

Frequently Asked Questions (29/6/11)

Q: How will I know if my position is one affected?

A: We are not yet at the point in the consultation process where we have identified the specific roles that will be affected (substantive change eg: role is disestablished) or impacted (lesser degree of change eg: change of place of work). We can't be that specific until the final model of care is agreed, once your feedback has been analysed and assimilated. It's clear from the proposal, however, that there will be fewer 'inpatient' roles. Once the final model of care is defined, all affected and impacted staff will be identified and receive personal letters outlining the affect or impact and describing the options and processes, in accordance with any appropriate MECA or individual agreements.

Q: What happens if I don't want any of the positions available and I am one of the affected staff?

A: Canterbury DHB is a very large employer, and our first option will always be redeployment, ideally within the mental health services, but there are also options within other related services. Our HR team will have clear processes to follow, and there will be independent support options available including EAP.

Q: There is a lot of change that has to line up, how will management ensure services continue to function?

A: Change like this requires detailed planning, but this cannot be done until the final model of care is decided. The responsibility for continuity of service for Canterbury people lies not just with managers, but with all of us. The way staff have responded to the disruptions created by the earthquakes has shown a great deal of 'can-do' attitude. It will be equally important to make the transition to new models of care for service users as seamless as possible.

Q: Will you be holding vacant positions?

A: There has always been a pool of vacancies at any one time, and this has increased since the quakes. Analysis of our turnover and the vacancy pool indicates that the common practice of 'holding' vacancies while a change process is in progress will not, in this instance, be necessary. The intent of 'holding' vacancies is to ensure there are places for staff needing or wanting to be redeployed. We believe there will be sufficient vacancies available without 'holding' vacancies, and to hold them would be counter-productive to the continued operation of services.

Q: How are the consumer and families to be informed? Management need to lead this not staff?

A: The consultation process we have embarked on is wide ranging, and over a longer period than is usual practice. It will be done in two stages, with an interim document being released for further consultation. (We have taken this approach to enable as wide a consultation as possible, including with Maori and Pacific communities, consumer groups, NGOs, the primary care and aged residential care sectors. The consultation document is being sent out widely, and will be available on the website and intranet. We are drawing on the experiences in other part of the country as they introduced similar changes, in preparing written material for service users and their families, but of course, as staff you will be expected to know even more than perhaps you do. If you have queries from the community that you cannot answer, please contact Cate Kearney on extension 34181 or email M.H.Plan@cdhb.govt.nz so they can be followed up in a timely manner. They will be recorded in the issues/questions log so everyone will be able to see the answers. We would like the community to be well informed with factual information, not unsettled by rumour and speculation. Thank you, as front line staff, for your part in this.

Q: What if I don't want to work different hours?

A: We understand that change can be unsettling, and that we have had a surfeit of 'unsettledness' due to the earthquakes. However, healthcare is a 24 hour service, and people do not confine unwellness to office hours. While we will be working within the terms of collective and individual agreements, this service redesign is about meeting the needs of patients, and some change will be necessary. The HR team will work with individuals and their representatives to find the best possible 'fit' if redeployment is their outcome.

Q: It's a done deal, so what point is there putting in a submission?

A: While there has been significant thinking gone into this proposal, we do not have a monopoly on the answers. What is not negotiable is the need to shift our focus towards community based care. We are looking forward to your submissions as to how that can be achieved, while achieving the seven goals in section 4 of the consultation paper.

1. Providing an integrated service for service users.
2. Providing health care to service users in the least restrictive manner and environment.
3. Supporting primary care through improving access to specialist mental health services for advice and short term intervention.
4. Creating welcoming therapeutic environments for service users and families, whanau whatever their level of need.
5. Ensuring that staff are appropriately trained and resourced to meet the needs of service users and families, whanau.
6. Providing a service which can flexibly meet the needs of those who need short term clinical care as well as those requiring long term clinical care from the SMHS.
7. Participating in wider sector planning processes to ensure that the community and support resources match the needs of service users.

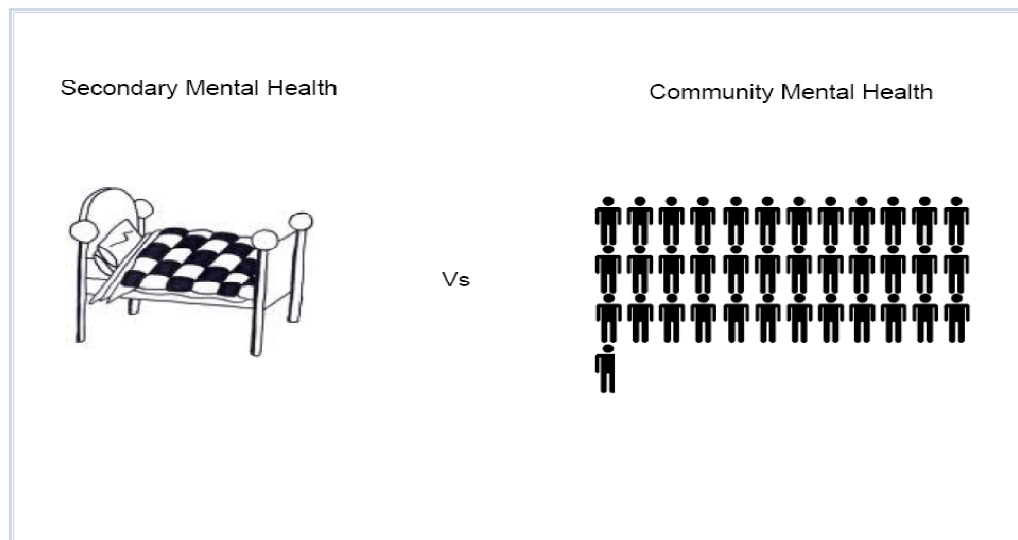


Diagram source: Rehabilitation System Framework, by CDHB Planning and Funding.