

NBMLHD: Proposed Restructure Patient, Safety & Quality Directorate

Dear Member,

Attached is correspondence the HSU has received from Nepean Blue Mountains Local Health District regarding a proposed restructure of the Patient, Safety & Quality Directorate.

Member feedback requested

The HSU industrial team is currently reviewing the potential impacts of the proposed restructure upon affected employees. We are now seeking feedback, views and comments from our members.

Please review the attached documentation and provide comment and feedback by close of business 11 July 2018. You can submit it by email to brendan.edghill@hsu.asn.au with subject line *NBMLHD PSQ Directorate*.

HSU organiser and sub-branch involvement

Your HSU organiser will be visiting your workplace shortly and convening a meeting to discuss the matter with affected employees. The HSU is also seeking expressions of interest from members to be part of the consultative process as a workplace delegate in any upcoming USCC meetings regarding this proposal. The most effective way to deal with these kinds of proposals is by taking into account the concerns of the group, agreeing on a way forward and presenting that united position to management.

Please distribute this newsletter to your work colleagues for their information and comments and encourage them to attend the meeting.

Not a member of the HSU? Now is time to join and have your say! You can join online at www.hsu.asn.au/join or call 1300 HSU NSW and join over the phone.

A union's effectiveness and negotiation power depends upon the strength and density of its membership base. Join your work colleagues today by becoming a member of the Health Services Union and help us continue to protect and improve your working life.

In unity,



Gerard Hayes
Secretary, HSU NSW/ACT/QLD



Secretary
Health Services Union
Level 2, 109 Pitt St
Sydney NSW 2000

By email: info@hsu.asn.au

Dear Secretary,

**Re: Restructure within the Patient, Safety and Quality Directorate
Nepean Blue Mountains Local Health District (NBMLHD)**

I write in relation to an identified opportunity for service improvement in our Patient, Safety and Quality Directorate, Nepean Blue Mountains Local Health District (NBMLHD).

In February 2018 a project was implemented to develop a Business Partner framework to enhance the delivery of services from:

- Workforce People and Culture
- Clinical Governance Unit
- Finance and Business Unit

As the LHD grows in population, service complexity and volume the District must prepare for a change in the way we do business to ensure we optimise the expertise of enabling service providers within our clinical management teams to create a high performing culture.

This concept paper outlines the case for change to introduce a Partner model within the LHD. These proposed changes will not result in any job loss. Where appropriate NBMLHD will be managing any affected staff in line with *PD2012_021 Managing Excess Staff of the NSW Health Service*.

We aim to undertake our consultation over the coming weeks and I have attached a copy of the following documentation for your information consistent with the consultation process in line with *PD2013_042 Restructuring Policy and Procedures-NSW Ministry of Health*;

- Concept Paper for Workforce Consultation
- New and Proposed Organisational Charts
- Proposed Role Descriptions

We welcome your feedback on the enclosed documentation by the 13th July 2018. If you have any questions in relation to this matter, please contact me on 02 4734 2745, or by email to debbie.wyburd@health.nsw.gov.au.

Yours sincerely

Debbie Wyburd
DIRECTOR CLINICAL GOVERNANCE & PROCESS IMPROVEMENT
Nepean Blue Mountains Local Health District

25 / 06 / 2018

**TOGETHER
ACHIEVING
BETTER HEALTH**

Nepean Blue Mountains Local Health
District
ABN 31 910 677 424

PO Box 63, Penrith NSW 2751
Tel (02) 4734 2000
Website www.nbmlhd.health.nsw.gov.au



Health
Nepean Blue Mountains
Local Health District

Nepean Blue Mountains Local Health District

Consultation (Concept Phase) Proposed Implementation of Patient Safety & Quality (PS&Q) Partner Model

May 2018

Version Control			
Date	Version Number	Changes Made	Name
17/05/2018	1	Draft	D Wyburd
23/05/2018	2	Updated draft	D Wyburd
06/06/18	3	Updated to include proposed model from Jan 2019	D Wyburd

Nepean Blue Mountains Local Health District
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November, 2016

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1. Purpose

This paper outlines a concept in relation to an identified opportunity for service improvement. The purpose of the concept paper is to undertake workforce consultation and seek feedback from staff and union representatives on a proposed service improvement initiative to enhance provision of Patient Safety and Quality advice and guidance by the Clinical Governance Directorate, Nepean Blue Mountains Local Health District (NBMLHD) The proposed change will be approached in line with the NBMLHD’s commitment to staff engagement and effective union and staff consultation.

2. Background

In February 2018 a project was implemented to develop a Business Partner framework to enhance the delivery of services from:

- Workforce People and Culture
- Clinical Governance Unit
- Finance and Business Unit

Local Health District (LHD) services are enablers within clinical operations (service delivery and development). Successful collaborative working between clinical operations and LHD services is critical to ensure delivery of the Ministry of Health Service Level Agreement, and in the delivery of our own LHD strategic plan.

As the LHD grows in population, service complexity and volume the District must prepare for a change in the way we do business to ensure we optimise the expertise of enabling service providers within our clinical management teams to create a high performing culture.

Figure 1 outlines a model for clarifying and negotiating business partner modes.

Figure 1: A Model for Clarifying and Negotiating Business Partnership Modes



This concept paper outlines the case for change to introduce a Patient Safety & Quality (PS&Q) model within the LHD.

3. Opportunity Identified

Connection and collaboration between the Facilities / Services and District Clinical Governance is essential to ensure delivery of safe care and a consistent approach to patient safety and quality across the LHD in line with the Ministry Service Level Agreement and NBMLHD Strategic plans.

The Patient Safety and Quality (PS&Q) Business Partner model will connect the business priorities, issues and risks with PS&Q legislation, policy, procedure and best practice. PS&Q Business Partners will be embedded in the Facility / Service and will collaborate and engage with District Clinical Governance specialists and teams on identified priorities, risks, issues and strategies.

District Clinical Governance will provide subject matter expert input and will support PS&Q Business Partners across NBMLHD.

Data to drive the business with appropriate service measures need to be standardised in line with the requirements of the Ministry Service Level Agreement and the NBMLHD Health Care Quality Committee. Data consistency across the District will allow benchmarking across facilities and services, uniformity of reporting, identification of risks and opportunities for quality improvement

4. Proposed Service Model

Existing PS&Q positions in the Facilities and Services will be transitioned into the PS&Q Business Partner model and remain co-located within clinical operations leadership / Executive teams. An additional 2.3 to 2.8 FTE allocation deployed from the District Clinical Governance Directorate will enhance resources in the Facilities and Services to support the model.

Clusters have been determined based on complexity, risk, activity and available resources as follows:

- **Cluster 1**
Nepean Hospital
 - Surgery and Anaesthetics
 - General Medicine
 - Women's and Children's
 - ED/ICU/Imaging
- **Cluster 2**
Blue Mountains/Springwood
Lithgow/Portland
PCCH
- **Cluster 3**
Mental Health
Drug & Alcohol
Oral Health

Current portfolio arrangements for the District Clinical Governance Directorate will be reviewed to enhance subject matter expert input and support that is aligned with Clusters, and to provide clarity of roles.

From July 2018 it is proposed there will be no change to the reporting lines for existing Facility/Service Patient Safety and Quality positions due to Accreditation in November 2018.

The Patient Safety and Quality Business Partner concept will be introduced on 2 July 2018 within existing reporting lines with professional reporting line to District Clinical Governance. This is a matrix management framework with dual reporting relationships to both the functional line manager (i.e. General Manager) and professionally to Clinical Governance. Appraisals and personal development plans will be undertaken using a triad arrangement for the Business Partners

Newly created positions will sit within Clinical Governance Directorate, deployed and embedded in the facilities and services

From 1 January 2019 reporting lines will move to a proposed newly created Lead PS&Q Business Partner/Educator role within the Clinical Governance Directorate. The principle of line management will be introduced with consideration of flexibility for those positions with mixed portfolios

Out-of-scope: Hawkesbury has its own business support structures in place and is therefore out of direct scope. We will continue to partner with Hawkesbury with the same collaborative framework as required.

5. Impact of Proposed Change and Potential Benefits

It is envisaged that the identified opportunity for service improvement will align with the benefits listed below. These benefits will be presented for consideration by union(s) and staff during consultation.

On Patients: Business as usual will continue during this transition and there will be no negative impact on patients. It is expected that overall patient services will be improved over time due to improved synchronisation and collaborative working across the LHD, ultimately improving support to our clinical management teams to undertake their work with our patients.

On Services: The purpose of this realignment is to realign roles and responsibilities, create subject matter champions, develop skills and capability, whilst better aligning work plans within operations and LHD services to be more synergistic.

On Finances: Existing resources will be utilised and roles defined. This is about delivering the same services, but in a different manner or in a different way to enable the clinical operations teams to be successful and empowered at a local point of delivery.

6. Proposed Affected Positions

Existing Clinical Governance Positions

Manager Quality and Process Improvement	No change to existing role other than professional reporting (*) of Business Partners
Manager Patient Safety and Clinical Risk	No change to existing role other than professional reporting of Business Partners
Accreditation and Compliance Consultant	No change
Quality Development Managers	No change
Policy and Print Manager	No change
Clinical Data Analyst	No change

Patient Safety and Clinical Risk Officers	No change
IIMS Training and Support Officer	No change
Clinical Advisor	No change
Executive Assistant	No change
CGU Office Manager	No change
Research Ethics and Governance staff	No change

(*) Guidance, coaching, education, mentoring, direction and professional leadership to achieve Patient Safety and Quality priorities and goals. Establishment of standards and best practice in line with requirements of the position, policy and legislation. Strategic alignment with Clinical Governance Directorate and organisational priorities.

Existing Facility and Service Positions

From January 2019 the principle of line management to Clinical Governance will be introduced with consideration of flexibility for those positions with mixed portfolios

Nepean Hospital Patient Safety & Quality Managers 1.8 FTE	July 2018: No change to existing Position Description other than professional reporting to Clinical Governance Jan 2019: Reporting line to Lead PS&Q Business Partner /Educator
Blue Mountains / Springwood Patient Safety & Quality Manager 1.0 FTE	July 2018: No change to existing Position Description other than professional reporting to Clinical Governance Jan 2019: Reporting line to Lead PS&Q Business Partner /Educator
PCCH Patient Safety & Quality Manager 1.0 FTE	July 2018: No change to existing Position Description other than professional reporting to Clinical Governance Jan 2019: Reporting line to Lead PS&Q Business Partner /Educator
Mental Health Patient Safety & Quality Manager 0.6 FTE	July 2018: No change to existing Position Description other than professional reporting to Clinical Governance Jan 2019: Reporting line to Lead PS&Q Business Partner /Educator
Drug and Alcohol Patient Safety & Quality Manager 0.6 FTE	July 2018: No change to existing Position Description other than professional reporting to Clinical Governance Jan 2019: Reporting line to Lead PS&Q Business Partner /Educator

New Positions

Cluster 1	1.0 FTE	To be recruited against proposed Position Description.
Cluster 2	0.5 to 1.0 FTE	To be recruited against proposed Position Description.
Cluster 3	0.8 FTE	To be recruited against proposed Position Description.

The opportunity identified for service improvement in this workforce consultation paper will not result in any job losses.

7. Workforce Consultation Plan

The workforce consultation process will be undertaken in accordance with *Table 1: Workforce Consultation Plan* (below). This process will entail consultation with relevant union representatives and staff on the concept identified for service improvement, where required the process may be repetitious.

Support available for staff will include:

- Individual discussion with the affected employees providing clarity about the impact of the changes as soon as is possible during the process;
- Consultation will be conducted with staff and relevant unions on ways to minimise the effects of the change;
- Support and assistance through the process from the relevant directorate line management with human resource services support to line managers if required.
- Employee Assistance Program including face-to-face counselling is available to all staff.

8. Engaging and supporting staff

- All staff will be given an opportunity to participate in the consultation. As part of the consultation process, staff forums/workshops will take place with impacted staff. These staff will be encouraged and supported by their managers, and will be allowed sufficient time and resources to actively participate in the consultation process.
- Engagement with participating unions will be encouraged throughout the consultation process.

Table 1: Workforce Consultation Plan

Consultation Step	Communication Tool	Responsible	Date
1. Initial union consultation	Letter to union to introduce identified opportunity and documentation.	Director, Clinical Governance	25/06/18
2. Consultation period (minimum of 2 weeks). The consultation phase will be used to understand in more detail the impact at an operational level, particularly for those Patient Safety and Quality staff with mixed portfolios.	Feedback sessions to be held with General Managers, Service Directors and staff over a 2 week period.	Director, Clinical Governance	25/06/18 – 13/07/18
3. Consultation period concluded and feedback considered What that means Gather information, consider implications and industrial requirements, and decide on proposed preferred model.	Email to staff and unions advising that the initial consultation has closed and that feedback is being considered.	Director, Clinical Governance	16/07/18
4. Proposed Business Case for Change developed for approval.	Proposed Business Case for Change, incorporating finalised service model and proposed implementation plan, developed and submitted for approval. Where appropriate, information about the proposed Business Case for Change will be submitted to the Joint Consultation Committee (JCC), as part of the consultation process.	Director, Clinical Governance	20/07/18
5. Second consultation period begins on proposed implementation plan (minimum of 1 week)	Proposed implementation plan presented for feedback over a minimum of a one week period.	Director, Clinical Governance	23/07/18

Consultation Step	Communication Tool	Responsible	Date
6. Second Consultation period concludes all feedback considered.	Email to staff and unions advising that service model consultation has closed, includes details of finalised implementation plan.	Director, Clinical Governance	30/07/18

10. Providing Feedback

Stakeholders are invited to provide feedback by Monday, 4 June 2018 about the change process. Feedback may be provided to Debbie Wyburd, Director Clinical Governance, email: Debbie.Wyburd@health.nsw.gov.au.

11. Attachments

The following attachments are included for consideration as part of the consultation process:

- Attachment 1: Proposed organisation structure – July 2018
- Attachment 2: Proposed organisation structure – Jan 2019
- Attachment 2: Draft role description PS&Q Manager (Business Partner)

Approvals

The following officer has **approved** the Workforce Consultation paper

Name:	Kay Hyman		
Position:	Chief Executive NBMLHD		
Signature:		Date:	

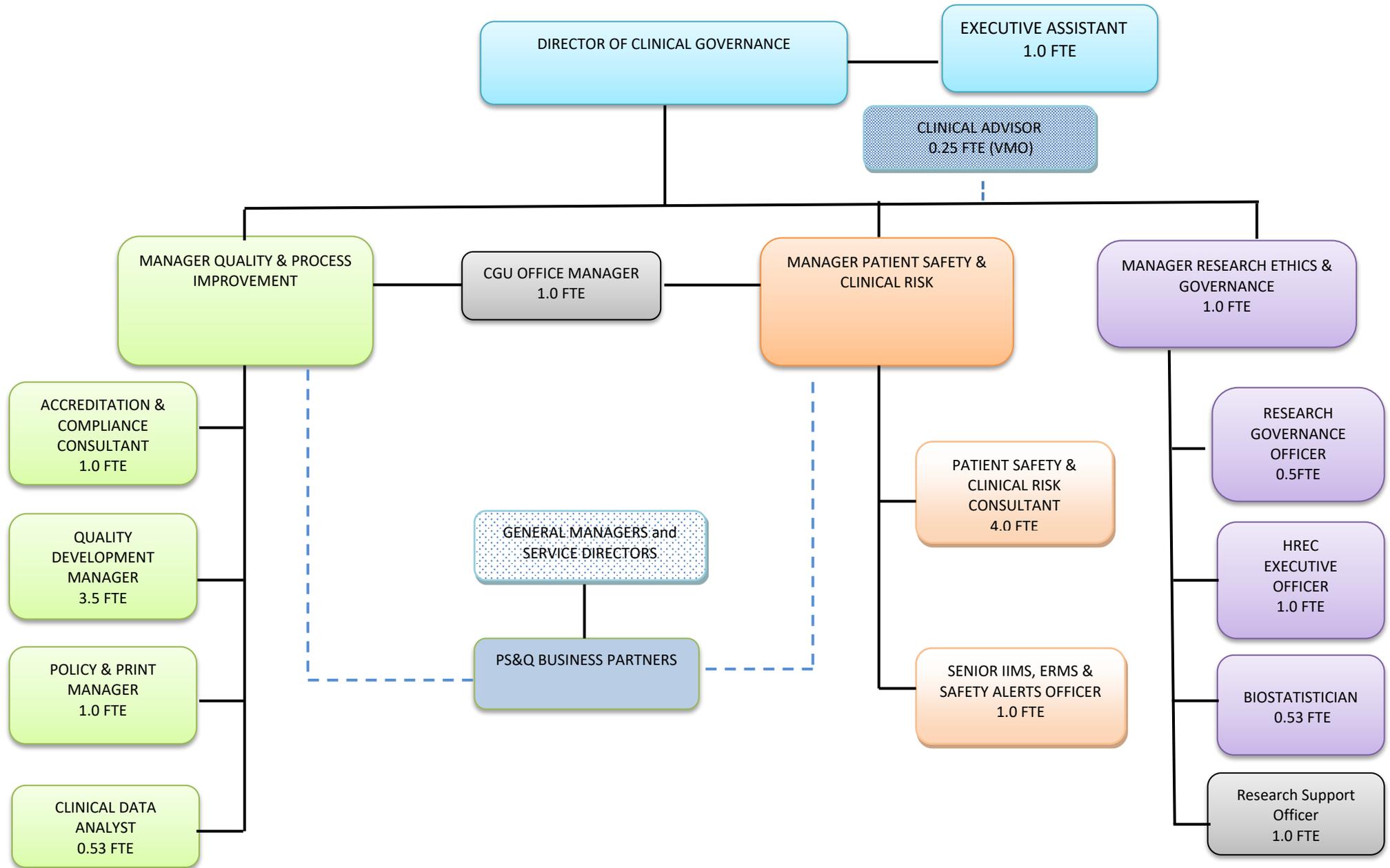
Workforce Consultation Paper Contact Details

Owner:	Debbie Wyburd, Director Clinical Governance
Contact details:	Debbie.Wyburd@health.nsw.gov.au
Division/Unit:	Clinical Governance NBMLHD
Document status:	Draft

Version history

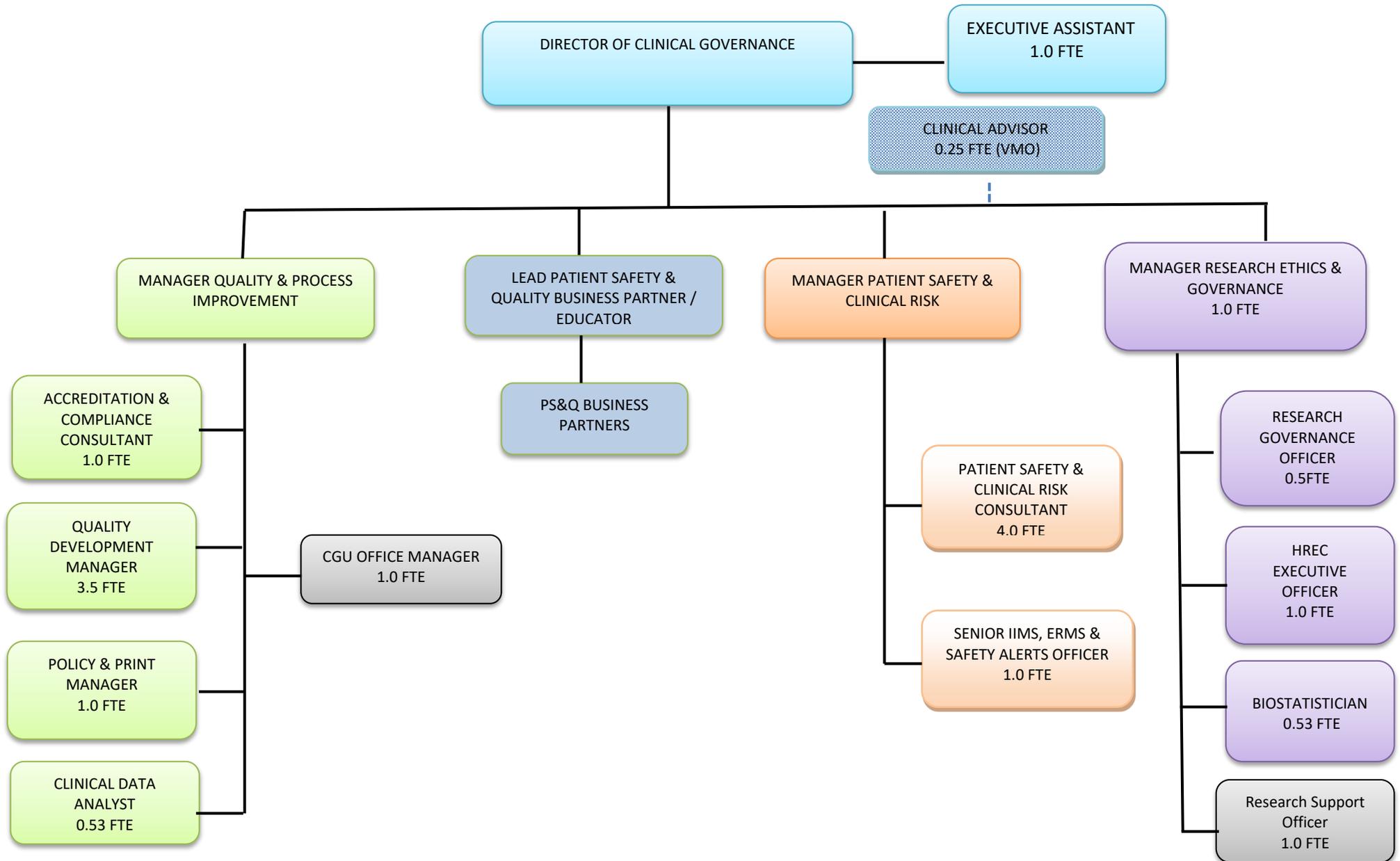
Version	Date	Changed by	Description
1	17/5/2018	D. Wyburd	Initial draft
2	18/5/2018	D. Wyburd	Minor amendments
3	18/5/2018	D. Wyburd	Final
4			

**ATTACHMENT 1
PROPOSED STRUCTURE: JULY 2018**



Professional - - - -

**ATTACHMENT 2
PROPOSED STRUCTURE: JAN 2019**



Professional - - - - .

DRAFT

NEPEAN BLUE MOUNTAINS LOCAL HEALTH DISTRICT (NBMLHD)

POSITION DESCRIPTION- Business Partner, Clinical Governance

(ROB COMPATIBLE)

KEY	
	Section Heading
	Section Description/tips
	Sub Category Heading
	Fields to be populated by author
	Local fields (Local use only – not required for ROB)

Section 1- Role Details	
Does this require role require Job Demands Checklist? (Yes/No)	Yes
Select Local Health District or Health Agency <small>(refer standard listing below)</small>	NBMLHD
Position Description Title <small>(limit 200 characters)</small>	Patient Safety and Quality Manager (Business Partner)
Does this role require Multi-Award? (Yes/No)	No
Award	Health Managers (State) Award
Position Classification	HSM Level 2 (proposed)
Job Category	
Job Classification	
Job Speciality	
Does this role require Senior Level Executive Standard (Yes/No)	No
Does this role manage or supervise others? (Yes/No)	No
Primary Purpose of the role <small>(limit 4000 characters)</small>	<p>The PS&Q Business Partner is responsible for the day to day management of the business relationship between Clinical Governance Directorate and XXXX to ensure effective, efficient and safe health care delivery</p> <p>The PS&Q Business Partner will integrate into the XXXX Executive team, will provide advice and guidance on all aspects of contemporary clinical governance and act as the liaison point for specialist advice from within Clinical Governance Directorate</p>

	<p>Lead and co-ordinate the planning, implementation, delivery and evaluation of all aspects of patient safety and quality for XXXXX including National Safety and Quality Health Service Standards and accreditation.</p> <p>Review data to identify quality improvement opportunities, work with staff to implement quality initiatives and streamlining processes to improve efficiency</p> <p>Implement quality systems to ensure the delivery of services consistent with District and State strategic direction, policy and best practice</p> <p>Develop, support and establish an organisational culture in which quality improvement, risk management and reduction in patient harm becomes an integral part of core business</p> <p>Coach, mentor and support managers within XXXX and assist in the achievement of NBMLHD's strategic objectives</p>		
Position Number	TBC		
Cost Centre	CC Name	CC Number	% allocation
	TBC	TBC	100
Organisation Unit	NBMLHD Clinical Governance		
Location	Various locations		
Facility			
Reports To	TBC: Manager, Quality and Process Improvement or Manager, Patient Safety & Clinical Risk (Clinical Governance)		
Registration/Licence Requirements	No		
Vaccination Category	B		
Employment Screening Check Requirements			
National Criminal Record Check (NRCC)?	Yes		
Working with Children Check (WCC)?	No		
Working with Aged Care Check?	No		
Section 2 – Key Accountabilities			
<p>A concise summary of the primary purpose of the role, answering the question: "Why does this role exist?" This is not a task list. They are overarching statements under which a number of tasks would sit Maximum of 12 key accountabilities (including the mandatory accountabilities)</p>			
Standard Key Accountabilities (limit 4000 characters) <i>Note: These Accountabilities will be read only on the Requisition</i>			
1.	Act as the conduit between the expertise from the Clinical Governance Directorate and XXXX to identify and drive improvements in the quality of service being delivered		
2.	Participate in business and strategic planning to ensure alignment of NBMLHD strategic and XXXX operational priorities		
3.	Provide leadership within XXXX, informed by strategic and operational priorities, to improve Patient Safety and Quality through implementation of evidence based best practice		
4.	Provide direction, support and training in implementation of quality improvement concepts, tools and processes within XXXX that aligns with NBMLHD, State, National or International initiatives		
5.	Establish and maintain frameworks, processes and systems to monitor, review and support evaluation of PS&Q activities and standards of care within XXXX that align with NSW Health and NBMLHD priorities and strategic direction		
6.	Identify and build partnerships with key stakeholders, maintain strong relationships with Clinical Governance Directorate and all senior managers and their teams within XXXX to enable the effective alignment of PS&Q strategies and organisational priorities		
7.	Provide leadership to inform strategic direction and priorities for quality improvement in XXXX clinical services that align with National Standards and supports NBMLHD achieve Accreditation		

8.	Provide support, advice and assistance to managers to establish effective and appropriate PS&Q governance, including the prevention and management of clinical incidents, management of clinical review activities such as Mortality & Morbidity, IIMS, Non-SAC 1 reviews, implementation of RCA recommendations and initiation of quality improvement projects
9.	Responsible for the timely delivery of sound PS&Q performance advice to Clinical Governance Directorate and XXXX Executive team.
10.	Use data, analysis and problem solving to inform risk identification and decision making to develop and implement innovative strategies that support the achievement of XXXX PS&Q business outcomes. Analyse trends and metrics in partnership with subject matter experts from within Clinical Governance Directorate to develop holistic solutions and programs
11.	Provide high quality analysis of PS&Q data and provide information in a way that assists managers to link this with business strategies and inform decisions on improvement opportunities
12.	Ensure key performance data and reports are submitted for key committees (e.g. Health Care Quality Committee, XXXX PS&Q Committee and Standards Governance Committees)

Additional Key Accountabilities

(limit 4000 characters)

Note: These Accountabilities will be editable by Hiring Manager

1.	Fulfil the responsibilities of this role in accordance with NSW Health and NBMLHD values
2.	Ensure systems, processes and activities comply with Ministry of Health, District and Service policies, procedures and guidelines

Section 3 – Key Challenges

The Key Challenges should not restate the Key Accountabilities. We recommend not to have more than 2-3 "Key Challenges" in total. Write two or three sentence concise statements.

Challenges are optional and can be left blank if there are no specific challenges identified

(section limit 4000 characters)

1.	Ensuring effective engagement of key stakeholders and effective management of their expectations with the demands of the broader complexities of NBMLHD
2.	Identify, understand and mitigate risks and potential negative consequences and/or outcomes within a diverse and complex environment
3.	Maintaining an understanding and knowledge of complex operational and service delivery issues that impact on the strategic direction of the LHD.
4.	Leadership in a change management environment, ensuring the service remains innovative while balancing the needs of competing demands within a complex, high work volume environment

Section 4 – “You’re working with”

The key Internal / External stakeholders and customers the role is expected to interact with routinely, rather than periodically.

Key Internal Relationships

Note: A maximum of three relationships are allowed

1.	Who? (limit 200 characters)	Lead PS&Q Business Partner / Educator	Why? (limit 200 characters)	This position serves as a direct report to the Lead PS&Q Business Partner / Educator. The PS&Q Manager (Business Partner) provides high level, accurate and timely operational and strategic advice that assists and aligns Clinical Governance Directorate with the Facility / Service
2.	Who? (limit 200 characters)	General Managers/ Service leads	Why? (limit 200 characters)	Maintain a collaborative relationship, enable and support the Business Partner. The PS&Q Manager (Business Partner) provides PS&Q support to the Facility / Service that informs decision-making and aligns PS&Q with business planning and strategic objectives through evaluation of outcomes, issues, risks and achievements
3.	Who? (limit 200 characters)	Clinical Governance Directorate specialist roles and teams	Why? (limit 200 characters)	The PS&Q Manager (Business Partner) maintains and builds relationships with the Directorate to leverage specialist advice into the Facility/Service

Stakeholder Relationships:

Note: A maximum of two stakeholder relationships are allowed

Does this role routinely interact with external stakeholders? (Yes/No)	
Who? (limit 200 characters)	
Who? (limit 200 characters)	
Ministerial Relationship:	
Is this a Public Senior Executive Role which manages a relationship at the Ministerial level? (Yes/No) <i>Note: A maximum of two stakeholder relationships are allowed</i>	No
Who? (limit 200 characters)	
Who? (limit 200 characters)	
Section 5 – Staffing/Responsible for	
Number of direct and indirect reports to position	
No. of direct reports	
No. of indirect reports	
Section 6 – Financial Delegation	
If selecting 'Other' then please specify the monetary value of the financial delegation (eg: \$5,000)	
As per delegation manual	As per delegation manual
Other (specify monetary value)	
Section 7 –Essential Requirements	
Information (where relevant) about essential role requirements, such as: whether the role is identified, qualifications requirements, employment screening checks, licence requirements etc. (Limit 4000 Characters)	
Section 8 – Selection Criteria	
Please add all standard selection criteria in to the first Selection Criteria box. Should you wish to nominate additional Selection Criteria that are able to be used by Hiring Managers as a replacement for the standard selection criteria nominated above, please add a separate text box. Hiring Managers will not be able to exceed the 8 selection criteria limits in place.	
Standard Selection Criteria (section limit 4000 characters)	
1.	Relevant tertiary qualifications in a health related field and/or demonstrated experience in a patient safety and quality coordination role
2.	Significant and demonstrated relationship building skills with key stakeholders and an ability to inspire managers and clinicians to make positive and strategic use of patient safety and quality data and information
3.	Demonstrated knowledge of and experience in the provision of PS&Q which contributes to the achievement of strategic objectives
4.	Demonstrated experience in promoting a culture of evidence based practice, identifying and initiating quality improvement projects
5.	Demonstrated problem solving, critical thinking skills with attention to detail
6.	Experience in coordination and/or participation in accreditation programs and processes at service level
7.	Demonstrated skills in decision making with the ability to take initiative and to prioritise and work to deadlines.
8.	Experience working within a flexible, multi-skilled team environment with advanced interpersonal, communication and customer service skills, ability to represent the organisation and communicate organisational strategy
Additional Selection Criteria (section limit 4000 characters)	
1.	
2.	

3.	
4.	
5.	
6.	
7.	
8.	

Section 9 – Other Requirements (Optional)
(Limit 4000 characters)

Section 10 – Disqualification Questions

Disqualification questions are questions that relate to mandatory requirements for a position. These are requirements that should prevent a candidate from submitting an application. Desired requirements can be added as pre-screening questions.

Note: A maximum of two questions are allowed

Questions		Answer	
Question 1 (limit 200 characters)		Yes	No
Question 2 (limit 200 characters)		Yes	No

Section 11 – Capabilities for the Role

Note: This section is optional for Non GSE roles and will be editable by Hiring Manager

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role's key accountabilities.

Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.

Capability Group	Focus (Tick box)	Capability	Level - Foundational - Intermediate - Adept - Advanced - Highly Advanced
Personal Attributes		Display Resilience and Courage	
		Act with Integrity	
		Manage Self	
		Value Diversity	
Relationships		Communicate Effectively	
		Commitment to Customer Service	
		Work Collaboratively	
		Influence and Negotiate	
Results		Deliver Results	
		Plan and Prioritise	
		Think and Solve Problems	
		Demonstrate Accountability	
Business Enablers		Finance	
		Technology	
		Procurement and Contract Management	
		Project Management	

For roles required to manage or supervise others:

People Management		Manage and Develop People	
		Inspire Direction and Purpose	
		Optimise Business Outcomes	
		Manage Reform and Change	

Section 12 – Job Demands Checklist

Note: This section will be editable by Hiring Manager

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 pre-employment medical assessment.

Job Demands Frequency Key

I = Infrequent	Intermittent activity exists for a short time on a very infrequent basis
O = Occasional	Activity exists up to 1/3 of the time when performing the job
F = Frequent	Activity exists between 1/3 and 2/3 of the time when performing the job
C = Constant	Activity exists for more than 2/3 of the time when performing the job
R = Repetitive	Activity involves repetitive movements
N = Not Applicable	Activity is not required to perform the job

Job Demands Checklist

Physical Demands

Type	Frequency
Sitting – remaining in a seated position to perform tasks	Frequent
Standing – remaining standing without moving about to perform tasks	Infrequent
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	Infrequent
Trunk Twisting – turning from the waist while sitting or standing to perform task	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	Infrequent
Climbing (stairs / ladders) – ascend / descend stairs, ladders, steps	Infrequent
Lifting / Carrying – light lifting and carrying: 0 – 9 kg	Infrequent
Lifting / Carrying – moderate lifting and carrying: 10 – 15 kg	Infrequent
Lifting / Carrying – heaving lifting and carrying: 16 kg and above	Infrequent
Reaching – arms fully extend forward or raised above shoulders	Infrequent
Pushing / Pulling / Restraining – 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 forwards)	Infrequent
Hand & Arm Movements – repetitive movements of hands and arms	Occasional
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	Occasional

Sensory Demands

Type	Frequency
Sight – using of sight is an integral part of work performance eg viewing of x-rays, computer screens	Frequent
Hearing – use of hearing is an integral part of work performance eg telephone enquiries	Frequent
Smell – use of smell is an integral part of work performance eg working with chemicals	Infrequent
Taste - use of taste is an integral part of work performance eg food preparation	Infrequent
Touch - use of touch is an integral part of work performance	Infrequent

Psychosocial Demands

Type	Frequency
Distressed People – eg emergency or grief situations	Infrequent
Aggressive or Uncooperative People – eg drug / alcohol, dementia, mental illness	Infrequent
Unpredictable People – eg dementia, mental illness, head injuries	Infrequent
Restraining – involvement in physical containment of patients / clients	Infrequent

Exposure to Distressing Situations – eg child abuse, viewing dead / mutilated bodies	Infrequent
Environmental Demands	
Type	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
Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	Infrequent
Hazardous Substances – eg dry chemicals, glues	Infrequent
Noise – 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
Extreme Temperatures – environmental temperatures are less than 15C or more than 35C	Infrequent
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	Infrequent
Biological Hazards – eg exposure to body fluids, bacteria, infectious diseases	Infrequent

Position Review Date	Reviewed By

Local Health District and Health Agency Full Names

Acronym	Full Name
ACI	Agency of Clinical Innovation
ANSW	NSW Ambulance
BHI	Bureau of Health Information
CI	Cancer Institute of NSW
CCLHD	Central Coast LHD
CEC	Clinical Excellence Commission
EHNSW	eHealth NSW
FWLHD	Far West LHD
HETISN	Health Education and Training Institute
HI	Health Infrastructure
HSSG	Health System Support Group
HSNSW	HealthShare NSW
HNELHD	Hunter New England LHD
ISLHD	Illawarra Shoalhaven LHD
JH&FMH	Justice Health & Forensic Mental Health
MNCLHD	Mid North Coast LHD

MoH	Ministry of Health
MLHD	Murrumbidgee LHD
NBMLHD	Nepean Blue Mountains LHD
NNSWLHD	Northern NSW LHD
NSLHD	Northern Sydney LHD
NSW Pathology	NSW Health Pathology
SESLHD	South Eastern Sydney LHD
Statewide	Statewide
SWSLHD	South Western Sydney LHD
SNSWLHD	Southern NSW LHD
SLHD	Sydney LHD
SCHN	Sydney Children's Hospitals Network
WNSWLHD	Western NSW LHD
WSLHD	Western Sydney LHD