

VALUES

Integrity
Tu Tangata

Compassion
Aroha

Respect
Whakaute

Excellence
Te Hiranga

Teamwork
Mahitahi

Stewardship
Kaitiakitanga

SUPPORTING STATEMENT

Integrity requires courage, strength and commitment – it builds trust and trust creates a solid foundation from which respect can grow

Compassion requires partnership and genuine engagement – it is caring and empathy in action

When we treat people with respect we affirm dignity and a sense of self-worth

A culture of excellence inspires confidence, supports learning, and encourages innovation

Teamwork means creating a culture that values collaboration and a belief that better outcomes are achieved if we work together co-operatively and harmoniously

Trustworthiness as an organisation and accountability to the community is shown through the careful management of all resources entrusted to us

KEY RESPONSIBILITIES AND EXPECTED OUTCOMES:

The position of Quality and Safety Manager encompasses the following key areas of responsibility:

1. Working with the Chief Executive Officer, Medical Director and wider leadership group provide strategic quality and risk leadership to the organisation that promotes the culture of excellence at NHH that results in meaningful continuous improvement and the the delivery of high quality specialist palliative care services to our community.
2. People support and management.
3. Undertake core leadership responsibilities.
4. Meets core organisational requirements

The outcome requirements of the above key responsibility areas are outlined below:

KEY RESPONSIBILITY 1: Working with the Chief Executive Officer, Medical Director and wider leadership group provide strategic quality and risk leadership to the organisation that promotes the culture of excellence at NHH that results in meaningful continuous improvement and the the delivery of high quality specialist palliative care services to our community.

Expected Outcomes:

- 1.1 Working collaboratively as a member of the Leadership Team, lead and maintain a vision for organisational excellence for NHH aligned to the strategic plan; draw on recognised quality frameworks, systems and resources, such as the Baldrige Criteria for Healthcare Excellence, the Institute for Healthcare Improvement and the Health Quality and Safety Commission, to challenge organisational thinking and answer the questions: how well are we doing, how do we know that, and where are the opportunities for improvement?
- 1.2 To ensure there is a robust quality and risk framework in place that is effective and responsive and enables timely action and sustainable system improvements

1.3 Working proactively with the NHH team, drive quality management through top down and bottom up solutions to embed necessary change and sustained improvement. This includes but is not limited to:

- a) Provide advice and support to the Manager of Volunteer and Hospitality Services and Retail Manager to ensure the culture of excellence, continuous improvement, risk management and regulatory compliance is sustained across all areas of the organisation.
- b) Working collaboratively with the Quality and Practice Development Coordinator and other clinical leaders to identify innovations, service improvement objectives and priorities, minimise harm and reduce risk in the delivery of services and provide continuous quality improvement support to these activities.
- c) Working with the Executive Administrator and Quality Hub personnel to realise the maximum benefit to NHH from the suite of software tools in the Quality Hub system; oversee the implementation, ongoing use and evaluation of the various systems selected for use by NHH.
- d) Working with all managers and clinical leaders to make the best use of data from systems such as PalCare, Quality Hub, consumer and staff feedback, internal audit and performance results to drive improvement, and pursue intelligent risks and innovations for new and improved outcomes in the delivery of quality specialist palliative care.

1.4 Working proactively with the NHH team ensure that North Haven Hospice successfully meets or exceeds regulatory compliance requirements and achievement of current recommended best practice standards in all objectives. This includes but is not limited to:

- a) Ensuring continuous certification of patient services is maintained with the Ministry of Health in accordance with the prevailing Health and Disability Services Standards, driving all aspects of the certification audit process.
- b) Ensuring prevailing best practice and palliative care specific standards are incorporated in NHH's documented performance expectations; this includes but is not limited to the Hospice NZ Standards for Palliative Care 2019 and Mauri Mate, A Maori Palliative Care framework for Hospices 2019.
- c) Ensuring all emergency and statutory training is current.
- d) Ensuring engagement and participation of staff and managers on an organisation-wide health and safety programme to achieve good health and safety performance in accordance with the Safety at Work Act 2015, including chairing the Health and Safety Committee.
- e) Promoting and encouraging training and development of staff on continuous quality improvement and risk management methods and requirements.
- f) Overseeing the clinical audit programme.
- g) Encouraging and supporting systems for engagement with consumers on services management; this includes but is not limited to implementation of a system of clinical governance that is inclusive of consumer representation and undertaking consumer satisfaction surveys.
- h) Overseeing the development, review, issue and withdrawal of NHH policies, procedures, guidelines, forms, brochures and information for patients, whanau and staff in accordance with the Framework for Controlled Document Management (FRA 001).
- i) Ensuring systems, processes and documentation meet contractual and externally audited requirements, and to evidence regulatory compliance

- j) Ensuring the quality specifications in the contract for service with the Northland District Health Board are achieved.

1.5 Proactively work with managers on identifying and acting on organisational risks in accordance with the Risk Management Framework (RIS 001). This includes but is not limited to:

- a) Ensuring there are necessary systems, processes and staff training on risk management relevant to a not-for-profit charitable organisation.
- b) Scanning at least quarterly for new and emerging risks, analysing and treating these risks.
- c) Maintaining the risks register and ensuring there is reporting at least quarterly on the active risks.

1.6 Proactively work with managers on an effective and efficient system of emergency management across the organisation. This includes but is not limited to:

- a) Identifying risks, and plans for preparation, response and recovery in relation to emergency events, from internal or external sources, with the potential to impact on part or all of hospice operations
- b) Emergency training and development of staff and volunteers, including trial evacuation and table-top exercises based on likely emergency scenarios
- c) Ensuring NHH emergency planning and response is in accord with current best practice approaches, and there is effective communication and collaboration with emergency response services locally, regionally and nationally as appropriate.

1.7 Proactively work with managers on reportable events in accordance with organisational policy and the requirement of external agencies for reporting and statutory notifications. This includes but is not limited to:

- a) Ensuring there are necessary systems, processes and staff training on reportable event management;
- b) Encouraging the prompt reporting of accidents, incidents, injuries and other untoward events and near misses;
- c) Maintaining an overview of these and verifying risk analysis and SAC ratings;
- d) Leading and supporting timely, robust incident investigation processes;
- e) Identifying and acting on opportunities for improvement and organisational learning;
- f) Ensuring recommendations from reviews are actioned and incidents closed in a timely manner.
- g) Ensuring as required external notifications are made;
- h) Maintaining appropriate records and presenting results including trend reports.

1.8 Proactively work with managers to carry out the responsibilities of Privacy Officer for the organisation. This includes but is not limited to:

- a) Ensuring there are necessary systems, processes and staff training for compliance with the Privacy Act 2020;
- b) Dealing with privacy complaints; keeping the CEO informed of these and the findings of investigations.
- c) Dealing with requests for access to or correction of personal information;
- d) Maintaining appropriate records;
- e) Liaison as required with the Office of the Privacy Commissioner.

1.9 Proactively work with managers to carry out the responsibilities of Complaints Officer for the organisation. This includes but is not limited to:

- a) Ensuring there are necessary systems, processes and staff training for compliance with the Code of Health and Disability Consumers' Rights;
- b) Ensuring there are accessible and simple feedback mechanisms for patients and whanau;
- c) Dealing with complaints and other feedback; keeping the CEO informed of these and findings of investigations.
- d) Ensuring the complaints and corrective actions register is maintained, that trends are identified and corrective actions achieved;
- e) Liaison as required on related matters with the Office of the Health and Disability Commissioner, the National Advocacy Service, the Ministry of Health and the Northland District Health Board.

KEY RESPONSIBILITY 2: People Support and Management

Expected Outcomes

- 2.1 Line management of the quality and safety team within NZ employment law and the standards and expectations of NHH.
- 2.2 With the quality and safety team, in collaboration with other organisational leaders, plan and prioritise work, set clear performance expectations and actively manage for achievement of short and long term quality and safety objectives.
- 2.3 Proactively lead and manage the quality and safety staff, participate in the recruitment of suitable people when required and help them to work to their best potential individually, as a team and collaboratively with other NHH work groups.
- 2.4 In partnership with the area managers and educators, identify training requirements of staff across the organisation and develop which meets identified needs.

KEY RESPONSIBILITY 3: Undertake core leadership responsibilities

Expected Outcomes:

- 3.1 Work within a collaborative leadership model that supports shared decision making and the vision and values of NHH.
- 3.2 Participate in strategic and annual service planning processes.
- 3.3 Ensure that planning and evaluation of services takes into account consumer expectations, cultural needs and contractual obligations.
- 3.4 Work in partnership with members of NHH's Leadership Team to make sure all work streams across the organisation are well aligned and that there is a shared understanding of priorities.
- 3.5 Ensure specifically identified objectives within the annual service plan are met, and that reporting occurs in a timely manner.
- 3.6 Ensure activities align with and support the organisation's strategic direction.
- 3.7 Promote a learning environment and a positive culture where innovative solutions to emerging issues is encouraged and supported.
- 3.8 Develop excellent relationships with colleagues and external stakeholders relevant to the position.
- 3.9 In collaboration with other team members, actively promote a public health approach to palliative care and NHH's vision of "compassionate communities that work together, supporting people to live and die well".

- 3.10 Work with the Chief Executive Officer and the Business Manager to set the annual quality and safety budget; monitor and manage actual expenditure and report on any variances.
- 3.11 Participate in the leadership team on-call roster.
- 3.12 Deputise for the CEO as required.

KEY RESPONSIBILITY 4: Meet core organisational requirements

Expected Outcomes:

- 4.1 Know, uphold and model the values, philosophy, policies and standards of North Haven Hospice and current recommended best practice standards relevant to the position.
- 4.2 Keep informed about and comply with legal and regulatory requirements including any code of conduct relevant to the position.
- 4.3 Participate in the North Haven Hospice continuous improvement and risk management programme.
- 4.4 Participate in the North Haven Hospice health and safety management programme, acting in accordance with the agreed standards and accountabilities of staff as set out in the Health and Safety policy.
- 4.5 Observe and promote safe work practices and be proactive in hazard management.
- 4.6 Honour the Treaty of Waitangi, respecting the beliefs and values of those who identify as Maori, supporting tikanga practices as they are incorporated into hospice care and services.
- 4.7 Respect the beliefs and values of all people including those of particular cultural, religious, social and/or ethnic groups.
- 4.8 Participate in performance review and development, including attending training relevant to the position.
- 4.9 Act as an ambassador for hospice in the community through work and own social networks whilst maintaining the confidentiality of individuals and not acting or speaking on behalf of or representing North Haven Hospice unless so authorised by the Chief Executive Officer.

VARIATION OF DUTIES:

Duties and responsibilities described above should not be construed as a complete and exhaustive list as it is not the intention to limit the scope or functions of the position. Duties and responsibilities may be amended from time to time, in consultation with the employee, to meet changing service requirements.

Signed Employee _____ **Date** _____

Signed Employer _____ **Date** _____

QUALITY AND SAFETY MANAGER

PERSON SPECIFICATION

EDUCATION AND QUALIFICATIONS:

Essential:

A qualified health professional with a good understanding of the specialist palliative care environment
Class B driver license

Desirable:

Quality & risk management qualification
Quality improvement methodologies training
Masters' degree (or well advanced on this pathway)
Auditing qualification

EXPERIENCE

Essential:

Demonstrated ability in influencing change through quality improvement methods within a health care setting
Project management experience
A high standard of computer literacy
Leading a team
Excellent report writing abilities
Previous leadership experience
Demonstrated ability to plan and manage complex projects

Desirable:

Use of Improvement Science methodology

AWARENESS AND UNDERSTANDING OF:

Health Information Privacy Code 2020
Code of Health and Disability Consumers' Rights 1996
Health and Disability Sector Standards NZS 8134: 2008
Health and Safety at Work Act 2015, and related regulations
Safe Plus, health and safety performance toolkit, WorkSafe NZ, 2018
Health Practitioners Competency Assurance Act 2003 and related regulations
Hospice NZ Standards for Palliative Care 2019
Current issues and trends in relation to specialist palliative care

SKILLS AND PERSONAL ATTRIBUTES:

Ability to work within a collaborative leadership model
Ability to coach and mentor staff
Excellent verbal and written communication skills, with good attention to detail
Skilled at building and maintaining professional and respectful relationships with a range of stakeholders
High level of integrity and confidentiality
Ability to deal with complex and challenging situations in a calm and reflective manner
Demonstrated experience in change management