

Strategic Clinical Networks - frequently asked questions (FAQs) for staff

A more general set of FAQs about Strategic Clinical Networks are available on the NHS Commissioning Board website:

<http://www.commissioningboard.nhs.uk/resources/networks-senates/>

Q. What is the timescale for recruitment to posts in the network support teams?

The recruitment of posts will begin as soon as possible starting with the appointment of the core senior team including the Associate Director, Senate Manager and the sessional posts of Clinical Senate Chair and Clinical Directors. The individuals appointed to these posts will then lead on the recruitment to other posts. The aim is to complete the recruitment process for all staff by the end of December 2012.

Recruitment will be in line with the NHS CB People Transition Policy and the National Policy and Process on Filling Posts in Receiving Organisations. The first stage will be 'matching' led by the sender organisations. Thereafter the process will be led by the Local Area Team (LAT) who will host the Senate, usually the same LAT that hosts specialised commissioning, supported by regional HR teams. In the case of London this will be led by the region.

Q. Who will be eligible to be in the pool for the SCN/Senate support team?

Decisions will depend on individual circumstances in accordance with the NHS CB People Transition Policy.

However as a general rule, all network staff employed by PCTs or SHAs will be able to apply for the Senate and network support team roles, regardless of the current area of network work, as these are generic support teams.

The principles of the national policy on filling of posts will be followed for all NHS CB recruitment.

Q. I am a network staff member not employed by a PCT or SHA i.e. employed by a provider. Can I be included in the ‘match and slot’ and redeployment process?

This will depend on individual circumstances and the reasons why the network was hosted by the provider. As a general rule, where staff relate to future Strategic Clinical Networks (SCNs) and Senates, and the function will transfer to the NHS CB from April 13, these staff will have the opportunity, through matching or redeployment, to be considered for posts in the support team, in line with the NHS CB People Transition Policy.

Regional Directors of HR and Organisational Development will liaise with local provider trusts to agree arrangements if there is a transfer of functions.

This presumption does not apply to network staff employed by providers whose function will transfer to an Operational Delivery Network (ODN). This is because it is expected that ODNs will be hosted by providers in the future. Further information about the arrangements for ODNs will be available in the near future.

Q. Will match and slot apply to these posts?

Yes. The recruitment process will follow a consistent process set out within the NHS CB People Transition Policy and national policy on filling posts.

An important part of this process relates to ‘matching and slotting in’ arrangements. The job descriptions of new posts are compared to those of existing staff and where the band is the same and the majority (51%) of the job content is the same, relevant staff are matched and slotted to the post. Where this applies to more than one member of staff for the same post, a competitive, but ring-fenced interview follows. If there is no ‘match’ for a given post, the filling of posts proceeds to the next step of the process, where there are a series of ring fenced competitive interviews.

In the case of the band 9 Associate Director for networks and Senates, HR specialists have looked at the current roles of existing network directors and compared them to the new roles. Regardless of any band difference, the new roles are very different in geography (covering a Senate area) and clinical focus (being generic rather than specialist) and cover Senates (new bodies) as well as networks. So the general rule is likely that there will be no valid match and slot for the band 9 posts. In this instance the next stage of the process commences, i.e. ring-fenced

recruitment. This will have the benefit of speed, transparency and give the maximum number of staff the opportunity to be interviewed for these posts.

For other posts, the match and slot process will need to be undertaken by senders at a local level as the outcome depends on variable local existing and new structures. For example, where it is decided to have a single improvement team within a Senate area supporting all strategic networks regardless of clinical focus, it is less likely that these will be filled through matching. Most improvement staff currently have roles that are focussed on a given clinical and geographical area.

Selection will take place on a band by band basis, starting with the most senior posts, with all complete by 31 December 2012. For the service improvement leads this depends on the detail of the local structure having been determined by the host LAT. This is currently being undertaken, led by the host LAT Medical Director. Regional HR teams are currently gathering information to minimise delay with the selection process. This includes ensuring they have a complete lists of all staff affected, whether employed by PCTs or providers, and scheduling the posts into match and slot panels.

Q. Who will be on the interview panel?

This will vary by grade and role but interview panels will typically include a representative of the NHS CB LAT Medical Director, someone who is familiar with the role of networks i.e. a representative from a provider and a relevant professional specialist.

Q. What will be the pool for ring fencing?

The pool for ring fenced i.e. limited competition recruitment will be regional as the Local Area Team boundaries do not align to current or future network boundaries. This regional pooling has been discussed and agreed with the Trade Unions nationally and will be coordinated by the Regional Directors of HR and OD.

Q. What about the existing clinical staff providing leadership and support to existing networks on a sessionally funded basis, not employed by PCTs?

It would be inappropriate to issue sessional clinicians (i.e. who are employed by a provider for the majority of their time) with employment contracts with the NHS CB. It makes sense for there to be some sort of memorandum of understanding, SLA or secondment agreement with their host employer that supports their NHS CB roles. Reasons for this include those relating to job planning revalidation, clinical excellence awards etc.

With regard to the transition of existing sessional clinicians within funded network roles, the principles of the people transition policy will need to be followed where there is a functional transfer of the network. So if their function transfers to the NHSCB, they will be in the ring fence at the appropriate level.

We hope that we will be able to retain the best skill and experience where this aligns with new structures. There will need to be careful management, including appropriate notice, where, following the selection process, individual clinicians do not have funded roles in the new system. This will have to be worked out on an individual basis with reference to the Host LAT Medical Director and the local sender HR team. The new network arrangement will not be fully established until April 2013, so there may be a period of handover or parallel running with clear objectives. Networks will also wish to make full use of the skills and experience of these individuals in different ways in the future.

Q. How many staff do you expect to make redundant?

The NHS CB is seeking to minimise redundancies and as such ring fence recruitment will take place from staff affected by change in sender organisations. At this point it is too early to assess what numbers of staff will be made redundant across the health system as recruitment is still underway.