|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **LEAD OFFICER** |  | **DATE** |  |
|  | |  |  |
| **BUSINESS CASE AUTHOR** |  | | |
|  | | | |
| **NAME(S) OF PEOPLE & OD ADVISOR(S) CONSULTED** |  | **P&OD REF** |  |
|  |  | | |
| **NAME(S) OF FINANCE CONTACT CONSULTED** |  | | |
|  |  | | |
| **TITLE OF BUSINESS CASE** |  | | |
|  |  | | |

**1. Summary of Request**

**2. Structure Change Requested**

|  |  |  |
| --- | --- | --- |
| **Change to Structure**  **Requested** | **Job Title** | **Full Time Equivalent (FTE) / Duration where Fixed Term** |
| **Establishment of permanent job** |  |  |
| **Conversion of fixed term job to permanent status\*** |  |  |
| **Establishment of fixed term job\*** |  |  |
| **Extension of fixed term job\*** |  |  |
| **Disestablishment of permanent job** |  |  |
| **Change to Job Title** | Current:  New: |  |
| **Redesign of existing job** |  |  |

*\* For Fixed term posts the contract will end at a future date when a specific ‘term’ applies e.g. completion of a particular project, maternity or sick leave cover – advice should be sought from P&OD on the use of fixed term*

**3. Structure Chart**

*(Please include a structure chart to illustrate where the posts fall within the structure – as per the Job Profile may be appropriate or for larger service redesigns an ‘as is’ and ‘to be’ structure chart to illustrate full changes.)*

**4. Main Considerations**

**a. How will the request support the delivery of the** [**Local Outcome Improvement Plan**](https://communityplanningaberdeen.org.uk/aberdeen-city-local-outcome-improvement-plan-2016-26/)**?**

**b. What are the risks of not proceeding with the request?**

**c. Will any employees be directly affected by the request and how will this be managed?**

**d. Any other relevant background (rational for request; any other associated costs; recruitment considerations, employee contract requirements (i.e. for fixed term posts – duration and whether event/task based) etc.)?**

**5. Integrated Impact Assessment (IIA’s)** More information can be found [here](https://aberdeencitycouncilo365.sharepoint.com/sites/PeopleAnytime/SitePages/Delegated-Authority-Staff-Business-Case.aspx?xsdata=MDV8MDF8fDlhZmQ5M2M5MWMzNTQyN2FmOWU3MDhkYjUyMzg2ZjQ0fDI0YTkwZjZiYmYzZDRkMTNhMmE3ODkzNjljZWIzNWVifDB8MHw2MzgxOTQxNzQ1NDE0OTQ3NTl8VW5rbm93bnxWR1ZoYlhOVFpXTjFjbWwwZVZObGNuWnBZMlY4ZXlKV0lqb2lNQzR3TGpBd01EQWlMQ0pRSWpvaVYybHVNeklpTENKQlRpSTZJazkwYUdWeUlpd2lWMVFpT2pFeGZRPT18MXxNVFk0TXpneU1EWTFNekUwTmpzeE5qZ3pPREl3TmpVek1UUTJPekU1T2pneU5ESmxPVEF5T0RrMllqUmpNVFE1TkdVeE9HTTVOR0psWldNNVlXVmpRSFJvY21WaFpDNXphM2x3WlE9PXxmNGVlYTViMGNmMWI0OTk5ZjllNzA4ZGI1MjM4NmY0NHwxMzY0ZjdkZTQwZDA0NjUwOTgzYWM4YzVjNGViZTgwZg%3D%3D&sdata=amR0ZWx0TTRsQ05CYWJObEg5OFZzeFdZUThmQVZBN3dCZGplU2g2YVRUWT0%3D)

**To what extent could the proposal have an unfair or unequal effect on different groups of people within the community or the workforce?**

It is important to ensure that business case authors have assessed, acknowledged and captured any positive, neutral or negative impacts that proposals may have on certain groups.

**5a. Which of the following generic Integrated Impact Assessments apply to this proposal? Please tick all that apply**

|  |  |  |
| --- | --- | --- |
|  | **Generic Integrated Impact Assessments** | **Tick** |
| **1** | [IIA Workforce Reduction, Restructure and Redesign](https://www.aberdeencity.gov.uk/sites/default/files/2024-02/Workforce%20Reduction%2C%20Restructure%20or%20Redesign%20_0.pdf) |  |
| **2** | [IIA Recruitment and Selection Processes (including. Redeployment, Job Matching and Selection for Development Opportunities)](https://www.aberdeencity.gov.uk/sites/default/files/2024-02/Recruitment%20and%20Selection%20Processes.pdf) |  |
| **3** | [IIA Job Evaluation Scheme](https://www.aberdeencity.gov.uk/sites/default/files/2024-02/Job%20Evaluation%20Scheme_0.pdf) |  |

**5b. Which of the following options apply to this proposal?**

|  |  |  |
| --- | --- | --- |
|  | **Additional Assessment Option** | **Tick** |
| **1** | New Integrated Impact Assessment specific to this proposal has been completed |  |
| **2** | Previous Integrated Impact Assessment relating to x – please detail applies, has been reviewed and no changes required |  |
| **3** | Previous Integrated Impact Assessment relating to x – please detail applies, has been reviewed and changes made |  |
| **4** | No further Integrated Impact Assessment required.  I confirm this has been discussed and agreed with <name>, Chief Officer <enter cluster name> on <date>.  Reason: <please enter reason why no further assessment required> |  |

**5c. Any other relevant information?**

**6. Financial Implications (including on costs at 24.8%)** Salary scales can be found [here](https://peopleanytime.aberdeencity.gov.uk/pay/salary/)

**a. Impact on current year’s revenue budget:**

(*your Finance contact or People and OD Advisor will be able to assist with salary calculations*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Title** | **JE Grade** | **FTE** | **Min Salary** | **Max Salary** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Net Cost** | **£** | **Net Saving** | **£** |

**These figures are based on an appointment being made by <date>**

**b. Full year impact on revenue budget:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Title** | **JE Grade** | **FTE** | **Min Salary** | **Max Salary** |
|  |  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Net Cost** | **£** | **Net Saving** | **£** |

**Required funding is available from the following budget (include budget code):**

|  |  |  |
| --- | --- | --- |
| **To confirm that the above funding and costs have been checked by your Finance Contact, please request their electronic signature and enter here**  Please note, the business case will not  be actioned if this section is blank | Name of Finance Contact consulted, and date checked | Electronic Signature of Finance Contact/Partner |
|  |  |

**7. Formal Consultation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Consultation Began** |  | **Date Consultation Ended** |  |
|  |  |  |  |
| **Consultees – tick those consulted with** | | | |
| **GMB** |  | **EIS** |  |
| **UNITE** |  | **SSTA** |  |
| **UNISON** |  | **Other Teaching TU** |  |
| **Finance** |  | **People & OD** |  |
| **Legal** |  | **Affected Employees** |  |

**8. People & Organisational Development (Chief Officer) Comments**

**9. Finance (Chief Officer) Comments**

**10. Trade Union Comments (required in all cases)**

**11. Feedback or concerns raised by affected employees (where applicable)**

**12. Legal Comments (only required where there are potential legal implications)**

**13. Approval**

**Approved under Delegated Authority:**

|  |  |
| --- | --- |
| **Cluster Director / Chief Officer:** |  |
| **Yes  No** |  |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |
|  |  |
| **Chief Officer People & OD** | **Chief Officer Finance** |
| **Yes  No** | **Yes  No** |
| **Name:** | **Name:** |
| **Signature:** | **Signature:** |
| **Date:** | **Date:** |

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| **Post(s) to be established** | **No. of posts** | **Weeks/ hours** | **Job Number** | **Reports to** | **Location** | **Dept** | **Grade** | **Financial Code** | **JE No.** | **Job Family** |
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| **Post(s) to be disestablished** | **No. of posts** | **Weeks/ hours** | **Job Number** | **Reports to** | **Location** | **Dept** | **Grade** | **Financial Code** | **JE No.** | **Job Family** |
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| **Posts (for grade change only)** | **No. of posts** | **Job Number** | | **Reports to** | **Location** | **Dept** | **Old Grade** | **New Grade** | **JE No.** | **Job Family** |
|  |  |  | |  |  |  |  |  |  |  |
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| **Posts (for location change only)** | **No. of posts** | **Job Number(s)** | | **Current Location** | **Current Dept Unit** | **New Location** | **New Dept Unit** | **Financial Code** | **JE No.** | **Job Family** |
|  |  |  | |  |  |  |  |  |  |  |
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| **Post (for job title change only)** | **No. of posts** | **Job Number(s)** | | **Reports to** | **Location** | | **New Job Title** | | **JE No.** | **Job Family** |
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**Delegated Authority Staff Business Case**

**Trade Union Formal Consultation Feedback Form**

Please complete and submit this form to the Business Case Author during the formal consultation period to document the Trade Union position and any comments on the proposals.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Business Case** |  | | | |
| **P&OD Ref** |  | | | |
| **Business Case Author** |  | | | |
| **Trade Union** | **GMB** |  | **EIS** |  |
| **Unite** |  | **SSTA** |  |
| **Unison** |  | **Other Teaching TU** |  |
| **Name of TU representative completing form** |  | | | |
| **Date of Submission** |  | | | |
|  |  |  |  |  |
| **TU Position** | **Fully Support Proposal(s)** |  | **Request meeting to discuss further** |  |
| **Partly Support Proposal(s)** |  | **Object Proposal(s)** |  |
| **Neutral Position / Noted** |  | **Other – please detail below** |  |
|  | | | | |
| **Reason for above position / General comments on proposals** | | | | |
|  | | | | |