Developing South Central SHA as a clinical change organisation
Frequently asked questions
23 June 2009

1. General questions

Q: The consultation paper was released at the end of the first day on the consultation period therefore effectively losing a day for staff to feedback, could this be extended?

A: Yes the consultation close date has been extended to 17.00 on Wednesday 8 July 2009. There are no other changes to the timetable outlined in the consultation document.

Q: I have heard people talking about the proposal for the Business Change team being an “error”, and that the final structure will keep/move back project and programme posts in individual portfolios – is this correct?

A: No this is not correct. The Executive team recognise this proposal represents a very different way of working, has a particularly significant impact on Strategy and Reform, and as such have asked specific questions relating to the Business Change team structure and the number of posts within it in the consultation document. Early feedback indicates staff feel the impact on Strategy and Reform appears out of balance with the impact on the rest of the organisation. The Executive team have noted this and will consider what, if any, changes this will represent for the final structure, as with all other feedback.

Q: I’ve been told there is a revised structure for NPfIT, is this correct?

A: A large amount of very early feedback on the NPfIT structure indicated that the original proposal was not fit for purpose. The Executive team recognise that the consequence of this is feedback is that the final structure will be very different to the proposed one currently contained within the consultation paper. Rather than delay any further the process for staff affected in this area a revised draft structure has been developed and is attached.

Staff directly affected are asked to feedback to HR and staff side whether they believe the current deadline of 8 July gives them sufficient time to comment or whether the consultation period needs to be extended to for the NPfIT part of the structure only.

Draft job descriptions for the revised proposal will be available by the end of this week as per the original timetable.

Q. If the final structure following the consultation is fundamentally different to the one we are all consulting on is there an obligation/legal standing that the SHA needs to re-consult and allow staff sufficient time to comment?

A: Comments received during the consultation will undoubtedly lead to some changes, as is the purpose of the consultation.
Further consultation would only be needed if there was a significant reduction in posts that in turn would lead to levels of redundancies previously not anticipated, which is highly unlikely, or if the principles of what the change is being implemented to achieve is revised. The latter is also unlikely given this is the second stage of the consultation process and the principles of the need for change have already been agreed and established in the creation of the tier of immediate report to Executive Directors.

Q: The consultation mentioned some specific changes to the tier of immediate reports to Directors from the one implemented following the earlier consultation process, however, the Deputy Medical Director appears to also be a new additional post at this level?

A: This is correct, this is a further change to this tier and should have specifically highlighted in the consultation document.

Q: If so many people are at risk, why is the consultation period not 90 days?

A: The consultation period would only be 90 days if the likely impact of the proposed changes is that over 100 members of staff are to be dismissed on compulsory grounds as a result of the changes. As has been previously communications this is not a downsizing exercise it, it is about enabling the organisation to work differently as a clinical change organisation.

As outlined in the consultation document, overall there are no fewer roles within the proposed structure 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.

Q: The consultation paper mentions Productive Leader, please could we have some detail on what this is?

The Productive Leader, from the NHS Institute for Innovation and Improvement, will be used to help individuals and the SHA leadership team to filter out time wasting activities and free up time to make the decisions that matter.

The Productive Leader is about developing high performing leadership teams to help drive a high performing NHS.

It builds on the NHS Institute's successful Productive series using the principles of Lean Thinking and Six Sigma to enable leadership teams to reduce waste and variation in personal work processes.

The programme has been developed over a two-year period in co-production with NHS executive teams in acute hospital trusts, primary care trusts and mental health trusts.

As a programme, it features a combination of facilitated and self-development modules, supporting teams to identify improvement in high impact areas such as email management, meetings and workload management.
Implementation of this is a core part of the ongoing development of the SHA continues and more details, including a timetable for roll out, will be made available in due course.

Q: **Will the consultation period be extended for those draft job descriptions that are published later in the timetable,**

A: No, the purpose of publishing draft job descriptions is to enable staff to understand how the Executive team think roles in the proposed structure will work. While staff can comment on the content of draft job descriptions, ultimately it is for the Executive Director for that area to determine the role content.

Q: **The FAQs on the web site are the ones from the Organisational Change Policy, please can we have new ones updated more regularly?**

A: Yes, we will publish new FAQs each Friday.

### 2. Restricted recruitment process

Q: **Can I only be pooled against new posts in my current portfolio?**

A: Each member of staff will be considered against the structure once finalised using the section 10 (slotting) and 12 (pooling) of the Organisation Change policy on the basis of their current, substantive role. This may mean that individuals in generic roles e.g. administration, may be pooled for roles across the organisation.

Q: **Can I only be pooled for jobs at the same band?**

A: No, the pooling criteria cover a range of relevant factors, including some or all of the following:

   a) a person’s job title,
   b) the content of their current job description,
   c) the person specification for their current post,
   d) their current pay, grade or Pay Band,
   e) the level in the organisation of their current post.

   This means that you may be pooled for roles of the same band, a lower band or a higher band. In some circumstances, this may be more than one band difference, however, this is exception rather than the norm.

Q: **If I am pooled for more than one job, do I have to submit an application form for each job and will I have to be interviewed for each one?**

A: Yes, you will have to make an application for each job you are pooled for, however, once you have submitted one application form through NHS jobs the application form submitted is saved to enable you to submit the same form, making any adjustments needed, for other roles.
To help with your preparation there is a test job available on the restricted area of NHS Jobs (job title: Test Job, job reference number: 966-000), should you wish to use it.

Where roles are very similar, the interview process will be streamlined wherever possible.

Q: **I am on secondment from another organisation, am I included in this process?**

A: The terms of your secondment mean that you have a substantive post protected within your employing organisation therefore you are not included in the restricted recruitment process. You line manager will work with you to determine the impact the implementation of the new structure will have on your secondment.

Q: **I am an SHA employee, currently at risk from an earlier restructuring, am I included in this process?**

A: As you are at risk you will be considered against the new structure (once it is confirmed) in the initial restricted round of recruitment against the criteria in the SHA Organisational Change Policy. This will be on the basis of the your contracted role, not your secondment role.

Once individuals have been notified of their individual arrangements relating to the slotting/pooling process, should you believe you should/should not have been slotted for a particular post you are of course entitled to submit an appeal in line with the terms of the appeals process, as with any other member of staff.

If any roles are not filled by the initial restricted stage of the process i.e. slotting or pooling, they will then be advertised on the restricted section of NHS jobs to enable any staff at risk to apply to them on a prior consideration basis before we recruit via open competition.

Q: **If through the process I am appointed to a post that is a lower band than my current band will my salary be protected?**

A: Please see the SHA Protection and Conditions of Service Policy, available at the following link: