



Change Management Plan for Strategic Communications and Engagement (SCE) Branch Ministry of Health

Date: December 2022


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Reviews

| Title | Name | Signature |
|--------------------------------------|-------------------|-----------|
| Senior HR Business Partner | Brooke Pobihuszka | |
| Associate Director, People & Culture | Chelsea Starkey | |

Approvals

| Title | Name | Signature |
|---|---------------|--|
| Executive Director, Strategic Communications & Engagement | Suzanna White | |
| Executive Director, Workplace Relations Branch | Jo Blackwell |  8/12/22 |

1. Background and reasons for organisational change

In the last two years NSW Health Communications delivery has expanded to meet the needs of NSW Health throughout the pandemic. This has included changes to media, social and digital delivery, expanded internal and system communications and ongoing consumer and customer facing updates. NSW Health created COVID-19 specific communications teams, an expansion of media activity and greater use of social media channels consistent with growing the NSW Health social media audience.

As we continue to live with COVID-19 and provide ongoing communication support to NSW Health strategic initiatives structural changes to SCE branch are proposed to:

- Meet consumer and audience communication expectations including greater use of digital and online services
- Continue to deliver a seven day high volume media service
- Deliver integrated support and delivery for Public Health communication requirements
- Coordinate proactive regional and mental health communications services
- Align NSW Health communication delivery to NSW Health strategic purpose and provide proactive communication services and support
- Improve the digital experience of NSW Health consumers
- Expand and improve consistency of communications for hard to reach communities including CALD and Aboriginal communities
- Develop a consistent approach to accessible communications for all audiences

The proposed changes reinforce the need for managers to work as a cohesive team across their individual delivery boundaries and to take a project, issue, and campaign approach to delivery across internal boundaries.

The proposed changes are predicated on conversion of secondment, temporary and contract roles which have been in play for more than two years due to expanded workloads as well as the ongoing use of temporary roles to support the NSW health website consolidation and to embed an enhanced internal communication and proactive planning capability which do not exist in the current structure.

There are three roles currently funded by external branches. This model is supported for ongoing delivery.

Key proposed changes:

Corporate Communications team: A new team to take the lead on accessibility Aboriginal and multicultural communication best practice policy and guideline implementation across all NSW Health communications, deliver event management support including Health Awards.

Customer Information team: Re-align the COVID-19 comms team with addition of existing paid campaign team to deliver renewed planning and emphasis for public health communications, integrate all other NSW Health customer facing communications and execute supporting stakeholder engagement activity.

Channels team: Realign the existing communications team to consolidate across channel delivery with merge of current digital delivery and extension of website consolidation team

and alignment of newly created social team, video content and graphic teams as the inhouse production team.

Media team: Expansion of establishment to regularize the current working arrangements and roles which reflect an ongoing high profile seven day operation. The proposed changes consolidate temporary changes that have been in place for the last two years.

Forward planning team: Develop capability to proactively develop communications strategies for divisional and whole of health initiatives and evaluate communication effectiveness and embed inclusion of corporate and policy system communications based on a divisional recharge (user pays) system.

People Communications team: Refocus the team to refresh Secretary and Exec comms and events, implement the Internal Communications framework, and deliver Annual Report

2 Deputy Secretary Approval

The draft Change Management Plan received approval from the Deputy Secretary (People Culture and Governance) and the Secretary in December 2022, and the final version was approved by the Executive Director of Workplace Relations in December 2022.

3 Employee communication strategy

The change process applied will be consistent with requirements of the GSE Act 2013 and the Ministry of Health restructure, policy, and guidelines PD2013_042)

The communication strategy comprises:

- Individual meetings will be held on request and/or for staff affected or with significant proposed changes to roles
- Encouraging engagement and feedback
- Formal presentation to whole branch

Directors and Executive Director will be a key support for staff in their teams during the period of organisational change. This includes the structural implementation period and the concomitant changes to business processes.

Following approval to consult on the proposed structure, individual staff who are potentially impacted will be invited to a meeting with the Executive Director, SCE to discuss the proposal. A Branch meeting will be convened thereafter to advise staff, provide them with information and answer questions. The Union will be invited to attend the meeting.

A Frequently Asked Questions (FAQ) guide will be provided to all staff during consultation. Additional information will be provided subsequently, including answers to general questions posed in the information sessions, meetings, and general emails. Fact sheets will be regularly updated, and made available on the branch shared drive. All materials, including the proposed structure and draft Role Descriptions will be uploaded to the branch shared drive.

Updates will be cascaded to staff during team meetings, and may be supported by periodic presentations and updates by the Executive Director and Human Resources team.

Staff who are away on forms of leave/secondments during meetings will be asked to provide a contact address. Information and updates will continue to be posted to their Health email address.

4 Support Services

Employees will be provided with a range of support services to support them in the period of transition and organisational change.

Support services provided to employees include:

- Support provided by Human Resources and Management
- Employee Assistance Program (EAP) including access to employee assist, manager assist, career assist, legal assist, and money assist:
<http://internal.health.nsw.gov.au/ecsd/cps/empass.html>
- Access to a recruitment preparation training program (including applications and interviews)

5 Consultation

Consultation will commence in December 2022.

The proposed operating model will be presented to staff and they will be provided two weeks to submit any feedback.

The relevant unions will be consulted and provided opportunity to submit feedback also.

The proposal will be explained to staff and unions as part of the presentations and consultation process. Staff will also be invited to attend one on one meetings should they have further questions or have any additional concerns.

Staff potentially impacted will be engaged individually on a one-to-one basis by the Executive Director prior to a branch meeting to discuss personal impact to them in relation to proposed structure. It is relevant to note that it is anticipated that no existing established roles will be affected.

6 Workforce planning needs and impact on services and functions

The structure is planned to be implemented from January 2023 following consultation and determination and will allow for recruitment requirement, including opportunity for ongoing employees to apply for roles and opportunities for temporary and contract staff to apply for ongoing roles (via external advertisements) improving the stability of the structure and substantial training burden of the current structure.

It is planned that once the structure is in place; it will be formally activated, and staff will transition to new roles and reporting lines and take over new responsibilities as required. No changes to business operation will occur until implementation date.

7 Changes to the organisational structure

The proposed changes acknowledge the workload and changes in delivery for SCE as a consequence of the COVID-19 pandemic and the ongoing changes in service expectation following the pandemic including 7-day operations and increased social and media expectations.

The current organisational chart is shown in **Appendix 1**. The proposed new SCE chart is shown in **Appendix 2**. It is comprised of a People Communications Unit, a Forward Planning Unit, a Customer Information Unit, a Channels Unit, a Media Unit and a Corporate Communications Unit.

The proposed structure is more aligned to SCE's purpose and will ensure that the branch has the capacity required to deliver key functions effectively.

The proposed structure consolidates most SCE human resources into ongoing MOH crown roles.

The current structure includes 36 ongoing roles and 22 temporary or contingent roles. The proposed structure involves 62 ongoing roles and 9 temporary roles in SCE. Current roles will correspond to new SCE roles at a similar grade or level in the new structure with associated changes in role descriptions, titles, and reporting lines for existing ongoing and temporary roles.

To transition to the new structure the following changes will be required:

- Maintain 36 ongoing non-executive crown roles, transition 16 temporary or contingent roles to ongoing, establish 6 new ongoing non-executive crown roles, create 5 new temporary roles and convert 4 existing PMO contingent roles to temporary crown roles. Three externally funded roles will continue without change.

It is estimated that no existing established roles will be affected. The number of roles and people affected will depend on the results of the consultation, role development and role approval processes.

The following roles are out of scope for the change:

- Executive roles

8 Proposed means for filling roles

Roles will be filled in accordance with the Ministry's Restructuring Policy and Procedures – NSW Ministry of Health PD2013_042. This recruitment strategy applies to all non-executive crown roles.

Eligible staff for this recruitment strategy are those who are either ongoing Ministry staff; or temporary Ministry staff who have completed at least 12 months continuous service and who were appointed following comparative assessment after external advertising for a role at grade. Eligible Staff will be considered in Stage 1 and 2 of this strategy. Non-Eligible Staff are all other people currently working with SCE in any capacity, which may include temporary employees who do not meet the criteria described above, contractors, and people

on secondment to SCE from other entities. Non-eligible staff will be considered in Stage 3 of this strategy.

This recruitment strategy implementation is intended to proceed with recruitment through a top down approach (commence with each stage at the Grade 11/12 level, then follow with Grade 9/10,7/8 etc).

A panel will be convened to review eligible staff against roles in the new structure. Initially this panel will consist of SCE executive staff and may include one external representative. Subsequently, people placed in managerial positions under the new structure may join the panel.

There are three stages to this recruitment strategy which align to the Ministry of Health Change Management Guidelines and are consistent with Rule 23 of the GSE:

Stage 1: Direct appointments:

- Direct appointments may be made where there are no or only minor changes to a role and no change in classification or grade
- Significant changes to a role will be determined by assessing the focus capabilities (knowledge, skills, abilities) and essential requirements needed to the role
- Employees eligible to be considered for direct appointment are:
 - Ongoing MOH employees at grade
 - Temporary MOH employees at grade with more than 12 months continuous service and who were appointed following comparative assessment after external advertising

Stage 2: Subsequent Assignment / Appointment via Priority Assessment:

- Eligible employees will be considered for subsequent assignment (MOH employees) to roles at grade / equivalent grade in the new structure.
- Employees eligible to be considered for Subsequent Assignment / Priority Assessment are:
 - Ongoing MOH employees at grade
 - Temporary MOH employees at grade with more than 12 months continuous service and who were appointed following comparative assessment after external advertising
- Eligible employees express interest for two preferences at grade/equivalent classification, and invited to submit: (1) a cover letter identifying their preferences and outlining their suitability regarding the essential requirements and capability levels required for the role/s (2) an updated CV; (3) responses to two targeted questions for the role/s.
- The panel will undertake a suitability assessment for all eligible employees for roles at grade / equivalent grade.
- If there are more eligible employees than available roles at grade, or more than one employee expressing interest in a role, an internal priority assessment process (competitive merit) will be undertaken.
- The panel will review capabilities of eligible employees against those required for new roles at the same / equivalent grade, firstly having regard to employee preferences and then anywhere across the branch. Appointments will be made based on merit where applicable.

Stage 3: External Recruitment:

- Any roles vacant after the completion of Stage 2 will be advertised.
- Usual NSW Health recruitment processes for advertised roles will be followed to fill these roles. During this phase, anyone from within or external to the MOH may apply for any role without limitation by grade or employment status.

It is estimated that no existing established roles will be affected. In the event there are affected Staff, those who have not secured a role in the new structure will be managed under the Managing Excess Staff Policy that applies.

Any affected employees will be managed in accordance with Premier's Memorandum M2011-11 *Changes to the Management of Excess Employees*. Employees who are unsuccessful in Stage 1 and 2 recruitment processes will be managed in accordance with the Premier's Memorandum.

Where impacted staff are entitled to, and wish to consider a Voluntary Redundancy (VR), an assessment of the anticipated value will be provided.

10 Impact of the restructure on EEO groups

There is no impact on EEO groups within the meaning of the Anti-Discrimination Act 1977.

11 Management of excess employees

It is not anticipated that there will be any affected staff, however in the event there are affected staff, eligible Employees who may become excess will be managed in accordance with the Managing Excess Employees policy. This may include:

- potential numbers of employees who will become excess as a result of the restructure
- the point in the process at which they will be declared excess (e.g. after internal placement procedures have concluded)
- whether there is a designated case manager
- what support services are available e.g. offsite career transition centres.

People would be declared excess after Stage 3 when external advertising / recruitment has concluded.

Case Management Support services would be made available and excess permanent staff will be managed according to the current applicable policies which includes being offered Redundancy or the undertaking redeployment.

12 Management of temporary employees

Following individual meetings with ongoing and temporary staff impacted by the proposal, Directors will meet individually with contractors in roles that are likely to be advertised to advise them of the proposed changes and encourage them to apply. All individual meetings will take place ahead of a whole team branch meeting to open the consultation process.

14 Proposed timetable for implementation

| ACTION | WEEK BEGINNING |
|--|-----------------------|
| Deputy Secretary Approval | December |
| Secretary Approval | December |
| Role Descriptions created and evaluated | December |
| Consultation with individual employees and relevant union(s) | W/c December 5 |
| Formal meeting to begin consultation period | December 8 |
| Consultation period closes | December 22 |
| Consultation Report developed and provided to Dep Sec with brief for determination | W/c 9 January |
| Final approval by Deputy Secretary PCG | W/c 9 January |
| Staff advised of approval and provided with consultation report | W/c 9 January |
| Affected staff letters sent | W/c 16 January |
| Stage 1 Direct appointments | W/c 16 January |
| Stage 2 Priority Assessment Interviews | W/c 16 January |
| Stage 3 External Advertisements | W/c 23 January |
| Recruitment finalised | W/c 6 February |
| New structure engaged | W/c 6 February |