

The Lake Taupo Hospice Trust was established on the 8<sup>th</sup> July 1986.

The Trust is committed to the ongoing development and delivery of palliative care services in the Taupo/Turangi region in conjunction with Lakes DHB and other stakeholders. Lakes DHB recognises and has contracted Lake Taupo Hospice Trust to be the Specialist Palliative Service Provider in the southern half of Lakes DHB.

Lake Taupo Hospice Trust operates its services from Iazard Hospice House, 29 Huka Falls Road, Taupo.

#### OUR VISION

'Living Every Moment'

#### OUR MISSION

Lake Taupo Hospice strives to be a patient and family/whanau focused centre of excellence, providing specialist palliative care to all those with active progressive life limiting illness.

All palliative patients and their family/whanau have timely access to both clinical and support services throughout the course of their journey.

Services are accessed through a single point of entry via the Lake Taupo Hospice Patient Care Coordinator.

We work in partnership with our communities and other health service providers to ensure that our patients may live every moment and die well supported with dignity, in the place of their choice.

#### OUR VALUES

Compassion: Valuing empathy, concern, kindness, caring, faith and hope

Excellence: Valuing leadership, education, innovation, advocacy and quality

Respect: Valuing honesty, thoughtfulness and consideration

Trust: Valuing reliability, fairness, truth, responsibility and competence

Partnership: Valuing collaboration, friendship and consultation

#### TREATY OF WAITANGI

Lake Taupo Hospice acknowledges the principles of the Treaty of Waitangi. In practical terms this means:

**Partnership:** working together with iwi, hapu, whanau and Maori communities to develop strategies for improving palliative care for Maori

**Participation:** involving Maori at all levels of the sector in planning, development and delivery of services

**Protection:** ensuring Maori wellbeing is protected and improved as well as safeguarding Maori cultural concepts values and practices

Lake Taupo Hospice is committed within the framework of the New Zealand Public Health and Disability Act (2000) to supporting the Crown in its Treaty relationship.

**POSITION TITLE**

General Manager (GM)

**REPORTS TO**

Chairman of Lake Taupo Hospice Trust

**POSITION PURPOSE**

The GM acts as both a leader and manager in the sustainability, development and growth of expert hospice palliative care services and operations, so that people in the Taupo and Turangi communities are enabled to live fully until they die in the place of their choice.

The GM's management responsibilities include informing, directing, implementing and monitoring the Board's Strategic Plans, Annual Plans and Service Plans so that service provision, contractual obligations and financial targets are met.

The GM's leadership responsibilities include being the 'face of hospice', community engagement, relationship building, networking, coaching, mentoring and motivating all stakeholders to engage with and deliver the vision, mission and values.

**BACKGROUND**

Lake Taupo Hospice has evolved from a volunteer-based service in 1983, to a professionally led community-based service in 2005, and now has 24 employed or contracted staff and over 300 volunteers. DHBs and stakeholder views are respected but service development has been mostly driven by patient and family/whanau need.

Services are based on the Te Whare Tapa Wha (four-sided house) model of well-being with a holistic approach and the whole family/whanau and carers considered as the unit of care. An inter-disciplinary clinical team and volunteers serve the physical (Taha Tinana), social (Taha Whanau), emotional (Taha Hinengaro) and spiritual (Taha Wairua) needs of patients, family/whanau and carers on the journey towards end of life care and beyond for all concerned. This service is currently provided to around 80 patients and their families/whanau at any one time. Administrative support is provided that includes financial, accounting, reception, general administration, equipment management, volunteer management, fundraising, marketing and promotions.

Palliative care is evolving rapidly in response to an aging population with rising numbers of the very old, who are living longer with multiple co-morbidities and complex health needs. Higher need will require innovative thinking and careful community relationship building, along with competitive workforce recruitment and retention strategies so that community palliative care needs are proactively managed into the future.

There is a complex and extensive amount of hospice, palliative care and health related documentation, standards and legislative provisions, including (but not limited to), the Health and Safety legislation, National Specialist Palliative Care Service Specifications, National Specialist Palliative Care Referral Criteria, the National Palliative Care Resource and Capability Framework and the Hospice New Zealand Standards for the provision of palliative care. For the GM to excel, these documents, and a host of other frameworks, plans, reports, initiatives and health service related legislation need to be understood from international and national perspectives so they can be translated and implemented locally.

A major challenge is securing sustainable funding. Implementing health systems, health policy and health planning changes could affect delivery performance as hospices are universally under resourced in both finance and human resources. Financial resources that are dependent on both Lakes DHB contracts and community fundraising are uncertain. Extra external challenges are placed on rural and provincial hospices when population-based funding formulas are inequitable. Community ownership of hospice, and community engagement, are critical relationships to be fostered, and expanded.

## **ACCOUNTABILITIES**

### **Organisational Leadership**

The GM is responsible for leading the service so that community and hospice teams are openly engaged and share a common vision, mission and values so that Hospice is a highly valued community service.

Leadership responsibilities include:

- Communicating, informing and upholding the Vision, Mission and Values
- Relationship building and networking at community, regional and national levels
- Community engagement and partnership, 'the Face of Hospice'
- Managing change proactively
- Coaching, mentoring, motivating and performance management of staff
- Stakeholder engagement and partnership

### **Organisational Management**

The GM is responsible for managing day to day operations so that systems are in place that create effective and efficient services and service delivery.

Management responsibilities include:

- Developing and implementing Annual Plans to meet the Strategic Directions Plan and the Strategic (3-5 Year) Plan
- Risk assessment and risk management
- Health and Safety Practices monitoring
- Compliance Management and Reporting Quality standards
- Monitoring Clinical Service Delivery and Performance in conjunction with the Clinical Team Leader
- Human Resource Management and Staff Development

### **Clinical Services**

The GM, through oversight of, and support to, the Clinical Team Leader, ensures that

- The Clinical Care Plan is appropriately documented, updated as required, and meets national MoH, DHB and HNZ standards
- The Clinical Team (Nurses, Family Support, Educators et al) are fully versed in the aspects of care services and service delivery they are responsible for (providing services to patients, carers, family/whanau, volunteers, etc)
- The Clinical Team Leader is provided with all necessary support to ensure they can fulfil their CTL accountabilities and responsibilities on a day-to-day and ongoing basis
- The Palliative Care, and related, outcomes specified in the Clinical Care Plan are achieved, meet required standards, are on time and within budget

### **Financial Management**

The GM, in conjunction with the Financial Administrator, and the Fundraising & Promotions Manager, manages and/or oversees

- Income and expenditure to ensure the Board's financial goals are met and the Hospice's operations and services are financially sustainable
- Fundraising Planning, Strategy and Implementation
- Donor (Sponsor and Benefactor) Relationship Management
- Contracts Management
- Financial Control, Reporting, and Auditing
- Retail outlet planning and strategies to maximise revenue and profit

### **Facilities and Equipment Management**

The GM is responsible to undertake, manage and/or oversee

- The maintenance of facilities and equipment with an awareness of future need
- Ensure there is appropriate insurance cover and claim processes are efficient
- Ensure repairs and maintenance of facilities and vehicles are current and reviewed annually
- Ensure best contracts, prices and service are obtained through annual review of providers

### **Marketing and Public Relations**

The GM, in conjunction with the Fundraising & Promotions Manager, is responsible to undertake, manage and/or oversee

- The Marketing and Communications strategy to ensure the objectives of Hospice are consistently communicated to, received by, and understood by all stakeholders
- Marketing campaigns, using appropriate media, to ensure they have the creativity and innovation to engage donors and stakeholders
- Promotional messaging, using appropriate media
- Opportunities are sought and undertaken for regular promotion, through public speaking, written communication, and attendance at key events
- Be a lead media spokesperson for Hospice
- Regular and timely meetings with Hospice NZ, other Hospices, Government, DHB and MoH

### **Volunteers**

The GM, in conjunction with the Volunteers Manager, ensures

- That Hospice is highly regarded by the community as an organisation that provides valuable community services, and is worthy of volunteering
- That being a Hospice volunteer is highly valued by Hospice, staff, patients, carers, family/whanau, and the community
- That opportunities for able and willing volunteers are created and available for a diverse range of skills and competencies, and communicated throughout the community

### **Health and Safety**

- Ensure the requirements of the Health and Safety Act, and other relevant regulations, are continuously met
- Maintain relevant policy, procedures and guidelines to ensure a healthy and safe working environment
- Drive a culture of continuous improvement and zero harm

### **Risk Management**

- Ensure analysis of key risks is regularly reviewed & reported, and key controls are working effectively to mitigate key risks
- Maintain risk and hazard registers and manage the elimination or isolation of all risks and hazards to the operational environment
- Continually monitor the existing and potential risks to the financial health of Hospice

### **OUTPUTS**

- Leadership is positive, visible, team and people-focused, inspiring and effective
- Staff are fully engaged with the vision, mission and values, and delivering agreed strategic priorities
- The community acknowledges Hospice as a highly valuable community entity and service
- The community and community groups strongly endorse and support Hospice
- There exists a stable pool of able and willing volunteers
- Strategic goals are achieved and documented
- Relationships and partnerships are maintained and grown
- Services meet current and future local need
- Financial management is robust, and processes sound
- Funding meets operational, capital expenditure, and reserve needs
- Buildings and Equipment are fit for purpose
- Change is proactively led and managed

**RELATIONSHIPS - Direct Reports**

- Hospice Clinical Team Leader (1)
  - Community Palliative Care Nurses (5)
  - Relieving Community Palliative Care Nurses (3)
  - Clinical Nurse Educator/ Clinical Quality (1)
  - Family Support Leader: Social Worker/Counsellor/Pastoral Carer (2)
  - Day Stay Coordinator (1)
  - Night Carer (1)
- Hospice Volunteers Manager (1)
  - Volunteers (300+)
- Hospice Administrators/Receptionists (2)
- Hospice Fundraising & Promotions Manager (1)
  - Fundraising Assistant (-)
- Hospice Retail (Shop) Manager (1)
  - Assistant Shop Managers (3)
- Hospice Finance Manager (1)
- Hospice Massage Therapist (Contractor) (1)
- Hospice Palliative Medicine Specialist (Contractor) (1)

**RELATIONSHIPS - Internal**

- Lake Taupo Hospice Trust Board
- Lake Taupo Hospice Development Trust Board
- Staff
- Patients and Family/Whanau
- Volunteers

**RELATIONSHIPS - External**

- Hospice New Zealand – Hospice Governance
- Ministry of Health Advisory Groups - Palliative Care Advisory Groups/Consultancy
- Midland Cancer & Palliative Care Networks - Palliative Care Regional Planning/Consultancy
- Midland Health Network - Collaborative Service Provider
- Waikato Regional Palliative Care Centre - Contracted Service Provider
- Lakes DHB Portfolio Manager - Contracts Management/Consultancy
- Lakes DHB Advisory Groups - Palliative Care Regional Planning/Consultancy
- Lakes DHB Pediatric Palliative Care Team - Collaborative Service Provider
- Taupo Hospital - Collaborative Service Provider
- District Nursing Service - Collaborative Service Provider
- Rotorua Hospital & Waikato Hospital Managers- Collaborative Service Providers
- Lakes Needs Assessment and Coordination Service - Collaborative Service Provider
- Te Nohanga Kotahitanga (Tuwharetoa Health Governance Board) - Kaumatua and Kuia Representatives on LTHT
- Tuwharetoa Health & Health Care NZ- Collaborative Service Providers
- Cancer Society & Cancer Liaison Nurses- Collaborative Service Provider
- Aged Residential Care - Collaborative Service Providers
- General Practitioners - Collaborative Service Providers
- Contractors and Suppliers - Service Providers
- Employee Union Representatives - Hospice MECA
- HealthShare- Lakes DHB Auditors
- DPA and Associates: Accountancy Firm - Financial Auditors/Advisors
- Le Pine & Co - Legal Advisors
- Sponsors, community organisations and benefactors

## FINANCIAL & PERSONNEL DIMENSIONS

- Budget - The 2018 budget for revenue is \$1.7m
- Staff 24
- Volunteers 300 +
- Patients 220 annually
- Family/Whanau 350 annually
- DHB contract 2018 includes MOH Pressures of Care and New Services funding

## PERSON SPECIFICATION

### Essential

- Demonstrated leadership of successful complex multi-disciplinary teams
- Demonstrated leadership of successful change and service development
- Experience in Non-government organisations
- Experience in strategic planning and financial management
- Experience in fundraising and marketing

### Desirable

- Tertiary qualification (any discipline)
- Experience in healthcare management and particularly palliative care
- Experience in dealing with Iwi
- Knowledge of the local community
- Local residency

## SKILLS AND COMPETENCIES

### Thinking

Judgement and Evaluation  
 Numerical analysis  
 Conceptual and strategic thinking  
 Decision making

### Personal & Interpersonal

Confidence and social interaction  
 Resilience, perseverance and energy  
 Influencing and negotiating  
 Communication – verbal and non-verbal  
 Establishing, building and maintaining relationships  
 Cultural awareness  
 Empathetic

### Business Acumen and Awareness

Concern for excellence  
 Networking/external relationships  
 Ethical awareness  
 Social and equity awareness  
 Integrity and credibility

### Leadership

Providing leadership to individuals, groups and teams  
 Managing performance of teams and individuals  
 Motivating, coaching and developing staff

### Operational

Strategic planning – long and short term  
 Coordinating people and resources  
 Customer (staff, volunteer, patient, carer, community) service orientation  
 Time and priority management