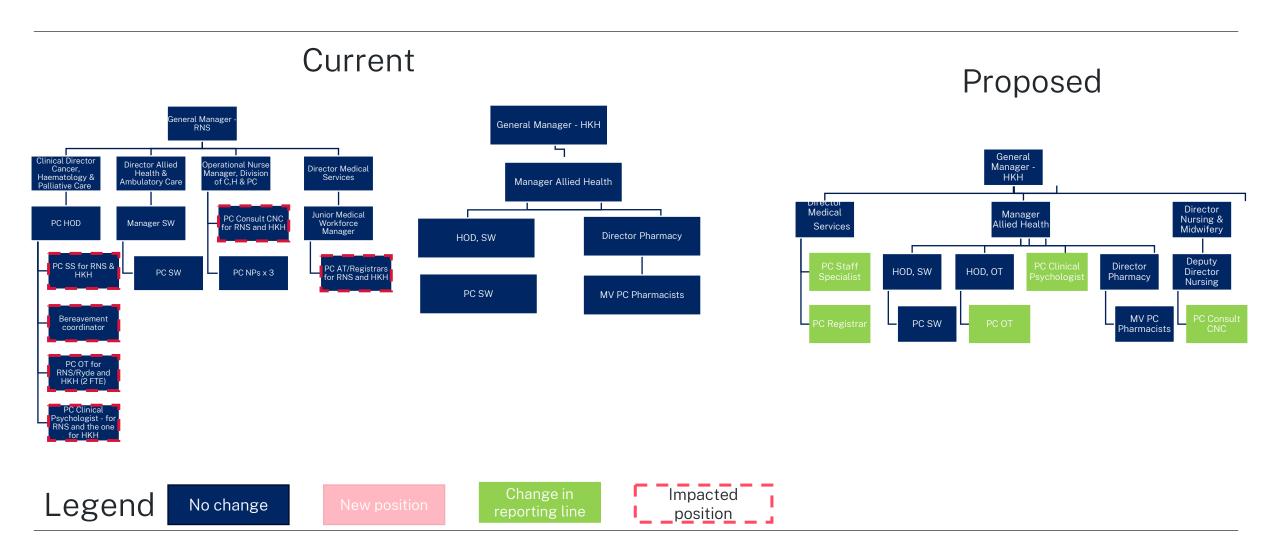
## Ryde Hospital palliative care consult service



Discipline	Current FTE/Grade	Current Reporting Line	Proposed FTE/Grade	Change	Comment
Medicine	0.2FTE SS	HammondCare	0.4FTE SS	DMS, Ryde New position, external recruitment (already commenced as required to start 4 August 2024)	Increase SS time to support Ryde redevelopment and expected increase in activity/demand
	0.5FTE AT	RNSH JMO Manager	No change	Ryde JMO Manager Existing incumbent due to start 4 August 2024. Current contract is with HammondCare. Realigning contract to NSLHD.	
Nursing	1.0FTE CNC (temporary funding increase of 0.4 FTE ends 30 June 2024)	HammondCare	0.84 FTE CNC2	New position. External recruitment. Reporting line to Director Nursing & Midwifery, Ryde Hospital. Grading confirmed in out of session grading committee. Required to commence 4 August 2024.	Less consults at Ryde compared with other sites but capacity to enhance over time;

### Hornsby Ku-ring-gai Hospital





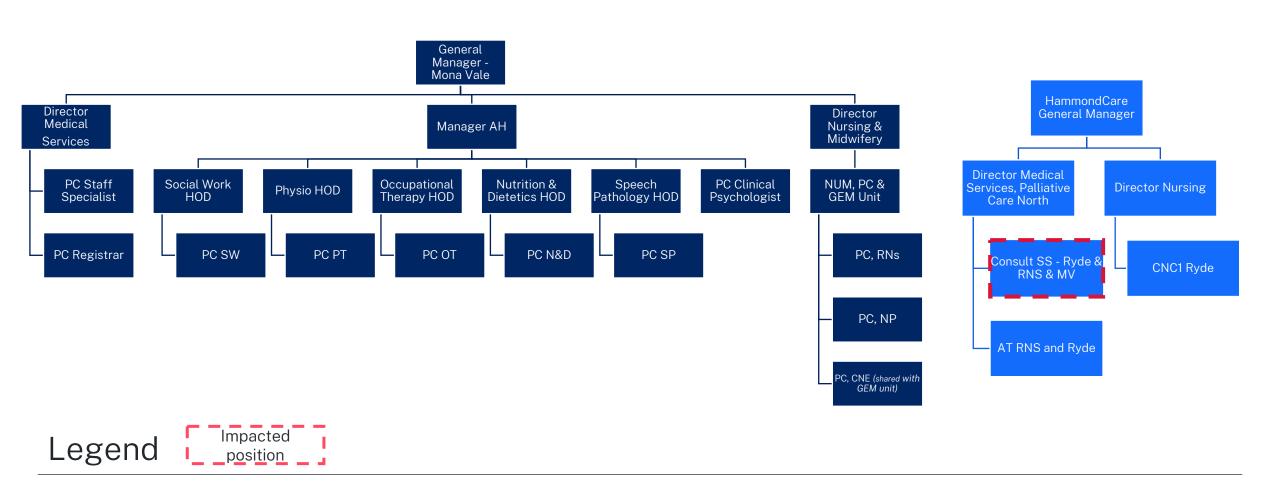
## HKH palliative care consult service



Discipline	Current FTE/Grade	Current Reporting Line	Proposed FTE/Grade	Change	Comment
Medicine	0.5 FTE Staff Specialist	RNSH HOD Palliative Care	Unchanged	Realign reporting line to HKH	Note: 0.2 FTE SS already reports to DMS.
	1.0 FTE Advanced Trainee	RNSH JMO Manager	Unchanged	Realign reporting line to HKH	
Nursing	1.0 FTE Clinical Nurse Consultant	RNSH NM Division of C,H & PC	Unchanged	Realign reporting line to HKH	
Allied Health	1.0 FTE Occupational Therapist HKH/Ryde	RNSH HOD Palliative Care	Unchanged	Realign reporting line to HKH	
	0.63 FTE Clinical Psychologist HKH/Ryde	RNSH HOD Palliative Care	Unchanged	Realign reporting line to HKH	

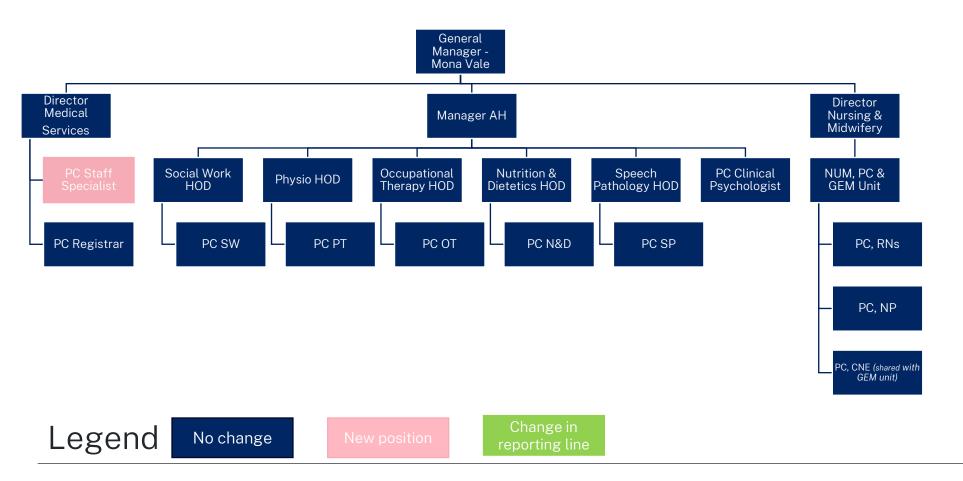
### Mona Vale PCU - Current





### Mona Vale PCU - Proposed





Northern Sydney Local Health District

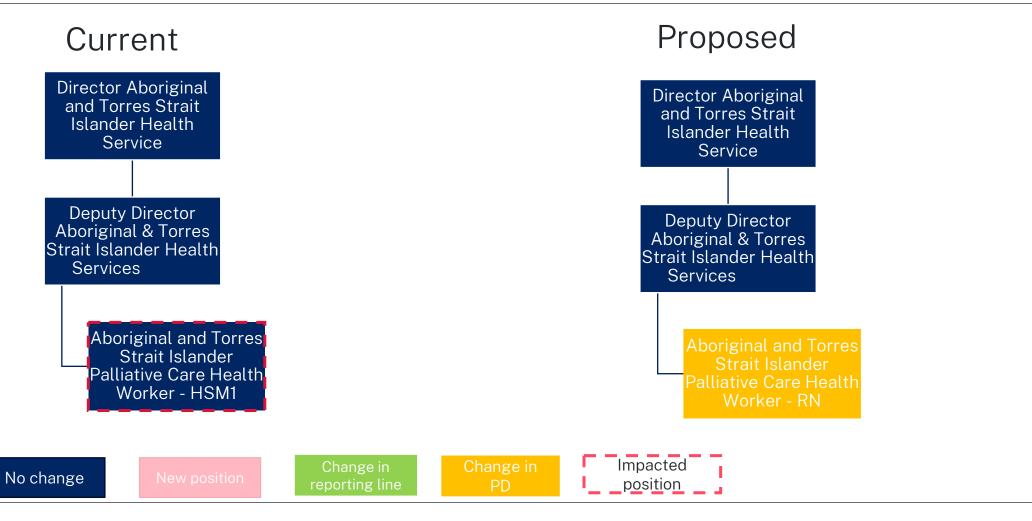
# Mona Vale palliative care inpatient unit



Discipline	Current FTE/Grade	Current Reporting Line	Proposed FTE/Grade	Change	Comment
Medicine	0.1 FTE Staff Specialist	HammondCare	No change	New position for NSLHD External Recruitment. Required to commence 4 August 2024	The aim is to ensure that there is a permanent 0.9FTE SS in the MVPCU allowing flex to 12 beds when needed. This also is with the intent of supporting MV consults which may include the MVPCU NP and AT.

# Aboriginal and Torres Strait Islander Health Service





Legend

### Aboriginal Health Worker Palliative Care



Discipline	Current FTE/Grade	Current Reporting Line	Proposed FTE/Grade	Change	Comment
HSM1	1 FTE	Executive Director Aboriginal & Torres Strait Islander Health Service	1 FTE RN	Regrade from HSM to nurse Vacant position.	Previously tried recruitment as HSM1 with no success.

#### POSITION DESCRIPTION TEMPLATE



POSITION TITLE	Palliative Care Aboriginal Health Worker
STAFFLINK POSITION NO.	700448
COST CENTRE	256652
CLASSIFICATION	Health Service Manager Level 1
AWARD	Health Managers (State) Award
REGISTRATION/LICENCE REQUIREMENTS	Not applicable
VACCINATION CATEGORY	Category A
PRE-EMPLOYMENT SCREENING CHECKS	Working With Children and National Criminal Record Check
RESPONSIBLE TO	Operational - Medical Director, Palliative Care Professional - Director, Aboriginal Health Unit
RESPONSIBLE FOR	
PRIMARY PURPOSE OF	N/A  The Palliative Care Aboriginal Health Worker is to work as a member of the
THE ROLE	Northern Sydney Local Health District (DRLIND) Pallistive Care Team, to manage and enhance the access and delivery of pallistive care services specific to the identified needs of Aberigina & Torres Strait Islander patients, specific to the identified needs of Aberigina & Torres Strait Islander communities, resulting respectful and collections of Aberigina & Torres Strait Islander communities, resulting respectful and collections of the Aberigina & Torres Strait Islander communities, resulting respectful and collections of the Aberigina & Torres Strait Islander communities and Community-based services to that flexible, holistic and culturally responsive pallistive care services are delivered.
KEY ACCOUNTABILITIES (Maximum of 8)	Work with and provide consultancy to the NSLHD Palliative Care Services, ensuring culturally appropriate medical/nursing/allied health care is provided for palliative care patients, families and carers of Aboriginal & Torres Strait Islander People.
	Provide cultural interaction and care for palliative patients, families and carers of Aboriginal & Torres Strait Islander People to ensure an understanding of clinical interventions and service delivery processes that enable informed decizions in relation to their health needs.
	Provide community outreach and hospital in-reach services on culturally specific perceptions of death and dying specific to Aboriginal & Torres Strait Islander patients, their carers' and families.
	Support the development of culturally appropriate palliative care services for Aborignai 8. Torres Strait listander people within the MSUBO. Promote awareness of Aborignai 8. Torres Strait listander cultural beliefs and needs by participating in debetring, information sharing and community feedback sessions with other members of the palliative care team including specialist doctors, unurse and allied health professionals. Provide cultural software straining and the development of local cultural protocols, haldings and missinairies cralibactories.

#### POSITION DESCRIPTION TEMPLATE



	GOVERNMENT I EOCCIT I CCICII DIS				
POSITION TITLE	Aboriginal and Torres Strait Islander Health Worker – Palliative Care				
STAFFLINK POSITION NO.	TBC				
COST CENTRE	259998				
CLASSIFICATION	Registered Nurse OR Clinical Nurse Specialist Grade 2				
AWARD	Public Health System Nurses & Midwives (State) Award				
REGISTRATION/LICENCE REQUIREMENTS	Current Authority to Practice as a Registered Nurse with the Australian Health Practitioner Regulation Agency (AHPRA) OR				
	Current Authority to Practice as a Registered Nurse with the Australian Health Practitioner Regulation Agency (AHPRA) and at least three years' experience working in the relevant specialty.				
VACCINATION CATEGORY	Category A				
PRE-EMPLOYMENT SCREENING CHECKS	National Criminal Record Check				
RESPONSIBLE TO	TBC				
RESPONSIBLE FOR	N/A				
PRIMARY PURPOSE OF	Clinical Nurse Specialist Grade 2 (CNS2) provides a conduit to facilitate information than Aprilland and Torres Strait Islander Health Worker Clinical Nurse Specialist Grade 2 (CNS2) provides a conduit to facilitate information straining, planned case and care coordination for Aborigania and Torres straining, planned case and care coordination for Aborigania and Torres management through liabiling and networking with key stakeholders both internal and external. The CNS2 is an expert in their area of specialty with provides leadership, advice and recommendations on all aspects of relatate. The CNS2 from their point point of the special provides and recommendations on all spectice, and engages in education and external exter				
KEY ACCOUNTABILITIES (Maximum of 8)	Cinical - Registered Nurse  The Registered Nurse (RN) will demonstrate an ability to provide safe and quality nursing care to Aboriginal and Torres Strait Islander patients requiring pallatives care or chronic dissease management, utilising the primary nursing model of care and nursing competency standards. The R will undertake competensive seasements of each Aboriginal and Torre Strait Islander patients requiring pallative care or chronic disease management to accept along the nurse of the competency standards. The R will undertake conscript pallative care or chronic disease management or acceptance are needed. The incumbent will expend the constraint of the constraint				

### Proposed organisational chart - Networks





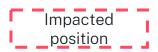
Legend

No change

New position

Change in reporting line

Change in PD



#### Clinical Network Administration Officer



Discipline	Current FTE/Grade	Current Reporting Line	Proposed FTE/Grade	Change	Comment
Admin Office Level 6	1 FTE	Clinical Network Director, Supportive & Palliative Care, NSLHD	No change	Realign reporting to Director Operation, NSLHD. External recruitment. Currently filled with temporary contract of permanent employee on internal secondment	To provide admin support to all clinical networks. Will prioritise work for Supportive & Palliative Care Network



### Current and proposed position descriptions



Bereavement Coordinator Level 4 Social Worker 0.63 FTE to Bereavement Coordinator & Counsellor Level 4 Social Worker 0.63 FTE

POSITION DESCRIPTION



#### **NSLHD Bereavement Coordinator Position Description**

POSITION TITLE	NSLHD Bereavement Coordinator
STAFFLINK POSITION NO.	
COST CENTRE	277196
CLASSIFICATION	Social worker Level 4 or Grade 2 Clinical Nurse Consultant
AWARD	NSW Health Service Health Professionals or Nurses and Midwives (State) Award
REGISTRATION/LICENCE REQUIREMENTS	
VACCINATION CATEGORY	Category A
PRE-EMPLOYMENT SCREENING CHECKS	Working With Children and National Criminal Record Check
RESPONSIBLE TO	Direct Line Manager Position Title
RESPONSIBLE FOR	List the direct reports of this position
PRIMARY PURPOSE OF THE ROLE	The NSLHD Bereavement Coordinator position is responsible for driving the operationalization of a public health model of care for bereavement services in the NSLHD. The primary purpose of the position is to coordinate a comprehensive bereavement service for all residents in NSLHD. The bereavement coordinator will provide direct support to existing bereavement health care workers (social workers, councillors, nurses) in the district and coordinate consultation and education to multi-disciplinary staff within the ILD and wider community. The role will also provide high level strategic direction to bereavement services in the NSLHD, embedding a public health model of care ensuring consistent approaches across the LID as well as engaging/partnering with community and establishing a bereavement community of practice. This role will implement a range of initiatives focusing on service development, community engagement, referral pathways, capacity building and coordination of services within the LID both internal and external to health.
KEY ACCOUNTABILITIES (Maximum of 8)	1. Drive the implementation of a public health model of care for bereavement care across the NSLHD. 2. Provide high level strategic direction to bereavement services in the NSLHD and work collaboratively with HammondCare and other external agencies to active a comprehensive bereavement service which is available to all (not only to those known to paliative care) residents in the NSLHD. 3. Support and cultivate capacity of staff through education and other activities to identify bereavement needs and facilitate referral pathways which promote self-referral, as well as referral from other health professionals and others where an individual has provided consent.

#### Northern Sydne Local Health Dis POSITION TITLE Bereavement Coordinator & Counsellor - Social Work Senio Clinician (Level 4) -STAFFLINK POSITION COST CENTRE CLASSIFICATION Social Work Senior Clinician Level 4 AWARD NSW Health Professionals (state) Award REGISTRATION/LICENC VACCINATION PRE-EMPLOYMENT Working With Children and National Criminal Record Check SCREENING CHECKS RESPONSIBLE TO Social Work Head of Department RNSH through nominated Team RESPONSIBLE FOR PRIMARY PURPOSE OF The NSLHD Bereavement Coordinator / Counsellor will be esponsible to deliver specialist bereavement counselling. coordinate the NSLHD Bereavement Service and oversee the consistent delivery and embedding of a public health model of care across NSLHD. The bereavement Coordinator will work with NSLHD services (including HammondCare) to enhance bereavement support across NSLHD. The Bereavement Coordinator / Counsellor is esponsible for the delivery of specialist bereavement counselling, support to family members and carers of deceased patients within the NSLHD. The position will offer consultation and education to multidisciplinary staff within the NSLHD, as well as to the wider community. Service planning, participation in policy and service development, and liaison with internal and external stakeholders a key components of this role. The NSLHD Bereavement Coordinator and Counsellor (Social Work KEY ACCOUNTABILITIES Senior Clinician) sits within RNSH Social Work Department.

The Senior Clinician provides direct clinical service to patien families and carers requiring bereavement support and interventi across NSLHD as well as provide strategic planning and guidan elating to bereavement care service provision across NSLHD.

Apply social work interventions in accordance with the AASW Practice Standards 2013 and AASW Code of Ethics 2010. Provide

# Proposed method of filling positions in the new structure



- New positions (Vacant) will go out to external recruitment (note: some of these have commenced prior to restructure)
- No recruitment required for those with reporting or cost centre realignments.
- Temporarily funded positions that are now permanently funded or positions regraded will go out for advertising. Note: where there are incumbents, they are on temporary contracts for these roles and have a substantive role within NSLHD.

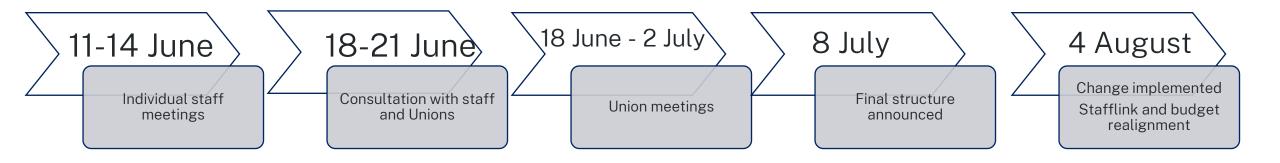
## Consultation and communication strategy



Staff Group	Action
All consult palliative care staff	To determine suitable line reporting
Local executive teams	To confirm suitable line reporting
Finance teams	To support realignment of funding from RNSH to local facilities
People and Culture	To support stafflink realignment

### Timetable for implementation





# Review and evaluation methodology and timeframes including success indicators



#### Success indicators

- Greater accountability at a facility level for activity and performance
- Improved budget reporting
- Improved people and culture KPIs as staff in manager's stafflink
- Palliative care is integrated within the acute services at each facility
- Agreed model of care for consulting services
- Leave relief maintained via a shared agreement across sites

#### **POSITION DESCRIPTION**



POSITION TITLE	Bereavement Coordinator & Counsellor - Social Work Senior Clinician (Level 4) –
STAFFLINK POSITION NO.	
COST CENTRE	
CLASSIFICATION	Social Work Senior Clinician Level 4
AWARD	NSW Health Professionals (state) Award
REGISTRATION/LICENCE REQUIREMENTS	
VACCINATION CATEGORY	Category A
PRE-EMPLOYMENT SCREENING CHECKS	Working With Children and National Criminal Record Check
RESPONSIBLE TO	Social Work Head of Department RNSH through nominated Team Leader
RESPONSIBLE FOR	Nil
PRIMARY PURPOSE OF THE ROLE	The NSLHD Bereavement Coordinator / Counsellor will be responsible to deliver specialist bereavement counselling, coordinate the NSLHD Bereavement Service and oversee the consistent delivery and embedding of a public health model of care across NSLHD. The bereavement Coordinator will work with NSLHD services (including HammondCare) to enhance bereavement support across NSLHD. The Bereavement Coordinator / Counsellor is responsible for the delivery of specialist bereavement counselling, support to family members and carers of deceased patients within the NSLHD. The position will offer consultation and education to multidisciplinary staff within the NSLHD, as well as to the wider community. Service planning, participation in policy and service development, and liaison with internal and external stakeholders are key components of this role.
(Maximum of 8)	The NSLHD Bereavement Coordinator and Counsellor (Social Work Senior Clinician) sits within RNSH Social Work Department.  The Senior Clinician provides direct clinical service to patients, families and carers requiring bereavement support and intervention across NSLHD as well as provide strategic planning and guidance relating to bereavement care service provision across NSLHD.  Clinical  Apply social work interventions in accordance with the AASW Practice Standards 2013 and AASW Code of Ethics 2010. Provide

high level clinical expertise and knowledge in patient/client, carer and family psychosocial needs in palliative care, grief and bereavement. Maintain knowledge of contemporary theories and research on grief, loss and bereavement, therapeutic approaches to working with individuals, families and groups and translate these into evidence-based practice. Provide consultation and interprofessional supervision for the NSLHD staff and volunteers involved in the provision of palliative and end of life care, grief and bereavement support. Develop and participate in consumer consultation, provide community education on the nature of grief and bereavement and build capacity within a Compassionate Communities framework. Participate in the Social Work on-call service and perform other duties as requested by the line manager.

#### Teamwork

The Social Work Senior Clinician will liaise with other care and service providers to ensure seamless continuum of care that meets the needs of consumers, carers and families. Working in partnership with other health professionals, daily the Social Work Senior Clinician will utilise high level interpersonal skills to make shared decision about consumer focused care.

#### Practice and Performance

Ensure patient care is delivered within professional, organisational, legal and ethical boundaries. Care will reflect evidence based and best practice knowledge. Work will be conducted in a manner that demonstrates NSLHD's CORE Values, the AASW Code of Ethics and EEO principles. The Social Work Senior Clinician will actively participate in annual performance reviews, departmental meetings and clinical supervision.

#### **Education Training and Research**

The Social Work Senior Clinician will maintain responsibility for personal and professional development by participating in training and education activities in order to continuously improve the level of service provided to the consumers. The Social Work Senior Clinician will be required to identify opportunities for improvement in clinical practice, support and cultivate capacity of staff through education, quality improvement activities and the development of policies, procedures, standards and practices to continuously improve the level of bereavement care provided to clients, patients and consumers. The Social Work Senior Clinician will participate in the training of Social Work students on clinical placements at NSLHD facilities and provide supervision to Level 1 / 2 / 3 Social Workers as required.

The position will participate in research, service evaluation, staff development and other professional activities.

#### Information Management

The position will maintain adequate client records, including databases and statistics relevant to the service. The position will document all aspects of patient care, including education, progress notes and referrals in compliance with NSW Health and NSLHD documentation standards and procedures. Work (including reports) will be completed in a timely manner; meeting all prescribed Key Performance Indicators.

#### Workforce Health and Safety (WH&S)

The position must take all reasonable care for the self and others; complying with any reasonable instruction, applicable NSLHD policies and procedures relating to wellbeing and WH&S. WH&S policies and procedures and mandatory training are inclusive of but not limited to manual handling, infection control, waste management, hand hygiene and violence prevention. The position will be familiar with safety and emergency procedures including fire, bomb threat, internal and external disasters, personal threat and medical emergency. The position will report unsafe working conditions or potential workplace hazards to the WH&S representative for correction. The position will contribute to processes for accreditation, including National Standards and WH&S reviews.

#### Coordination

Oversee the implementation of a bereavement model within a seamless continuum of care framework to improve the provision of palliative care and bereavement support across NSLHD. Support and cultivate capacity of staff through education and other activities to identify bereavement needs and facilitate appropriate referrals to bereavement support programs. Coordinate person-centred, evidence-based bereavement care with families across the NSLHD including the facilitation of bereavement support activities, coordination of follow up contact, dissemination of information, psycho-education and connecting care across community resources. In consultation with NSLHD services, develop appropriate patient information, education programs, quality and research activities and other initiatives. Participate in the NSLHD Palliative Care and bereavement support activities including service planning, implementation and evaluation, data collection and management and aligning these activities with national, state and jurisdictional Standards, accreditation requirements, policy and legislative frameworks relevant to palliative care.

KEY CHALLENGES	To maintain a timely and high standard of clinical practice and efficient Bereavement and counselling service.		
(Maximum of 3)	Balancing limited resources and high volume workloads to meet competing patient/client needs to achieve positive outcomes.  Working within the clinical space strongly characterised by themes related to death, dying, grief and loss, which involves working with clients who may be experiencing high levels of grief, distress, anger or anxiety, navigation of complex family issues or conflict, and prioritising competing demands in situations of professional and emotional intensity.		
KEY INTERNAL RELATIONSHIPS	WHO	WHY	
(Maximum of 3)	RNSH SW Head of Department via Team Leader	To report on day to day tasks and issues.	
	Supportive and Palliative Care Services	Development and implementation of model of care; referral of families to bereavement services, counselling provision.	
	Staff who currently provide planned and adhoc bereavement support	Network with existing services within the LHD in implementing a new model of care.	

KEY EXTERNAL RELATIONSHIPS	WHO	WHY	
(Maximum of 3)	HammondCare bereavement services	Network with HammondCare in implementing new model of care	
	Other government and non-government agencies providing bereavement services	Advocacy and support of clients, provision of education and training to promote capacity to provide grief and bereavement support within LHD	
SELECTION CRITERIA (Minimum of 3 maximum of 8)	Consistently demonstrates behaviours that reinforce the CORE Values of our organisation; Collaboration, Openness, Respect and Empowerment. Demonstrates these behaviours with all stakeholders; colleagues, direct reports, as well as our patients and consumers, and those that care for them.		
	Social Work degree and eligibility for the Australian Association Social Workers (AASW), including the ability to demonstrate a practical application of the AASW Code of Ethics.		
	Extensive demonstrated clinical experience as a social worker within a health care setting and a specialist knowledge of bereavement, grief and loss processes with a demonstrated ability to work independently, manage service coordination and complex cases effectively.		
	Demonstrated experience in the provision of education and training to health professionals in the areas of grief, loss and bereavement.  Demonstrated ability to initiate, lead, complete and share quality improvement activities and service evaluation processes with other		
	staff and demonstrated capacity to provide clinical supervision.  Demonstrated ability and experience in service planning and development and implementation of new models of care.		
	Demonstrated high level ability to communicate clearly and succinctly both verbally and in writing, and proven ability to work effectively and collaboratively within a multi-disciplinary team.		
	Excellent communication, negotiation, liaison, advocacy and conflict resolution skills, and ability to work collaboratively in a multidisciplinary team.		

#### JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a preemployment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) OHS responsibilities specific to the position. This form is to be completed in consultation with the manager/supervisor of the position being recruited for.

Infrequent: intermittent activity exists for a short time on a very infrequent basis

Occasional: activity exists up to 1/3 of the time when performing the job

Frequent: activity exists between 1/3 and 2/3 of the time when performing the job activity exists for more than 2/3 or the time when performing the job

Repetitive: activity involved repetitive movements

Not Applicable: activity is not required to perform the job

Physical Demands	Frequency
Sitting - remaining in a seated position to perform tasks	Frequent
Standing - remaining standing without moving about to perform tasks	Frequent
Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes	Frequent
Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes	Frequent
Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks	Occasional
Trunk Twisting - Turning from the waist while sitting or standing to perform tasks	Occasional
Kneeling - remaining in a kneeling posture to perform tasks	Occasional
Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks	Occasional
Leg / Foot Movement - Use of leg and / or foot to operate machinery	Infrequent
Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps	Occasional
Lifting / Carrying - Light lifting & carrying: 0 - 9 kg	Frequent
Lifting / Carrying - Moderate lifting & carrying: 10 - 15 kg	Infrequent
Lifting / Carrying - Heavy lifting & carrying: 16kg & above	Infrequent
Reaching - Arms fully extended forward or raised above shoulder	Infrequent
<b>Pushing / Pulling / Restraining</b> - Using force to hold / restrain or move objects toward or away from the body	Infrequent
Head / Neck Postures - Holding head in a position other than neutral (facing forward)	Occasional
Hand & Arm Movements - Repetitive movements of hands and arms	Frequent
Grasping / Fine Manipulation - Gripping, holding, clasping with fingers or hands	Frequent
Work At Heights - Using ladders, footstools, scaffolding, or other objects to perform work	Not applicable
Driving - Operating any motor powered vehicle	Occasional
	•

Sensory Demands	Frequency
<b>Sight</b> - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens	Frequent
<b>Hearing</b> - Use of hearing is an integral part of work performance e.g. Telephone enquiries	Frequent
Smell - Use of smell is an integral part of work performance e.g. Working with chemicals	Infrequent
Taste - Use of taste is an integral part of work performance e.g. Food preparation	Infrequent
Touch - Use of touch is an integral part of work performance	Occasional
Psychosocial Demands	Frequency
Distressed People - e.g. Emergency or grief situations	Frequent
Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness	Frequent
Unpredictable People – eg dementia, mental illness, head injuries	Frequent
Restraining - involvement in physical containment of patients / clients	Infrequent
Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies	Frequent
Environmental Demands	Frequency
Dust - Exposure to atmospheric dust	Infrequent
Gases - Working with explosive or flammable gases requiring precautionary measures	Infrequent
Fumes - Exposure to noxious or toxic fumes	Infrequent
<b>Liquids</b> - Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	Infrequent
Hazardous substances - e.g. Dry chemicals, glues	Infrequent
<b>Noise</b> - Environmental / background noise necessitates people raise their voice to be heard	Infrequent
Inadequate Lighting - Risk of trips, falls or eyestrain	Infrequent
Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight	Infrequent
<b>Extreme Temperatures -</b> Environmental temperatures are less than 15C or more than 35C	Infrequent
Confined Spaces - areas where only one egress (escape route) exists	Occasional
Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground	Occasional
Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls	Infrequent
Working At Heights - Ladders / stepladders / scaffolding are required to perform tasks	Infrequent
Biological Hazards - e.g. exposure to body fluids, bacteria, infectious diseases	Infrequent



#### **NSLHD Bereavement Coordinator Position Description**

POSITION TITLE	NSLHD Bereavement Coordinator	
STAFFLINK POSITION NO.		
COST CENTRE	277196	
CLASSIFICATION	Social worker Level 4 or Grade 2 Clinical Nurse Consultant	
AWARD	NSW Health Service Health Professionals or Nurses and Midwives (State) Award	
REGISTRATION/LICENCE REQUIREMENTS		
VACCINATION CATEGORY	Category A	
PRE-EMPLOYMENT SCREENING CHECKS	Working With Children and National Criminal Record Check	
RESPONSIBLE TO	Direct Line Manager Position Title	
RESPONSIBLE FOR	List the direct reports of this position	
PRIMARY PURPOSE OF THE ROLE	The NSLHD Bereavement Coordinator position is responsible for driving the operationalisation of a public health model of care for bereavement services in the NSLHD. The primary purpose of the position is to coordinate a comprehensive bereavement service for all residents in NSLHD. The bereavement coordinator will provide direct support to existing bereavement health care workers (social workers, councillors, nurses) in the district and coordinate consultation and education to multi-disciplinary staff within the LHD and wider community. The role will also provide high level strategic direction to bereavement services in the NSLHD, embedding a public health model of care ensuring consistent approaches across the LHD as well as engaging/partnering with community and establishing a bereavement community of practice. This role will implement a range of initiatives focusing on service development, community engagement, referral pathways, capacity building and coordination of services within the LHD both internal and external to health.	
KEY ACCOUNTABILITIES (Maximum of 8)	<ol> <li>Drive the implementation of a public health model of care for bereavement care across the NSLHD.</li> <li>Provide high level strategic direction to bereavement services in the NSLHD and work collaboratively with HammondCare and other external agencies to achieve a comprehensive bereavement service which is available to all (not only to those known to palliative care) residents in the NSLHD.</li> <li>Support and cultivate capacity of staff through education and other activities to identify bereavement needs and facilitate referral pathways which promote self-referral, as well as referral from other health professionals and others where an individual has provided consent.</li> </ol>	

KEY EXTERNAL RELATIONSHIPS (Maximum of 2)	WHO	WHY
	HammondCare bereavement services	Coordinate with HammondCare in implementing new model of care
	Other government and non-government agencies providing bereavement services	Advocacy and support of clients, provision of education and training to promote capacity to provide grief and bereavement support within the NSLHD.

#### **SELECTION CRITERIA**

Consistently demonstrates behaviours that reinforce the CORE Values of our organisation; Collaboration, Openness, Respect and Empowerment. Demonstrates these behaviours with all stakeholders; colleagues, direct reports, as well as our patients and consumers, and those that care for them.

- 2. Social Worker eligible for membership of the Australian Association of Social Workers OR current nursing registration with AHPRA with approved postgraduate nursing/midwifery qualifications relevant to the field of practice. Minimum of five years post qualification experience. Post-graduate tertiary qualifications related to grief and bereavement desirable.
- 3. Experience as a counselling clinician in bereavement, palliative care or end of life contexts and specialist knowledge of bereavement, loss and grief processes.
- 4. Proven ability to work independently, manage service coordination and complex cases effectively.
- 5. Capacity to provide education and training to health professionals in the areas of grief, loss and bereavement and capacity to provide clinical supervision.
- 6. Excellent communication, negotiation, liaison, advocacy and conflict resolution skills, and ability to work collaboratively in a multidisciplinary team.
- 7. Demonstrated ability and experience in service planning and development and implementation of new models of care.
- 8. Current NSW driver's licence and ability to travel.

# NSLHD - Northern Sydney Bereavement Coordinator





#### PRIMARY PURPOSE

The Bereavement Coordinator position is responsible for driving the operationalisation and implementation of a public health model of care for bereavement services in the Northern Sydney area. The primary purpose of the position is to coordinate a comprehensive bereavement service for all residents in this area.

The bereavement coordinator will provide direct support to existing bereavement health care workers (social workers, councillors, nurses) in the district and coordinate consultation and education to multi-disciplinary staff within the Northern Sydney area. The role will also provide high level strategic direction to bereavement services, embedding a public health model of care ensuring consistent approaches across the Northern Sydney area as well as engaging/partnering with community and establishing a bereavement community of practice. This role will implement a range of initiatives focusing on service development, community engagement, referral pathways, capacity building and coordination of services both internal and external to health.

#### RESPIRATOR USE

NSW Health workers may be required to use a respirator, as part of their appointment with NSW Health. Where a respirator is required for use, workers will be instructed in their safe use; including donning, doffing and fit checking. Staff may be required to complete fit testing to selected respirator/s to assess their facial fit/seal.

At all times when a health worker is required to use a respirator, the health worker must not have any facial hair present. Processes are in place to support workers that need to keep facial hair due to religious observance requirements and/ or health conditions.

#### **ESSENTIAL CRITERIA**

As a leader you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others



# NSLHD - Northern Sydney Bereavement Coordinator



when making decisions that may impact upon the health, safety and welfare of those in the workplace.

NSLHD supports <u>diversity and inclusion</u> and these principles should be applied when interacting with our patients and work colleagues.

#### **KEY ACCOUNTABILITIES**

- Provide clinical service planning/management and high level strategic direction to bereavement services
  in the Northern Sydney Local Health District and HammondCare whilst working collaboratively with other
  external agencies to achieve a comprehensive bereavement service which is available to all (not only to
  those known to palliative care) residents in the Northern Sydney area.
- Support and cultivate capacity of staff through education and other activities to identify bereavement needs and facilitate referral pathways which promote self-referral, as well as referral from other health professionals and others where an individual has provided consent.
- Work collaboratively with interdisciplinary team members through active and constructive participation in consultation, liaison, communication and care and support planning.
- Provide clinical consultation, leadership and supervision (as per professional background) for health professionals involved in the provision of bereavement counselling and support.
- Participate in regular supervision and other professional activities (e.g. NSW Bereavement Counsellors network) and peak bodies (e.g. Palliative Care Australia, Australian Centre for Grief & Bereavement), and participate in the development of policy and resources at a state and national level regarding bereavement service provision.
- Engage in ongoing professional development to maintain up to date knowledge relevant to grief and bereavement counselling and therapy.
- Participate in research, service evaluation, staff development and other professional activities related to planning, development and evaluation of service provision.
- Participate in the development of resources and information for patients, their families and carers, health professionals, external organisations and the community as appropriate.

#### **KEY CHALLENGES**

- Working across multiple teams, services and organisations to implement a new model of care for bereavement services in Northern Sydney and change management.
- Maintaining respectful, professional relationships in an area where a divergence of professional opinion is to be expected.
- Working within a clinical specialty strongly characterised by themes related to death, dying, grief and loss, which involves working with clients who may be experiencing high levels of grief, distress, anger or anxiety, navigation of complex family issues or conflict, and prioritising competing demands in situations of professional and emotional intensity.



# NSLHD - Northern Sydney Bereavement Coordinator



#### **KEY RELATIONSHIPS**

Who	Why
Supportive and Palliative Care Services	Development and implementation of model of care; referral of families to bereavement services.
Staff in the Northern Sydney Local Health District who currently provide planned and ad-hoc bereavement support	Coordinate with existing bereavement services within the LHD in implementing a new model of care.
Other clinicians	Bereavement education and support.
HammondCare bereavement services	Coordinate with HammondCare in implementing new model of care
Other government and non-government agencies providing bereavement services	Advocacy and support of clients, provision of education and training to promote capacity to provide grief and bereavement support within Northern Sydney.

#### **SELECTION CRITERIA**

- Consistently demonstrates behaviours that reinforce the CORE Values of our organisation; Collaboration,
  Openness, Respect and Empowerment. Demonstrates these behaviours with all stakeholders;
  colleagues, direct reports, as well as our patients and consumers, and those that care for them.
- 2. Social Worker eligible for membership of the Australian Association of Social Workers OR current nursing registration with AHPRA with approved postgraduate nursing/midwifery qualifications relevant to the field of practice. Minimum of five years post qualification experience with at least 3 years full time experience in grief and bereavement specialty field. In addition the employee must have approved postgraduate qualifications relevant to grief and bereavement specialty or such other qualifications or experience deemed appropriate.
- 3. Experience as a counselling clinician in bereavement, palliative care or end of life contexts and specialist knowledge of bereavement, loss and grief processes.
- 4. Proven ability to work independently, manage service coordination and complex cases effectively.
- 5. Capacity to provide education and training to health professionals in the areas of grief, loss and bereavement and capacity to provide clinical supervision.
- 6. Excellent communication, negotiation, liaison, advocacy and conflict resolution skills, and ability to work collaboratively in a multidisciplinary team.
- 7. Demonstrated ability and experience in service planning and development and implementation of new models of care.
- 8. Current NSW driver's licence and ability to travel.



# NSLHD - Northern Sydney Bereavement Coordinator



Job Demands for: NSLHD - Northern Sydney Bereavement Coordinator

Physical Demands	
Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials	Sitting - remaining in a seated position to perform tasks
Occasional	Frequent
Standing - remaining standing without moving about to perform tasks	Walking - floor type: even/uneven/slippery, indoors/outdoors, slopes
Infrequent	Infrequent
Running - floor type: even/uneven/slippery, indoors/outdoors, slopes	Bend/Lean Forward from Waist - forward bending from the waist to perform tasks
Not Applicable	Not Applicable
Trunk Twisting - turning from the waist while sitting or standing to perform tasks	Kneeling - remaining in a kneeling posture to perform tasks
Not Applicable	Not Applicable
Squatting/Crouching - adopting a squatting or crouching posture to perform tasks	Leg/Foot Movement - use of leg and/or foot to operate machinery
Not Applicable	Not Applicable



# NSLHD - Northern Sydney Bereavement Coordinator



Climbing (stairs/ladders) - ascend/descend stairs, ladders, steps	<b>Lifting/Carrying</b> - light lifting and carrying (0 to 9 kg)
Not Applicable	Not Applicable
<b>Lifting/Carrying</b> - moderate lifting and carrying (10 to 15 kg)	Lifting/Carrying - heavy lifting and carrying (16kg and above)
Not Applicable	Not Applicable
Reaching - arms fully extended forward or raised above shoulder	Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body
Not Applicable	Not Applicable
Head/Neck Postures - holding head in a position other than neutral (facing forward)	Hand and Arm Movements - repetitive movements of hands and arms
Not Applicable	Not Applicable
Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands	Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work
Not Applicable	Not Applicable
Driving - Operating any motor powered vehicle	
Not Applicable	



# NSLHD - Northern Sydney Bereavement Coordinator



Sensory Demands	
Sight - use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Hearing - use of hearing is an integral part of work performance (e.g. Telephone enquiries)
Constant	Constant
Smell - use of smell is an integral part of work performance (e.g. working with chemicals)	Taste - use of taste is an integral part of work performance (e.g. food preparation)
Not Applicable	Not Applicable
<b>Touch</b> - use of touch is an integral part of work performance	
Not Applicable	

Psychosocial Demands	
<b>Distressed People</b> - e.g. emergency or grief situations	Aggressive and Uncooperative People - e.g. drug/alcohol, dementia, mental illness
Infrequent	Infrequent
<b>Unpredictable People</b> - e.g. dementia, mental illness, head injuries	Restraining - involvement in physical containment of patients/clients
Infrequent	Not Applicable



# NSLHD - Northern Sydney Bereavement Coordinator



Exposure to Distressing Situations - e.g. child abuse, viewing dead/mutilated bodies

Not Applicable

Environmental Demands	
Dust - exposure to atmospheric dust	Gases - working with explosive or flammable gases requiring precautionary measures
Not Applicable	Not Applicable
Fumes - exposure to noxious or toxic fumes	Liquids - working with corrosive, toxic or poisonous liquids or chemicals requiring PPE
Not Applicable	Not Applicable
Hazardous Substances - e.g. dry chemicals, glues	Noise - environmental/background noise necessitates people raise their voice to be heard
Not Applicable	Not Applicable
Inadequate Lighting - risk of trips, falls or eyestrain	Sunlight - risk of sunburn exists from spending more than 10 minutes per day in sunlight
Not Applicable	Not Applicable
Extreme Temperatures - environmental temperatures are less than 15°C or more than 35°C	Confined Spaces - areas where only one egress (escape route) exists
Not Applicable	Not Applicable



# NSLHD - Northern Sydney Bereavement Coordinator



Slippery or Uneven Surfaces - greasy or wet floor surfaces, ramps, uneven ground	Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls
Not Applicable	Not Applicable
Working At Hoighto	Pielegical Hererde avecoure to hady fluide
Working At Heights - ladders/stepladders/scaffolding are required to perform tasks	<b>Biological Hazards</b> - exposure to body fluids, bacteria, infectious diseases
Not Applicable	Not Applicable



### SCHN - Bereavement Co-ordinator



It starts with me		
Collaboration	Openness Respect Empowerment	
Organisation	NSW Health	
Local Health District / Agency	The Sydney Children's Hospitals Network	
Position Classification	Social Worker Lvl 4	
State Award	NSW Health Service Health Professionals (State) Award	
Category	Allied Health   Social Worker	
Website	www.schn.health.nsw.gov.au	

#### PRIMARY PURPOSE

This position will be involved in the planning, co-ordinating and delivery of bereavement services for families of The children's Hospital Westmead.

The role has a key responsibility in collaborating with relevant staff in the development of a service model, education of staff and setting key outcomes at a Hospital, Network, State and Federal level.

The position will also be responsible for standardising relevant data collection and the mapping of available resources.

#### **RESPIRATOR USE**

NSW Health workers may be required to use a respirator, as part of their appointment with NSW Health. Where a respirator is required for use, workers will be instructed in their safe use; including donning, doffing and fit checking. Staff may be required to complete fit testing to selected respirator/s to assess their facial fit/seal.

At all times when a health worker is required to use a respirator, the health worker must not have any facial hair present. Processes are in place to support workers that need to keep facial hair due to religious observance requirements and/ or health conditions.

#### **ESSENTIAL CRITERIA**

Vaccination Category:
Category
A - ⊠
B - □

Qualifications/ Licenses/ Registrations?

**WWCC** 

Work Health and Safety:

Non-Supervisor

You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing



### SCHN - Bereavement Co-ordinator



#### **KEY ACCOUNTABILITIES**

#### Clinical responsibilities:

To deliver high quality social work services to bereaved families of CHW in accordance with the ethics and standards of the Australian Association of Social Workers, the Ministry of Health, and other relevant bodies.

- 1. Undertake comprehensive assessments of individuals and families who are bereaved, to determine their ongoing need for support and bereavement services.
- 2. Work collaboratively together with others in the Social Work Department to assist in the development of competencies and standards around paediatric bereavement practices with ongoing review.
- 3. As appropriate to provide ongoing specialised bereavement counselling (including home visits) to this cohort of parents and siblings in relation the death of their child/sibling.
- 4. Consult with medical, nursing and allied health staff regarding the psychosocial, cultural and spiritual needs of families both at the Hospital, Network, LHDs and state wide services, to develop appropriate support care plans for patients and their families.
- 5. To ensure clinical services are culturally appropriate and meet the needs of CALD populations, individuals with disability and socially disadvantaged groups across the state.
- 6. Ensure that families are aware of other available resources within their community, and make these referrals as appropriate.
- 7. Provide psycho education to families in relation to bereavement including individual work, group sessions and education forums.
- 8. Develop and facilitate bereavement group work programs that best meets the needs of families including group work that engages families from rural and remote communities in consultation with relevant staff in the Network.
- 9. Provide consultation and education in relation to bereavement and bereavement follow-up within CHW, the Network and at a state and federal level.

#### Service Development Responsibilities:

- 1. Develop and initiate evidence based models of bereavement support and counselling including protocols for referral in consultation with relevant staff within the Hospital and Network.
- 2. Maintain a standardised database of bereaved families known to the service, including relevant information to ensure equity of service.
- 3. Maintain a state wide directory of other bereavement services and resources which can be utilised to work with bereaved families.
- 4. Provide ongoing education to the Palliative Care Team, Social Work and other key stakeholders in relation to be reavement care.
- 5. Undertake quality improvement activities in consultation with relevant staff within the Hospital and Network, to ensure best outcomes for families.
- 6. Engage with other state wide services to evaluate the effectiveness of bereavement follow-up and standards of practice.
- 7. Participate as a key social work representative in the development of items and indicators for the national paediatric data collection for Palliative Care Services.

#### **KEY CHALLENGES**

Problem Solving: Ability to provide advance clinical skills around problem solving for psych-social issues
facing families after the death of a child. Ability to work effectively in clinical work with vulnerable families
where mental health issues, substance use, family violence, child protection or other psychosocial risk
factors may be present.



### SCHN - Bereavement Co-ordinator



- Communication: This role involves working with families in acute emotional and psychological distress
  associated with the death of a child. It is also expected that the social worker will need communication
  skills that are culturally sensitive and respectful of Aboriginal and CALD families. Effective communication
  (including around consultation) with other health professionals and external agencies.
- Decision Making: Advanced clinical practices skills in psycho-social assessment of the families' needs
  and development of bereavement plans in consultation with other relevant staff. Must be able to
  autonomously manage workload with support and guidance by supervisor and management.

#### **KEY RELATIONSHIPS**

Who	Why
Head of Social Wor	Accountable to this role for social work services provided within the organisation
Head of Clinical Team	Responsible for social work services as part of the multi- disciplinary clinical team. Provision of expert advice regarding social work models of care and service delivery requirements. Liaison and review of social work services
Social Work Staff	Contributing to the management of social workers within the Department, including supervision and professional accountability.
Patients/Parents/Primary carers	Provision of clinical services in keeping with the ethics and standards established by the Australian Association of Social Workers, the Health Department, and other relevant bodies.
Government agencies, specialist bereavement and counselling services and relevant NGOs such as Benevolent Society, Variety.	Liaison with bereavement and community based services to meet needs of children and their families and ensuring integration of care from hospital to community. Educating families/primary carers of the available support services and facilitating referral and access to these services.

#### **SELECTION CRITERIA**

- 1. Eligibility for membership of the AASW.
- 2. Significant employment experience in social work practice with children and their families, preferably in a health setting.
- 3. Extensive specialist counselling and casework experience in working therapeutically with children and families who are bereaved both at the time of death and post bereavement.
- 4. Experience in developing and facilitating group work programs.
- 5. Excellent demonstrated verbal and written communication skills and ability to work collaboratively in a multidisciplinary team.
- 6. Demonstrated skills and experience in service planning, the development of new models of care and leading and evaluating quality improvement projects.
- 7. Ability to build partnerships with key stakeholders to optimise outcomes for children and their families.
- 8. Capacity to share after hours and weekend on calls duties and unrestricted Driver's licence.



## SCHN - Bereavement Co-ordinator



#### **OTHER REQUIREMENTS**

- Understand and practice person centred care.
- Work in partnership with consumers on improving and evaluating the delivery of services.
- · Actively participate in quality improvement activities.
- Ensure timely and accurate reporting of near or actual, incidents or patient safety concerns.
- Be familiar with SCHN Child Protection Policy and Procedures and notify any allegations of suspected child abuse and neglect in line with policies.
- Adhere to all current SCHN and NSW Health policies and procedures, including the NSW Health Code of Conduct.



# POSITION DESCRIPTION SCHN - Bereavement Co-ordinator



Job Demands for: SCHN - Bereavement Co-ordinator

Physical Demands	
Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials	Sitting - remaining in a seated position to perform tasks
Occasional	Frequent
Standing - remaining standing without moving about to perform tasks	Walking - floor type: even/uneven/slippery, indoors/outdoors, slopes
Frequent	Frequent
Running - floor type: even/uneven/slippery, indoors/outdoors, slopes	Bend/Lean Forward from Waist - forward bending from the waist to perform tasks
Infrequent	Infrequent
Trunk Twisting - turning from the waist while sitting or standing to perform tasks	<b>Kneeling</b> - remaining in a kneeling posture to perform tasks
Occasional	Infrequent
Squatting/Crouching - adopting a squatting or crouching posture to perform tasks	Leg/Foot Movement - use of leg and/or foot to operate machinery
Infrequent	Not Applicable



## SCHN - Bereavement Co-ordinator



Climbing (stairs/ladders) - ascend/descend stairs, ladders, steps	<b>Lifting/Carrying</b> - light lifting and carrying (0 to 9 kg)
Frequent	Frequent
<b>Lifting/Carrying</b> - moderate lifting and carrying (10 to 15 kg)	<b>Lifting/Carrying</b> - heavy lifting and carrying (16kg and above)
Not Applicable	Not Applicable
Reaching - arms fully extended forward or raised above shoulder	Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body
Not Applicable	Infrequent
Head/Neck Postures - holding head in a position other than neutral (facing forward)	Hand and Arm Movements - repetitive movements of hands and arms
Not Applicable	Not Applicable
Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands	Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work
Not Applicable	Not Applicable
Driving - Operating any motor powered vehicle	
Occasional	



## SCHN - Bereavement Co-ordinator



Sensory Demands	
Sight - use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Hearing - use of hearing is an integral part of work performance (e.g. Telephone enquiries)
Constant	Constant
Smell - use of smell is an integral part of work performance (e.g. working with chemicals)	Taste - use of taste is an integral part of work performance (e.g. food preparation)
Infrequent	Not Applicable
<b>Touch</b> - use of touch is an integral part of work performance	
Not Applicable	

Psychosocial Demands	
<b>Distressed People</b> - e.g. emergency or grief situations	Aggressive and Uncooperative People - e.g. drug/alcohol, dementia, mental illness
Constant	Constant
Unpredictable People - e.g. dementia, mental illness, head injuries	Restraining - involvement in physical containment of patients/clients
Infrequent	Not Applicable
Exposure to Distressing Situations - e.g.	



# POSITION DESCRIPTION SCHN - Bereavement Co-ordinator



child abuse, viewing dead/mutilated bodies	
Constant	

Environmental Demands	
<b>Dust</b> - exposure to atmospheric dust  Not Applicable	Gases - working with explosive or flammable gases requiring precautionary measures  Not Applicable
Fumes - exposure to noxious or toxic fumes  Not Applicable	Liquids - working with corrosive, toxic or poisonous liquids or chemicals requiring PPE  Not Applicable
Hazardous Substances - e.g. dry chemicals, glues	Noise - environmental/background noise necessitates people raise their voice to be heard
Infrequent	Infrequent
Inadequate Lighting - risk of trips, falls or eyestrain	Sunlight - risk of sunburn exists from spending more than 10 minutes per day in sunlight
Infrequent	Infrequent
Extreme Temperatures - environmental temperatures are less than 15°C or more than 35°C	Confined Spaces - areas where only one egress (escape route) exists
Infrequent	Occasional



## SCHN - Bereavement Co-ordinator



Slippery or Uneven Surfaces - greasy or wet floor surfaces, ramps, uneven ground	Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls	
Infrequent	Infrequent	
Working At Heights - ladders/stepladders/scaffolding are required to perform tasks	<b>Biological Hazards</b> - exposure to body fluids, bacteria, infectious diseases	
Infrequent	Infrequent	



## WSLHD - Bereavement Counsellor/Coordinator - Supportive and Palliative Care, WSLHD





# Our CORE values Collaboration Openness Respect Empowerment

Organisation	NSW Health
Local Health District / Agency	Western Sydney Local Health District
Position Classification	Clinical Psychologist, Social Worker Lvl 4
State Award	Health and Community Employees Psychologists (State) Award
	NSW Health Service Health Professionals (State) Award
Category	Allied Health   Social Worker
Website	www.wslhd.health.nsw.gov.au/

#### PRIMARY PURPOSE

The Bereavement Counsellor/Coordinator is responsible for coordination of the Bereavement Service within Supportive and Palliative Care (WSLHD) which includes the delivery of specialist bereavement counselling, support and follow up to family members and carers of deceased patients known to Supportive & Palliative Care within WSLHD. As a senior clinician the position will offer consultation and education to multidisciplinary staff within the LHD as well as to the wider community. Service planning, participation in policy and service development, and liaison with internal and external stakeholders is an integral feature of this role. The primary purpose of the position is to coordinate a comprehensive bereavement service for Supportive & Palliative Care (WSLHD).

#### **RESPIRATOR USE**

NSW Health workers may be required to use a respirator, as part of their appointment with NSW Health. Where a respirator is required for use, workers will be instructed in their safe use; including donning, doffing and fit checking. Staff may be required to complete fit testing to selected respirator/s to assess their facial fit/seal.

At all times when a health worker is required to use a respirator, the health worker must not have any facial hair present. Processes are in place to support workers that need to keep facial hair due to religious observance requirements and/ or health conditions.

#### **ESSENTIAL CRITERIA**

Checks: National Police Check, Working with Children Registration: Eligibility for membership of the Australian Association of Social Workers (AASW) or Full registration with the Psychologists Registration Board of NSW

#### KEY ACCOUNTABILITIES

1. Coordinate the bereavement service including the provision of bereavement assessment, counselling, support (including group work where appropriate) and consistent follow up (including bereavement support visits by



## WSLHD - Bereavement Counsellor/Coordinator - Supportive and Palliative Care, WSLHD



community nurses, follow up letters, coordination of WSLHD Bereavement Database, Coordination of Memorial Services across WSLHD, and dissemination of psychoeducation and resources) for family members and carers known to Supportive and Palliative Care (WSLHD), or living within WSLHD and known to another palliative care service.

- 2. Support and cultivate capacity of staff to identify family members and carers at risk of complex grief who may benefit from bereavement counselling, and facilitate referral pathways which promote self-referral, as well as referral from other health professionals and others where an individual has provided consent.
- 3. Provide counselling clients with a high standard of professional counselling practice, maintaining the ethics and standards of the relevant professional body (according to qualifications); documenting client contact in the designated medical records as per NSW Health and WSLHD Standards, and recording statistical data as required.
- 4. Work collaboratively with interdisciplinary team members within the Supportive & Palliative Care Service through active and constructive participation in consultation, liaison, communication and care and support planning.
- 5. Provide ongoing education and consultancy for staff within Supportive & Palliative Care and across WSLHD (as needed) related to the provision of grief and bereavement support.
- 6. Provide consultation and clinical supervision (as per professional background) for health professionals across WSLHD involved in the provision of grief or bereavement counselling and support.
- 7. Maintain full registration as a Psychologist within New South Wales and annually produce evidence of this OR maintain eligibility for membership of the Australian Association of Social Workers (AASW).
- 8. Participate in regular supervision and other professional activities (e.g. NSW Bereavement Counsellors network) and peak bodies (e.g. Palliative Care Australia, Australian Centre for Grief & Bereavement), and participate in the development of policy and resources at a state and national level regarding bereavement service provision.
- 9. Engage in ongoing professional development to maintain up to date knowledge relevant to grief and bereavement counselling and therapy.
- 10. Participate in service evaluation (e.g. National Standards Accreditation Program), staff development and other professional activities related to planning, development and evaluation of service provision
- 11. Participate in the development of resources and information for patients, their families and carers, health professionals, external organisations and the community as appropriate.
- 12. Participate in research and quality improvement within Supportive & Palliative Care as appropriate and in the monitoring and evaluation of service requirements and outcomes.

#### **KEY CHALLENGES**

- Maintaining current knowledge of theories of grief and bereavement, therapeutic approaches to working
  with individuals, groups and families, and family systems, alongside providing a timely, person-centered
  service that requires high level therapeutic skills in working with bereaved people in the context of current
  models of palliative care service provision
- Working within a clinical specialty strongly characterised by themes related to death, dying, grief and
  loss, which involves working with clients who may be experiencing high levels of grief, distress, anger or
  anxiety, navigation of complex family issues or conflict, and prioritising competing demands in situations
  of professional and emotional intensity.
- Working within a best practice framework and maintaining respectful, professional relationships in an
  area where a divergence of professional opinion is to be expected; and resource constraints are
  acknowledged.



## WSLHD - Bereavement Counsellor/Coordinator - Supportive and Palliative Care, WSLHD



KEY RELATIONSHIPS	•
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Who	Why
Bereaved family members of deceased patients known to the Supportive & Palliative Care Service in WSLHD (Including those known to community health and Silver Chain)	To provide effective bereavement follow up, counselling and support
Supportive & Palliative Care Service, WSLHD (including Clinical Director, NUM of Mount Druitt SPCU and MDT)	Coordination, education and liaison to ensure effective support and follow up of bereaved family members
Silver Chain Community Based Palliative Care	Coordination, education and liaison to ensure effective support and follow up of bereaved family members
GPs, psychiatrists, other mental health services and clinicians.	Advocacy and support of clients, liaison regarding care planning.
Other government and non-government agencies (e.g. DHS and other support programs/groups etc)	Advocacy and support of clients, provision of education and training etc to promote capacity to provide grief and bereavement support within the region.

#### **SELECTION CRITERIA**

- Social Worker eligible for membership of the Australian Association of Social Workers or Clinical Psychologist with full registration with the Psychologists Registration Board of NSW. Post-graduate tertiary qualifications related to counselling desirable.
- Experience as a counselling clinician in bereavement, palliative care or end of life contexts and specialist knowledge of bereavement, loss and grief processes.
- 3. Proven ability to work independently, manage service coordination and complex cases effectively.
- 4. Capacity to provide education and training to health professionals in the areas of grief, loss and bereavement and capacity to provide clinical supervision.
- 5. Demonstrated ability to work constructively as a member of an interdisciplinary team, which may include participation in quality improvement, evaluation or research.
- 6. High level of communication, negotiation, liaison, advocacy and conflict resolution skills.
- 7. Demonstrated ability to participate in organisational and service planning and development.
- 8. A working knowledge of word processing and email and data management skills and current driver licence (NSW eligibility).

#### OTHER REQUIREMENTS

- · Understand and practice person centered care. Participate in quality improvement activities. Work in partnership with consumers on improving and evaluating the delivery of services. Ensure timely and accurate reporting of near or actual incidents or patient safety concerns.
- · You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing
- · Risk Management Staff should actively identify, communicate and escalate risks and understand their responsibility to manage risk in their day-to-day roles.







## WSLHD - Bereavement Counsellor/Coordinator - Supportive and Palliative Care, WSLHD



**Job Demands for:** WSLHD - Bereavement Counsellor/Coordinator - Supportive and Palliative Care, WSLHD

Physical Demands	
Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials	Sitting - remaining in a seated position to perform tasks
Occasional	Constant
Standing - remaining standing without moving about to perform tasks	Walking - floor type: even/uneven/slippery, indoors/outdoors, slopes
Occasional	Infrequent
Running - floor type: even/uneven/slippery, indoors/outdoors, slopes	Bend/Lean Forward from Waist - forward bending from the waist to perform tasks
Not Applicable	Infrequent
Trunk Twisting - turning from the waist while sitting or standing to perform tasks	Kneeling - remaining in a kneeling posture to perform tasks
Infrequent	Not Applicable
Squatting/Crouching - adopting a squatting or crouching posture to perform tasks	Leg/Foot Movement - use of leg and/or foot to operate machinery





Not Applicable	Not Applicable
Climbing (stairs/ladders) - ascend/descend stairs, ladders, steps	<b>Lifting/Carrying</b> - light lifting and carrying (0 to 9 kg)
Not Applicable	Not Applicable
<b>Lifting/Carrying</b> - moderate lifting and carrying (10 to 15 kg)	<b>Lifting/Carrying</b> - heavy lifting and carrying (16kg and above)
Not Applicable	Not Applicable
Reaching - arms fully extended forward or raised above shoulder	Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body
Not Applicable	Not Applicable
Head/Neck Postures - holding head in a position other than neutral (facing forward)	Hand and Arm Movements - repetitive movements of hands and arms
Not Applicable	Frequent
Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands	Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work
Not Applicable	Not Applicable





Driving - Operating any motor powered vehicle	
Occasional	

Sensory Demands	
Sight - use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Hearing - use of hearing is an integral part of work performance (e.g. Telephone enquiries)
Constant	Constant
Smell - use of smell is an integral part of work performance (e.g. working with chemicals)	Taste - use of taste is an integral part of work performance (e.g. food preparation)
Not Applicable	Not Applicable
<b>Touch</b> - use of touch is an integral part of work performance	
Frequent	

Psychosocial Demands	
<b>Distressed People</b> - e.g. emergency or grief situations	Aggressive and Uncooperative People - e.g. drug/alcohol, dementia, mental illness
Constant	Infrequent





Unpredictable People - e.g. dementia, mental illness, head injuries	Restraining - involvement in physical containment of patients/clients
Infrequent	Not Applicable
Exposure to Distressing Situations - e.g. child abuse, viewing dead/mutilated bodies	
Frequent	

Environmental Demands	
<b>Dust</b> - exposure to atmospheric dust  Not Applicable	Gases - working with explosive or flammable gases requiring precautionary measures  Not Applicable
Fumes - exposure to noxious or toxic fumes  Not Applicable	Liquids - working with corrosive, toxic or poisonous liquids or chemicals requiring PPE  Not Applicable
Hazardous Substances - e.g. dry chemicals, glues  Not Applicable	Noise - environmental/background noise necessitates people raise their voice to be heard  Not Applicable
Inadequate Lighting - risk of trips, falls or eyestrain	Sunlight - risk of sunburn exists from spending more than 10 minutes per day in sunlight





Not Applicable	Not Applicable
Extreme Temperatures - environmental temperatures are less than 15°C or more than 35°C	Confined Spaces - areas where only one egress (escape route) exists
Not Applicable	Not Applicable
Slippery or Uneven Surfaces - greasy or wet floor surfaces, ramps, uneven ground	Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls
Not Applicable	Not Applicable
Working At Heights - ladders/stepladders/scaffolding are required to perform tasks	Biological Hazards - exposure to body fluids, bacteria, infectious diseases
Not Applicable	Not Applicable



# ISLHD - Bereavement Coordinator / Counsellor, Palliative Care



Our CORE values  Collaboration Openness Respect Empowerment		CORE
Organisation	NSW Health	
Local Health District / Agency	Illawarra Shoalhaven Local Health District	
Position Classification Clinical Psychologist, Psychologist, Social Worker Lvl 4		
State Award	Health and Community Employees Psychologists (State) Award NSW Health Service Health Professionals (State) Award	
Category	Allied Health   Health Clinician	
Website	www.islhd.health.nsw.gov.au/	

#### **PRIMARY PURPOSE**

The Bereavement Coordinator / Counsellor, will be responsible to the Clinical Service Manager, Palliative Care and work within the Division of Aged Care, Rehabilitation and Palliative Care to deliver specialist bereavement counselling, coordinate the ISLHD Bereavement Service and oversee the implementation of the Bereavement Model of Care. The bereavement Coordinator will work with ISLHD services to enhance bereavement support across the ISLHD.

The Bereavement Coordinator / Counsellor is responsible for the delivery of specialist bereavement counselling, support to family members and carers of deceased patients within the ISLHD. As a senior clinician, the position will offer consultation and education to multidisciplinary staff within the ISLHD, as well as to the wider community. Service planning, participation in policy and service development, and liaison with internal and external stakeholders are key components of this role.

#### **RESPIRATOR USE**

NSW Health workers may be required to use a respirator, as part of their appointment with NSW Health. Where a respirator is required for use, workers will be instructed in their safe use; including donning, doffing and fit checking. Staff may be required to complete fit testing to selected respirator/s to assess their facial fit/seal.

At all times when a health worker is required to use a respirator, the health worker must not have any facial hair present. Processes are in place to support workers that need to keep facial hair due to religious observance requirements and/ or health conditions.

#### **KEY ACCOUNTABILITIES**

Clinical

- · Provide specialist bereavement counselling, support and follow up for family members and carers across ISLHD.
- Maintain adequate client records, including databases and statistics relevant to the service. Complete work in a timely manner, and meet all prescribed Key Performance Indicators.

#### Professional:

- High level clinical expertise and knowledge in patient/client, carer and family psychosocial needs in palliative care, grief and bereavement.
- Maintain knowledge of contemporary theories and research on grief, loss and bereavement, therapeutic approaches to working with individuals, families and groups and translate these into evidence-based practice.



# ISLHD - Bereavement Coordinator / Counsellor, Palliative Care



- Provide consultation and interprofessional supervision for the ISLHD staff and volunteers involved in the provision of palliative and end of life care, grief and bereavement support.
- Develop and participate in consumer consultation, provide community education on the nature of grief and bereavement and build capacity within a Compassionate Communities framework.
- Participate in Personal Effectiveness and Development reviews.

#### Operational:

- Oversee the implementation of a bereavement model within a seamless continuum of care framework to improve the provision of palliative care and bereavement support across ISLHD.
- Support and cultivate capacity of staff through education and other activities to identify bereavement needs and facilitate appropriate referrals to be eavement support programs.
- Coordinate person-centred, evidence based bereavement care with families across the ISLHD including the facilitation of bereavement support activities, coordination of follow up contact, dissemination of information, psychoeducation and connecting care across community resources.
- In consultation with ISLHD services, develop appropriate patient information, education programs, quality and research activities and other initiatives.
- Participate in the ISLHD Palliative Care and bereavement support activities including service planning, implementation and evaluation, data collection and management and aligning these activities with national, state and jurisdictional Standards, accreditation requirements, policy and legislative frameworks relevant to palliative care.
- Work within risk management, infection control, workplace health and safety (WHS) policies applicable to the ISLHD
- Contribute to processes for accreditation, including National Standards and WHS reviews.
- Ensure that work is conducted in a manner that demonstrates values of cultural respect for Aboriginal people and diverse communities in accordance with the ISLHD's CORE Values, the AASW Code of Ethics and EEO principles.
- •Coordinate and undertake research activities, peer review, department meetings, working parties, in-service programs and clinical supervision as required.

#### **KEY CHALLENGES**

- Working across multiple teams and services to negotiate sustainable and effective models of bereavement care.
- Maintaining respectful, professional relationships in an area where a divergence of professional opinion is to be expected.
- Balancing limited resources and high volume workloads to meet competing patient/client needs to achieve positive outcomes.



# ISLHD - Bereavement Coordinator / Counsellor, Palliative Care



#### **KEY RELATIONSHIPS**

Who	Why
Palliative Care Clinical Service Manager. ISLHD Palliative Care and Health Services, ISLHD multi-disciplinary Teams.	Operational manager – collaborative leadership, reporting, escalation and feedback; to ensure governance, coordination and a District wide approach to bereavement support. To support the implementation and sustainability of the Bereavement Model of Care and improve outcomes and experiences of patients, carers and families across the end of life, palliative care and bereavement continuum.
Patients/clients, carers and families.	To maintain open, effective communication to identify and address bereavement needs across palliative care services.
Service providers, community agencies and key external stakeholders.	To facilitate education and information provision regarding the nature of grief and bereavement in palliative care and build community capacity to respond to the needs of the bereaved.

#### **SELECTION CRITERIA**

- Qualifications: Social Work- Degree in Social Work and eligibility for AASW membership; Psychology-Degree in Psychology & registration with AHPRA; Clinical Psychology: Postgraduate degree in Clinical Psychology and endorsement or eligibility to proceed to endorsement with AHPRA. Adherence to the AASW/APS Code of Ethics.
- Demonstrated post-graduate experience in palliative care, specialist knowledge of bereavement, loss and grief in the context of palliative care service provision models and experience as a counselling clinician, using evidence-based practice.
- 3. Demonstrated skills in leading, monitoring and evaluating services within a quality framework, demonstrated experience in service development, project management and a commitment to innovation, research and sustainability.
- 4. High level interpersonal and communication skills and demonstrated ability to work within a multidisciplinary team.
- 5. Demonstrated time management and problem solving skills in a complex clinical environment.
- 6. Experience in developing and delivering education and training programs and the ability to support, supervise and mentor other health professionals.
- 7. Consistently demonstrate behaviours that reinforce the CORE Values of our organisation; Collaboration, Openness, Respect and Empowerment. Demonstrates these behaviours with all stakeholders and colleagues, as well as patients and those that care for them.
- 8. Current NSW Drivers Licence, with the ability to travel in accordance with position responsibilities.



# ISLHD - Bereavement Coordinator / Counsellor, Palliative Care



Job Demands for: ISLHD - Bereavement Coordinator / Counsellor, Palliative Care

Physical Demands	
Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials	Sitting - remaining in a seated position to perform tasks
Occasional	Frequent
Standing - remaining standing without moving about to perform tasks	Walking - floor type: even/uneven/slippery, indoors/outdoors, slopes
Frequent	Frequent
Running - floor type: even/uneven/slippery, indoors/outdoors, slopes	Bend/Lean Forward from Waist - forward bending from the waist to perform tasks
Not Applicable	Occasional
Trunk Twisting - turning from the waist while sitting or standing to perform tasks	<b>Kneeling</b> - remaining in a kneeling posture to perform tasks
Occasional	Not Applicable
<b>Squatting/Crouching</b> - adopting a squatting or crouching posture to perform tasks	Leg/Foot Movement - use of leg and/or foot to operate machinery
Not Applicable	Not Applicable



# ISLHD - Bereavement Coordinator / Counsellor, Palliative Care



Climbing (stairs/ladders) - ascend/descend stairs, ladders, steps	<b>Lifting/Carrying</b> - light lifting and carrying (0 to 9 kg)
Occasional	Occasional
<b>Lifting/Carrying</b> - moderate lifting and carrying (10 to 15 kg)	<b>Lifting/Carrying</b> - heavy lifting and carrying (16kg and above)
Infrequent	Not Applicable
Reaching - arms fully extended forward or raised above shoulder	Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body
Occasional	Not Applicable
Head/Neck Postures - holding head in a position other than neutral (facing forward)	Hand and Arm Movements - repetitive movements of hands and arms
Infrequent	Infrequent
Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands	Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work
Frequent	Not Applicable
Driving - Operating any motor powered vehicle	
Frequent	



# ISLHD - Bereavement Coordinator / Counsellor, Palliative Care



Sensory Demands	
Sight - use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Hearing - use of hearing is an integral part of work performance (e.g. Telephone enquiries)
Constant	Constant
Smell - use of smell is an integral part of work performance (e.g. working with chemicals)	Taste - use of taste is an integral part of work performance (e.g. food preparation)
Not Applicable	Not Applicable
<b>Touch</b> - use of touch is an integral part of work performance	
Frequent	

Psychosocial Demands	
<b>Distressed People</b> - e.g. emergency or grief situations	Aggressive and Uncooperative People - e.g. drug/alcohol, dementia, mental illness
Frequent	Frequent
Unpredictable People - e.g. dementia, mental illness, head injuries	Restraining - involvement in physical containment of patients/clients
Frequent	Not Applicable



# ISLHD - Bereavement Coordinator / Counsellor, Palliative Care



Exposure to Distressing Situations - e.g. child abuse, viewing dead/mutilated bodies

Frequent

Environmental Demands	
Dust - exposure to atmospheric dust	Gases - working with explosive or flammable gases requiring precautionary measures
Not Applicable	Not Applicable
Fumes - exposure to noxious or toxic fumes	Liquids - working with corrosive, toxic or poisonous liquids or chemicals requiring PPE
Not Applicable	Not Applicable
Hazardous Substances - e.g. dry chemicals, glues	Noise - environmental/background noise necessitates people raise their voice to be heard
Not Applicable	Infrequent
Inadequate Lighting - risk of trips, falls or eyestrain	Sunlight - risk of sunburn exists from spending more than 10 minutes per day in sunlight
Infrequent	Not Applicable
Extreme Temperatures - environmental temperatures are less than 15°C or more than 35°C	Confined Spaces - areas where only one egress (escape route) exists
Infrequent	Infrequent



# ISLHD - Bereavement Coordinator / Counsellor, Palliative Care



Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls
Not Applicable
<b>Biological Hazards</b> - exposure to body fluids, bacteria, infectious diseases
Not Applicable



## **HNELHD** - Bereavement Coordinator



Our CORE values Collaboration Openness Respect Empowerment		ourpeopleourculture
Organisation	NSW Health	
Local Health District / Agency	Hunter New England Local Health District	
Position Classification	Clinical Psychologist, Social Worker Lvl 4	
State Award	Health and Community Employees Psychologists (State) Award NSW Health Service Health Professionals (State) Award	
Category	Allied Health   Health Clinician	
Website	www.hnehealth.nsw.gov.au	

#### PRIMARY PURPOSE

Deliver a high quality Bereavement Coordination specialist service for patients and their families/carers. Provide professional/clinical expertise for staff and students within HNE Health within the identified clinical speciality.

#### **RESPIRATOR USE**

NSW Health workers may be required to use a respirator, as part of their appointment with NSW Health. Where a respirator is required for use, workers will be instructed in their safe use; including donning, doffing and fit checking. Staff may be required to complete fit testing to selected respirator/s to assess their facial fit/seal.

At all times when a health worker is required to use a respirator, the health worker must not have any facial hair present. Processes are in place to support workers that need to keep facial hair due to religious observance requirements and/ or health conditions.

#### **ESSENTIAL CRITERIA**

 Tertiary qualification in Social Work or Psychology (including registration with the Psychology Board of Australia or eligibility for membership of the Australian Association for Social Work)

#### **KEY ACCOUNTABILITIES**

- Coordinate person-centred, evidence based, virtual bereavement support to clients at risk of complex grief including:
  - · manage referrals and coordination of follow up contact
  - · dissemination of information
  - psycho-social education and connecting clients to appropriate ongoing care services (both internal and external to HNELHD).
  - · appropriate documentation of care in an electronic health care record
- Establish relationships with clinicians throughout the district engaged with families and carers



### **HNELHD** - Bereavement Coordinator



experiencing loss and provide consultation and inter-professional supervision for staff as required.

- Act in accordance with the HNE Health Values Charter and NSW Health Code of Conduct; model behaviours that reflect the Excellence Framework (Every Patient, Every Time); and ensure work is conducted in a manner that demonstrates values of cultural respect in accordance with HNE Health's Closing the Gap strategy.
- All staff are expected to take reasonable care that their acts and omissions do not adversely affect the
  health and safety of others, that they comply with any reasonable instruction that is given to them and
  with any policies/procedures relating to health or safety in the workplace that are known to them, as well
  as notifying any hazards/risks or incidents to their managers
- Provide high level clinical services (including services of a more complex nature), through problem solving and advanced clinical reasoning skills
- Plan and lead the development, design and implementation of continuous improvement initiatives to enhance service delivery and patient outcomes
- Ensure professional responsibilities are met including engagement in ongoing education and active participation in regular professional practice supervision.
- Contribute to workforce functions including recruitment, induction, professional development, performance reviews and performance management using the tools, tactics and culture of Excellence.
- Contribute to the management of the maintenance of administrative systems/data entry as required for mandatory reporting and as required by manager for planning, quality or research.
- Model and actively promote workplace behaviour that reflects the HNE Health Values Charter and NSW
  Health Code of Conduct; drive, lead and model behaviours to staff that reflect the Excellence Framework
  (Every Patient, Every Time) including 90 day action plans; accountability meetings; leader and service
  rounding; and ensure work is conducted in a manner that demonstrates values of cultural respect in
  accordance with HNE Health's Closing the Gap strategy.
- Comply with and implement the NSW Health Work Health and Safety Better Practice Procedures and relevant District procedures by identifying, assessing, eliminating / controlling and monitoring hazards and risks within the workplace, to the extent of delegated authority for the role and escalating to the appropriate Management level if the issue exceeds the extent of delegated authority for the role.

#### **KEY CHALLENGES**

- Applying evidence based practice while dealing effectively & efficiently with a broad range of tasks including interventions, health promotion programs, education/consultation, documentation, data collection and research
- Prioritising competing demands in situations of professional and emotional intensity while establishing
  partnerships with bereavement services to coordinate care for clients with complex needs in a virtual
  setting across a large and diverse geographical area
- Maintaining professional perspective and identity when prioritising workload and service provision.



## **HNELHD** - Bereavement Coordinator



## **KEY RELATIONSHIPS**

Who	Why
Service Manager/Team Manager	For day to day supervision and direction.
Other staff and students	Mentor and supervise to ensure their ongoing professional growth and enhanced application of clinical knowledge.
Health Professionals	For consultation and advice regarding clinical risk, care planning and clinical handover.
External Service Providers	Liaise with other providers to ensure seamless continuum of care between services
Educational institutions	Two way support with training and/or students

## **SELECTION CRITERIA**

- 1. Minimum of 3 years full time clinical experience.
- 2. Demonstrated clinical experience in their field, and ability to develop clinical care plans for complex clinical situations.
- 3. Extensive experience with meeting the supervision needs of other staff and students.
- 4. Demonstrated ability to provide clinical leadership to individuals and teams.
- 5. Demonstrated experience in bereavement support and coordination of care and/or working with patients, carers and families supporting end of life care.
- 6. Demonstrated ability to work in a virtual setting to establish networks (internal and external to HNELHD) to implement and support bereavement pathways, coordination of care, and education.
- 7. Demonstrated skills in service development, project management and leading, monitoring and evaluating services within a quality framework, in addition to a commitment to innovation, research and sustainability.
- 8. Demonstrated high level of computer literacy and use of computerised clinical systems for the delivery of virtual based care, maintenance of clinical medical records and accurate data entry.



## **HNELHD** - Bereavement Coordinator



Job Demands for: HNELHD - Bereavement Coordinator

Physical Demands			
Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials	Sitting - remaining in a seated position to perform tasks		
Occasional	Frequent		
Standing - remaining standing without moving about to perform tasks	Walking - floor type: even/uneven/slippery, indoors/outdoors, slopes		
Frequent	Frequent		
Running - floor type: even/uneven/slippery, indoors/outdoors, slopes	Bend/Lean Forward from Waist - forward bending from the waist to perform tasks		
Infrequent	Frequent		
Trunk Twisting - turning from the waist while sitting or standing to perform tasks	Kneeling - remaining in a kneeling posture to perform tasks		
Frequent	Frequent		
<b>Squatting/Crouching</b> - adopting a squatting or crouching posture to perform tasks	Leg/Foot Movement - use of leg and/or foot to operate machinery		
Frequent	Infrequent		



# **HNELHD** - Bereavement Coordinator



Climbing (stairs/ladders) - ascend/descend stairs, ladders, steps  Frequent  Frequent  Frequent  Lifting/Carrying - light lifting and carrying (0 to 9 kg)  Frequent  Lifting/Carrying - moderate lifting and carrying (16kg and above)  Frequent  Frequent  Reaching - arms fully extended forward or raised above shoulder  Frequent  Frequent  Frequent  Head/Neck Postures - holding head in a position other than neutral (facing forward)  Frequent  Frequent  Frequent  Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands  Frequent  Driving - Operating any motor powered vehicle Frequent  Lifting/Carrying - light lifting and carrying (0 to 9 kg)  Frequent  Frequent  Walling/Carrying - light lifting and carrying (0 to 9 kg)  Frequent  Frequent  Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body  Frequent  Work at Meights - repetitive movements of hands and arms  Frequent  Not Applicable  Frequent		
Lifting/Carrying - moderate lifting and carrying (10 to 15 kg)  Frequent  Reaching - arms fully extended forward or raised above shoulder  Frequent  Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body  Frequent  Frequent  Head/Neck Postures - holding head in a position other than neutral (facing forward)  Frequent  Frequent  Frequent  Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands  Frequent  Not Applicable  Driving - Operating any motor powered vehicle		
(10 to 15 kg)  Frequent  Reaching - arms fully extended forward or raised above shoulder  Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body  Frequent  Frequent  Head/Neck Postures - holding head in a position other than neutral (facing forward)  Frequent  Frequent  Frequent  Frequent  Work at Heights - using ladders, footstools, scaffolding, clasping with fingers or hands  Frequent  Not Applicable  Driving - Operating any motor powered vehicle	Frequent	Frequent
Reaching - arms fully extended forward or raised above shoulder  Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body  Frequent  Frequent  Head/Neck Postures - holding head in a position other than neutral (facing forward)  Frequent  Frequent  Frequent  Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands  Frequent  Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work  Not Applicable  Driving - Operating any motor powered vehicle		
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Head/Neck Postures - holding head in a position other than neutral (facing forward)  Frequent  Frequent  Frequent  Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands  Frequent  Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work  Not Applicable  Driving - Operating any motor powered vehicle		hold/restrain or move objects toward or away
position other than neutral (facing forward)  Frequent  Frequent  Frequent  Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands  Frequent  Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work  Not Applicable  Driving - Operating any motor powered vehicle	Frequent	Frequent
Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands  Frequent  Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work  Not Applicable  Driving - Operating any motor powered vehicle		· ·
holding, clasping with fingers or hands  Frequent  Not Applicable  Driving - Operating any motor powered vehicle	Frequent	Frequent
Driving - Operating any motor powered vehicle		, , , ,
	Frequent	Not Applicable
Frequent	Driving - Operating any motor powered vehicle	
	Frequent	



# **HNELHD** - Bereavement Coordinator



Sensory Demands			
Sight - use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Hearing - use of hearing is an integral part of work performance (e.g. Telephone enquiries)		
Frequent	Frequent		
Smell - use of smell is an integral part of work performance (e.g. working with chemicals)	Taste - use of taste is an integral part of work performance (e.g. food preparation)		
Infrequent	Infrequent		
<b>Touch</b> - use of touch is an integral part of work performance			
Frequent			

Psychosocial Demands			
<b>Distressed People</b> - e.g. emergency or grief situations	Aggressive and Uncooperative People - e.g. drug/alcohol, dementia, mental illness		
Infrequent	Infrequent		
Unpredictable People - e.g. dementia, mental illness, head injuries	Restraining - involvement in physical containment of patients/clients		
Infrequent	Infrequent		
Exposure to Distressing Situations - e.g.			



# POSITION DESCRIPTION HNELHD - Bereavement Coordinator



child abuse, viewing dead/mutilated bodies

Infrequent

ntal Demands
Gases - working with explosive or flammable gases requiring precautionary measures  Infrequent
Liquids - working with corrosive, toxic or poisonous liquids or chemicals requiring PPE Infrequent
Noise - environmental/background noise necessitates people raise their voice to be heard  Infrequent
Sunlight - risk of sunburn exists from spending more than 10 minutes per day in sunlight  Infrequent
Confined Spaces - areas where only one egress (escape route) exists

# **HNELHD** - Bereavement Coordinator



Slippery or Uneven Surfaces - greasy or wet floor surfaces, ramps, uneven ground	Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls
Infrequent	Infrequent
Working At Heights - ladders/stepladders/scaffolding are required to perform tasks	<b>Biological Hazards</b> - exposure to body fluids, bacteria, infectious diseases
Infrequent	Infrequent



## POSITION DESCRIPTION TEMPLATE



POSITION TITLE	Aboriginal and Torres Strait Islander Health Worker – Palliative Care		
STAFFLINK POSITION NO.	TBC		
COST CENTRE	259998		
CLASSIFICATION	Registered Nurse OR Clinical Nurse Specialist Grade 2		
AWARD	Public Health System Nurses & Midwives (State) Award		
REGISTRATION/LICENCE REQUIREMENTS	Current Authority to Practice as a Registered Nurse with the Australian Health Practitioner Regulation Agency (AHPRA) OR		
	Current Authority to Practice as a Registered Nurse with the Australian Health Practitioner Regulation Agency (AHPRA) and at least three years' experience working in the relevant specialty.		
VACCINATION CATEGORY	Category A		
PRE-EMPLOYMENT SCREENING CHECKS	National Criminal Record Check		
RESPONSIBLE TO	TBC		
RESPONSIBLE FOR	N/A		
PRIMARY PURPOSE OF THE ROLE	Clinical Nurse Specialist Grade 2 The Aboriginal and Torres Strait Islander Health Worker Clinical Nurse Specialist Grade 2 (CNS2) provides a conduit to facilitate information sharing, planned care and care coordination for Aboriginal and Torres Strait Islander patients requiring palliative care or chronic disease management through liaising and networking with key stakeholders both internal and external. The CNS2 is an expert in their area of speciality who provides leadership, advice and recommendations on all aspects of related care. The CNS2 formulates and implements policy, guides practice, and engages in education and research activities. The CNS2 acts as a role model providing complex care to Aboriginal and Torres Strait Islander patients requiring palliative care or chronic disease management requiring advanced clinical skills regarding their area of specialty.  Registered Nurse Aboriginal and Torres Strait Islander Health Worker Registered Nurse assesses, plans, implements and evaluates nursing care in collaboration with individual/s and the greater health care team to achieve quality patient care outcome for Aboriginal and Torres Strait Islander patients requiring palliative care or chronic disease management.		
KEY ACCOUNTABILITIES (Maximum of 8)	Clinical - Registered Nurse The Registered Nurse (RN) will demonstrate an ability to provide safe and quality nursing care to Aboriginal and Torres Strait Islander patients requiring palliative care or chronic disease management, utilising the primary nursing model of care and nursing competency standards. The RN will undertake comprehensive assessments of each Aboriginal and Torres Strait Islander patients requiring palliative care or chronic disease management to ascertain care needs. The incumbent will regularly		

evaluate the outcomes of care provided through reviews and assessments, maintaining up to date and accurate documentation in patient records.

#### Clinical – Clinical Nurse Specialist

At a systems level, works to improve knowledge, skills and confidence in working with Aboriginal people accessing palliative care and chronic disease services, including LHD, community managed organisations, primary care and social support agencies. Exercises extended autonomy of decision making and is authorised to work an extended role within the scope of Registered Nurse/Midwifery practice.

#### <u>Planning and Performance – Registered Nurse</u>

The RN will participate in activities designed to maintain or improve patient safety and quality of care, including research, Service Accreditation processes and developments. The RN will, where appropriate, contribute to relevant Committees and the Strategic Planning process of the Service, including consultation and collaboration with consumer groups as appropriate. The incumbent will contribute to the development of service policies and nursing utilising best practice principles. The RN will participate in activities designed to monitor, maintain or improve the quality of care and patient outcomes including consultation and collaboration with consumer groups as appropriate.

### <u>Planning and Performance – Clinical Nurse Specialist</u>

Provides specialist clinical leadership and acts as a resource and mentor to other health care professionals and services to enhance capability and knowledge of staff and enable delivery of optimal care. Work collaboratively with patients/clients, carers, other nurses, and other health professionals, by utilising evidence, expertise, communication and problem-solving skills to provide clinical advice that enables staff to provide safe and cost-efficient care. Promote person-centred care and facilitate review of traditional practices which may require reassessments, encouraging creativity, critical thinking and reflective practice. Co-ordinate a range of preventative, health and social care wrap around responses for Aboriginal consumers. Support clinical teams in the development of culturally informed assessment and treatment approaches, and ensure the social, cultural and historical contexts and the impact of colonisation on Aboriginal people are at the forefront services offered through palliative care and chronic disease services. Ensure services build on the strengths, resources and knowledge of Aboriginal and Torres Strait Islander patients. Assist with the development of systems, processes and tools for consistent engagement, referral and transition for Aboriginal people with palliative care and chronic disease concerns across the Local Health District.

#### Education, Training and Research – Registered Nurse

The RN will maintain an up-to-date knowledge of clinical service delivery whilst preserving professional competency standards and ethics. The RN will complete all mandatory training and attend any lectures, tutorials, programs and development activities that management deems necessary. Part of the responsibility of the RN is to assist with the education and supervision of Enrolled and Assistant in Nurses within the unit. The incumbent must develop and maintain a continuous program of self-improvement in conjunction with the Nurse Unit Manager.

	Education, Training and Research – Clinical Nurse Specialist  Contribute to engoing education / training initiatives and actively			
	Contribute to ongoing education/training initiatives and actively participate in and promote professional development, continuous			
	1			
	improvement, and clinical research activities			
	Information Management – Registered Nurse			
	It is the responsibility of the RN to comply with and maintain access to			
	relevant data bases and information systems. The incumbent must check			
	· ·			
	their work email on a daily basis and reply to queries in a timely fashion.			
	Information Management – Clinical Nurse Specialist			
	It is the responsibility of the Clinical Nurse Specialist to comply with and			
	maintain access to relevant data bases and information systems. The			
	incumbent must check their work email on a daily basis and reply to			
	queries in a timely fashion.			
	Safe Practice and Environment – Registered Nurse and Clinical Nurse			
	Specialist			
	The RN or Clinical Nurse Spe	cialist will work according to the Departmental		
	safe work methods and guid	elines. The incumbent must adhere to all NSW		
	Health and NSLHD Policies and Procedures.			
KEY CHALLENGES	Registered Nurse			
	1. To ensure delivery o	f optimum standards nursing care that meet		
(Maximum of 3)	-	Is and expectations and prioritising competing		
	workload demands.			
	2. Identifying, engaging	g and building trust with the Aboriginal		
	Community.			
	Managing change and being proactive in uncertain and			
	unpredictable futures and working efficiently within the			
	constraints of decreasing length of stay and increasing patient			
	acuity.	, ,		
	Clinical Nurse Specialist			
	· ·	ecific interventions and developmentally		
	appropriate, cultura	lly appropriate, consumer-centred care co-		
		ginal and Torres Strait Islander consumers		
	referred to the service and their carers, in collaboration with key			
	stakeholders and the local community eg. GPs, CMOs.			
	<ol> <li>Design and implement plans and pathways to facilitate structured</li> </ol>			
	and clinically sound assessment and management of healing			
	outcomes.	assessment and management of nearing		
		ofessional development of self and teaching		
	<ol><li>Ensure continual professional development of self and teaching and coaching of other nurses.</li></ol>			
	WILLO	LAMIN		
KEY INTERNAL	WHO	WHY		
RELATIONSHIPS	Direct Report - TBC			
(Maximum of 3)				

Bungee Bidgell	To provide patient care updates and
	share information

KEY EXTERNAL	WHO		WHY	
RELATIONSHIPS (Maximum of 2)	Patients, Fami community m		Facilitates open communication to promote a high level of customer service	
	General Practi	itioners	Education and to provide updates on the patients' health and wellbeing	
(Minimum of 3 maximum of 8)	Consistently demonstrates behaviours that reinforce the CORE Values of our organisation; Collaboration, Openness, Respect and Empowerment. Demonstrates these behaviours with all stakeholders; colleagues, direct reports, as well as our patients and consumers, and those that care for them.			
	Registered Nu	Registered Nurse		
	_	ered Nurse - Dation Agency (	Division 1 with Australian Health Practitioner AHPRA).	
		Demonstrated effective interpersonal, verbal and written communication skills.		
	4. Curre	nt clinical knov	vledge and clinical problem solving ability.	
		<ol> <li>A commitment to excellence in nursing practice and continuing professional development.</li> <li>Ability to work effectively within a multi-disciplinary team.</li> <li>An understanding of the professional, ethical and legal requirements of the Registered Nurse.</li> </ol>		
	6. Ability			
	Strait	Islander peopl	the issues affecting Aboriginal and Torres es, and an ability to communicate sensitively Aboriginal and/or Torres Strait Islander people	
	Clinical Nurse	Clinical Nurse Specialist		
	releva clinica	ant to speciality al area of their	d Nurse with post registration qualification y and at least 3 years experience working in the post graduate qualification or such other evant equivalent experience.	
			nmitment to patient/customer focused care, and quality improvement.	
	mana		ed level of knowledge and skill related to iative care and/or chronic disease	
	to imp	prove clinical s	rledge in initiating and implementing changes ervice delivery and outcomes, models of care, etice and practice development.	
			lence in written and verbal communication literacy in Microsoft Applications.	

- 7. Demonstrated ability to work well within a multidisciplinary team, with an emphasis on service delivery, quality of care and team cohesion.
- 8. Demonstrated and effective experience working collaboratively with Aboriginal and Torres Strait Islander consumers, families and communities.

#### JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a preemployment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) OHS responsibilities specific to the position. This form is to be completed in consultation with the manager/supervisor of the position being recruited for.

Infrequent: intermittent activity exists for a short time on a very infrequent basis

Occasional: activity exists up to 1/3 of the time when performing the job

Frequent: activity exists between 1/3 and 2/3 of the time when performing the job activity exists for more than 2/3 or the time when performing the job

Repetitive: activity involved repetitive movements

Not Applicable: activity is not required to perform the job

Physical Demands	Frequency
Sitting - remaining in a seated position to perform tasks	Frequent
Standing - remaining standing without moving about to perform tasks	Frequent
Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes	Frequent
Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes	Infrequent
Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks	Occasional
Trunk Twisting - Turning from the waist while sitting or standing to perform tasks	Occasional
Kneeling - remaining in a kneeling posture to perform tasks	Infrequent
Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks	Infrequent
Leg / Foot Movement - Use of leg and / or foot to operate machinery	Infrequent
Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps	Frequent
Lifting / Carrying - Light lifting & carrying: 0 - 9 kg	Infrequent
Lifting / Carrying - Moderate lifting & carrying: 10 - 15 kg	Infrequent
Lifting / Carrying - Heavy lifting & carrying: 16kg & above	Infrequent
Reaching - Arms fully extended forward or raised above shoulder	Infrequent
<b>Pushing / Pulling / Restraining</b> - Using force to hold / restrain or move objects toward or away from the body	Infrequent
Head / Neck Postures - Holding head in a position other than neutral (facing forward)	Infrequent
Hand & Arm Movements - Repetitive movements of hands and arms	Infrequent
Grasping / Fine Manipulation - Gripping, holding, clasping with fingers or hands	Infrequent
Work At Heights - Using ladders, footstools, scaffolding, or other objects to perform work	Infrequent
Driving - Operating any motor powered vehicle	Infrequent
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Sensory Demands	Frequency
Sight - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens	Frequent
<b>Hearing</b> - Use of hearing is an integral part of work performance e.g. Telephone enquiries	Frequent
Smell - Use of smell is an integral part of work performance e.g. Working with chemicals	Occasional
Taste - Use of taste is an integral part of work performance e.g. Food preparation	Not applicable
Touch - Use of touch is an integral part of work performance	Frequent
Psychosocial Demands	Frequency
Distressed People - e.g. Emergency or grief situations	Frequent
Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness	Frequent
Unpredictable People – eg dementia, mental illness, head injuries	Frequent
Restraining - involvement in physical containment of patients / clients	Not applicable
Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies	Not applicable
Environmental Demands	Frequency
Dust - Exposure to atmospheric dust	Frequent
Gases - Working with explosive or flammable gases requiring precautionary measures	Not applicable
Fumes - Exposure to noxious or toxic fumes	Not applicable
<b>Liquids</b> - Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	Occasional
Hazardous substances - e.g. Dry chemicals, glues	Not applicable
<b>Noise</b> - Environmental / background noise necessitates people raise their voice to be heard	Infrequent
Inadequate Lighting - Risk of trips, falls or eyestrain	Not applicable
Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not applicable
<b>Extreme Temperatures -</b> Environmental temperatures are less than 15C or more than 35C	Not applicable
Confined Spaces - areas where only one egress (escape route) exists	Not applicable
Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground	Infrequent
Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls	Infrequent
Working At Heights - Ladders / stepladders / scaffolding are required to perform tasks	Not applicable
Biological Hazards - e.g. exposure to body fluids, bacteria, infectious diseases	Frequent

## **POSITION DESCRIPTION TEMPLATE**



POSITION TITLE	Palliative Care Aboriginal Health Worker
STAFFLINK POSITION NO.	700448
COST CENTRE	256652
CLASSIFICATION	Health Service Manager Level 1
AWARD	Health Managers (State) Award
REGISTRATION/LICENCE REQUIREMENTS	Not applicable
VACCINATION CATEGORY	Category A
PRE-EMPLOYMENT SCREENING CHECKS	Working With Children and National Criminal Record Check
RESPONSIBLE TO	Operational - Medical Director, Palliative Care
	Professional - Director, Aboriginal Health Unit
RESPONSIBLE FOR	N/A
PRIMARY PURPOSE OF THE ROLE	The Palliative Care Aboriginal Health Worker is to work as a member of the Northern Sydney Local Health District (NSLHD) Palliative Care Team, to manage and enhance the access and delivery of palliative care services specific to the identified needs of Aboriginal & Torres Strait Islander patients, carers and families. The role will serve as a primary conduit between NSLHD and Aboriginal & Torres Strait Islander communities, ensuring respectful and culturally appropriate end of life care is provided through working collaboratively with the multidisciplinary Palliative Care team and Community-based services so that flexible, holistic and culturally responsive palliative care services are delivered.
(Maximum of 8)	Work with and provide consultancy to the NSLHD Palliative Care Services, ensuring culturally appropriate medical/nursing/allied health care is provided for palliative care patients, families and carers of Aboriginal & Torres Strait Islander People.  Provide cultural interaction and care for palliative patients, families and carers of Aboriginal & Torres Strait Islander People to ensure an understanding of clinical interventions and service delivery processes that enable informed decisions in relation to their health needs.  Provide community outreach and hospital in-reach services on culturally specific perceptions of death and dying specific to Aboriginal & Torres Strait Islander patients, their carers' and families.  Support the development of culturally appropriate palliative care services for Aboriginal & Torres Strait Islander people within the NSLHD.  Promote awareness of Aboriginal & Torres Strait Islander cultural beliefs and needs by participating in debriefing, information sharing and community feedback sessions with other members of the palliative care team including specialist doctors, nurses and allied health professionals.  Provide cultural advocacy and the development of local cultural protocols, building and maintaining collaborative partnerships between NSLHD and the

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KEY CHALLENGES (Maximum of 3)	Iocal Aboriginal & Torres Strait Islander community.  Problem solving – the incumbent will deal with people who may be emotionally distressed. Clinical Psychology and Social Work services can be accessed for patient needs. The Aboriginal & Torres Strait Islander Health Worker has access to the Employee Assistance Program NSLHD.  Diversity of work – The incumbent will be required to work both autonomously and within a team, working across a broad group of stakeholders including clinicians, patients and palliative care providers.  Developing a new role within the NSLHD Specialist Palliative Care Service and managing change in a proactive manner in uncertain and unpredictable futures.	
KEY INTERNAL	WHO	WHY
RELATIONSHIPS (Maximum of 3)	Director of Aboriginal Health and Aboriginal Health Unit staff	Provide regular updates on issues and
Medical Director priorities; escalating issues, ket and advise and receive instructions.	priorities; escalating issues, keeping informed and advise and receive instructions; ensuring	
	NSLHD Palliative Care clinical and non-clinical staff and services	efficient and effective service provisions.
KEY EXTERNAL	WHO	WHY
RELATIONSHIPS (Maximum of 2)	Ministry of Health, NSW Local Health Districts and other affiliated Health organisations	Liaison with key representatives and counterparts in other LHDs.
	Aboriginal & Torres Strait Islander patients, their carers', families and communities	Cultural support and improving access to palliative care services.
SELECTION CRITERIA  (Minimum of 3 maximum of 8)	Consistently demonstrates behaviours that reinforce the CORE Values of our organisation; Collaboration, Openness, Respect and Empowerment.  Demonstrates these behaviours with all stakeholders; colleagues, direct reports, as well as our patients and consumers, and those that care for them.	
, ,	Be of Aboriginal or Torres Strait Islander descent (Note – This is a genuine occupational qualification and is authorised by section 14 of the Anti-Discrimination act 1977 NSW)	
	Minimum Certificate III in Aboriginal Primary Health Care or working towards Certificate III in Aboriginal Primary Health Care or equivalent work experience.	
Superior understanding of Aboriginal & Torres Strait Islander cultur issues affecting Aboriginal & Torres Strait Islander people including primary health and welfare needs and experience in providing supp Aboriginal and Torres Strait Islander people.		Torres Strait Islander people including their eeds and experience in providing support for
	High level skills in time manag	gement, liaison and negotiation, including the

ability to work as a member of a multidisciplinary team in a high demand environment with competing demands.

High level written and verbal communication skills, with experience in providing support and advocacy for Aboriginal & Torres Strait Islander patients, families and carers.

Effective skills in a range of office computer applications including Microsoft Office Suite

Current Driver's License and willingness to travel as required.

#### JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a preemployment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) OHS responsibilities specific to the position. This form is to be completed in consultation with the manager/supervisor of the position being recruited for.

Infrequent: intermittent activity exists for a short time on a very infrequent basis

Occasional: activity exists up to 1/3 of the time when performing the job

Frequent: activity exists between 1/3 and 2/3 of the time when performing the job constant: activity exists for more than 2/3 or the time when performing the job

Repetitive: activity involved repetitive movements

Not Applicable: activity is not required to perform the job

Physical Demands	Frequency
Sitting - remaining in a seated position to perform tasks	Frequent
Standing - remaining standing without moving about to perform tasks	Frequent
Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes	Constant
Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes	Occasional
	Occasional
Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks	
Trunk Twisting - Turning from the waist while sitting or standing to perform tasks	Occasional
Kneeling - remaining in a kneeling posture to perform tasks	Infrequent
Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks	Infrequent
Leg / Foot Movement - Use of leg and / or foot to operate machinery	Not applicable
Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps	Frequent
Lifting / Carrying - Light lifting & carrying: 0 - 9 kg	Occasional
Lifting / Carrying - Moderate lifting & carrying: 10 - 15 kg	Infrequent
Lifting / Carrying - Heavy lifting & carrying: 16kg & above	Infrequent
Reaching - Arms fully extended forward or raised above shoulder	Occasional
<b>Pushing / Pulling / Restraining</b> - Using force to hold / restrain or move objects toward or away from the body	Not applicable
Head / Neck Postures - Holding head in a position other than neutral (facing forward)	Infrequent
Hand & Arm Movements - Repetitive movements of hands and arms	Frequent
Grasping / Fine Manipulation - Gripping, holding, clasping with fingers or hands	Frequent
Work At Heights - Using ladders, footstools, scaffolding, or other objects to perform work	Not applicable
Driving - Operating any motor powered vehicle	Occasional
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Sensory Demands	Frequency
<b>Sight</b> - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens	Frequent
<b>Hearing</b> - Use of hearing is an integral part of work performance e.g. Telephone enquiries	Frequent
Smell - Use of smell is an integral part of work performance e.g. Working with chemicals	Occasional
Taste - Use of taste is an integral part of work performance e.g. Food preparation	Not applicable
Touch - Use of touch is an integral part of work performance	Frequent
Psychosocial Demands	Frequency
Distressed People - e.g. Emergency or grief situations	Frequent
Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness	Occasional
Unpredictable People – eg dementia, mental illness, head injuries	Occasional
Restraining - involvement in physical containment of patients / clients	Infrequent
Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies	Occasional
Environmental Demands	Frequency
<b>Dust</b> - Exposure to atmospheric dust	Not applicable
Gases - Working with explosive or flammable gases requiring precautionary measures	Not applicable
Fumes - Exposure to noxious or toxic fumes	Not applicable
<b>Liquids -</b> Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	Not applicable
Hazardous substances - e.g. Dry chemicals, glues	Not applicable
<b>Noise</b> - Environmental / background noise necessitates people raise their voice to be heard	Not applicable
Inadequate Lighting - Risk of trips, falls or eyestrain	Not applicable
Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not applicable
<b>Extreme Temperatures -</b> Environmental temperatures are less than 15C or more than 35C	Not applicable
Confined Spaces - areas where only one egress (escape route) exists	Infrequent
Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground	Infrequent
Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls	Infrequent
Working At Heights - Ladders / stepladders / scaffolding are required to perform tasks	Not applicable
Biological Hazards - e.g. exposure to body fluids, bacteria, infectious diseases	Infrequent



## NSLHD – Senior Administration Officer – Clinical Networks



#### PRIMARY PURPOSE

This position is responsible for providing senior administrative support to the Clinical Networks. This role will work with the Administration Office (AO4) to provide support to the clinical networks.

#### **COVID-19 VACCINATION COMPLIANCY**

All NSW Health workers are required to have completed a primary course (2 doses) of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (except for the Janssen COVID-19 vaccine which is approved by the TGA as a single dose primary course). New applicants must have completed the vaccination course prior to commencement with NSW Health or provide an Australian Immunisation Register (AIR) Immunisation History Statement certifying the worker cannot have any approved COVID-19 vaccines available in NSW. A NSW Health agency may require further information about the medical contraindication (including but not limited to an Immunisation Medical Exemption form - IM011 form).

Acceptable proof of vaccination is the Australian Immunisation Register (AIR) Immunisation History Statement or AIR COVID-19 Digital Certificate. Booster doses are highly recommended for all health care workers who have completed the primary course of COVID-19 vaccinations.

#### RESPIRATOR USE

NSW Health workers may be required to use a respirator, as part of their appointment with NSW Health. Where a respirator is required for use, workers will be instructed in their safe use; including donning, doffing and fit checking. Staff may be required to complete fit testing to selected respirator/s to assess their facial fit/seal.

At all times when a health worker is required to use a respirator, the health worker must not have any facial hair present. Processes are in place to support workers that need to keep facial hair due to religious observance requirements and/ or health conditions.





## NSLHD - Senior Administration Officer - Clinical Networks

### **ESSENTIAL CRITERIA**

You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing. NSLHD supports diversity and inclusion and these principles should be applied when interacting with our patients and work colleagues.

### **KEY ACCOUNTABILITIES**

#### Specific Responsibilities

The Administration Officer will possess well developed communication skills and the ability to bring a creative approach to problem solving and conflict resolution.

The Administration Officer will formulate policies that reflect current and future organisational requirements.

The Administration Officer will possess the ability to develop policy and advice for senior and line management.

The incumbent will create guidelines, rules, instructions or procedures for use by other staff may be developed at this level relevant to the area of responsibility.

The Administration Officer will evaluate new methods and technology and disseminate information to appropriate areas.

The Administration Officer is required to exercise advanced skills and knowledge in respect of pay office functions, check subordinates work and interpret pay enquires.

Provide senior administrative support to all the clinical networks.

Draft plans for the clinical networks to support the delivery of the Clinical Services Plan.

Maintain diary support for the Clinical Network Directors and managers where required.

#### **Education, Training and Research**

The Administration Officer will maintain an up-to-date knowledge of clinical service delivery whilst preserving professional competency standards and ethics.

The Administration Officer will complete all mandatory training and attend any lectures, tutorials, programs and development activities that management deems necessary.

Part of the responsibility of the Administration Officer is to assist with the education and training of staff within the unit.

The incumbent must develop and maintain a continuous program of self improvement in conjunction with the Director Operations.

### **Information Management**

It is the responsibility of the Administration Officer to comply with and maintain access to relevant data bases and information systems.

The incumbent must check their work email on a daily basis and reply to queries in a timely fashion.

## **Safe Practice and Environment**

The Administration Officer will work according to the Departmental safe work methods and guidelines.

The incumbent must adhere to all NSW Health and NSLHD Policies and Procedures. Workforce Health & Safety.

You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing.

#### **KEY CHALLENGES**

Managing a varied and busy workload of the clinical networks with competing demands and priorities.





## NSLHD - Senior Administration Officer - Clinical Networks

Ensuring appropriate communication within a fast pace environment.

Working autonomously to resolve issues that arise and ensure escalation

KEY RELATIONSHIPS	
Who	Why
Management	To report on day to day tasks and any issues.
Clinical Networks	Communication purposes, to ensure a high level of service
Patients, Carers, Visitors and Staff	To build a friendly rapport.
External Service Providers	To share information

### **SELECTION CRITERIA**

- Consistently demonstrates behaviours that reinforce the CORE Values of our organisation; Collaboration, Openness, Respect and Empowerment. Demonstrates these behaviours with all stakeholders; colleagues, direct reports, as well as our patients and consumers, and those that care for them.
- 2. Demonstrate well developed communication skills and the ability to bring a creative approach to problem solving and conflict resolution.
- 3. Demonstrated ability to work independently and as part of a team to achieve outcomes and meet deadlines in a high volume environment with competing priorities.
- 4. Demonstrated advanced computer skills including accurate data entry skills and use of software platforms (e.g. healthroster, Content Manager, Microsoft Teams, etc).
- 5. Demonstrated ability to work as part of a team.
- 6. Demonstrated problem solving skills and ability to integrate complex information from multiple sources.
- 7. Ability to develop project plans with guidance that reflect organizational requirements.
- 8. Ability to synthesize and evaluate new information in order to support development of work products such as guidelines, policies, procedures, plans, memos, etc.





## NSLHD – Senior Administration Officer – Clinical Networks

Job Demands for: (AO6)

Physical Demands	
Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials	Sitting - remaining in a seated position to perform tasks
Infrequent	Constant
Standing - remaining standing without moving about to perform tasks	Walking - floor type: even/uneven/slippery, indoors/outdoors, slopes
Frequent	Frequent
Running - floor type: even/uneven/slippery, indoors/outdoors, slopes	Bend/Lean Forward from Waist - forward bending from the waist to perform tasks
Not Applicable	Occasional
Trunk Twisting - turning from the waist while sitting or standing to perform tasks	<b>Kneeling</b> - remaining in a kneeling posture to perform tasks
Occasional	Not Applicable
<b>Squatting/Crouching</b> - adopting a squatting or crouching posture to perform tasks	<b>Leg/Foot Movement</b> - use of leg and/or foot to operate machinery
Not Applicable	Not Applicable





## NSLHD - Senior Administration Officer - Clinical Networks

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Climbing (stairs/ladders) - ascend/descend stairs, ladders, steps	<b>Lifting/Carrying</b> - light lifting and carrying (0 to 9 kg)
Infrequent	Occasional
<b>Lifting/Carrying</b> - moderate lifting and carrying (10 to 15 kg)	<b>Lifting/Carrying</b> - heavy lifting and carrying (16kg and above)
Not Applicable	Not Applicable
Reaching - arms fully extended forward or raised above shoulder	Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body
Infrequent	Infrequent
Head/Neck Postures - holding head in a position other than neutral (facing forward)	Hand and Arm Movements - repetitive movements of hands and arms
Not Applicable	Frequent
Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands	Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work
Infrequent	Not Applicable
<b>Driving</b> - Operating any motor powered vehicle	
Occasional	



## NSLHD – Senior Administration Officer – Clinical Networks

Sensory Demands	
<b>Sight</b> - use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	<b>Hearing</b> - use of hearing is an integral part of work performance (e.g. Telephone enquiries)
Repetitive	Constant
Smell - use of smell is an integral part of work performance (e.g. working with chemicals)	<b>Taste</b> - use of taste is an integral part of work performance (e.g. food preparation)
Not Applicable	Not Applicable
<b>Touch</b> - use of touch is an integral part of work performance	
Constant	

Psychosocial Demands	
<b>Distressed People</b> - e.g. emergency or grief situations	Aggressive and Uncooperative People - e.g. drug/alcohol, dementia, mental illness
Infrequent	Infrequent
Unpredictable People - e.g. dementia, mental illness, head injuries	Restraining - involvement in physical containment of patients/clients
Infrequent	Not Applicable
Exposure to Distressing Situations - e.g.	





## NSLHD – Senior Administration Officer – Clinical Networks

child abuse, viewing dead/mutilated bodies	
Not Applicable	
Not Applicable	

Environmer	ntal Demands
<b>Dust</b> - exposure to atmospheric dust  Not Applicable	Gases - working with explosive or flammable gases requiring precautionary measures  Not Applicable
Fumes - exposure to noxious or toxic fumes	<b>Liquids</b> - working with corrosive, toxic or poisonous liquids or chemicals requiring PPE
Not Applicable	Not Applicable
<b>Hazardous Substances</b> - e.g. dry chemicals, glues	<b>Noise</b> - environmental/background noise necessitates people raise their voice to be heard
Not Applicable	Not Applicable
Inadequate Lighting - risk of trips, falls or eyestrain	<b>Sunlight</b> - risk of sunburn exists from spending more than 10 minutes per day in sunlight
Not Applicable	Not Applicable
<b>Extreme Temperatures</b> - environmental temperatures are less than 15°C or more than 35°C	Confined Spaces - areas where only one egress (escape route) exists
Infrequent	Not Applicable



## NSLHD - Senior Administration Officer - Clinical Networks

Slippery or Uneven Surfaces - greasy or wet floor surfaces, ramps, uneven ground	Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls
Not Applicable	Not Applicable
Working At Heights - ladders/stepladders/scaffolding are required to perform tasks	<b>Biological Hazards</b> - exposure to body fluids, bacteria, infectious diseases
Not Applicable	Not Applicable



# NSLHD - Executive Assistant Palliative Care (AO6)





### PRIMARY PURPOSE

Who we are: We are a health service that touches thousands of lives across the Northern Sydney Local Health District, together as a team of like-minded people. We are passionate, driven and have the skills and knowledge to care for our patients whilst creating the best services possible. Our teams have meaningful, interesting and rewarding work everyday. We challenge and nurture each other, sharing our knowledge and experience so that we can deliver better care for everyone There's a real sense of belonging here because we value and respect our patients, employees, and teams' voices. You'll feel a real privilege being a trusted caregiver in our patients, their families, their carers, and our communities' lives.

This position is responsible for providing administrative support to the Director Palliative Care and the Executive Team.

## **RESPIRATOR USE**

NSW Health workers may be required to use a respirator, as part of their appointment with NSW Health. Where a respirator is required for use, workers will be instructed in their safe use; including donning, doffing and fit checking. Staff may be required to complete fit testing to selected respirator/s to assess their facial fit/seal.

At all times when a health worker is required to use a respirator, the health worker must not have any facial hair present. Processes are in place to support workers that need to keep facial hair due to religious observance requirements and/ or health conditions.

## **ESSENTIAL CRITERIA**

You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing.

NSLHD supports <u>diversity and inclusion</u> and these principles should be applied when interacting with our patients and work colleagues.



# NSLHD - Executive Assistant Palliative Care (AO6)



## **KEY ACCOUNTABILITIES**

- Provide administrative support to the Network Executive Team, Cancer and Palliative Care Network,
  NSLHD including: Ensure incoming and outgoing correspondence is managed with consideration to the
  matter's importance, priority and urgency. Preparation and distribution of correspondence including
  memos, letters, spreadsheets and reports. Diary Management. Arrange and co-ordinate meetings,
  workshops and seminars including organising venues, transport and catering if necessary. Effective
  rostering.
- Provide secretarial support, including the preparation and distribution of minutes.
- Maintain an effective paper based and electronic filing system ensuring adherence to documentation control policy and procedures. This includes culling, storage and archiving processes. Work with relevant staff to provide the following services to the unit. Preparation of stationary orders. General office duties as required OH&S workplace inspections Reception Services.
- Complete administrative duties associated with applications for staff conference registration and
  overseas travel arrangements and payment claims. Recruitment including co-ordination of paperwork and
  interviews. Processing of invoice and expenditure claims as directed by manager. Purchasing. Oversee
  intranet and internet updates for the network including phone book updates and other information for
  communication.
- Support the Network Executive through the use of IT applications. This includes the entry of data and
  information and the production of reports. Cancer and Palliative Care Network, NSLHD, point of contract
  for triage regarding NSW Cancer 1-800 Phone Line, NSLHD Mail and Ministerial and other external
  organisations.
- Participate and provide secretariat and management support to project and stakeholder meetings.

## **KEY CHALLENGES**

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 Managing competing interests and priorities. Providing co-ordinated support for the Network. Working in a busy, demanding and complex environment where there are competing priorities and strict deadlines. Liaising with all sections of and NSLHD in relation to administrative matters. Change management.

KEY RELATIONSHIPS	
Who	Why
Cancer & Palliative Care Network	To share information.
Network Executive Team	Patient Services Support.
NSLHD Staff	To share information.
Other external organisations	To share information.
NSW Ministry of Health	To share information.

### **SELECTION CRITERIA**

1. Consistently demonstrates behaviours that reinforce the CORE Values of our organisation; Collaboration,



# NSLHD - Executive Assistant Palliative Care (AO6)



Openness, Respect and Empowerment. Demonstrate these behaviours with all stakeholders; colleagues, direct reports, as well as our patients and consumers, and those that care for them.

- 2. Previous experience in a high-level administrative/secretarial role and ability to understand and apply relevant policies in relation to administrative functions.
- 3. Superior verbal and written communication, interpersonal, negotiation and facilitation skills.
- 4. Proven ability to problem solve, prioritise workload and meet deadlines using flexibility and initiative.
- 5. Ability to work independently and as a team member.
- 6. Ability to handle controversial and emotive issues/information confidently and confidentially.
- 7. High-level information technology and systems skills including office systems. Word processing, Power Point and Spread Sheet packages.



# NSLHD - Executive Assistant Palliative Care (AO6)



Job Demands for: NSLHD - Executive Assistant Palliative Care (AO6)

Physical	Demands
Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials	Sitting - remaining in a seated position to perform tasks
Infrequent	Frequent
Standing - remaining standing without moving about to perform tasks	Walking - floor type: even/uneven/slippery, indoors/outdoors, slopes
Infrequent	Occasional
Running - floor type: even/uneven/slippery, indoors/outdoors, slopes	Bend/Lean Forward from Waist - forward bending from the waist to perform tasks
Not Applicable	Infrequent
Trunk Twisting - turning from the waist while sitting or standing to perform tasks	Kneeling - remaining in a kneeling posture to perform tasks
Infrequent	Not Applicable
Squatting/Crouching - adopting a squatting or crouching posture to perform tasks	Leg/Foot Movement - use of leg and/or foot to operate machinery
Not Applicable	Not Applicable



# NSLHD - Executive Assistant Palliative Care (AO6)



Climbing (stairs/ladders) - ascend/descend stairs, ladders, steps	<b>Lifting/Carrying</b> - light lifting and carrying (0 to 9 kg)
Infrequent	Infrequent
<b>Lifting/Carrying</b> - moderate lifting and carrying (10 to 15 kg)	Lifting/Carrying - heavy lifting and carrying (16kg and above)
Not Applicable	Not Applicable
Reaching - arms fully extended forward or raised above shoulder	Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body
Not Applicable	Not Applicable
Head/Neck Postures - holding head in a position other than neutral (facing forward)	Hand and Arm Movements - repetitive movements of hands and arms
Not Applicable	Frequent
Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands	Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work
Frequent	Not Applicable
Driving - Operating any motor powered vehicle	
Occasional	



# NSLHD - Executive Assistant Palliative Care (AO6)



Sensory Demands	
Sight - use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Hearing - use of hearing is an integral part of work performance (e.g. Telephone enquiries)
Frequent	Frequent
Smell - use of smell is an integral part of work performance (e.g. working with chemicals)	Taste - use of taste is an integral part of work performance (e.g. food preparation)
Not Applicable	Not Applicable
<b>Touch</b> - use of touch is an integral part of work performance	
Not Applicable	

Psychosocial Demands	
<b>Distressed People</b> - e.g. emergency or grief situations	Aggressive and Uncooperative People - e.g. drug/alcohol, dementia, mental illness
Occasional	Infrequent
<b>Unpredictable People</b> - e.g. dementia, mental illness, head injuries	Restraining - involvement in physical containment of patients/clients
Infrequent	Not Applicable



# NSLHD - Executive Assistant Palliative Care (AO6)



Exposure to Distressing Situations - e.g. child abuse, viewing dead/mutilated bodies

Not Applicable

Environmental Demands	
Dust - exposure to atmospheric dust  Infrequent	Gases - working with explosive or flammable gases requiring precautionary measures  Not Applicable
	Troc / ippriodole
Fumes - exposure to noxious or toxic fumes	Liquids - working with corrosive, toxic or poisonous liquids or chemicals requiring PPE
Not Applicable	Not Applicable
Hazardous Substances - e.g. dry chemicals, glues	<b>Noise</b> - environmental/background noise necessitates people raise their voice to be heard
Not Applicable	Occasional
Inadequate Lighting - risk of trips, falls or eyestrain	Sunlight - risk of sunburn exists from spending more than 10 minutes per day in sunlight
Infrequent	Infrequent
Extreme Temperatures - environmental temperatures are less than 15°C or more than 35°C	Confined Spaces - areas where only one egress (escape route) exists
Not Applicable	Not Applicable



# NSLHD - Executive Assistant Palliative Care (AO6)



Slippery or Uneven Surfaces - greasy or wet floor surfaces, ramps, uneven ground	Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls
Infrequent	Infrequent
Working At Heights - ladders/stepladders/scaffolding are required to perform tasks	Biological Hazards - exposure to body fluids, bacteria, infectious diseases
Not Applicable	Occasional

