Developing South Central Strategic Health Authority as a Clinical Change Organisation

1. Introduction

The SHA has for a number of months been progressing its development into a clinical change organisation, which will enable delivery of its key objectives across NHS South Central, to:

- Deliver significantly improved quality
- Deliver significantly improved productivity
- Deliver significantly improved health

This development is underpinned by disciplined improvement using a programme management approach to lever change and eight improvement programmes and two enabling programmes have been established, as outlined below:-

- Staying Healthy
- Children and Young People
- Long Term Conditions
- Mental Health
- Acute Care
- Planned Care
- Maternity and Newborn
- End of Life Care
- South Central NPfIT
- System Reform

These 10 Programmes are supported by a number of functional corporate responsibilities, whose remit is:-

- To support the Programmes in terms of finance, analysis, quality improvement, workforce, system reforms and other expertise. This will include resources being allocated to both the corporate teams and the Programmes as appropriate;
- To deliver and develop those functional responsibilities which remain critical to our success.

The Executive Team is pleased to report that the SHA has received strong formal endorsement of its direction of travel from the Department of Health through the recent SHA Assurance pilot process.

Progress to date has included the development and implementation of the structure of immediate reports to Directors. Appointments to date to this structure are contained at Appendix 1.
2. Structure of the organisation to support change

The Executive Team has spent the last few weeks working on a proposed structure that will effectively support the above direction and development of the organisation, for all those posts below the tier of direct reports.

Due to complexity and challenges posed by the new way of working this process has taken a month longer than originally planned. The Executive Team recognises that this delay has caused further anxiety for staff at an unsettling time and apologises for this.

As well as ensuring the organisation is fit for purpose, the Executive Team also wanted the structure to support more effective cross organisational working, breaking down silos that may exist across current portfolios and also provide enhanced career development for staff within the organisation.

The proposed structure for all areas affected by this next stage of change is contained at Appendix 2, with specific detail relating to the proposals outlined below:-

2.1 Immediate reports to Directors

A number of changes are proposed to the structure for this level of the organisation from the one implemented following the earlier consultation process. The detail of these changes and the rationale to support them is outlined below.

2.1.1 Public Health

i) Introduction of a 0.5 wte Deputy Regional Director of Public Health role;

Responses to the consultation pointed out the lack of capacity at senior level in public health to support certain key SHA functions. These functions include performance management of delivery of public health Operating Plan deliverables; health inequalities; expert public health input to other programmes; leadership for safeguarding children; oversight of dental public health including fluoridation; and generally deputising for the RDPH role given the fact that the RDPH is also required to lead an increasing team at the DH SE in Guildford.

It was not possible to analyse the full impact of this feedback until after the interviewing process for the Clinical Director roles within the 10 strategic programmes had taken place. This therefore meant that the analysis was not completed in time for the release of approved structure for the tier of direct reports to Executive Directors, however, the Executive team have now concluded that these are essential functions that would not be included in the Staying Healthy clinical programme or the other programmes and there therefore is a need for a continuing part time role at this level.

ii) Head of Public Health

The agenda for change pay band in the confirmed structure for this role was 8c. The job description was not, however, released until after the consultation period on the structure closed and so staff were unable to deliver feedback on the content of the role, as they did for all other posts. Late feedback was therefore accepted and this resulted in changes to the role it was therefore re submitted into the job evaluation process. The band of the amended role following consistency checking is 8d and this is now published in the proposed structure.
2.1.2 Finance and Performance

The Associate Director of Performance and Compliance (band 9) has been removed from the structure and replaced with the role of Head of Performance and Compliance (band 8d). The change is a result of the breadth of responsibility of the Associate Director role being reviewed in light of the growing instability within the system due to the general macro economic conditions and the requirement for intervention to be led by the Director of Finance and Performance. It is acknowledged that system will continue to move and it may therefore be appropriate to review this role in the Finance and Performance structure by April 2010.

2.1.3 Clinical Standards

To reflect the wider responsibility of this portfolio area it is proposed that the name is changed to Clinical Standards and Workforce.

2.2 Proposed Structure

The proposed structure for consultation relates to those posts that report into the immediate directors. When reviewing the proposed structure staff will see the following:

- Some areas of clear commonality to the current work of the SHA, mostly in those key areas of governance that underpin the business of the organisation, for example Finance;
- Some areas of commonality, for example Clinical Standards where the first principles of responsibility and accountability remain but the approach to how this is delivered has changed;
- Looking completely afresh at how we do things, specifically in relation to the essential function of administration and the way the organisation delivers project and programme management work. Given the content of the work of the portfolio Strategy and Reform has been most affected by the project and programme team proposal.

Key to all these proposals is a need to ensure maximum efficiency and flexibility, particularly given the current economic climate. In addition the organisation is keen to develop a rewarding development pathway for its staff.

Overall there are no fewer roles within the organisation than there are people affected by this change. It is important to note, however, that to achieve our new way of working the structure proposed in this document is significantly different to that which existed before and therefore we do require a new approach to our ways of working. Staff are therefore encouraged to look across the organisation to review the full potential of options that may be available to them as individuals.

Feedback on the proposals should be submitted via your line manager, the HR team, your Staff Partnership Forum (SPF) representative or the dedicated consultation e-mail address: shaconsultation2009@southcentral.nhs.uk.

2.2.1 Administration Function:

This proposal has two main streams:-

1. For three dedicated personal assistant (PA) posts at band 5 to be shared between the Chief Executive and Executive Directors, supported by three administrator posts at band 4. These will enable closer collaboration for meeting
management and shared areas of responsibility, also ensuring that there are clear access points to the Directors for individuals within and outside the organisation.

2. For a team of expert administrators made up of six band 4 administrator posts and three band 3 administration assistants posts, led by a band 6 office manager role, are to be created that will deal with all generic, across organisational administration support and ensure expertise in this area is developed and maintained and for efficiencies to be realised. Examples of the type of work to be done by this team include events management, meeting planning, photocopying and scanning of documents.

The Executive Team recognises this is an ambitious proposal that requires a significant change in working practice for most staff. This change in working practice will include the adoption of the Productive Leader methodology as well as appropriate use of the IT available to the organisation. The office manager post with the three PA posts will be responsible jointly for developing our administration processes.

2.2.2 Business Change team

Currently projects and programmes exist within most portfolios and each are managed differently, against different requirements for the post holders. In order to successfully support the delivery of the SHA as a clinical change organisation it is proposed that there is established a central resource for managing projects and programmes within the SHA, underpinned by PRINCE2 and MSP methodology to ensure consistency of approach.

To support this approach, the Business Office will provide expert advice on new streams of work as they emerge to ensure that the most appropriate methodology i.e. project or programme management, is used as the structure to deliver the change required. It is anticipated that all such streams of work will be aligned to one or more of eight improvement programmes and two enabling programmes established to deliver the strategic objectives of the SHA as a clinical change organisation.

For this to be effective the SHA will need to ensure a disciplined approach to how the central resource is allocated and managed. This would ensure transparency and flexibility as well as providing a career structure and broader more rewarding roles for those involved in the projects and programmes essential to the SHA to achieve and deliver change.

It is suggested that the management of this team as a resource will be via the Business Office to enable such work to be prioritised against all project and programme work within the SHA and an effective overview maintained of the application of this resource at any one time. This would identify peaks and troughs in resource requirements and support the Executive Team in their role as the Sponsoring group for the 10 change programmes within the organisation.

Due to peaks and troughs of activity, it is likely that these post holders may at some time be responsible for one or more projects, across one or more portfolios. Once a post holder is allocated to a piece of work it is proposed that they would be line managed by the lead for that piece of work. Where a post holder is accountable for activity to more than one lead a specific line manager will be identified and they would seek input and feedback from the other leads for the annual performance and development process.

In addition to the core team, it may also be necessary for external, short term resource to be brought in to supplement this core should the priorities of the organisation require it e.g. when a new, short term piece of work is identified, bringing with it funding. This additional resource will be identified and managed in the same way as the core resource.
2.2.3 Transition

It is recognised and acknowledged that that such different ways of working cannot be implemented overnight and a period of transition will be required, particularly in relation to the administrative function and the project management team proposals.

Key to a successful transition is a review of the current workings of the organisation, both in relation to the current active projects and programmes and the core business or “battle rhythm” of the SHA. The work to map these and reviewing our priorities has already begun by the head of the Business Office and will enable the organisation to implement and develop our new way of working.

3. Process

The full timetable relating to the process is contained in section 5 and the points below relate to some specific points of this process.

3.1 A 30 day formal consultation process will begin on 8 June 2009, in line with the SHA Organisational Change Process. At risk letters will be sent to all staff during the week commencing 8 June and access to the restricted section of NHS Jobs will be activated at the same time.

As agreed with the SPF these letters will be delivered to portfolio administrators who will then ensure individuals receive them in a timely manner, preferably by hand but first class post if the individual is not available to receive them on the day of issue.

3.2 Individuals will be offered a 1:1 meeting with their line manager within a week of receiving their letter, a proforma will be provided by HR to capture the discussion. Directors and line managers will also continue to be in communication with their teams throughout this period of change.

3.3 Given staff affected will be placed at risk of redundancy, current recruitment will be reviewed and where appropriate the current process of recruitment for these roles will be halted and the roles re advertised on the restricted section of NHS Jobs to enable SHA staff affected to have first priority in application for these roles.

3.4 The Agenda for Change bandings outlined within this paper are currently estimates only for consultation based on previous evaluation exercises on current, similar level roles within the SHA. The structure confirmed following a review of the responses to the consultation with staff will be subject to evaluation and consistency checking as per the SHA internal procedure and staff should be aware that bands may be therefore different in the final structure than outlined in draft in this paper.

Concern has been raised from trained job evaluators within the organisation that having these proposed bands on documentation supplied to panels may place pressure on the panel to reach a pre specified outcome.

In order therefore to strike a balance between staff affected wishing to have an indication of the level of the roles proposed in the new structure to enable them to consider properly the proposed new structures and to try and alleviate this valid concern from our job evaluators, the estimated bands will remain within this consultation paper, however, all paperwork (structures, job descriptions and person specifications) supplied to the panels will not contain any reference to bands that are outlined in this paper.
3.5 It is envisaged that those people who, on meeting the criteria in the SHA Organisational Change Policy, are entitled to slot into posts will do so once the appeals process is complete. For those staff that are pooled for roles in the new structure they will be required to complete an application form for the role via NHS Jobs.

Similarly should there be roles in the structure that have no one slotted or pooled against them these roles will be released on the restricted section of NHS Jobs so only SHA staff can apply for them in the first instance. If individuals wish to apply for one of these roles this will again be via an application form on NHS Jobs.

Once one form is submitted via NHS Jobs this is kept in the individual’s personal NHS Jobs account for six months and can be amended and resubmitted against further vacancies without the need to completely start again. A test job is therefore currently available (job title: Test Job, job reference number: 966-000) on NHS Jobs to enable staff to begin to prepare an application form if they so wish.

3.6 It is recognised that the change process will fall into the summer holiday period and the reassurance is given that no member of staff affected will be disadvantaged by their summer holiday arrangements.

A commitment is given by the Executive Team that the internal restructure process relating to SHA staff will be completed by 30 September 2009.

3.7 It was agreed with SPF that all recruiting managers would undergo equality and diversity training prior to recruiting during the change process and the Executive Team fulfilled this commitment for themselves as part of the first stage of the process.

An online tool, that will take approximately one hour to complete, has been distributed to all direct reports to directors and they have been asked to cascade this to recruiting managers in their teams. The HR team will monitor the completion to ensure it complies with the above commitment.

4. Specific considerations

Given the very new approach to the proposals for both the administrative function and the project and programme part of the organisation, staff are asked to give specific consideration to these proposals and how they may be implemented and developed for these areas of work. Specifically staff are asked to feed back on:-

1) The approach and numbers of posts proposed for the administration function versus the current arrangements contained separately within portfolios.
2) Proposals for a development programme to ensure successful implementation and delivery of the administration function, both in the short and long term and development of the staff within this function
3) Where the administration function should report into within the organisation e.g. Communications and Corporate Affairs
4) Whether the Business Change team proposal provides suitable career development for those staff employed within that structure
5) Proposals for a development programme for the Business Change team

However, it is also important that staff review all the structure and submit any feedback they feel appropriate to the proposals. As outlined above feedback on the proposals should be submitted via your line manager, the HR team, your Staff Partnership Forum (SPF)
representative or the dedicated consultation e-mail address: shaconsultation2009@southcentral.nhs.uk.

5. Outline timetable

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<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>4 June 09</td>
<td>Staff briefing for all staff on the proposals for the next stage of the development of the organisation</td>
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<tr>
<td>8 June 09</td>
<td>Consultation launch – paper distributed to all staff 30 day formal consultation process begins</td>
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<tr>
<td>w/c 8 June 09</td>
<td>Affected staff placed at risk of redundancy. “At risk” letters issued and access to restricted section of NHS jobs activated. 1:1 meetings between line managers and immediate reports begin</td>
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<tr>
<td>w/c 15 June 09</td>
<td>Draft job descriptions start to be issued. All will be issued by 26 June 09.</td>
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<tr>
<td>7 July 09</td>
<td>Consultation closes</td>
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<tr>
<td>14 July</td>
<td>Staff Partnership Forum meeting</td>
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<tr>
<td>w/c 20 July 09</td>
<td>Communication to staff on final structure, including changes incorporating post consultation responses Restricted recruitment process begins in line with the organisational change policy. Individuals receive letter to confirm their position relating to slotting, pooling, appeals process etc.</td>
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<tr>
<td>w/c 3 August &amp; 10 August 09</td>
<td>Appeals panels sit and outcomes communicated to individuals</td>
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<tr>
<td>30 Sept 09</td>
<td>Internal restricted process complete</td>
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<td>On going</td>
<td>Open competition recruitment for posts not filled by restricted part of the process 1:1 with line managers HR drop in sessions Organisation development standing agenda item at SPF Outplacement support provided as appropriate</td>
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