Restructure: Mental Health, Drug and Alcohol Directorate NSLHD

Dear Member,

Attached is correspondence the HSU has received from Northern Sydney Local Health District regarding a proposed restructure of the Mental Health, Drug and Alcohol 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 Friday 29th July 2016. You can submit it by email to restrict@hsu.asn.au with subject line NSLHD Mental Health.

HSU organiser and sub-branch involvement

Your HSU organiser Brendan Roberts 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-hsu/ or call 1300 478 679 and join over the phone.

A union’s effectiveness and negotiation power strongly 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 to continue to protect, build and improve your working life.

In unity,

Gerard Hayes
Secretary, HSU NSW/ACT.
Dear Mr Hayes

RE:  Formal Notification to Restructure Mental Health Drug and Alcohol (MHDA) Directorate, Northern Sydney Local Health District (NSLHD)

The purpose of this letter is to formally notify the HSU (in accordance with the NSLHD Restructure policy) that NSLHD is commencing the restructure consultation process with employees on 14 July 2016.

As an overview, it is proposed that this restructure will result a deletion of 0.6 FTE positions and the establishment of 0.6 FTE new positions. Specific details of the proposed restructure establishment can be located in the MHDA Staff Consultation Paper.

The following timetable highlights key dates, activities and tasks and dates for the consultation process:

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity / Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.07.16</td>
<td>Notify all MHDA Executive Staff of scheduled meetings to discuss the Consultation Discussion Paper via individual emails to staff that may be on leave at the time of the announcement and ‘invitation’ to be electronically forwarded to all impacted and affected staff</td>
</tr>
<tr>
<td>14.07.16</td>
<td>Formally notify Unions/ Associations of proposed restructure and provide all documentation that will be disseminated to staff at relevant meetings.</td>
</tr>
<tr>
<td>14.07.16</td>
<td>Individual meeting with ‘affected’ staff with Director MHDA and A/Human Resources Manager to issue ‘affected’ letters.</td>
</tr>
<tr>
<td>14.07.16</td>
<td>Team Meeting with MHDA Executive Staff to discuss proposed restructure and disseminate key documents for consultation. Staff and Union/Association 3 weeks consultation process officially commences.</td>
</tr>
<tr>
<td>4.08.16</td>
<td>Staff and Union/Association consultation process closes (Close of Business 5:00pm)</td>
</tr>
<tr>
<td>18.08.16</td>
<td>Staff update meeting and/or possible USCC meetings if required</td>
</tr>
</tbody>
</table>
In addition, please find attached the following documents that will disseminated at the respective meetings:

- MHDA Restructure - Staff Consultation Paper
- MHDA Restructure – Team Meeting PowerPoint presentation
- Restructuring in NSLHD policy (PR2015_016)
- NSLHD FAQ Fact Sheet – Excess Employees July 2015
- Managing Excess Staff of NSW Health Service policy (PD2012_021)
- Employee Assistance Program (EAP) Brochure
- MHDA Restructure – Position Descriptions

We invite you to provide any feedback or comments on these documents by close of business 4 August 2016. I look forward to receiving any feedback or comments you wish to provide and please contact me on telephone 9887 5794 or email Karen.Bowden@health.nsw.gov.au if you require any additional information.

Further, I wish to note that these documents have been forwarded to the HSU in the strictest of confidence and request that they are not distributed outside of the HSU at this stage.

I thank you for your support and I acknowledge and understand that this is a sensitive restructure. I look forward to working with the HSU to ensure a seamless restructure over the upcoming months.

Yours sincerely,

Karen Bowden
A/Human Resources Manager
Northern Sydney Local Health District
Date: 14.07.16
1. Introduction

The purpose of this document is to provide information and create an opportunity for consultation with staff members of the Northern Sydney Local Heath District (NSLHD) Mental Health Drug and Alcohol (MHDA) Directorate about an organisational restructure of the operational component of the service.

2. Background

In 2011, Northern Sydney Central Coast Area Health Service (NSCCAHS) was divided into two Local Health Districts, namely Central Coast Local Health District (CCLHD) and Northern Sydney Local Health District (NSLHD). The devolution of NSCCAHS resulted in a division of the Mental Health Services (MHS) stream in May 2012 which formed the NSLHD Mental Health Drug and Alcohol (MHDA). Services which continued to be operated across NSLHD and CCLHD included the Information Team, excluding the Manager, (this service is currently under a separate restructure process which will be finalised by September 30, 2016), the Mental Health Telephone Access Line (which commenced operation under NSLHD governance in November 2015), the Psychiatry Training Centre (under HETI) and access to specialist inpatient beds (now covered in the NSW Health/NSLHD Service Agreement).

Further to this change, in late 2012 when MHDA Sector/Stream organisational structures were aligned to a uniform template. This process involved having the following positions report to their respective Sector/Stream Service Directors: Clinical Director, Manager Inpatient Services, Manager Community Services, Business Manager, Quality and Risk Manager and a senior Nursing Lead position. Child and Youth Mental Health Services (CYMHS) finalised their restructure in 2015 so that all MHDA Sectors/Streams now have a relatively uniform organisational structure.

The current organisational structure of the MHDA Directorate is generally acknowledged as not being optimally efficient or effective as it had not been subject to an objective overview and rational planning approach since becoming an independent entity in May 2012.

3. Service Description

NSLHD MHDA provides a comprehensive range of mental health and drug and alcohol services which includes; prevention and health promotion, telephone triage, assessment, early intervention, acute inpatient and emergency services, longer term inpatient and community support, including residential programs, specialist services and recovery services. These clinical and wellbeing-based services are offered to people living in our community across the lifespan.

The current MHDA Directorate organisational structure has evolved over a 16-17 year period during which time it has grown in size from 2 to 65 staff as a result of substantial enhanced funding associated with new services, an array of episodic and recurrent Commonwealth and State Special Project funding, the continued reporting arrangements against Project Funding Key Performance Indicators (KPI’s) and over time the transfer of a range of governance responsibilities to the Directorate that were previously managed by the general health services or broader organisational structures.
4. Aim

The aim of the new structure is to improve the operational capability and efficiency of the MHDA Directorate NSLHD whilst providing improved governance, increased focus on quality and a strengthened structure.

5. Objectives

The key objectives of the restructure are:
- to implement an efficient and effective management structure,
- to direct maximum resources into increased clinical services,
- to ensure the organisational structure is robust and can effectively implement all necessary changes to ensure activity and quality KPI's are met,
- to ensure sustainable business and resource management model.

6. Consultation previously undertaken

A preliminary workshop was conducted on a proposed restructure in August 2013. Following this an intensive and extensive consultation period was undertaken involving all key staff in compliance with the NSLHD policy ‘Guide to Reform and Restructuring in NSLHD’.

An external review was undertaken by Mr Frank Flannery and completed in early 2015 by interviewing over 60 stakeholders including MHDA Directorate staff and Sector /Stream Service Directors and Clinical Directors.

7. Strengths of proposed structure

The strength of the proposed structure:
- Identifies clinical and operational streams of the Service and establishes functional areas within these streams.
- Facilitates efficiencies in the management structure and promotes a more collaborative management approach by strengthening the responsibilities of management team meetings to support key business areas of the Service (overall management, appointments, assessments and clinical).
- Is cost effective, ensuring the service can continue to increase clinical services while maintaining quality service delivery, supporting increasing participation
- Creates an environment that encourages internal promotion and cross skilling to support staff satisfaction.
- Promotes effective utilisation of staff and offers opportunities for succession planning.

8. Key organisational changes

The proposed structure is necessary to support existing staff and positions which have reached capacity and to ensure that the service is able to continue to develop. The restructure plan commits;
- To ensure the new “lean” management model with activity monitoring is efficient and effective.
- To establish a transition period to ensure appropriate appointments to newly defined roles and that all necessary support and mentoring is provided in a timely manner.
• To ensure that all efficiencies gained are directed into clinical services and subsequently increased activity.

**New Positions**

**Director Governance (1.0 FTE HSM 5):** The Director Operations position will be replaced by a Director of Governance role, as this senior position will be significantly changed to reflect an enhanced focus on governance support whilst retaining responsibility for infrastructure, planning and information management. This Senior Executive position replaces the Director of Operations position and will have responsibility for a range of key portfolios and frameworks including; quality improvement and accreditation, risk and safety management, policy, planning and service development, knowledge/ information management, consumer and carer participation and incident and complaints management. In addition, the Director of Governance will be responsible for overseeing relationships with external partners. Part of the NSLHD Director of Governance role will involve working with the Clinical Director, in which requires joint responsibility to ensure that there is effective implementation of the MHDA Clinical Governance Framework.

**Senior Project Manager (1.0 FTE HSM 4):** This position will be responsible for managing the significant change management programs that are prominent in the current MHDA operational and strategic plans. These include projects involving service planning and building/ refurbishment projects. The current capital project management responsibilities are undertaken by the Change Manager, but this position is a temporary one that has been progressively extended to involve five separate complex projects over a seven year period. The work of the Change Manager, who has significant project management responsibilities, has minimised unplanned or unexpected costs associated with new builds and ensured effective change management across a range of clinical and infrastructure projects. With the recent release of the NSW Mental Health Plan it is apparent that MHDA will be required to undergo significant change. This new permanent position will ensure that the organisation is able to continue to effectively manage significant change with this role moving from one complex change management project to another.

**Vocational and Housing Programs Manager (1.0 FTE HSM 4):** The Vocational and Housing Programs Manager position will incorporate the responsibilities of three deleted positions; namely the Vocational Coordinator, the Housing Coordinator and the Patient Accommodation Support Officer. The incumbent will have primary responsibility for the oversight of the development, implementation, evaluation and ongoing improvement of partnership arrangements with all vocational services and housing providers that involve consumers of the NSLHD MHDA. The Vocational & Housing Programs Manager is the key link between NSLHD MHDA and all external agencies (Federal, State Government and Non-Government Organisations) involved in delivering to mental health consumers employment services, vocational training and permanent and transitional accommodation. This position also has oversight of the funding and performance processes and annual review for the Non-Government Organisations providing vocational and housing services au spiced through NSLHD MHDA. It is proposed to permanently devolve some operational responsibilities of the Housing Coordinator position to the Mental Health sectors, and a potential Non-Government Organisation (NGO) solution is being considered with the partnership liaison and program oversight responsibilities to be transferred to the new Vocational and Housing Programs Manager position. It is also proposed to divert management of supported accommodation, which is the principal responsibility of the Consumer Accommodation Support Officer position, to a local NGO (negotiations have
been initiated). It is proposed further that oversight of the multifaceted housing portfolio become the responsibility of the new Vocational and Housing Programs Manager position.

Manager Governance Support Unit (0.4 FTE HSM 4): This new part-time position will provide leadership to and facilitate collaboration amongst the seven high profile portfolio holders who share a common objective of promoting a culture of continuous quality improvement and consumer focus across MHDA. Eligibility to apply for this position will be limited to the members of this new unit. The successful applicant will undertake this responsibility on a three year temporary exempt contract whilst retaining part of their primary portfolio responsibility.

Manager Specialist MH Services Unit (0.2 FTE HSM 4) and Allied Health Manager (0.4 FTE Allied Health Professional Level 5): The Manager Specialist MH Services Unit is a new part-time position and will provide leadership as well as facilitate collaboration amongst the three specialist clinical services that will comprise of the new unit. Eligibility to apply for this position will be limited to the three Managers of these services. The successful applicant will undertake this responsibility whilst retaining a large proportion of their primary portfolio responsibility. This position will also hold the NSW MH Act portfolios and provide operational leadership to the Mental Health Service for the implementation of the National Mental Health Recovery Framework 2013. This position is conjointly appointed as the Allied Health Manager. The establishment of this part-time Allied Health Manager position is to address a deficit in the professional reporting arrangements of the organisation with over 200 Allied Health establishment positions from 9 different professions currently included in the MHDA organisation. This position will provide a professional reporting line for all Allied Health staff working in the MHDA Sector / Stream services and provide both enhanced access to the MHDA Executive and a higher profile in the organisational structure. It is most likely that a currently employed Senior Allied Health Clinician will apply for this position and retain existing clinical responsibilities (i.e. residual FTE component of their position).

Revenue Manager (1.0 FTE HSM 2): This new position combines the core responsibilities of two current positions that are proposed to be deleted - The Medical Practice Manager (HSM 2) and the Patient Liaison Manager (HSM 2). This position is currently being trialled and has been assessed as being more effective and efficient than having two separate positions. It has emerged, however, that there is a need for a part-time clerical assistant position to complement this new position. The proposed regrading of the Patient Liaison Officer (PLO) Manager position to that of a Revenue Manager has incorporated the responsibilities of the Medical Practice Manager. Accordingly, this position is being deleted from the structure.

Administrative Assistant – Medical Workforce and Revenue (1.0 FTE Admin 5): This new position will have two distinct sets of responsibilities, in which each responsibility is allocated 50% of the incumbent’s time. The responsibilities are:

- Working with the Medical Workforce Manager and the Management Accountant to manage Junior Medical Officer (JMO) rostering and timesheets. These were previously managed by JMO’s themselves, and this practice has been identified as an industrial and financial risk to the organisation. The Medical Workforce Clerical Assistant will process the JMO payroll within PROACT, ensure overtime is appropriately recorded, oversee time sheets and ensure ADOs and Annual Leave are appropriately signed off.
- Supporting the Revenue Manager by undertaking routine clerical and administrative responsibilities that were formerly included in the position descriptions of the Practice Manager and Patient Liaison Manager.
9. Key Impacted Positions

**Medical Workforce Manager (HSM 2):** In line with comparable positions in the NSLHD and other LHDs, this position will be upgraded from HSM2 to HSM3.

**Financial Officer (HSM 2):** In line with comparable positions in the NSLHD and other LHDs, this position will be rebadged as the Finance and Business Manager upgraded from HSM2 to HSM3.

**Clinical Director (VMO):** This full-time position will become a 0.8 FTE position as Clinical Director and 0.2 FTE in a clinical setting. No change to the current VMO contract is required as this aligns the position to current practice in NSW mental health services. The incumbent will work one day a week as a senior clinician within the NBMHS Sector filling a current vacancy. This new arrangement will provide the Clinical Director with essential ongoing clinical experience, upon which will continue to provide informed decision making and guidance in his substantive position.

**MHDA Management Accountant (HSM 4):** This position is responsible for financial and revenue management and will now report directly to the Director MHDA, rather than indirectly through the Director Operations. This direct reporting line is considered best practice and reflects the importance of this relationship to the status of the organisation’s service delivery and its associated financial capacity.

**Clinical Partnerships Coordinator (HSM 4):** This position will be retitled a Consultant to reflect its grading. It is proposed that its Position Description be amended to encompass an enhanced array of partnership arrangements whilst transferring the NSW MH Act and MHTAL responsibilities to more appropriate managers in the Directorate.

10. Transferred positions

**Aboriginal Mental Health Trainee:** Management of this position has been transferred to the North Shore Ryde Mental Health Services, as this position is operationally managed by the Ryde Adult Mental Health Service with a strategic linkage retained to the MHDA Clinical Partnerships Consultant position.

**Early Psychosis Coordinator:** In line with the established practice in comparable jurisdictions, the management of this part-time position will transfer from the Clinical Director MHDA to the CYMHS Director and it will be retitled the Early Psychosis Consultant.

**Perinatal & Infant MH Coordinator (NM 2):** In line with the established practice in comparable jurisdictions, the management of this position will transfer from the Clinical Director MHDA to the CYMHS Director and it will be retitled the Perinatal & Infant Mental Health and COPMI Coordinator MHDA / SAFE START Consultation Liaison Worker.

11. Implementation / change management plan

- MHDA has sought the assistance of Human Resources to implement this proposed structure and all new roles have had new position descriptions created
- In consultation with the NSLHD, Workforce and NSW Ministry of Health (MoH) guidelines for restructures, positions will initially be advertised internally, and if suitable candidates cannot be appointed then advertising will be further extended to employees of the MoH.
12. Existing Structure
13. Proposed Structure

The Service will revisit key reporting lines to create an optimal division of resources. Reporting lines will be redesigned to create a collaborative relationship amongst senior positions to support the Director in the overall management of the Service. The following is a diagram of the proposed structured the changes in reporting lines.
14. Staffing Implications of Proposal:

13.1 Proposed Additions/Amendments to the Establishment

<table>
<thead>
<tr>
<th>Classification</th>
<th>FTE</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director Governance</td>
<td>1.0</td>
<td>HSM5</td>
</tr>
<tr>
<td>Vocational and Housing Programs Manager</td>
<td>1.0</td>
<td>HSM4</td>
</tr>
<tr>
<td>Manager Specialist MH Services Unit and Allied Health Manager</td>
<td>0.6</td>
<td>HSM4</td>
</tr>
<tr>
<td>Senior Project Manager</td>
<td>1.0</td>
<td>HSM4</td>
</tr>
<tr>
<td>Manager Governance Support Unit</td>
<td>0.4</td>
<td>HSM4</td>
</tr>
<tr>
<td>Administrative Assistant - Medical Workforce and Revenue</td>
<td>1.0</td>
<td>AO5</td>
</tr>
<tr>
<td>Revenue Manager</td>
<td>1.0</td>
<td>HSM3</td>
</tr>
<tr>
<td>Family Work Consultant</td>
<td>0.2</td>
<td>HPL3 / Clin Psyc / Psyc / CNS 2</td>
</tr>
<tr>
<td>Regrade of Medical Workforce Manager from HSM 2 to HSM 3</td>
<td>1.0</td>
<td>HSM3</td>
</tr>
<tr>
<td>Regrade and retitle of Financial Accountant HSM2 position to Finance and Business Manager HSM3</td>
<td>1.0</td>
<td>HSM3</td>
</tr>
</tbody>
</table>

13.2 Proposed Deletions from Establishment

<table>
<thead>
<tr>
<th>Deleted Position</th>
<th>FTE</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Practice Manager</td>
<td>1.0</td>
<td>HSM 2</td>
</tr>
<tr>
<td>Housing Coordinator</td>
<td>0.5</td>
<td>Social Worker Grade 4</td>
</tr>
<tr>
<td>Consumer Accommodation Support Officer</td>
<td>0.5</td>
<td>Social Worker Grade 3</td>
</tr>
<tr>
<td>PLO Manager</td>
<td>1.0</td>
<td>HSM2</td>
</tr>
<tr>
<td>Clinical Director</td>
<td>0.2</td>
<td>VMO</td>
</tr>
</tbody>
</table>

13.3 Proposed Transfers to Service Directors: * This is cost neutral and has no impact on the budget.

<table>
<thead>
<tr>
<th>Classification</th>
<th>FTE</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Psychosis Coordinator (OCCT)</td>
<td>0.4</td>
<td>HSM 3</td>
</tr>
<tr>
<td>PIMH Coordinator - Completed transfer</td>
<td>1.0</td>
<td>NM2 /HP4/Clin Psyc</td>
</tr>
<tr>
<td>Aboriginal Mental Health Trainee (HEOG) - Completed transfer</td>
<td>0.9</td>
<td>HEO</td>
</tr>
</tbody>
</table>
## 13.4 Proposed New Position Titles:

<table>
<thead>
<tr>
<th>Current Title</th>
<th>FTE</th>
<th>Grade</th>
<th>Proposed New Title</th>
<th>FTE</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director Operations</td>
<td>1.0</td>
<td>HSM 5</td>
<td>Director Governance</td>
<td>1.0</td>
<td>HSM5</td>
</tr>
<tr>
<td>Clinical Partnerships Coordinator</td>
<td>1.0</td>
<td>HSM4</td>
<td>Clinical Partnerships Consultant</td>
<td>1.0</td>
<td>HSM4</td>
</tr>
<tr>
<td>Clinical Rehabilitation Coordinator</td>
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<td>HSM4</td>
<td>Clinical Rehabilitation Manager</td>
<td>1.0</td>
<td>HSM4</td>
</tr>
<tr>
<td>Vocational Coordinator</td>
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<td>HSM 4</td>
<td>Vocational and Housing Programs Manager</td>
<td>1.0</td>
<td>HSM4</td>
</tr>
<tr>
<td>Perinatal and Infant Mental Health Coordinator</td>
<td>1.0</td>
<td>NM2 /HP4/Clin Psyc</td>
<td>Perinatal &amp; Infant Mental Health and COPMI Coordinator MHDA / SAFE START Consultation Liaison Worker</td>
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<td>NM2 /HP4/Clin Psyc</td>
</tr>
<tr>
<td>Family and Carer Coordinator</td>
<td>1.0</td>
<td>HSM 3</td>
<td>Family and Carer Program Manager</td>
<td>1.0</td>
<td>HSM3</td>
</tr>
<tr>
<td>Early Psychosis Coordinator</td>
<td>1.0</td>
<td>HSM 3</td>
<td>Early Psychosis Consultant</td>
<td>1.0</td>
<td>HSM3</td>
</tr>
<tr>
<td>Leadership Facilitator</td>
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<td>HSM 4</td>
<td>Management Coach</td>
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<td>HSM4</td>
</tr>
<tr>
<td>Change Manager</td>
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<td>HSM 4</td>
<td>Senior Project Manager</td>
<td>1.0</td>
<td>HSM4</td>
</tr>
<tr>
<td>Medical Workforce Manager</td>
<td>1.0</td>
<td>HSM 2</td>
<td>Regrade of Medical Workforce Manager from</td>
<td>1.0</td>
<td>HSM3</td>
</tr>
<tr>
<td>Financial Accountant</td>
<td>1.0</td>
<td>HSM 2</td>
<td>Regrade and retitle to Finance and Business Manager</td>
<td>1.0</td>
<td>HSM3</td>
</tr>
</tbody>
</table>

## 13.5 Proposed change in reporting lines

<table>
<thead>
<tr>
<th>Position</th>
<th>Grade</th>
<th>FTE</th>
<th>Now reporting to</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHDA Information Manager</td>
<td>HSM4</td>
<td>1.0</td>
<td>Director of Governance</td>
</tr>
<tr>
<td>Clinical Redesign Project Officer</td>
<td>HSM2</td>
<td>1.0</td>
<td>Manager Governance Support Unit</td>
</tr>
<tr>
<td>Community Engagement Manager</td>
<td>HSM3</td>
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<td>Manager Governance Support Unit</td>
</tr>
<tr>
<td>Complaints and Issues Manager</td>
<td>HSM2</td>
<td>0.6</td>
<td>Manager Governance Support Unit</td>
</tr>
<tr>
<td>Management Coach</td>
<td>Snr Clin Psyc</td>
<td>1.0</td>
<td>Manager Governance Support Unit</td>
</tr>
<tr>
<td>Quality Manager</td>
<td>HSM4</td>
<td>0.6</td>
<td>Manager Governance Support Unit</td>
</tr>
<tr>
<td>Quality and Safety Improvement Manager</td>
<td>HSM4</td>
<td>1.0</td>
<td>Manager Governance Support Unit</td>
</tr>
<tr>
<td>Risk Manager</td>
<td>HSM4</td>
<td>1.0</td>
<td>Manager Governance Support Unit</td>
</tr>
<tr>
<td>ABF Manager</td>
<td>HSM4</td>
<td>1.0</td>
<td>Director of Governance</td>
</tr>
<tr>
<td>Executive Assistant</td>
<td>AO6</td>
<td>1.0</td>
<td>Director of Governance</td>
</tr>
<tr>
<td>Vocation and Housing Program Manager</td>
<td>HSM4</td>
<td>1.0</td>
<td>Manager Specialist Mental Health Service/ Allied Health Manager</td>
</tr>
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<td>Clinical Rehabilitation Manager</td>
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<td>0.7</td>
<td>Manager Specialist Mental Health Service/ Allied Health Manager</td>
</tr>
<tr>
<td>Perinatal and Infant Mental Health Manager</td>
<td>NM2 /HP4/Clin Psyc</td>
<td>1.0</td>
<td>CYMHS Service Director</td>
</tr>
<tr>
<td>Early Psychosis Consultant</td>
<td>HSM3</td>
<td>1.0</td>
<td>CYMHS Service Director</td>
</tr>
</tbody>
</table>
### 13.6 NO changes in proposed structure

The following positions have NO changes in proposed structure:

<table>
<thead>
<tr>
<th>Position</th>
<th>Grade</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Officer</td>
<td>HSM1</td>
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</tr>
<tr>
<td>Director of Nursing MHDA</td>
<td>NM9</td>
<td>1.0</td>
</tr>
<tr>
<td>Infection Control CNC</td>
<td>CNC</td>
<td>1.0</td>
</tr>
<tr>
<td>Clinical Assess and Demand Manager</td>
<td>NM3</td>
<td>1.0</td>
</tr>
<tr>
<td>CNC (Professional Development)</td>
<td>CNC</td>
<td>1.0</td>
</tr>
<tr>
<td>Executive Assistant</td>
<td>AO6</td>
<td>1.0</td>
</tr>
<tr>
<td>Manager Education Training and Unit Team</td>
<td>NM4 / HSM 3</td>
<td>1.0</td>
</tr>
<tr>
<td>MH Information System Manager</td>
<td>HSM2</td>
<td>1.0</td>
</tr>
<tr>
<td>MH Data Quality and Research Officer</td>
<td>HSM2</td>
<td>1.0</td>
</tr>
<tr>
<td>MH Information MDAT Officer</td>
<td>Social Worker 3</td>
<td>0.5</td>
</tr>
<tr>
<td>MHDAT Implementation Officer</td>
<td>HSM2</td>
<td>0.6</td>
</tr>
<tr>
<td>Clinical Director</td>
<td>VMO</td>
<td>1.0</td>
</tr>
<tr>
<td>Director of Psychiatry Training Centre and Team</td>
<td>Snr Staff Specialist</td>
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<td>Medical Workforce Manager</td>
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15. **Position Grading Comparison Table (Current Structure to Proposed Structure)**

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<td><strong>40</strong></td>
<td><strong>35.8</strong></td>
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16. **The Consultation Process**

In accordance with the Restructuring in Northern Sydney Local Health District Procedure (PR2014_016) the consultation period with key stakeholders will commence on **14 July 2016** and will conclude on **4 August 2016** (close of business).

If you wish to provide any feedback, issue or concerns on the proposed restructure please contact Andrew Herning, Senior Human Resources Consultant on telephone 02 9887 5470 or email Andrew.Herning@health.nsw.gov.au
Mental Health Drug and Alcohol (MHDA) Directorate Restructure

Andrea Taylor, Director MHDA and Karen Bowden, A/HR Manager
• Welcome and Introductions – Andrea Taylor

• Purpose of today’s meeting – Andrea Taylor

• The Proposed Restructure – Andrea Taylor
  o Background
  o Aims and Objectives
  o Strength of Proposed Structure
  o Key Organisation Changes
  o Previous Consultation Undertaken

• Consultation Framework – Karen Bowden
  o Consultation Process
  o Key Timeframes
  o Documents and Reading time

• Questions – Andrea Taylor and Karen Bowden
In 2011, Northern Sydney Central Coast Area Health Service (NSCCAHS) was divided into two Local Health Districts. The devolution of NSCCAHS resulted in a division of the Mental Health Services (MHS) stream in May 2012, which formed the NSLHD Mental Health Drug and Alcohol (MHDA).

Further to this change, in late 2012 when MHDA Sector/Stream organisational structures were aligned to a uniform template. This process involved having the following positions report to their respective Sector/Stream Service Directors:

- Clinical Director, Manager Inpatient Services, Manager Community Services, Business Manager, Quality and Risk Manager, Senior Nursing Lead position.

The current organisational structure of the MHDA Directorate is not optimally efficient or effective as it had not been subject to an objective overview and rational planning approach since becoming an independent entity in May 2012.
Aims and Objectives

Aim

The aim of the new structure is to improve the operational capability and efficiency of the MHDA Directorate NSLHD whilst providing improved governance, increased focus on quality and a strengthened structure.

Objectives

The key objectives of the restructure are:

• to implement an efficient and effective management structure,
• to direct maximum resources into increased clinical services,
• to ensure the organisational structure is robust and can effectively implement all necessary changes to ensure activity and quality KPI’s are met,
• to ensure sustainable business and resource management model.
Strength of proposed structure

The proposed structure:

- Identifies clinical and operational streams of the Service and establishes functional areas within these streams.
- Facilitates efficiencies in the management structure and promotes a more collaborative management approach.
- Is cost effective, ensuring the service can continue to increase clinical services while maintaining quality service delivery, supporting increasing participation.
- Creates an environment that encourages internal promotion and cross skilling to support staff satisfaction.
- Promotes effective utilisation of staff and offers opportunities for succession planning.
Key Organisation Changes

The proposed restructure plan commits:

• to ensure the new “lean” management model is efficient and effective.

• to establish a transition period to ensure appropriate appointments to newly defined roles and that all necessary support and mentoring is provided in a timely manner.

• to ensure that all efficiencies gained are directed into clinical services and subsequently increased activity.
A preliminary workshop was conducted on a proposed restructure in August 2013.

Following this an intensive and extensive consultation period was undertaken involving all key staff in compliance with the NSLHD policy.

An external review was undertaken by Mr Frank Flannery and completed in early 2015 by interviewing over 60 stakeholders including MHDA Directorate staff and Sector /Stream Service Directors and Clinical Directors.
Consultation Process

• Position descriptions have been developed and approved in accordance with Award provisions. All changes to position grading’s will not take affect until staff have been job matched to the role or appointed to a role. Any vacant positions will be advertised internally to MHDA in the first instance before advertised externally.

• Staff have been invited to a meeting and will be provided with a three (3) weeks opportunity to provide feedback/comment on the proposed structure (This Meeting).

• Respective Unions and Associations have been advised on the proposed restructure. Individual meetings have been held with ‘affected’ employees.

• Individual meetings will be arranged by HR for all employees who are currently acting in a role, and are requesting Job Matching consideration from the 21 July 2016 to the 4 August 2016. Please contact Andrew Herning to schedule in a meeting.

• Any feedback on the proposed restructure should be emailed to Andrew Herning, Senior Human Resources Consultant at Andrew.Herning@health.nsw.gov.au
• Consultation with Staff and Union’s and Associations commences on 14 July 2016 and will conclude on 4 August 2016 (close of business).

• Considering consultation feedback, the first round of expressions of interests (EOIs) will be advertised internally to MHDA on the 8 August 2016. These EOIs will close on 15 August 2015.

• Interview for these EOIs will be held on 18 August 2016.

• If any position(s) is not filled by the EOI process, the position(s) will be externally advertised to employees of the NSW Ministry of Health.
Documents for Distribution

- NSLHD MHDA Restructure Consultation Paper – July 2016
- Positions Descriptions
- NSW Health Policy ‘Managing Excess Staff of the NSW Health Service’ PD2012_021
- NSLHD Policy ‘Restructuring in Northern Sydney Local Health District’ PR2014_016
- Employee Assistance Program (EAP’s) Brochure
Questions
Thank you
**Restructuring in Northern Sydney Local Health District**

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<td>Publication Date</td>
<td>19 November 2015</td>
</tr>
<tr>
<td>Intranet location/s</td>
<td>Support- Workforce, Change Management/Restructures/Redeployment</td>
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<td>Summary</td>
<td>This procedure sets out the steps that apply when implementing a restructure at Northern Sydney Local Health District.</td>
</tr>
<tr>
<td>Author Department</td>
<td>Amanda Graham, Workplace Relations and Policy, Workforce Directorate</td>
</tr>
<tr>
<td>Contact (Details)</td>
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<td>Endorsed By</td>
<td>Director Workforce and Culture</td>
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<td>Audience</td>
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<td>Review date</td>
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<td>Previous Reference No.</td>
<td>PR2014_016 v.1, PR2011_300</td>
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(This cover page should not exceed one page)
Restructuring in Northern Sydney Local Health District

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1. **Scope of Practice**

   Northern Sydney Local Health District (NSLHD) is a dynamic organisation that aims to provide the best health service to the communities we serve. This means that the organisation needs to be flexible and responsive to change. This may result in reforms and restructures that impact on the whole organisation or on a single department.

   Any reforms, whether a restructure or minor work flow alterations, must occur with a view to creating an improved and sustainable health service.

   This document sets out the process for managing the restructure of individual services and defines the responsibilities of managers and employees involved in the restructure. It outlines the four stages of the restructure process and provides guidance to managers on how to develop a restructure plan, business plan, seek approvals, establish new structures, consult with employees and unions and implement a restructure.

   It is important that a consistent and co-ordinated approach to reform and restructuring is taken across NSLHD to ensure a smooth and transparent transition process for employees, management and unions.

   Employees affected by or declared excess as a result of a restructure will be managed in accordance with PD2012_021 Managing Excess Staff of the NSW Health Service.

2. **Expected Outcome**

   Application of this procedure will ensure that NSLHD restructures are compliant with legislative, Award and Ministry of Health requirements.

   This procedure is intended to be a practical guide for managers who restructure in NSLHD. It sets the standards and expectations for employees when a restructure occurs.

   Application of the procedure will ensure all restructures within NSLHD are conducted in accordance with the principles of merit, fairness and transparency and that they provide a fiscally responsible framework for improved performance.

   Compliance with this procedure will ensure managers and employees work cooperatively to minimise disruptions to individuals and the work of the areas affected, as far as possible.

3. **Definitions**

   The following definitions apply in this document:

   **Affected Employees:**
   Permanent employees whose position has been deleted, substantially altered, regraded or relocated as a result of organisational change and who may become excess if they are unable to be placed in a position within the new structure.

   **Consultation:**
   The process where the intent to restructure is communicated to employees and relevant stakeholders, which may include unions, and their views are sought and considered. Consultation must occur before implementing a restructure.
Excess Employees:
Permanent employees who have been declared excess as the substantive position they held, within the LHD, has been deleted or substantially changed. Such employees are declared excess at the completion of a restructure if they cannot be placed into an alternative position.

Impact on Employees:
For the purposes of this procedure ‘impact on employees’ is defined as organisation change which may result in any position being deleted or substantially altered. It also includes any changes which may result in a change in composition, operation, service delivery, promotional opportunities, need for training, transfer of role to another location, change in work hours or change in skills required to perform a role.

Multi-disciplinary Positions:
Multi-disciplinary positions refer to positions which have multiple Award classifications. For example a position which could be filled by a Registered Nurse or an Allied Health Professional.

Restructure:
Organisational change that affects a Ward, Unit, Department, Portfolio, Directorate or Service and results in changes to staffing. These changes may include the creation and deletion of positions, changes to the duties or grading of positions, or a review of skill mix to meet organisational service needs.

Restructure Plan:
A restructuring plan must be developed where the restructure will have a significant impact on whole units or groups of employees or where employees are likely to be affected or made excess.

Restructure Process:
In NSLHD, restructures are managed in a four stage process;

1. scope, restructure plan and approvals;
2. consultation;
3. implementation; and
4. review.

4. Procedure

4.1 Policy Statement/Rationale

Restructures in NSLHD should occur in four distinct stages. This will assist in delivering clear and consistent messages to employees and unions and to manage expectations. The consultation and implementation stages should take place within appropriate timeframes. However, the timing for restructuring services varies - and the time it takes to consult and bring about the change will also differ according to the particular service and the complexity of the reform.
4.2 Requirements
No specific requirements.

4.3 Actions

4.3.1 Stage One – Scope, Plan and Approval

4.3.1.1 Scope the need for change:

NSLHD is committed to an ongoing process of quality improvement to achieve an improved and sustainable health service. Restructuring is often necessary to ensure NSLHD meets service, operational and strategic demands.

Change may be required for a multitude of reasons including as a result of recommendations from audits, investigations or performance reviews, changes in organisational priorities, budget and funding changes or legislative and Award variations.

A restructure must focus on what positions the service requires in order to achieve optimal service delivery, not individual employees. Unsatisfactory performance or allegations of unsatisfactory performance are not grounds for abolishing positions. Poor performance should be managed in accordance with the PO 2007_07 NSLHD Disciplinary Policy.

Managers should scope the reasons for change and the expected benefits. Managers should utilise team meetings, working parties, Human Resources advice and discussions with peers and other LHDs to gather information as part of an evidence-based decision making process.

Managers should seek the advice or assistance of Human Resources at this stage of the restructure process.
4.3.1.2 Restructure Plan:

A restructuring plan must be developed for all proposed restructures. A restructure plan is compulsory to gain approval for a restructure.

The restructure plan must include:

1. Reason and purpose of the restructure, linking to the NSLHD Strategic or Clinical Plan;
2. Cost benefit analysis;
3. Likely impact on services and functions;
4. Likely impact on budget and funding;
5. Likely impact on employees;
6. Current and proposed organisational chart, including StaffLink position numbers/employees/assignment numbers;
7. If possible, current and proposed FTE establishment;
8. If possible, current and proposed position descriptions – assessed and graded by Human Resources;
9. List of classifications, grades and locations of affected employees, including numbers of employees likely to be redeployed and/or declared excess – developed in conjunction with Human Resources;
10. Proposed method of filling positions in the new structure;
11. Consultation and communication strategy;
12. Timetable for implementation;
13. Review and evaluation methodology and timeframes including success indicators; and
14. Final audit of overall plan by management accountant.

If the restructure will not impact on positions, then the restructure plan is not required to address items f – j above.

It may be the case that position descriptions are not complete at the planning stage. However, they will be required for the consultation stage.

4.3.1.3 Grading of positions:

Prepare position descriptions for all new positions in the proposed structure. Positions which have been modified require a new position description. Human Resources Consultants will provide assistance to the manager to develop new position descriptions, conduct job analyses and provide advice on appropriate position classifications.

Positions that are created or regraded as part of a restructure are not required to be approved by a NSLHD Grading Committee. However, to ensure consistency across NSLHD, final position descriptions and recommended grades (except for Staff Specialists & for Career Medical Officers) should be endorsed by the Workplace Relations and Policy Unit within the Workforce Directorate. Allow 3 days for this endorsement.

Managers should be aware there are a number of positions and classifications which require specific assessments to be undertaken:

- Health Manager (HM) positions require a Cullen Egan Dell (CED) evaluation conducted by at least 2 Workforce assessors;
- Administrative positions are to be assessed against the Award criteria by Work Level statements;
• The NSLHD Director Allied Health and NSLHD Principal Psychologist should be consulted for allied health and psychologist positions respectively and for any multi-disciplinary positions requiring a professional of either discipline;
• The NSLHD Director of Nursing and Midwifery or delegate should be consulted for any above base nursing / multi-disciplinary positions;
• A number of Health Awards require new positions to be determined by a joint Health Services Union/LHD grading committee, eg medical superintendents, hospital engineers, biomedical engineers, medical record librarians, library staff, social workers and dieticians. Human Resources will provide advice on whether a specific grading committee is required;
• Creation of all Staff Specialist positions need to be approved by Medical and Dental Appointments and Advisory Committee (MDAAC), and creation of new senior Career Medical Officer (CMO) positions require approval by the Ministry of Health Senior CMO Committee. Advice should be sought from the Senior Medical Staff Unit (SMSU).

5.1.3.4 Approval to commence:
Once the restructure plan is complete, the proposal can be submitted to a Director or General Manager (Tier 2 or 3) to obtain approval for the restructure. Approval must be obtained before commencing a restructure and notifying employees of the intent to restructure.

Approval should only be granted if Human Resources and the Management Accountant have been consulted on the restructure plan.

Additional approval by the Chief Executive or delegate may be required, if there are employees which will be declared excess as a result of the restructure.

Restructures which affect a significant number of employees which includes a proposed voluntary redundancy program or which require financial assistance require Ministry of Health approval. A voluntary redundancy program is where expressions of interest for a voluntary redundancy are sought from a group of employees. In these cases, the restructure plan must also be approved by the Chief Executive who will then submit the restructure plan to the Ministry of Health.

4.3.2 Stage Two - Consultation

Once appropriate approval has been granted, the consultation phase can commence. The manager must consult with employees and the relevant union/s on all restructures which may have an impact on employees, before the changes are implemented. Consultation with employees and unions should occur as soon as approval for the restructure has been obtained from the relevant Director or General Manager. The manager should consult with employees at the same time as consultation occurs with the union.

The level and length of consultation will depend on the scale of the restructure. It is recommended that the minimum period for a response to a request for consultation is two weeks. However, all restructures which have any impact on employees require managers, in conjunction with Human Resources, to complete the following steps:

4.3.2.1 Notify Employees
Advise all employees in writing of the restructure and invite all employees to a consultation meeting. The letter to employees should include:
• The time and date for a staff consultation meeting;
• An outline of the Restructuring Plan proposal;
The likely impact on positions (e.g., position not affected, position may be affected or position may be deleted);
- Timeframe for the consultation period; and
- Employee Assistance Program (EAP) contact details.
The manager should ensure that employees who are on leave are made aware of the restructure immediately upon their return to work. If an employee is on leave for an extended period of time then they should be notified of the restructure by email or other appropriate method of communication and be invited to provide feedback.

4.3.2.2 Meet with individual Employees
The manager should seek to meet with individual employees affected by the restructure as soon as possible. Managers should use discretion whether to advise affected individuals before the rest of the team/unit/service is advised of the restructure. Managers should further make themselves available to meet with employees individually throughout the consultation period to discuss the restructure and potential impact, if any, on the employee's position.

4.3.2.3 Staff consultation meeting/s
Where appropriate, the manager should hold a staff consultation meeting. The purpose of this meeting is for the manager to explain the proposed restructure to employees and detail the reasons for the restructure and its objectives.

The staff consultation meeting is an opportunity to discuss the restructure with employees and seek comments and feedback. The manager should be prepared to answer questions on the restructure.

The manager should clearly outline the timeframes for the consultation period and the closing date for the consultation period in which all comments must be received.

The number of meetings through the consultation process should be appropriate to the complexity of the reform or restructure. It may be necessary for the manager to hold additional staff consultation meetings or discussions to ensure all employees have the opportunity to fully understand the restructure and provide comments and feedback.

The manager may wish to invite the union to the staff consultation meeting and allow the union time after the meeting to meet with members. This decision should be made in consultation with Human Resources. If the restructure will significantly impact on a whole unit or group of employees (that is, five positions or more) the manager should follow the steps at 5.2.4a below.

4.3.2.4 Notify Union/s
Unions need to be notified and consulted on restructures which may have an impact on employees. At the same time as employees are advised of the restructure, the union/s should be advised in writing of the restructure.

The letter to the union/s should include:
- An outline of the restructure and its objectives;
- Potential impact on service delivery;
- Current and proposed organisational charts;
- Current and proposed position descriptions for affected positions;
- Timeframe for union/s and its members to comment on the proposed restructure (minimum two weeks);
- Closing date for the consultation period; and
The method for how feedback on the restructure is to be provided, for example, in writing to the manager.

No confidential or private information should be released to the relevant union/s. The information provided to unions is to be limited to position details only. The union/s may later seek to represent its members’ interests individually.

All correspondence to unions must be sent from the Workforce and Culture Directorate. Managers must contact Human Resources before corresponding in writing with unions.

4.3.2.4a. Holding a Union Specific Consultation Meeting (USCC)

If the restructure will significantly impact on a whole unit or group of employees, the union may request a Union Specific Consultation Committee (USCC) with the manager and Human Resources. A USCC is a formal meeting for answering questions, hearing (and responding) to concerns and considering the comments of employees and the union. Human Resources will partner with the manager to conduct these meetings. The PD2011_002 Industrial Consultation Arrangements policy directive should be referred to when setting up these meetings.

The manager should request a list of concerns from the relevant union in order to prepare a USCC agenda.

4.3.2.5 Notification to other interested parties

There may be groups, services or individuals who are not directly or significantly affected that may have a professional interest in the reform. The manager should ensure that interested parties are made aware of the restructure and given the opportunity to provide input.

4.3.2.6 Assessment of Employee Stakeholder and Union Comments

The manager must review and consider any comments provided by employees, stakeholders and the union/s.

Managers should consider a change in approach and be flexible and responsive to the suggestions offered by employees and or unions. Consultation must be genuine, however consultation is not a negotiation or joint decision making process, and the decisions around structure and services are made by the NSLHD.

Where comments are considered but not accepted, the manager, with support from Human Resources, must inform the unions and employees and provide a response to employees and union comments.

Where comments are accepted and the manager has agreed to modify the restructure, additional approval will required from the Director/General Manager. The manager will also be required to update relevant staffing and financial information.

4.3.2.7 Closing the consultation

The process should not be unnecessarily delayed due to disagreement around minor or irrelevant issues.

The timeframes for the consultation period and consultation end date must be made clear to all parties at the commencement of the consultation stage. Extensions to the consultation period may be needed however, it is important to close the consultation
process at the appropriate point to avoid delays in implementation leading to extended uncertainty, possible disruption to service delivery or anxiety among employees.

4.3.2.8 Potential Further Approval of Restructure

If any changes have been made to the original approved restructure, as a result of the consultation process, the modified restructure must be again approved by the Director and, where necessary, the Chief Executive.

If there are no alterations to the original restructure proposal, notify the Director of this progress and provide evidence of consultation with employees and the union/s. If appropriate, seek confirmation of approval to commence implementation.

4.3.2.9 Outcome of the Consultation

Once the consultation has been completed and if required, additional approval has been obtained, the manager must advise employees and union of the outcome of consultation, final structure and implementation timetable.

4.3.3 Stage Three - Implementation

Implementation of a restructure should also be a staged approach, the below steps are the recommended process for implementing a restructure. Every effort should be made to place current employees in the new structure. Before any employees are declared excess, all positions within the new structure must be filled.

4.3.3.1 Establishment

Before appointing any employees to positions in the new structure, these must first be set up in StaffLink by NSLHD Establishment. A Manage Organisational Change – Positions Form can be emailed to Establishment, outlining the details of the approved restructure and any positions to be created, frozen or deleted.

4.3.3.2 Direct Appointments

All attempts should be taken to minimise the impact on employees in the implementation of the restructure. Before declaring employees affected, the manager should look at directly appointing employees to suitable positions in the new structure. Where there are none, or only minor changes to a position and no change in the classification or grading, the substantive incumbent of the position may be directly appointed to the new position. A position will not be considered to have changed simply because it has moved to another Division, Branch or Unit, has been renamed, or has moved to another geographical location. The significance of a change to the position will be determined by assessing the specific capabilities (knowledge, skill and ability) needed to do the job.

Employees are to be matched to positions of equivalent salary. Equivalent salary is within 5% of the staff member’s existing salary.

To directly appoint an employee, the maximum salary in the award classification salary range of the matched position must be within 5% of the maximum salary of the award classification salary range of the affected staff member’s former substantive position.

4.3.3.3 Declaring Staff Affected

During a restructure there are often employees whose positions have been deleted, but who may yet be placed within the new structure. These employees should be informed in writing that they are affected, and that they will be granted priority access to suitable vacancies across NSW Health. Affected employees are not to be declared excess until
all suitable vacant positions within the new structure have been filled. Declaring staff excess must be done in partnership with Human Resources.

4.3.3.4 Expressions of Interest
Where there are more affected employees than vacant positions within a grade/classification in the new structure, the manager should call for an Expression of Interest (EOI). Only affected employees will be able to submit EOIs. Affected employees may apply for multiple positions in the new structure, as appropriate.

EOIs from affected employees will be assessed using merit-based criteria and priority assessment. The manager may wish to conduct interviews or seek written applications. Employees will be advised in writing as to the outcome of the EOI process, as with any normal recruitment process.

Where any appointments have been made by the manager via direct appointment or EOI, Human Resources must ensure that:
- a new letter of offer is provided to the employee
- new position description provided;
- the employee is correctly set up on StaffLink;
- liaison with management accountants where necessary
- ensure the new letter of offer and position description are placed on employees personnel file.

4.3.3.5 Advertise and Appoint
If there are still any unfilled positions in the restructure, managers should follow the appropriate advertising and appointment processes. Refer to PD2015_026 Recruitment and Selection of Staff to the NSW Health Service

4.3.3.6 Management of Excess Employees
An employee is declared excess when:
- the employee’s substantive position has been deleted, and
- the employee has not been appointed to a position in the new structure, and
- once all the positions within the new structure have been filled, and
- NSLHD determines that there are no other suitable vacant permanent or temporary positions in the LHD into which the employee may be placed.

Excess employees are to be managed as per PD2012_021 Managing Excess Staff of the NSW Health Service.

The Director Workforce and Culture is responsible for notifying employees formally if they are declared excess. Human Resources will provide the leadership and management for this process including sending affected and excess letters, developing redeployment plans, voluntary redundancy estimates, registering excess staff on the NSW Health Redeployment Register, meeting with excess staff on a regular basis, facilitating job matching and monitor the progress of priority assessments using the Priority Assessment form and monitoring the progress of trial placements, and excess employees on temporary contracts.

4.3.3.7 Close Implementation
Notify the Director/General Manager that implementation has been completed and that formal correspondence has been provided by the Director Workforce and Culture to excess employees.
4.3.4 Stage Four – Review and Evaluation

4.3.4.1 Monitor and finalise changes
Managers should ensure that any identified milestones are monitored. There should be a minimum time to finalise the changes and for employees to become comfortable with the new process. Managers should seek to avoid constant workplace change.

It is recommended that managers and Senior Directors attend a team meeting to determine the staff views of the revised service structure.

4.3.4.2 Review and evaluation
Through structured consultation with employees and any other relevant stakeholders, review actual outcomes against the expected outcomes under the restructuring plan. These should be in accordance with timeframes set in the Restructuring Plan and follow up review to ensure expected outcomes are met and / or any implementation difficulties are promptly addressed.

4.3.4.3 Final Sign Off
The HR Consultant, in consultation with Recruitment and Establishment Unit and Manager, will complete a final evaluation of the restructure plan to ensure all positions are established in line with the new organisational structure, that staff are mapped to the correct positions/classifications, obsolete position numbers and or cost centres are eliminated in StaffLink and obtain final sign off from requesting manager (or Tier 3).

4.3.5 Record Keeping
Restructure plans must be retained for audit and review purposes. Managers should ensure that records of consultation processes are kept. Employment change details must be placed on personnel files. Records must be kept in accordance with the NSLHD Corporate Records Policy

5. References
PD2011-002 Industrial Consultative Arrangements
PD2015_026 Recruitment and Selection of Staff to the NSW Health Service
PD2012_021 Managing Excess Employees of the NSW Health Service
PO2007_007 Managing the Disciplinary Process Policy & Procedure - NSHLD

6. Risk of Procedure Non Compliance (list risks)
- Industrial action
Frequently Asked Questions (FAQ) Sheet – Affected and Excess Employees

Q. What is an affected employee?
Affected employees are permanent staff members whose positions have been deleted, altered or relocated as a result of organisational change and who will become excess if they are not placed in a position within the new structure.

Q. What is an excess employee?
Excess employees are permanent members of staff of the NSW Health Service who are advised in writing that they no longer have a substantive position in the Division of the NSW Health Service in which they are employed and where no suitable vacant permanent or temporary positions are available.

Q: Can temporary or casual employees be declared affected or excess?
No. A temporary or casual employee cannot be declared affected or excess. This only applies to permanent employees of the NSW Health Service.

Q: What will happen if I am declared affected as part of a restructure?
The employer is to inform all affected staff members in writing of the restructure and the likely impact it will have on their position. For example, position will not be affected, or position deleted but there will be opportunities to apply for a position in the new structure, or position is to be deleted and the employer will seek redeployment. Affected staff must be informed of the anticipated timetable of the restructure and the entitlements available under ‘PD2012_021 Managing Excess Staff of the NSW Health Service’.

Q: Do I have priority status in applying for other positions as an affected or excess employee?
Yes. In certain circumstances, an employee who has been declared affected or excess is entitled to priority status in applying for alternative suitable positions. The conditions on this are as follows:
- The vacant position the affected/excess employee applies for must be of the same salary grade or lower for the priority status to be used.
- Excess employees have priority over affected employees, and affected employees have priority status over “normal” employees (that is, employees who have not been affected).
- Affected/excess employees applying for a vacancy within their own LHD have priority over affected/excess staff who apply from outside that LHD.

Q: What is priority status and what is involved in a priority assessment?
If an employee has priority status in the Managing Excess Employees of the NSW Health Service Policy Directive and Recruitment and Selection process, it means that where a suitable position or suitable vacancy exists, the staff member with priority status should be given a priority assessment to the suitable vacancy before other applicants are considered as long as they meet the selection criteria for that role.

When an employee applies for a position, they or the case manager must notify the convenor of the position that they have priority status. This can be done through eRecruit, or by contacting the convenor via email or telephone. Once it has been established that the applicant does have priority status and appears to meet the selection criteria, a priority assessment will be organised. This means that the employee is interviewed and referenced checked prior to any other applicants. If the convenor is still satisfied that the employee meets the selection criteria, the employee is appointed to the role without any of the other applicants being interviewed.

Q: What will happen if I am declared excess?
If by the end of the restructure an employee has not been successful in finding into an alternative permanent position, they will be declared “excess”. The Service Director will write to the employee formally advising that they are excess.

Upon being declared excess, an excess staff member has two weeks to choose between two courses of action:
1. Accept an offer of voluntary redundancy and exit the NSW Health Service within two weeks of accepting the offer or at a time nominated by the employer. If voluntary redundancy is declined, it will not be offered again in relation to the same redundancy.
2. Decline the voluntary redundancy offer and pursue redeployment during a three month retention period.
Q: What will happen if I decline a VR and pursue redeployment?
If an excess employee declines an offer of Voluntary Redundancy and decides to pursue redeployment, they will be given a period of three calendar months from the date of the excess letter in which to find alternative employment.

If an excess staff member:
(a) exits the NSW Health Service at any time after declining the offer of voluntary redundancy, including through resignation, they will receive a payment in line with a forced redundancy.
(b) is not redeployed by the conclusion of the retention period, they will be made forcibly redundant and receive a payment in line with a forced redundancy.

Q: What payment is made in line with a Voluntary Redundancy?
• four weeks notice or payment in lieu, plus
• for staff members aged 45 years and over with five or more years of completed service, an additional one weeks notice or payment in lieu, plus
• a severance payment at the rate of three weeks per year of continuous service with a maximum of 39 weeks, with pro-rata payments for incomplete years of service to be on a quarterly basis
• pro rata annual leave loading for leave accumulated at the date of termination, plus
• the following incentive payments based on years of service:

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<thead>
<tr>
<th>Length of continuous service</th>
<th>Under 45 years</th>
<th>45 years or more</th>
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<tbody>
<tr>
<td>Less than 1 year</td>
<td>Nil</td>
<td>Nil</td>
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<tr>
<td>1 year and more but less than 2 years</td>
<td>4 weeks</td>
<td>5 weeks</td>
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<tr>
<td>2 years and more but less than 3 years</td>
<td>7 weeks</td>
<td>8.75 weeks</td>
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<td>3 years and more but less than 4 years</td>
<td>10 weeks</td>
<td>12.5 weeks</td>
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<tr>
<td>4 years and more but less than 5 years</td>
<td>12 weeks</td>
<td>15 weeks</td>
</tr>
<tr>
<td>5 years and more but less than 6 years</td>
<td>14 weeks</td>
<td>17.5 weeks</td>
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<tr>
<td>6 years or more</td>
<td>16 weeks</td>
<td>20 weeks</td>
</tr>
<tr>
<td>Additional payment</td>
<td>4 weeks</td>
<td>5 weeks</td>
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</table>

Q. What payment is made in line with a Forced Redundancy?

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<tr>
<th>Length of continuous service</th>
<th>Redundancy pay</th>
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<tbody>
<tr>
<td></td>
<td>Under 45 years</td>
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<tr>
<td>Less than 1 year</td>
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<td>6 years or more</td>
<td>16 weeks</td>
</tr>
<tr>
<td>Additional payment</td>
<td>4 weeks</td>
</tr>
</tbody>
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Q. What is salary maintenance and who is entitled to it?
Excess staff members who are appointed in positions of less than equivalent salary are entitled to have their existing salary maintained for a period of three months. After three months, the employee ceases salary maintenance and is paid the salary of the position they are appointed into.

Q. What measures are in place for excess staff to cope with the changes?
Employee Assistance Program is a confidential counselling service provided free of cost to NSLHD staff. The EAP brochure has the relevant contact information and advice pertaining to staff coping with restructures.

Q. Where can I find further information on being declared excess?
PD2012_021 Managing Excess Staff of the NSW Health Service