

Shaping our Future

**Questions and answers from staff
briefing meetings held between
February and April 2010**

May 2010

Introduction

NHS Rotherham held a series of staff briefing meetings between February and April 2010 about the emerging proposals for the future organisational arrangements for community health services. Over 400 staff attended these meetings, and wide range of questions were raised. This document summarises these questions and the answers provided at the meetings, together with additional and new information that has become available since the meetings.

General

1. **Q. Why have the questions and answers taken so long?**
A. The questions in this document were collated from over 13 staff meetings over March/April with the resulting document spanning over 30 pages. There was quite a bit of repetition, with many questions asked more than once. Many of the questions were quite specific to particular services and many others related to complex employment issues. Obviously we are keen to ensure the responses to the questions are accurate and provide as much clarity as possible. For this reason it has taken some considerable time to create a final document. In addition some of the proposals have recently been amended and are now included in this document. We are sorry if this has caused concern but we are sure you will appreciate our need to provide you with good quality, accurate information.
2. **Q. When will we get to know the final proposals?**
A. Initial proposals were agreed by NHS Rotherham Board in March. These proposals are being worked up into a proposal document which will be available to staff, patients partners and the public. There will be an additional information pack for staff employed by NHS Rotherham which will identify the likely implications for staff under the proposals. We will be consulting with staff about the required changes but we are not required to consult formally with the public at this stage because this is about a change of management rather than a change in service received by the public although we will inform the public about our proposals. The staff consultation and public engagement programme will run from 24 May to 23 August 2010 and a final decision will be made by the NHS Rotherham Board at a meeting in September.
3. **Q. Will the Rotherham NHS Foundation Trust integrate with all or just some of Rotherham Community Health Services?**
A. The outlined proposals aren't about the Rotherham NHS Foundation Trust taking over – they outline different solutions for different services. Under the proposals however many services would transfer to the Rotherham NHS Foundation Trust.
4. **Q. What happens during the staff consultation period?**
A. NHS Rotherham will initiate a comprehensive staff consultation exercise. Consultation documents are currently being developed. At the end of the

consultation period, the Board will consider all the feedback at their meeting in September, make changes where appropriate and make a final decision by the autumn for implementation by no later than by March 2011.

5. **Q. Are the people of Rotherham aware of what's happening to services? What's been done to make them aware?**
A. Yes we need to engage with the public widely. We are developing a comprehensive communications plan and will make sure people are aware of what's happening e.g. through Rotherham News. We will write to key patient and carer groups.
6. **Q Will Rotherham NHS Foundation Trust take on these services and then make cuts?**
A. Clear service specifications will ensure that high quality services will be maintained for patients regardless of who provides the service. However in response to the national public sector deficit all organisations need to identify savings whilst still improving quality and this will be an issue regardless of our proposals for transforming community services.
7. **Q. If services were to transfer over to the Rotherham NHS Foundation Trust, would structures change and where would strategic management come from?**
A. It is quite possible that in the future the structure of services may change although we would expect to have an influence on this through our role as a commissioner to ensure standards are maintained. Obviously the Rotherham NHS Foundation Trust would manage the service but we don't yet know what line management structures and arrangements will need to look like.
8. **Q. Could you ensure that as much information as possible is available to prevent Chinese whispers?**
A. Our aim is to be completely open and honest about the situation. We will be focussing a lot of effort around communications and a communications representative will attend the newly established programme board. Among other things, following each meeting of the programme board we intend to issue a newsletter/briefing note and have established a dedicated intranet/internet page.
9. **Q. Will Brian James address Rotherham NHS Foundation Trust staff?**
A. We will be instigating a full communications programme to keep everyone informed of progress. Some of this will involve general communications and there will be some more specific communications for those directly involved. This will include information sessions for all stakeholders and staff as we recognise the importance of all staff receiving consistent messages. We also intend to invite representatives from the other proposed providers to meet with staff.
10. **Q. In view of David Nicholson's recent remark that it would be a 'waste of money' for providers to choose the social enterprise route, would the Board consider the option of a provider becoming a social enterprise (and if so would funding be allocated for this)?**

- A.** A social enterprise is an independent, non-profit making body locked into a public purpose. Rotherham Community Health Services have a right to request the formation of a new social enterprise as a new organisation. If a request was put forward, the Board would have to consider it and they have the right to respond. If they felt that the proposal had substance, then support/resources would be allocated for this. There is also a national fund to support rights to request.

David Nicholson's concerns are understandable as creating new NHS organisations is an expensive exercise. However, if a small service put a request forward, highlighting that this is the better, more viable option, the formation of a social enterprise could still be feasible. Integration with a foundation trust could also give services the same amount of freedom they currently have if it is demonstrated that they can be efficient and productive and of a high quality.

NB Since the staff meetings a right to request has been submitted to , and supported by the Board to proceed to the next consideration stage, in relation to the Gate and Canklow practices.

11. Q. How will services be affected?

- A.** There are currently contracts in place between NHS Rotherham and Rotherham Community Health Services outlining the service specification for each service. If there is integration with new providers, new contracts will still need to be in place between the new provider and the service, with clear service specifications to ensure the same high quality of patient care.

12. Q. What measures are we putting in place to protect our services until March 2011?

- A.** At the end of financial year 2009/10 NHS Rotherham made a surplus on £2.1m which means that our current financial situation is sound. We also have funds lodged SHA in a SHA 'savings account'. Despite this, we are still required to make 30 per cent management cost savings. We know what our financial allocation will be next year and we have calculated what we think we will need over the next 3-5 years and what we think we are going to get. Here, there is quite a large gap, though the situation is more serious in other parts of the public sector.

The problem of this 'financial gap' will become more serious over the next 3-5 years. We have refreshed our strategy to identify measures to bridge this gap:

- All providers to deliver efficiency improvements
- Effective controls over GP prescribing and referrals to hospital
- Need to change the rate/ culture of emergency admissions to hospital (by looking at ways of reducing unnecessary hospital admissions)

There are a range of measures to improve efficiency and some of these changes will be challenging. These changes would happen anyway as proposals for community health services are, to a degree, separate to the

financial situation faced by the NHS and public sector as a whole (as a result of the economic climate). The changes to community health services will help us to respond to this financial situation, though there will be some tough times ahead for all providers of NHS services and for commissioners.

13. Q. In Great Yarmouth they are currently awaiting a decision about whether the NHS will be their 'preferred provider' of services – will this happen in Rotherham?

A. In the recent past, commissioners (NHS Rotherham) have been expected to formalise a competitive procurement process for services. However, this process won't be used when discussing the future of Rotherham Community Health Services – this will be done through local consultation and agreements which make local sense and therefore we shouldn't have to re-course to the 'preferred provider' route.

14. Q. Will services need to go out to tender?

A. We would expect to deliver most proposals without going out to tender.

15. Q. You have referred to our good financial position and in the past we have helped those areas in the Strategic Health Authority who are in a less fortunate position – will this happen again?

A. Nothing can be ruled out. If we have to work with others to achieve targets – either regionally or nationally - then we will do this. The financial standing of most of the NHS in South Yorkshire is quite robust and we are collectively in a better position than we were a few years ago. NHS Rotherham has some contingency 'savings' but we still need further efficiencies.

16. Q. Could Rotherham Community Health Services become a provider arm of the Rotherham NHS Foundation Trust?

A. The Rotherham NHS Foundation Trust is looking positively at these proposals and has considered a distinct provider arm for Rotherham Community Health Services. One opportunity will be greater working together and more seamless care pathways. We would expect the community services to work together with hospital services and blend together to create better, more streamlined services. This will fit with the Rotherham NHS Foundation Trust plan to reduce the number of hospital beds and provide more care closer to home.

17. Q. Is there a commitment from Brian James to confirm structures - will there be a new structure or will we be integrated into the existing structure? I think one of the main concerns is what will happen in reality?

A. Discussions are ongoing between Kath Henderson and Brian James. They will be looking at different service models - though nothing has been decided yet. The patient will be at the centre of all new changes.

18. Q. Has this type of restructuring taken place elsewhere?

A. Yes. These types of changes are happening across the NHS. Different health communities are considering different options to best suit their own needs.

19. **Q. Why do commissioners dictate operational structures rather than commission for outcomes?**

A. Commissioners do not dictate. Commissioners should be focusing on standards, outcomes and quality – not service structures.

20. **Q. Are numbers of staff specified in a service specification and are commissioners going to be more prescriptive about the types of skills required to deliver a service?**

A. For the Rotherham NHS Foundation Trust we do not commission the number of consultants, nurses etc. – we pay for outpatient appointments, operations, procedures etc and it is down to providers to ensure they have got the right workforce to deliver this. However, we don't have this same approach for all services we commission – it is mixed.

We don't think we should be overly prescriptive how the service is managed as service providers should have some freedom to deliver the service in accordance with the service specification. It is very important that services are involved with service specifications and we will be engaging with clinicians and frontline staff in the development of these.

We need to have the right level of detail and be specific in certain areas such as the overall service model, standards adhered to, quality and safety of patient experience and activity levels. It is up to service providers to work out staffing and skill mix. Our responsibility as a commissioner is to assure ourselves of the quality of a provider's workforce. We therefore monitor a number of workforce quality indicators to ensure that this is the case, including workforce planning.

21. **Q. Community Physiotherapy Services – just wondering why joining with the Rotherham NHS Foundation Trust is now an option when it wasn't an option twelve months ago? What's changed?**

A. The Department of Health has since issued a directive that commissioners will have a purely commissioning role and no longer manage their own provider arm.

Locally there has been an increased recognition that the rate of emergency admissions to hospital is very high and there is a need to be a change in the way the hospital is working. The InterQual project demonstrates that 30-40 per cent of current hospital admissions don't need to be admitted to consultant led care.

We also want to change the basis in which we pay the Rotherham NHS Foundation Trust for services; they are currently paid for admissions. This incentive will be shifted to caring for people closer to home and community services have a significant role to play in this.

22. **Q. Has there been any interest in Rotherham Community Health Services becoming a Social Enterprise?**

A. We have been approached by the staff at the Gate Surgery, and possibly Canklow about becoming a social enterprise which we will consider as part of the consultation process. Since the staff meetings a right to request has been

submitted to and supported by the Board to proceed to the next consideration stage, in relation to the Gate and Canklow practices.

23. **Q. The commissioners and the Rotherham NHS Foundation Trust may be surprised at the breadth of services delivered by provider services so there may be more work to do on service specifications than first realised?**
- A.** It is important that we work with all the services to ensure small services don't get lost in the process. However, service specifications will need to be broad based and we have agreed the list of service specifications with Rotherham Community Health Services.
24. **Q. Will there be any press interest in these changes?**
- A.** There may be some although our first priority is formal consultation with staff and their representatives.
25. **Q. As commissioners, does NHS Rotherham have an obligation to commission a service which is no longer fit for purpose?**
- A.** If a service is no longer fit for purpose then it obviously needs to be looked at – this is clearly a commissioning responsibility.
26. **Q. If it is difficult to meet the service specification due to resource issues, what happens?**
- A.** This depends on the significance of the problem and when it becomes a discussion between the commissioner and provider. For example, 4-hour waiting targets were set for the Accident and Emergency service in the Rotherham NHS Foundation Trust, which they failed to deliver on. As a commissioner we had discussions with them regarding the service, funding, workforce, systems etc and as a result they have delivered the target this year.

Clinical and Care Service Issues

27. **Q. What assurance processes are to be put in place to ensure that services are supported and developed to meet future patient needs as independent professions, rather than being put into a 'generic net' and losing professional identity?**
- A.** Our preferred option for planned and care for long-term conditions and urgent care at present is to integrate with the Rotherham NHS Foundation Trust as it will remove organisational boundaries and improve seamless care. Therefore it is understandable that community health services feel there is a danger of being subsumed by the hospital. These concerns are already being discussed with senior colleagues at the Rotherham NHS Foundation Trust who are very clear that they need to change to become a whole system provider across the community. As a commissioner, NHS Rotherham will take great care in writing service specifications in collaboration with staff to ensure care is maintained and improved wherever possible. Regarding professional identity – we are here first and foremost to meet patient's needs, which are met by professionals in a multi-disciplinary team so we need to get the blend of professions right, recognising the unique contribution each profession makes to quality patient care.
28. **Q. I am a district nurse and I think it is good that we will be joining with the Rotherham NHS Foundation Trust as at the moment it is very 'us and them'. The Rotherham NHS Foundation Trust want people in beds for money and we want them at home. Brian James will now have a different agenda.**
- A.** We are changing the agenda. Under the proposals the Rotherham NHS Foundation Trust will have more community services and they will need to grow and be developed. There will be an important change.
29. **Q. What will happen to the Assessment and Treatment Centre at Badsley Moor Lane?**
- A.** The proposal is to transfer the staff management of this service to Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust .
30. **Q. Will services still be provided from Rotherham Community Health Centre, i.e. Contraception and Sexual Health Service (CASH)?**
- A.** Yes. We would recommend that clinical services currently provided at the RCHC should continue to be provided from there.
31. **Q. I am a speech therapist - will departments be split up over two organisations where people work across both sites e.g. Rotherham Community Health Services and the Rotherham NHS Foundation Trust?**
- A.** Where staff work across more than one care pathway and these pathways all transfer to a single employer services will continue to operate largely as now. If the pathways transfer to different employers, we will have to work with staff and potential providers to discuss the best way to handle this. This might entail splitting the staff group or assigning all to one employer and using service level agreements across the services. We will also consult with providers to decide where staff would be best based.

32. **Q. Some areas sit well with other providers e.g. mental health, learning disabilities etc. Is the community nursing as a whole most likely to sit with the Rotherham NHS Foundation Trust? I know there are a few PBC (practice based commissioning) groups looking at developing integrated nursing teams. How will this be managed? How will access to training be affected?**
- A.** Some PBC groups are interested in integrating practice nursing and district nursing into a nursing team with the practice taking greater responsibility in meeting patient's needs. We will give further consideration to this issue but ensure that all issues identified by staff including implications for a 24 hours service are addressed. The solution may be to provide a service which includes the best of both worlds but understand why people feel nervous about this. We hope that you will come forward with your views during the consultation.
33. **Q. Some people would be nervous about integrating with Practice Based Commissioners (PBC). We see the benefits of multi-disciplinary working – but PBC is only looking at the integration of nursing – not all other services (e.g. allied health professionals etc).**
- A.** When we review the options we will take account of the need to deliver services based around the patients and the need for multi-disciplinary working.
34. **Q. Looking at the integrated nursing pilot – where are the skills in the nursing workforce and what will best suit patients? A recent change in referral patterns seems to suggest that management have moved from a 'pilot' to 'probable'.**
- A.** The pilot is ongoing and no decisions have yet been made. Under the Shaping our Future proposals however, consideration is being given to district nursing being transferred to the Rotherham NHS Foundation Trust.
35. **Q. I am worried for the district nurses as I have seen acute try to do community before, for example Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust . If there are shortages in acute will they take community staff out of community into acute - very worrying?**
- A.** We understand these concerns; we will ensure that the service specifications ensure that community services are maintained. Whilst there are no guarantees that there won't be occasions where flexibility is required, there is a clear requirement for community services to continue to grow.
36. **Q. I work in Community Occupational Therapy (OT) services and we are already a joint service so how will that work?**
- A.** We are in discussion with Rotherham Metropolitan Borough Council about all the changes. If we transferred the OT service, the contract would move with the service so you will continue doing the same as you do now, although as with all services, there may be some changes over time.

37. **Q. I work for adult speech and language and my concern is that if we are working across lots of different pathways, we may not have as much input in how the service is run.**
- A. We know this is an important issue for staff and will ensure it is addressed both in the service specifications and the discussions with all engaged organisations.
38. **Q. I am a health visitor at Maltby Joint Service Centre and I would have concerns if we were employed by Rotherham Council. Social workers have asked us to go and do assessments with them when there is no health issue. I am worried that if we integrate with Rotherham Metropolitan Borough Council we will be made to go out and do the assessments when it is not necessary.**
- A. We want to build on the integration of services. Integration has had a positive impact on services. We are recommending that these services transfer to the Rotherham NHS Foundation Trust; however there will still be an ongoing need to ensure that integration with social care services continues to work together in the best interest of the patient.
39. **Q. How will these changes effect emergency planning? Will I still be doing emergency planning for Rotherham Community Health Services or will it just be NHS Rotherham?**
- A. NHS Rotherham will continue to have an emergency planning responsibility and will still need a response function. All the providers will too and they all have emergency plans. We have not made decisions on staff resources/deployment yet although we are looking at the impact for all support services in the light of the clinical services proposals and aim to give provisional indications as to the potential employer as part of the consultation.
40. **Q. I am an occupational therapist at Maltby. What is the chance of us moving to Rotherham Council as I have great concern about this?**
- A. The proposal at the moment is that occupational therapy will transfer to the Rotherham NHS Foundation Trust. We would welcome views about the location of services. At present, the Rotherham NHS Foundation Trust have indicated that the majority of services would remain in their present locations.
41. **Q. I have heard that the Primary Ear Care Service is going to the Rotherham NHS Foundation Trust. The service is very different from those in an acute trust so how can you justify this?**
- A. We propose to use the Rotherham NHS Foundation Trust as a vehicle for creating a new service in the community. The Rotherham NHS Foundation Trust proposes to turn themselves inside out with more services at home and in the community. One of the challenges for us is to be very clear about the specifications and what we are commissioning. We will hold the provider to account on delivering those specifications. If the consultation brings new ideas, we will consider them. It may be useful to remember that we are not considering losing our community focus; if anything this will increase and the Rotherham NHS Foundation Trust will become a health care provider and its focus will move away from acute to integrated care.

42. **Q. Where do you see palliative care sitting?**
A. The proposal is to transfer specialist end-of-life and palliative care to the Hospice. We have been in talks with the Hospice for several years about this possibility. The Hospice would have to take several steps to become *the* provider of specialist palliative care services, such as clinical governance, leadership and management, systems and processes etc. There is an opportunity to transform the Hospice into a specialist centre for end of life care. The Hospice realises that this would mean building their capacity and indications are that they are keen to grow in this way.
43. **Q. Do you see the lymphoedema service sitting with the Hospice as it also links in with the Rotherham NHS Foundation Trust?**
A. No it is proposed to transfer the lymphoedema service to the Rotherham NHS Foundation Trust.
44. **Q. I work in podiatry. If the Rotherham NHS Foundation Trust already provides services such as podiatry, where would community services sit? Would they be altogether or would they be split? If split, would we be based separately in the community?**
A. We would want to see integration but the community-based model must be protected; community services cannot be subsumed into the hospital. We must stress that no decisions have been made yet. We will continue to involve people in this, especially those directly involved with delivering community services. The Rotherham NHS Foundation Trust operates a business unit model currently with specialist services grouped together. However they also have a community business unit. We will be discussing with them how best community services will fit, certainly initially, within their business structure. The focus of our discussion will be to ensure that whatever the business model, community services must be best placed to thrive.
45. **Q. Is it a fragmentation of services? I am concerned that fragmentation of services will lead to some patients 'falling through the net'?**
A. The emphasis of these proposals is on integration. We don't want to separate any services which lead to patients 'falling through the net' as the consequence. When we formally discuss the proposal, this will be used as part of the criteria. However we do need to find different solutions for different services which deliver the best possible care for our patients. We welcome your views on this and in particular where you think we need to pay attention.
46. **Q. Tissue viability nurses could be seen to be a target as we are relatively expensive but we do contribute to the quality of patient's lives. If this service already exists at the Rotherham NHS Foundation Trust what would happen to us?**
A. So far we have a very high rate of emergency admissions to hospital and tissue management is a contributing factor, highlighting the need for this service. Brian James wants to run a smaller hospital (with fewer beds) and provide care closer to home. Data we have received through InterQual demonstrates that this is possible – 30 per cent of people receiving consultant-led care don't actually need it. We agree that this is an

opportunity to integrate and develop the service and there will be an opportunity to meet with services to discuss these opportunities. We need to remember however, that there is a continuing need to assess tissue viability in the community and not solely in hospital.

47. **Q. If you are commissioning a service which, like the health visiting service, is struggling to recruit and experiencing a staff shortage, will the service specifications be realistic and will the same issues still be there? If we work for Rotherham Metropolitan Borough Council who will understand what we do, will we become 'lost'?**
- A. A great deal of work has been done, and continues to be done, to ensure that all the elements of health visiting are undertaken by those skilled to undertake the work. Skill mixing has ensured that, despite a national shortage, the work is still being done. The current proposal is to transfer this service to the Rotherham NHS Foundation Trust. The senior managers would move with the service and they would continue to make the case for ensuring that health visiting and safeguarding would remain priority areas.
48. **Q. Within learning disabilities there are three care homes housing long-term, vulnerable residents. It is a complex situation whereby services are commissioned by Rotherham Metropolitan Borough Council, the building is owned by South Yorkshire Housing Association and staff are employed by NHS Rotherham. What will happen in this situation?**
- A. We have engaged with stakeholders, staff but also the residents and their carers need to be engaged. Rotherham Metropolitan Borough Council will continue to require high quality nursing for those with complex health care needs in their care and they will be responsible for commissioning the best nursing care available. It is proposed that the staff will transfer to Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.
49. **Q. Some staff work across more than one team. For example physiotherapists work between Rotherham Community Health Services and the Rotherham Hospice. What would happen to that person?**
- A. We are working to propose the alignment of staff to a single provider wherever possible within the TUPE regulations. Where there is no clear pathway for staff, we will agree a mechanism with staff representatives, and the potential employer/s, to propose where to allocate staff. Where possible, under the regulations, we will give as much choice to staff as we can, however, this may not always be possible.
50. **Q. Regarding Occupational Therapy in Social Services – are the choices between Rotherham Metropolitan Borough Council and the Rotherham NHS Foundation Trust? Is Rotherham Metropolitan Borough Council interested? If both parties are interested what happens?**
- A. Rotherham Metropolitan Borough Council currently jointly commissions this service with NHSR. We are proposing a transfer of provider management to the Rotherham NHS Foundation Trust.
51. **Q. I work for the wheelchair service. There are some national changes**

affecting us and it seems to coincide with these local changes. We feel in limbo. Who will want us in light of national proposals?

A. This is a jointly commissioned service and we will work with Rotherham Metropolitan Borough Council to ensure that the best service is commissioned for patients. The proposal is to transfer the staff management to the Rotherham NHS Foundation Trust.

52. Q. I work for the learning disabilities service and we are a small team of four. What consideration has been given to that?

A. The proposal being considered at present is that the specialist People with Learning Disabilities service would transfer to Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust. We will make sure the service model is protected which is where a service specification is important. We want this model and the relationship with social services to continue if it already works well. During the consultation period you will have the opportunity to put your concerns directly to the chief executive of Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

53. Q. For years we have been working towards joined up working and in Children and Young People's Services (C&YP) we all link up and work together towards the same ends. I am concerned that if we are split up into different organisations it will create problems with communications with partner agencies. I also think this will be more profound if services join a totally separate (i.e. non-NHS) organisation?

A. This is a long-standing concern regarding organisational boundaries and we will look towards a solution which is in the patient's best interests. Regarding C&YP Services, the most critical relationship is between NHS Rotherham and Rotherham Metropolitan Borough Council (education and social services) and we need to look at ways of preserving this. Whilst services are co-located, there has always been more than one employer. We expect however, that as there are now no plans, in the short term for C&YP to move to Rotherham Metropolitan Borough Council, that the co-location will nonetheless continue.

54. Q. But it's a more complicated picture than just us, education and social services. There are often many other agencies involved such as drugs and alcohol groups, Homestart etc. We don't want to put even bigger barriers up than those we already have.

A. One of the reasons why we've co-located with Rotherham Metropolitan Borough Council is to try and remove these barriers. The feedback we've received so far about co-location is that this has been effective. Whilst we are strengthening this critical interface with Rotherham Metropolitan Borough Council we still need to continue to work on improving the interfaces with all other agencies/stakeholders eg GPs , so that the best interests of children remains uppermost.

Support Services

55. **Q. There will be issues with information technology (IT) systems as services move to other providers. How will these issues be overcome?**
- A.** We do not claim to have all the answers at present but IT is an important issue that needs to be resolved. We need to make sure we get IT informatics right. We will ensure that the right people are around the table to discuss and implement the best solutions for patients. We have established a specific project group for this purpose as we recognise that synchronising our IT systems as seamlessly as possible is vital.
56. **Q. Rumours have been starting about what will happen to support services such as learning and development, estates and facilities.**
- A.** Until we know what is going to happen with clinical services, this is a difficult question to answer. We also have the challenge of the required management cost savings to address. We know this will cause anxiety with the staff involved so it is a definite priority and we will be consulting and making decisions about the future of these services as soon as we can. We have set up a workforce including support services project group to address these issues specifically, which includes staff side representation. We recognise that effective support services are vital to ensure that clinical services can continue to deliver to patients. We intend to include provisional proposals in the consultation concerning the impact of the Shaping our Future proposals on support services staff. There are likely to be further issues arising from the re-shaping of a commissioning only NHS Rotherham, within the context of the management costs requirements which we will also consult upon as soon as possible. We are working to identify those support services which are aligned to clinical pathways, those who provide provider services and those who provide a more corporate service. Those who provide predominantly commissioning services at present will be consulted about how the SOF and management cost proposals affect them directly.
57. **Q. Regarding the scrutiny of support staff – when will this happen and who scrutinises? Will this be the commissioner or the new employing body?**
- A.** A bit of both. Once the proposals take shape we can look closer at support staff to get a sense of the numbers to be transferred, which people that would be etc. We have made an initial stab at assessing who might transfer with each service and this will be discussed with you as part of the consultation. We also need to have discussions with the receiving organisations. After the transfer, the receiving organisation will be responsible for consulting with you should they wish to propose any changes.
58. **Q. I am a member of support staff and I am worried about my future?**
- A.** We will be looking at support staff once we know more about the future of frontline services. But for example with Human Resources (HR), if we are transferring 1000 staff to the Rotherham NHS Foundation Trust we are likely to need to transfer the proportion of HR staff that provide services to those staff. We are required to make a 30 per cent cut in management costs by April 2013 with a 15 per cent reduction in 2010/11 so it will be a tough time. The definition of management costs is complex and in fact this includes more than

just managers. There will be additional meetings for support staff in late May/ June.

59. **Q. The HR department split last year as a result of internal separation – does this process affect Human Resources staff in commissioning? Am I vulnerable for redundancy as HR Rotherham Community Health Services staff?**
- A.** Staff are no more or less vulnerable in either Rotherham Community Health Services or commissioning as the key challenge of meeting the requirement to reduce our management costs by 30 per cent applies to both. However our aim is to continue to work with staff and staff representatives to avoid redundancies, although we cannot rule this out at this stage. We will be including provisional proposals for the allocation of support staff to potential future employers and to the commissioner in the consultation information pack for staff; however this may change, dependent on the outcome of the consultation.
60. **Q. Do you envisage relocating to the hospice any staff from support services?**
- A.** We are not sure at this stage as this will depend on the percentage of support staff who provide services to them currently.

Staff Issues

61. **Q. Will there be redundancies?**
- A.** We are facing a very challenging financial situation and will do everything we can to protect frontline clinical services. However redundancies cannot be ruled out at this stage. We do know that for the NHS to be sustainable we have to look at every opportunity to become efficient whilst at the same time improving the quality of patient services.
62. **Q. Will staff who transfer still be NHS Rotherham employees?**
- A.** No they would be employees of the provider they transferred to for example the Rotherham NHS Foundation Trust or Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.
63. **Q. I am aware that some of the band 7 district nurses are concerned they will be downgraded if they go to the Rotherham NHS Foundation Trust?**
- A.** Pay, terms and conditions transfer intact to a new provider under TUPE and are protected from changes directly associated with a transfer, unless they are justified under strict legal criteria necessitating a change in the workforce. Any employer could however instigate a grading review at any time across its workforce in consultation or negotiation with staff/staff representatives (in accordance with its local arrangements for such matters).
64. **Q. How will you protect staff pensions?**

- A. TUPE protects staff's pay and conditions of service but deals with pensions according to the type of organisation the person is transferring to. If staff are transferred within the NHS then their membership of the NHS pension scheme is retained. If transferred to a non NHS public sector or not-for-profit organisation undertaking work for the NHS, an application will be made to include it as an admitted body to the NHS pension scheme where possible. This is commonplace across public sector organisations. As a minimum where staff are transferred to the private sector, TUPE regulations ensure that pension schemes must be broadly comparable even if they are not admitted within the NHS scheme. Further guidance on pensions is contained in the Staff Passport guidance in the Staff Information Pack and online at <http://www.socialpartnershipforum.org/StaffPassport/Pages/StaffPassport.asp>
X
65. Q. **I have heard the Rotherham NHS Foundation Trust are freezing or reducing pay. This may lead to a disparity between staff.**
- A. The Rotherham NHS Foundation Trust have confirmed that they pay staff under Agenda for Change terms and conditions of service and there are no plans to deviate from the national pay arrangements. There is no truth in rumours that they intend to freeze or reduce pay. The Board will need to be assured that any future employer can meet the assurance tests set out for transforming community services, including those relating to the workforce. There is always a possibility that, because of a TUPE transfer, some staff within one organisation are on different terms and conditions of service to those undertaking like work. This is often, referred to as a 'two tier' system. However, changes cannot simply be imposed and often it is the staff in the receiving organisation who receives lesser terms until the disparity 'catches up'.
66. Q. **If transferred into another body I have heard that if you change anything such as your hours, for example go part time, that you lose your entitlements – is this correct?**
- A. Any future employer would need to interpret the TUPE regulations legally and fairly and this will be part of the assurance tests that the Board will need to explore. It is up to the employer to determine whether or not to agree requests from staff to alter their existing employment contract, and whether such changes still attract TUPE protection. You may be referring to new contracts and the legal position is that, if you accept a new contract with the new employer, for example if you apply for internal promotion, then you are accepting the terms and condition that follow.
67. Q. **When would staff be expected to transfer to the new provider?**
- A. If a service transfers to a new provider, staff will transfer to new employment with that provider in line with TUPE (transfer of an undertaking – protection of employment) guidelines. Please see the separate staff briefing pack for more information. The transfer would take place by 31 March 2011 at the latest and the earliest date we anticipate is 1 December 2010.
68. Q. **I am worried about integrating with Rotherham Metropolitan Borough**

Council. We are the NHS and we are nurses – what’s going to happen to us and our roles? At the moment we are co-located – is there a danger we could be pulled into non-NHS work e.g. social work? How will they work together and how is TUPE and conditions of service affected?

A. The proposal now is to transfer children’s services to the Rotherham NHS Foundation Trust. It is very important that integrated working is maintained and enhanced.

69. Q. How will NHS Rotherham deal with the transfer of staff and their terms and conditions? What extra support for individuals will be available? How will TUPE affect any transfers re pensions as we shouldn’t be transferring work to an organisation that cannot provide a pension to staff?

A. If a member of staff is transferred under TUPE, they have the right for their pay and terms and conditions to be transferred with them. A new employer can only change these by agreement and then the person who transferred would be treated in exactly the same way as the new employer’s existing employees. If an employee is transferring to another NHS organisation then their pension, pay and terms and conditions will remain exactly the same.

If an employee is transferred to a third sector provider, typically a charity (like the Hospice) or not for profit voluntary sector organisation, including a social enterprise they may be able to retain their membership of the main NHS Pension Scheme. Some voluntary sector or not-for-profit organisations that support the NHS can seek a ‘Direction’ from the Secretary of State which provides for employees to be eligible to join the NHS Pension Scheme. We would actively seek for this to happen.

However, they will not be able to retain their access to the NHS injury benefit and early retirement compensation schemes. They will only be able to be covered by the Direction and stay in the NHS Pension Scheme while they remain on work which is funded by the NHS. If the third sector provider does not apply for or is not granted a Direction they will lose access to the NHS Pension Scheme. However, as part of the Governments ‘Fair Deal for Pensions’ policy their new employer is required to offer membership of a pension scheme that provides pension benefits which have been certified by the Government Actuary as “broadly equivalent”. The third sector provider will need to make sure that the transferred employees are offered membership of a ‘broadly equivalent’ pension scheme.

Regarding advice and support, we would urge employees to make use of their trade unions who are an important source of support, as are our Human Resources (HR) departments. We will also make sure that advice given from HR will be tailored to the individual where required. The link to the ‘staff passport’ recently issued is also a valuable source of information about the implications of transfers on pay, terms and conditions and pensions:

www.socialpartnershipforum.org/staffpassport

You will also be able to discuss your concerns with senior managers throughout the consultation and with your line manager on an individual basis. We are also looking at providing opportunities to have questions answered via the intranet. More information on this will follow.

- 70. Q. If staff transfer to a new employer, could they restructure as they see fit?**
- A. The protection of staff pay, terms and conditions and pensions are very important and are regulated when transferring services. However, we can't guarantee that the situation remains static in the future. Any significant changes, however, would be subject to consultation.
- 71. Q. I work at the Child Development Centre and I am worried about job security if we get transferred?**
- A. Taking the example of the Child Development Centre, we want this service to continue so we will have a contract and service specification with the new provider to make sure it continues. All the staff who work in the Child Development Centre would transfer with the service if the proposal is agreed. This will be the same for all services so front line services would not be affected. However all employers face the same financial challenges and have to consider productivity, efficiency and lean management to accommodate this, as well as management cost reductions.
- 72. Q. Will we just be told which organisation we will be transferring to?**
- A. The consultation document outlines at least one proposal for each service. Following the consultation the Board will make a decision in September and we then notify staff. Depending which option is chosen, further discussion may be necessary in some cases, e.g. for corporate support service staff.
- 73. Q. When services are split, who will oversee and provide training for our staff e.g. student nurses, pre/post-grad nurses etc?**
- A. The particular service providers that the service moves to will be responsible e.g. the Rotherham NHS Foundation Trust, Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust. If this provision already exists within the service, then it will move with the service. The arrangements are likely to be similar under the new provider.
- 74. Q. I currently have a lease car. If we transfer to the Rotherham NHS Foundation Trust would this arrangement continue under our terms and conditions and TUPE?**
- A. We would expect existing lease car arrangements to transfer with the employee in most cases. If this was not possible we would need to agree suitable arrangements with the employee in accordance with the lease car contract.
- 75. Q. In previous re-organisations, people have been slotted into posts, sometimes without the relevant aptitude or skill for the post. Are we looking at 'slotting in' again?**
- A. Regarding clinical services, what is being transferred will remain intact and with very little immediate change, for many of the services. However, the change might affect some services more than others. Regarding non-clinical staff, there may be some re-organisation which involves 'slotting in' and possibly even some kind of competitive process. The mechanism and procedure for 'slotting in' and competitive recruitment will be agreed collectively with the staff representatives and providers.

- 76. Q. I work as a rotational physiotherapist. If services are aligned, what will happen to rotational posts?**
- A.** If rotation is the best way to deliver this service then it needs to be protected. If the service moves to the Rotherham NHS Foundation Trust then the rotational posts will need to be identified so that the Rotherham NHS Foundation Trust understands how it works.
- 77. Q. Why am I being compulsorily transferred to another organisation? Can I refuse to transfer?**
- A.** NHS Rotherham has a legal responsibility to consult over the reasons for your transfer. You can refuse to transfer but the effect of this would be that in so doing you terminate your contract of employment and would not be entitled to compensation.
- 78. Q. Is the new employer allowed to change the area I work in or the type of work I do?**
- A.** Under TUPE rules you should transfer with your existing contract and terms. Your new employer should consult you about any proposed changes to your work. If these relate to your contract of employment, then changes would need to be agreed with you or through a recognised trade union or collective agreement.
- 79. Q. I will be on maternity leave when the transfer takes place. Will I still have the right to return to the same job?**
- A.** You have the same rights when on maternity leave as if you were at work. Any changes to your job would need to be agreed with you.
- 80. Q. I currently work part-time will my employer be able to change my hours?**
- A.** If you have fixed part time hours then your hours cannot be changed without your agreement. If you have flexibility in the hours you work in your contract then the same flexibility would apply with your new employer.
- 81. Q. If I get a job back in the NHS will I keep my continuity of service?**
- A.** Providing you have been working continuously on NHS work during this period then your service would be regarded as continuous. Continuity of Service is maintained by continuing employment with an NHS employer.
- 82. Q. Will I still be an NHS employee?**
- A.** If you transfer out of the NHS to a Social Enterprise, Voluntary, Third Sector or Private organisation then you would cease to be an NHS employee on the date of transfer.
- 83. Q. Will pay day be the same?**
- A.** This will depend on local arrangements in the new organisation. You will not lose pay by transferring to an organisation with a different pay day.
- 84. Q. Will the new organisation be guaranteed to receive work from the NHS? If we are not successful in winning the work what would happen to me?**

- A. The terms of the contract between your new employer and the NHS will govern the specification of work. If the contract comes to an end then it maybe that you will transfer to the new provider of the service under TUPE.
85. **Q. What happens if I am promoted will I still be protected by TUPE?**
 A. In certain circumstances your protections will remain. However, if your new employer makes it a condition that you accept a new contract of employment then your TUPE protections may end.
86. **Q. Can I refuse to do non-NHS work for my new employer?**
 A. Your new employer would need to consult you on any changes to your work. Where these changes could affect your contractual rights these would need to be agreed with you or through a recognised trade union.
87. **Q. Under what circumstances can my new employer justify changes to my contract of employment?**
 A. Your new employer would need to consult you about any changes to your duties. However, for changes which would affect your pension or contract of employment they would need to agree these with you or through a recognised trade union/collective agreement.
88. **Q. What is a “broadly equivalent” pension scheme? Will it be a final salary pension scheme?**
 A. A “broadly equivalent” scheme is a scheme which offers you overall equivalent benefits as the section of the NHS Scheme you are a member of and will have to be a final salary scheme. The decision as to whether a scheme should be certified as “broadly comparable” is made by the Government Actuary. You will be required to pay the same contributions as you are now paying. Your employer will be required to pay the balance of the cost which is likely to be more that your NHS employer was paying.
89. **Q. What if the new employer fails to offer me a ‘broadly equivalent’ scheme or withdraws it?**
 A. The commercial contract between the NHS and your new employer should specify that a broadly comparable scheme must be offered to you and maintained. If it is not then this would be a breach of contract. Initially you would need to raise this with your new employer and your trade union representative can help you to do this. If this is unsuccessful you should raise the matter with your previous NHS employer or the holder of the contract.
90. **Q. If I am working for a Social Enterprise and I stop delivering NHS services what happens to my pension?**
 A. You would not be able to remain in the NHS Pension Scheme. The terms of the Secretary of State’s Direction are that you may only remain in the pension scheme while you are engaged on NHS funded work.
91. **Q. If I am compulsorily transferred to an independent provider of NHS services, will future changes in NHS terms and conditions, such as the intended new on-call arrangements, apply to me?**

- A. Not necessarily. It depends on whether the new employer has agreed to adopt the changes. You or your trade union representatives will need to negotiate with your new employer.
92. Q. **Can my new employer offer me an alternative set of terms and conditions?**
- A. Yes, providing it complies with the Cabinet Office Code of Practice. You should have a free choice on whether to accept or reject. In some cases your trade union may be involved in negotiating a new contract. In such a case your trade union should consult you over any proposed change. If you accept changes these may be irreversible so you may wish to seek advice before deciding.
93. Q. **Will my new employer be required to have policies on such matters as equality and diversity, health, well-being and safety, work-life balance and flexible working, discipline and grievance, and recruitment and promotion?**
- A. Yes under the terms of the commercial contract and the NHS Constitution, providers of NHS services are obliged to follow good employment practice.
94. Q. **If the new employer has no arrangements for negotiating with trade unions. Will they be obliged to negotiate collectively with unions once we transfer?**
- A. Trade union recognition transfers with those staff whose employment transfers but recognition may not be automatic for new starters. The NHS Constitution encourages partnership working and trade union recognition. However, it will be for your trade union to negotiate new recognition arrangements for all staff with the new employer.
95. Q. **What if my new employer doesn't wish to work with trade unions?**
- A. You have certain rights embodied in law including the right to belong to a trade union and the right to be accompanied by your trade union representative at disciplinary and grievance meetings for example. However, this scenario is unlikely as new providers of NHS services will have been required to demonstrate their willingness to work to the NHS constitution including partnership working with trade unions.
96. Q. **My current employer is providing me with training identified in my Personal Development Plan (PDP). Will my new employer continue that training? Will it use the Knowledge and Skills Framework (KSF) and provide annual appraisal?**
- There is an expectation, under the terms of the NHS Constitution, embodied in the commercial contract that these or similar arrangements will continue to apply to you following transfer.
97. Q. **Will I still get access to training in a non-NHS organisation?**
- There is a requirement that those staff should receive adequate continuing professional development to ensure they are updated and safe to carry out

their day-to-day practice. This is a contractual requirement, which is likely to be reinforced by the introduction of mandatory “terms of business” for the NHS to ensure delivery of the staff pledges in the NHS Constitution. Additional training to ensure succession planning of their workforce would be for individual employers to develop in line with their organisational strategy.

98. Q. Will we get free access to NHS courses?

You will identify any training development needs locally, usually through the appraisal process or on-going reviews with your line manager. Where training needs are identified and agreed as part of your ability to carry out your day-to-day practice, usually they are provided free of charge to the individual, be they provided by the NHS or another education provider. Where the development needs are not specifically related to the current post you will need to clarify the access with your line manager.