

1. Recruitment

Q.1.1: Will the new permanent Sustaining NSW Families (SNF) positions be advertised internally before advertising more widely?

A. Given there are 7 FTE permanent SNF positions, the roles will be advertised both internally across NSLHD and externally. Internal applications are highly encouraged.

Q.1.2: Given the number of new positions in the approved new CYF structure and the potential for some of the current NSLHD clinicians to move into roles within the new teams, how will the new and existing vacated position gaps be filled?

A. As the number of families choosing to engage with the SNF Program will gradually increase, the team's nurses will be onboarded in stages, over a 12-to-18-month period. This will allow time to back-fill any vacancies created by existing CFH nurses being recruited to the SNF Team.

The CYF Service engaging the NSLHD strategic recruitment and retention specialist resources, to plan a comprehensive approach to all recruitment actions that may flow from the proposed new structure.

Q.1.3: Will applications for secondments be considered to the Brighter Beginnings Preschool Health and Development Checks (BBHDC) Service as the funding is currently only available until 30 June 2026?

A. Yes. Internal NSLHD applicants for these temporary roles will be considered first, in consultation with the relevant service managers. Requests will be assessed in line with the provisions of the NSW Health Recruitment and Selection Policy.

2. Position Gradings and Role Scope

Q.2.1: Will there continue to be scope for Child and Family Health (CFH) RNs working in universal services to apply for a CNS1 personal grading?

A. Yes, nurses working in any Child and Family Health Team will be able to apply for a CNS1 personal grading and undertake the annual CNS1 validation process, in keeping with the Award provisions, to maintain their CNS1 grading.

Q.2.2: Will the Brighter Beginnings (BB) New Graduate RN position description be the generic RN PD?

A. The BB RN position will use the standard RN PD key accountabilities. As for all positions the PD purpose section will be customised to the role. The PD will also be accompanied by a specific Scope of Practice for a Grad Strat role in Child, Youth and Family Community Health. This Grad Start RN role is an important part of a CYF Nursing Workforce Sustainability strategy.

Q.2.3: How many new graduate 'Grad Start RN' participants are proposed as part of the Brighter Beginnings Health and Development Checks (BBHDC) service? What will the duration of their placement be, and what supports will be offered for them in a community clinical setting.

A. It is agreed that 1.0 FTE Grad Start RN role is created as part of the BBHDC Service Team. Negotiations with senior acute service colleagues are underway to discuss the proposal to establish a shared six-monthly rotating Grad Start RN role between Child, Youth and Family Health and an acute area. As part of the proposed arrangement, it is envisaged that there would be a full-time Grad Start RN working within the BBHDC Team, across each 12-month period.

Detailed planning has commenced to establish sound foundational structures and supports for the proposed new graduate RN role with CYF. This planning is expected to continue for many months to ensure that all processes and supports are in place before a new graduate nurse commences in the proposed role.

At this stage the position is funded until 30 June 2026, in keeping with the initial period of funding allocated to NSLHD for the BBHDC Program. This will provide an opportunity to pilot, evaluate and refine the support programs for the CYF Grad Start role within the CYF Community Health Service. Extension of the BBHDC Program funding and the New Grad RN role, beyond June 2026, will be dependent on the outcomes of the statewide evaluation of the BBHDC Program.

Q.2.4: Will the addition of the new SNF service reporting to the CYF Nurse Manager affect the position grading?

A. The original grading for the CYF Nurse Manager role was benchmarked against several other LHDs when the role was first established in 2023. The CYF NM position requirements have been reviewed, by the People and Culture Team, against the NSW NM Award grading criteria. The current level 4 grading remains consistent with the responsibilities for the CYF NM role within the new approved structure.

Q.2.5: Why is the SNF CNC2 a part time position (0.63FTE) and not a full-time position?

A. The Ministry of Health fund SNF services based on a standard nursing team profile and allocate the service budget accordingly. The SNF CNC2 role is not part of the standard staff profile for SNF. NSLHD has been able to configure the SNF budget received to fund a part-time CNC2 role. Budget is available to fund a 0.63FTE CNS2 role to support the SNF Clinical Coordinator role.

Q.2.6: Will the proposed SNF CNC2 role incorporate aspects of the existing CFHN CNC2 and 3 roles, as they are interrelated. How will they be differentiated?

A. The SNF CNC2 scope will be limited to working with families and staff engaged with the SNF Team, as the budget has been provided to NSLHD for SNF services only.

Q. 2.7: If preschool screening workload is currently undertaken by 3.2 FTEs, then is BBHDC RN .84FTE sufficient for additional preschool screenings of dental, height and weight?

A. Preschool checks will be undertaken by a multidisciplinary team, which will include the BBHDC Nurse, StEPS nurses and some of the BBHDC Allied Health clinicians.

Q.2.8: Is there potential for a senior RN for the BBHDC Client Flow Coordinator position?

A. The BBHDC Client Flow Coordinator will need extensive experience, qualifications and advanced level clinical skill in assessing young children's development - over and above developmental screening skills. They will need to be able to apply this high-level knowledge in reviewing learning and development information provided by Early Educators and parents as part of the health and development check program.

The role will also analyse the health and development check results together with any developmental history information in the client file to formulate an initial assessment of each child's needs and present these at case review and care planning meetings. Speech, language and social skill delays, and emotional regulation difficulties are expected to be among the most frequently identified child development issues identified through the preschool checks program.

This position will also be required to occasionally undertake other child assessment work as part of the BBHDC team leave relief arrangements.

Q.2.9: Will integrated health and development screening checks be undertaken by the StEPS RNs 3.2 FTE along with eyesight, or is it a separate process?

A. Discussions have been held with the current StEPS Team about offering vision, height, weight and basic dental checks for children on the same day. Some StEPS nurses have been piloting an integrated approach, which has been well received by preschools. When possible, vision, height, weight and basic dental checks will be offered together during one preschool check for each child – to reduce the need to duplicate bookings and optimise use of available program resources. At other times the checks will be offered separately. Team managers are working collaboratively to design and refine an integrated approach that optimises both child and clinician experience.

3. Sustaining NSW Families Program

Q.3.1: Where will the SNF allied health positions be based?

A. As the SNF Program will be offered to vulnerable families across Ryde, Hornsby and the Nth Beaches Local Government Areas (LGAs), the SNF social workers will spend time working across these LGAs. The client/clinician allocation will be determined together with the social workers who first commence in the roles. All SNF Allied Health roles will offer consultation for clients living in all three LGA catchment areas.

Q.3.2: Is an additional CNE/Education resources necessary due to SNF expansion and introduction of new graduates?

A. The clinical education program for SNF nurses is provided external to NSLHD, by Tresillian. The SNF CNC2 will also support clinical supervision and education for SNF nurses. The current CYF CNEs have capacity to incorporate the new SNF staff into the existing group-based, mandatory training courses that are scheduled and conducted for all CYF staff throughout each year. It is also the standard remit of a Clinical Nurse Educator to support new graduates and only one new graduate role will be created.

Q.3.3: What learnings have occurred from other LHDs who have implemented the SNF Program?

A. NSLHD is a member of the Ministry of Health SNF Program Leads Implementation Meeting. There have been several presentations from LHDs who have had well established SNF Programs for more than 10 years. The meeting facilitates exchange of information and insights from LHDs across NSW. Additionally, the new NSLHD SNF Clinical Coordinator (NUM) has extensive experience and expertise working as both a clinician and SNF Coordinator within another LHD. Her expertise combined with the MoH guidance provides a good foundation to support effective establishment of the NSLHD SNF Program.

Q3.4: Would it be possible to have the three clinical leads in the 3 Community Paediatric services in NSLHD report to CYF Clinical Director?

Yes. The reporting line change for the Community Paediatric Clinical leads has been approved and is included in the new approved CYF organisational structure. The new reporting lines aligns operational management, communication and professional lines of responsibility to the Community Paediatric Clinical Director role.

4. Model of Care

Q.4.1: How will the referral process work for the psychiatrist? Is this only for 4-year-old age bracket?

A. The CYF Child Psychiatrist position will be able to provide clinical consultation to the NSLHD Community Paediatricians for a child/young person of any age, although priority may be given to children not yet attending school and those in the first year of school. The Psychiatrist may occasionally undertake joint assessments with a community paediatrician. The referral process and eligibility will be finalised in consultation with relevant clinicians, once the agreed CYF structure is approved.

5. Post Restructure Implementation Evaluation

Q.5.1: Will a six-month post implementation review be undertaken, to establish learnings and any issues encountered.

A. Yes. It is confirmed that post realignment reviews, against the objectives outlined in the CYF restructure proposal, will occur within 6 to 12-months following establishment of the new services, recruitment to new positions and implementation of the new reporting lines within the governance structure. As with all services, ongoing monitoring mechanisms will be in place to support timely identification of issues and associated corrective actions.

We would like to acknowledge the Traditional Custodians of the Northern Sydney Local Health District region, the Dharug and Guringai peoples.

Their spirit can be found across the land and we honour the memory of their ancestors and Elders, past and present.