POSITION DESCRIPTION

ISLHD Co-Director Palliative Care Division (Nursing or Allied Health)



Our CORE Values	Collaboration Openness Respect Empowerment	CORE
Organisation	NSW Health	
Local Health District /Agency	Illawarra Shoalhaven Local Health Distric	ot
Position Number	sition Number	
Cost Centre		
Position Classification	Nurse Manager Gde 7 Health Service Professional Level – TBC (<i>equivalent to Nursing grade criteria</i>)	
State Award	Public Health System Nurses & Midwives (State) Award Relevant Allied Health Award	
Reporting to	Executive Director Integrated Community	y Services and Mental Health
Does this role manage or supervise others?	Yes	
Vaccination Category	В	
Website	http://www.islhd.health.nsw.gov.au/	

PRIMARY PURPOSE

The Co-Director will work in partnership to strategically lead the delivery of clinical services within the Division of Palliative Care across the District. The Co-Director will provide strategic advice to the Board and Executive for all services provided by the Division and provide strategic direction for the clinical services within their division based on the level of activity and expertise delivered across the District. The Co-Director will foster a multidisciplinary approach to care with a focus on the total patient experience while ensuring service delivery is based on best practice, adapted to local needs and of a high standard. The position may be filled by nursing or allied health leaders.

The position will:

- Provide clinical leadership and are responsible for oversight of clinical policies and guidelines within the Division.
- Develop strategies to minimise clinical risk and ensure quality and safety protocols are maintained across the District for divisional services.
- Develop and monitor the implementation and delivery of clinical services plans, models of care and workforce plans for Palliative Care services within the Division.
- Undertake workforce planning, and in conjunction with operational managers, embed responsive and effective workforce management that enhances recruitment and retention, professional development, and succession planning.
- Ensure consultation occurs with other Divisions, Services and the GMs when considering new services or strategies.
- Develop and support research within the Division with a focus on developing and managing relationships with key internal and external stakeholders.



 Model the CORE values of Collaboration, Openness, Respect and Empowerment, demonstrating behaviour consistent with the Code of Conduct and working within prescribed boundaries, including policies, standards, procedures & legislative requirements.

The Division of Palliative Care is comprised of the following services:

- Inpatient Palliative Care Services.
- Community Palliative Care Services.
- End of Life Care.

COVID-19 VACCINATION COMPLIANCY

All NSW Health workers are required to have completed a primary course of a COVID-19 vaccine which has been approved or recognised by the Therapeutics Goods Administration (TGA). Additionally, Category A workers are required to receive a booster dose three months after completing the primary course of COVID-19 vaccinations. New applicants must have completed the vaccination course prior to commencement with NSW Health or provide an approved medical contraindication certificate (IM011 immunisation medical exemption form) certifying the worker cannot have any approved COVID-19 vaccines available in NSW.

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.

For Category A applicants, if dose 3 is not yet due they can sign the undertaking form to confirm they will receive the vaccine within 6 weeks of the dose due date.

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 leadership

- Develop processes to ensure care delivery is safe, timely, appropriate, effective & efficient & undertaken in accordance with professional standards & supported by best available evidence.
- Engage & collaborate with stakeholders to develop joint solutions, fostering a culture of achievement, accountability, and quality outcomes.
- Manage complex communications that involve understanding & responding to multiple & divergent views.
- Monitor policy implementation & compliance in collaboration with facilities & services.
- Provide clinical mentorship & professional advice.
- Maintain a visible presence across the District seeking opportunities to meet with patients, carers, colleagues & volunteers to gauge wellbeing and standards of care.

Clinical risk, quality and research

- Ensure processes are in place to identify, respond & mitigate potential/actual clinical risks ensuring accountability for professional practice and patient safety.
- Jointly lead the Division's quality standards in terms of national accreditation standards, ensuring clinical review activities are undertaken as part of the Quality Improvement Programme.
- Promote compliance with IMS+ & appropriate management of incidents, in accordance with NSW MoH,
 District & site policies including the follow-up of actions & outcomes.
- Facilitate consumer & community involvement in Divisional activities.
- Promote/support research within the services of the Division by development of relevant key performance indicators (KPIs), stakeholder engagement & sourcing of grants/funding as required.

Clinical service planning

- Develop Clinical Service Plans (CSP) in consultation with Heads of Department/Services, Professional Leads & the Planning Team with consideration to the changing population, technology, and health needs.
- Develop annual plans that implement agreed outcomes against the ISLHD Strategic Delivery Plan & monitor the results.
- Ensure appropriate consultation with other Divisions/Services, GM's, DMS's and Finance when planning new or enhanced services.
- Jointly develop and implement plans that improve the health outcomes for Aboriginal &Torres Strait Islanders
- Engage consumer groups to enhance the co-design of services across ISLHD.

Workforce planning and development

- Develop Workforce Plans in consultation with Professional Leads, workforce, and other key stakeholders.
- Provide expert clinical advice regarding workforce planning, workforce development, clinical education, and training.
- In consultation with Service leads, Hub GMs & other key stakeholders, ensure appropriate coverage & mix of medical, nursing & allied health staff in Division facilities.

Teamwork

- Create a culture of safety, kindness, and continuous improvement by setting the standard for team behaviours.
- Establish systems to ensure all staff are able to identify direct connections between their efforts & organisational outcomes.
- Coach the team to improve performance and/or behaviours that support improving the effectiveness of safety systems and practices.
- Identify, recognise & celebrate success.
- Model work behaviours consistent with the CORE values.



SELECTION CRITERIA

- 1. Current registration with AHPRA as a Registered Nurse with a minimum of 3 years post registration experience and an appropriate clinical post graduate qualification in the specified field or recognised tertiary qualifications in an Allied Health discipline with AHPRA registration (where applicable) or eligibility for membership to the relevant peak Professional Association.
- 2. Relevant tertiary qualification or working towards same and/or substantial recent experience at a senior management level.
- 3. Demonstrated leadership skills and the ability to motivate inspire and organise staff to achieve organisational, program and professional outcomes.
- 4. Demonstrated experience in the application of change management principles and achievement of measurable outcomes.
- 5. Demonstrated ability to identify and analyse clinical needs and to recommend and evaluate innovative business plans and organisational strategies in response to those needs. This includes the implementation of innovative and effective models of clinical practice.
- 6. Proven effective negotiation and communication skills (written and verbal) with a wide range of stakeholders including patients, public, and Ministry of Health and government representatives.
- 7. A comprehensive knowledge of and commitment to health system safety, quality, risk management, improvement systems, research, and professional development.
- 8. Current unrestricted Class C NSW Drivers Licence.

KEY CHALLENGES

- Development of collaborative partnerships across the District to ensure optimal service delivery.
- Creating a positive environment for our clinical workforce from attracting and retaining specialists and senior staff to supporting the development of junior staff.
- Balancing the development of services while maintaining financial sustainability.

KEY RELATIONSHIPS

Who	Why
Executive Director of Integrated Community Services and Mental Health	Provide and receive feedback and directions on operational issues.
Divisional Medical Co-Director	Collaborate over Divisional strategic and operational priorities.
Heads of Department/ Services	Provide feedback and direction on strategic operations and collaborate over patient care and service direction.
Ministry of Health	Liaise with appropriate branch directors as required to ensure timely exchange of required information and advice.



Job Demands for: ISLHD - Palliative Care Division Divisional Co-Director (Nursing)

Physical	Demands
Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials Frequent	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 Not Applicable	Bend/Lean Forward from Waist - forward bending from the waist to perform tasks Infrequent
Trunk Twisting - turning from the waist while sitting or standing to perform tasks Infrequent	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	Lifting/Carrying - light lifting and carrying (0 to 9 kg)



Infrequent	Frequent
Lifting/Carrying - 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
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	Infrequent
Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands	Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work
Occasional	Not Applicable
Driving - Operating any motor powered vehicle	
Frequent	

Sensory I	Demands
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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
Touch - use of touch is an integral part of work performance	
Constant	
Psychosoci	al Demands
Distressed People - e.g. emergency or grief situations	Aggressive and Uncooperative People - e.g. drug/alcohol, dementia, mental illness
Occasional	Not Applicable
Unpredictable People - e.g. dementia, mental illness, head injuries	Restraining - involvement in physical containment of patients/clients
Not Applicable	Not Applicable
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



Infrequent	Infrequent
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 Not Applicable	Sunlight - risk of sunburn exists from spending more than 10 minutes per day in sunlight 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 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	Biological Hazards - exposure to body fluids, bacteria, infectious diseases



Not Applicable	Infrequent

