



Health

**Change Management Plan for:**

**Legal and Regulatory Services,  
Regulation and Compliance Unit**

**Ministry of Health**

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Date: February 2023

## Contents


|  |    |
|--|----|
| Background and reasons for organisational change .....                     | 4  |
| Purpose .....  | 4  |
| Recommendations for change .....   | 4  |
| Deputy Secretary approval .....  | 5  |
| Employee communication strategy.....                                       | 5  |
| Support services .....   | 5  |
| Consultation .....   | 6  |
| Workforce planning needs and impact on services and functions .....        | 6  |
| Changes to the organisational structure .....                              | 6  |
| Private Health Care team.....  | 6  |
| Investigations and Compliance team.....                                    | 7  |
| Privacy Management team .....  | 7  |
| Assisted Reproductive Technology (ART).....                                | 7  |
| Stage 1: Direct appointments: .....  | 8  |
| Stage 2: Subsequent Assignment / Appointment via Priority Assessment:..... | 8  |
| Stage 3: External Recruitment:.....  | 9  |
| Proposed voluntary redundancy program .....                                | 9  |
| Impact of the restructure on EEO groups .....                              | 9  |
| Management of excess employees .....                                       | 9  |
| Management of temporary employees .....                                    | 9  |
| Proposed timetable for implementation .....                                | 10 |

## Change Management Plan

### Reviews

| Title  | Name            | Signature |
|--|-----------------|-----------|
| Associate Director, People & Culture<br>Workplace Relations Branch | Chelsea Starkey |           |

### Approvals

| Title   | Name               | Signature  |
|---|--------------------|--|
| Executive Director,<br>Legal & Regulatory Services Branch | Leanne O'Shannessy |  |
| Executive Director,<br>Workplace Relations Branch         | Jo Blackwell       | <br>14/2/23 |

## **Background and reasons for organisational change**

### **Purpose**

The Regulation and Compliance Unit is a diverse Unit within the Ministry and is responsible for licensing and regulation of private health facilities, has oversight of assisted reproductive technology providers and is responsible for the maintenance of the Central Register (donors and donor offspring), it conducts investigations into allegations of serious wrongdoing, including corrupt conduct, and is responsible for providing expert leadership and advice in relation to personal and health information privacy.

The roles, functions and expectations of the Unit has evolved since COVID-19 and it is evident that the structure no longer supports or enables efficient delivery across the team.

A review of the Unit was undertaken by Rob Bebbington, of Synthetism, during Q3 2021-22FY, with several recommended changes.

Since that review, the Director has retired and a new Director has been appointed. While some of the issues identified in the review have been addressed through a different leadership style and skill sets, several issues remain, including that:

- The Unit is yet to fully understand and optimise its 'system manager' function, and continues to 'do' work on behalf of individual entities.
- The Unit structure is top-heavy with several 'expert' roles, but no devolution of people leadership. Currently, 15 of the 16 existing roles report straight to the Director.
- There is a notable risk around capacity, key person dependencies and succession planning.
- The structure is missing operational roles required to enable the Unit to perform its 'system manager' function effectively.
- There is a noticeable increase in demand for privacy advice on complex matters. As eHealth and digital systems are becoming further embedded, there is ready access to substantial amounts of personal and health information, at scale.
- There has been a substantial allocation of resources in 'investigations' (of which individual entities are beginning to have greater accountability in managing). Multiple 'investigator' vacancies have been carried since late-2021, as the roles have not been required.

### **Recommendations for change**

It is proposed that the Unit be set up with three individual teams – Private Health Care, Investigations, and Privacy Management. The Assisted Reproductive Technology role will report to the Director.

Each team will be led by a Principal Policy Officer (Clerk Grade 11/12) and have between three and five direct reports, spread across different grades. This will provide a structure that allows for people development and progression, address key person dependencies, and also build in the capacity to better respond to emerging issues while improving the Unit's ability to perform its function as system-manager on behalf of the Secretary, across each team.

It is expected that these structural changes will enable:

- the Private Health Care team focus more on influencing and encouraging sustainable quality care and compliance leading to a stronger, safer private health care system
- the Investigations and Compliance team to shift from solely undertaking reviews into serious wrongdoing involving health entities, to developing policy, tools and resources that build capacity and capability, liaising with external oversight agencies (such as NSW Ombudsman and ICAC), and providing expert advice and insights.

## Change Management Plan

- the Privacy team to continue to develop system-wide awareness and capability in relation to personal and health information privacy, work more collaboratively with key stakeholders such as eHealth and the NSW Privacy Commissioner, and provide oversight / respond to potentially significant system-wide privacy issues.

## Deputy Secretary approval

The Deputy Secretary, People, Culture and Governance, approved a proposal for consultation to proceed on 13 February 2023.

This Change Management Plan has been prepared for approval to proceed with consultation.

## Employee communication strategy

The change process applied will be consistent with requirements of the GSE Act 2013 and the NSW Health Policy Directive, *Restructuring Policy and Procedures – NSW Ministry of Health* (PD2013\_042).

The communication strategy comprises:

- Individual meetings with staff potentially affected by the proposed deletion of or with significant proposed changes to roles
- Formal presentation at the RCU team meeting
- Encouraging feedback
- FAQ sheets
- Open channels of communication, including general email box

Following approval to consult on the proposed structure, a Unit meeting will be convened to advise staff, provide them with information and answer questions. The Union will be invited to attend the meeting.

All materials, including the approved structure and the proposed Role Descriptions will be uploaded to the RCU teams channel and comments and feedback provided to a designated mailbox.

Updates will be cascaded down from the Director to staff during team meetings, and may also be supported by presentations and/or updates from the Executive Director and Associate Director, People & Culture, to the teams.

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.

The Executive Director, Legal and Regulatory Services Branch and the Director, Regulation and Compliance Unit will be a key support for affected staff during the period of organisational change. This includes the structural implementation period and the concomitant changes to business processes.

## Support services

Affected 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 affected employees include:

- support provided by HR and management
- Employee Assistance Program, including access to employee assist, manager assist, career assist, legal assist, and money assist.
- [Build my capabilities \(nsw.gov.au\) http://internal.health.nsw.gov.au/ecsd/cps/empass.html](http://internal.health.nsw.gov.au/ecsd/cps/empass.html)
- Training in applying for roles

## Consultation

Consultation will commence in February 2023. Significantly impacted staff will be engaged individually on a one to one basis by the Director prior to a unit meeting being convened. The future operating model will be presented to staff and unions as part of the presentations and consultation process. Staff will be provided two weeks to submit any feedback on the proposed changes.

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

## Workforce planning needs and impact on services and functions

The structure is planned to be implemented over approximately a three-month period, allowing for:

- a recruitment requirement, including opportunity for ongoing employees to apply for more senior roles
- opportunities for temporary or contract staff to apply for ongoing roles (via external advertisements)
- improving the stability of the structure
- reducing the substantial training burden.

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.

## Changes to the organisational structure

While the responsibilities of the Regulation and Compliance Unit can be categorised into three general teams (private health care, privacy, and investigations), 15 of the 16 roles within the Unit report straight to the Director.

Over the last ~12 months, several vacancies have been held in 'expert' roles. This proposal recommends dissolving those vacant roles and repurposing the funding to other areas within the team, predominantly as operational and support roles, to enable and support the 'doing' across the structure.

While the number of roles proposed will reduce to 15 FTE, the number of ongoing roles will remain at 14. One two-year temporary role is included in the proposal.

The reporting structure will also change to reflect and align with those general areas of responsibility, with a principal policy officer responsible for leading and managing each team.

Key changes within each team are outlined below.

### Private Health Care team

Within this team, there are three notable changes proposed.

1. The first change is to increase the grading of the Regulation Support Officer from a Grade 3/4 to a Grade 5/6. Currently, the role is funded by RCU but supports the Pharmaceutical Regulatory Unit between 60 and 80 per cent of the time. Converting this role to a dedicated RCU resource will also provide more time to support the operational and communications aspects related to private health care regulation.
2. The second change is that all Senior Analysts and the Regulation Support Officer will report into the Principal Analyst. It is understood that this largely returns the team to the reporting structure that was in place several years ago.

## Change Management Plan

3. The third is the inclusion of a fourth Senior Analyst role to support the licensing and regulation of private health facilities in NSW. Funding for this role was approved in January 2023.

Both the Principal Analyst (Grade 11/12) and Senior Analyst (Grade 9/10) role descriptions have been updated.

### **Investigations and Compliance team**

There are three notable changes proposed within this team.

1. The first change is that the Principal Investigator role (Grade 11/12) will become a Principal Policy Officer (Grade 11/12). While there will be an expectation that the role has an element of investigations expertise, the focus will be on the delivery of the system management function, and it will perform the people management function for three direct reports.
2. The second change is the inclusion of a two-year temporary Senior Policy Officer (Grade 9/10) to prepare and support the NSW Health system through the commencement of the Public Interest Disclosures Act and Regulation that commences in October 2023.
3. The third change is the introduction of an Investigations Officer role (Grade 7/8) to provide day to day advice, oversight and monitoring of investigations, notifications and to maintain the Ministry's Fraud and Corruption Prevention Framework and other related policy documents owned by the Unit.

The existing Senior Investigations Officer role (Grade 9/10) has been reviewed and updated. The other Grade 11/12 roles that are currently vacant will be dissolved and funding repurposed in the new structure.

### **Privacy Management team**

There is a noticeable increase in demand for privacy advice as eHealth and digital systems become further embedded. There are four notable changes in this area.

1. The first change is the creation of Principal Privacy Officer (Grade 11/12) role. This role will focus on the delivery of the system management function for privacy management, and it will perform the people management function for three direct reports.
2. The second change is that the Senior Privacy Officer role (Grade 9/10), which is currently occupied at 1.4 FTE will be rationalised back to 1.0 FTE.
3. The third change is the creation of a Privacy Officer role (Grade 7/8), who will provide policy oversight, basic guidance and support across the system, coordinate the Privacy Contact Officer engagement activities and develop key resources for use in privacy management.
4. The fourth change is the inclusion of a Project Support Officer (Grade 5/6). This role will support both the privacy team and the investigations team.

### **Assisted Reproductive Technology (ART)**

It is proposed that the current Senior Analyst role (Grade 9/10) role will be replaced with a Policy Officer (Grade 7/8) role within the structure. The rationale behind this change is that most work is generally transactional and any more complex ART matters can be referred to legal unit for advice. The role will report to the Director.

The number of roles and people affected will depend on the results of the consultation, role development and role approval processes.

## Proposed means for filling roles

Roles will be filled in accordance with the NSW Health Policy Directive *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 RCU in any capacity, which may include temporary employees who do not meet the criteria described above, contractors, and people on secondment to RCU 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 largely 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 LRS Executives 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 Ministry employees at grade
  - Temporary Ministry 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 (Ministry employees) to roles at grade / equivalent grade in the new structure.
- Employees eligible to be considered for Subsequent Assignment / Priority Assessment are:
  - Ongoing Ministry employees at grade
  - Temporary Ministry 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:
  - a cover letter identifying their preferences and outlining their suitability regarding the essential requirements and capability levels required for the role/s
  - an updated CV;
  - responses to two targeted questions for the role/s.



## Change Management Plan

- 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 Ministry may apply for any role without limitation by grade or employment status.

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. Affected employees will be managed in accordance with Premier's Memorandum *M2011-11 Changes to the Management of Excess Employees*<sup>1</sup>.

## **Proposed voluntary redundancy program**

Any affected employees will be managed in accordance with Premier's Memorandum *M2011-11 Changes to the Management of Excess Employees*

## **Impact of the restructure on EEO groups**

It is not anticipated that there will be any impact on EEO groups within the meaning of the *Anti-Discrimination Act 1977*.

## **Management of excess employees**

Eligible Employees who may become excess will be managed in accordance with the Managing Excess Employees policy.

The number of people who may become excess cannot be accurately predicted, as it depends on the role development and review process, and the results of the implementation of the recruitment strategy.

It is anticipated that people would be declared excess after Stage 3 when external advertising / recruitment has concluded. Case Management Support services would be made available and excess ongoing staff will be managed according to the current applicable policies which includes being offered Redundancy or the undertaking redeployment.

## **Management of temporary employees**

Following individual meetings with ongoing staff impacted by the proposal, the Director will meet individually with temporary and agency staff who are not eligible for stages 1 and 2, to discuss the proposed changes and opportunities in the new structure.

These individual meetings will take place ahead of a whole team branch meeting to open the consultation.

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<sup>1</sup> Note: This Premier's Memorandum is due for review on 24 March 2023.

## Proposed timetable for implementation

| ACTION  | WEEK BEGINNING |
|---|----------------|
| Deputy Secretary Approval                                       | 13 Feb 2023    |
| Role Descriptions evaluated                                     | 6 Feb 2023     |
| Consultation with individual employees and relevant union(s)    | 13 Feb 2023    |
| Formal meeting to begin consultation period                     | 13 Feb 2023    |
| Consultation period closes                                      | 27 Feb 2023    |
| Final approval by Deputy Secretary People, Culture & Governance | 6 Mar 2023     |
| Staff advised of approval                                       | 13 Mar 2023    |
| Affected staff letters sent                                     | 20 Mar 2023    |
| Stage 1 Direct appointments confirmed                           | 20 Mar 2023    |
| Stage 2 Interviews commence                                     | 27 Mar 2023    |
| Stage 3 External Advertisements                                 | 3 Apr 2023     |
| Recruitment finalised   | TBC 2023       |
| New structure engaged   | TBC 2023       |
| Employees declared excess                                       | TBC 2023       |
| New structure finalised   | TBC 2023       |