

ORGANISATION CHANGE PAPER FOR THE NEWHAM CENTRE FOR MENTAL HEALTH – SENIOR NURSE STRUCTURE

1. Introduction

1.1. The Trust wishes to enter into formal consultation with staff and their Trade Unions in line with its agreed policy set out in 'Management of Staff Affected by Change Policy and Procedure' (version number 9, February 2013). The Trade Unions and affected staff are invited to raise questions and comments which can be taken into account before the proposals are finalised.

1.2. The purpose of this consultation document is for reasons outlined below:–

The Newham Mental Health inpatient service is originally only funded for 2.5 WTE Band 8a Matron Posts however at present it has been operating with 4 WTE Band 8a Matrons across 7 wards. This represents an additional cost pressure for the directorate. The purpose of this consultation is to reorganise the senior nurse management structure mainly the Matron posts for the mental health inpatient service in the Newham Mental Health directorate of ELFT in order to align with current service needs and to ease cost pressure.

The paper is intended for JSC, the DMT, and the current group of Matrons at the Newham centre for Mental Health and will outline the operational and business case for proposing the change including all contractual and service changes affecting staff.

1.3. The process of consultation is to ensure all staff are informed of the proposal and is also intended to allow the affected employees the opportunity to respond and take an active role in this process.

2. Principles

2.1. The Trust has agreed some core principles with the Trade Unions to ensure that there is consistency in approach and transparency, during and after the consultation period. The principles also serve to minimise staff anxiety who know that they are or may be at risk. The details are attached as **Appendix A**.

3. Background

3.1 The Newham Centre for Mental Health provides care and treatment to adults with serious mental health problems across 7 adult inpatient wards.

Historically the centre operated with 2 matrons who shared the senior nurse management responsibilities across all the wards alongside the Borough Lead Nurse (BLN).

About 5 years ago the number of Matrons was increased to three owing to the volume of work, pace of operational activities and clinical complexities across the service. It was deemed necessary at the time to have more senior nurse oversight and input however the Matron establishment remained at 2.5 WTE.

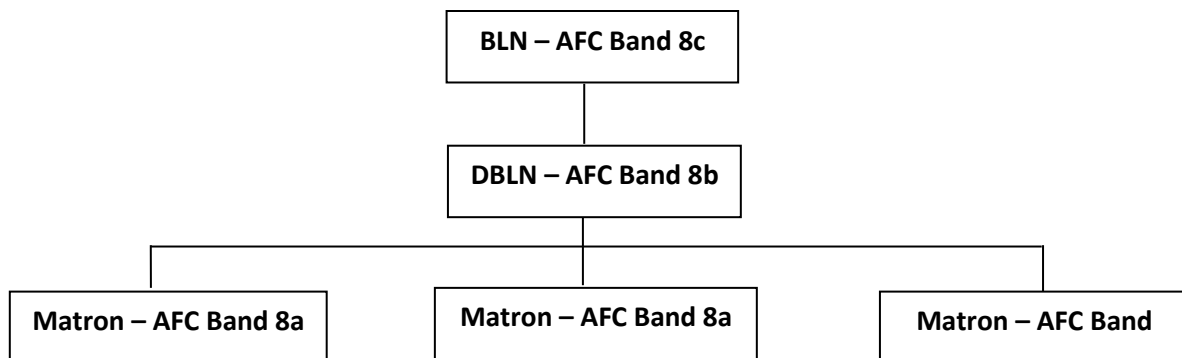
Unfortunately Newham Inpatient services has had had a series of patient safety concerns and serious safeguarding incidents. Hence in order to improve quality of care and to create robust governance structures and procedures a need to create a Deputy Borough Lead Nurse role (DBLN/AFC band 8b) was identified and this role was created to help enhance strategic leadership.

The deputy role supported the development and empowerment of the workforce across the inpatient service in a way that promotes accountability at the point of care delivery so that the system is less reactive and less reliant on increased monitoring of standards by senior nurses. The Deputy Role has also helped free up capacity for the Borough Lead Nurse to focus on the more strategic objectives of the directorate and the Trust and reduced the need for Matrons to cover for the Borough Lead Nurse The role has now been appointed to through a competitive recruitment process and there is now the need to organise the Matrons.

This current structure has been in operation throughout 2021 and has allowed the development of systems of governance and quality improvement sustainable over time and less dependent on the high number of Matrons currently in post. Following an internal review of the service requirements, it has now become necessary to reorganise the senior nurse structure both from a financial and operational point of view to carry on supporting strategic outcomes and financial viability.

4. Proposal

4.1 The proposal in this paper is to enhance the Newham Centre for Mental Health service model of operation in the following ways:



- The proposed senior nurse management structure for the inpatient service is to retain the BLN role, a DBLN and 3 Matrons. This will effectively mean that one of the 4 existing Matron posts will be disestablished.
- With the new proposed structure, the Deputy Borough Lead Nurse will have matron oversight for one of the seven wards with each of the 3 Matrons having management oversight for 2 wards.
- One of the obvious benefits of this proposed structure is the reduction in the additional cost pressure that the service has been carrying for a while from 1.5 WTE to just 0.5 WTE for the Band 8a senior nurse posts. This equates to an annual saving of £72 521.00 using AFC midpoint pay-scales.

- The DBLN will free up Matrons to focus more on developing local teams and helping them fulfil the ambitions of the Newham inpatient improvement plan by removing the expectation and the pressure of having to provide cover for any BLN absences.
- DBLN will also allow the BLN to concentrate on the directorate's strategic objectives detailed in the annual plan.
- The re-structure will help with the matron allocation in a way that meets the needs of the service and works to people's strengths

5. Impact on Staff

- 5.1. Currently there are 4 matrons at the NCFMH, and one matron has management oversight for the 12 bedded male PICU, another matron has oversight of the two triage wards, both 15 bedded and one is for males and one for female service users. The remaining two matrons each have management responsibility for the male and female acute admission wards covering the north and south sectors of the borough.
- 5.2. In the new proposed structure, there will be 3 Matrons and the deputy borough lead nurse will take over management responsibility for one ward and each of the 3 Matrons will each have two wards. This effectively means one Matron post will need to be de-established reducing the cost pressure by 1 WTE.
- 5.3. It is expected that the uncertainty around this restructure might have a psychological impact on the current group of Matrons as 4 of them will have to go through a competitive selection and interview process for 3 positions. This will be mitigated against by the offer of counselling support to all staff affected and working with the unions and as well as support from People and Culture Team. Where it becomes necessary the occupational health department will also be involved.
- 5.4. Following a period of consultation there will be a competitive interview process where individuals would need to demonstrate how to operationalise the directorate's priorities, the organisation's strategic objectives and values amongst other things.
- 5.5. All efforts will be made to find a suitable alternative role for the unsuccessful candidate through the re-deployment process either within the Directorate or elsewhere within the organisation preferably at the same banding or a lower band with pay protection according to the change management policy. If however a suitable alternative employment is not secured then this will put one staff member at risk of redundancy.
- 5.6. The proposed re-structure does not target a specific group of employees with any of the characteristics considered protected by legislation.
 - 5.6.1. The current senior nurse structure is included in **Appendix B**
 - 5.6.2. The Proposed senior nurse Structure Chart is included in **Appendix C**

6. Financial, staffing and workload implications

- 6.1. The proposed re-structure does not require any additional funding, in fact it represents a reduction by 1 WTE band 8a post that the directorate has been carrying for a while with additional resources.
- 6.2. It is anticipated that the Matron workload will reduce, with reduced expectation for them to cover for the BLN in his absence and the DBLN taking on management oversight of one of the wards
- 6.3. There will be fairness in the distribution of the workload amongst matrons as it is proposed that all matrons will have two wards each.

7. Service User Impact Assessment

- 7.1. These proposals will have no adverse impact on service users, as it is anticipated that there will be greater service user and carer satisfaction as a result of the service developments. The new structure will enhance staff training and development and free up matrons to provide more direct contact with service users and enhance structures that promote co-production and engagement with service users.

8. Timetable & Proposed Implementation

- 8.1. The Proposals for organisational change to the senior nurse structure at Newham Centre for Mental Health will be managed in line with the Trusts "Management of Staff Affected by Change Policy and Procedure". The accompanying overarching paper " Consultation on the Trust Proposals for Organisational Change" sets out the proposed Trust process.
- 8.2. There will be a formal consultation period of **(30)** days commencing on **Monday 6 June 2022**.
- 8.3. The Trust is committed to achieving meaningful consultation and therefore welcomes feedback and comments on the proposed organisation change proposals. Any comments should be made in writing either via e mail or by letter and directed to **george.chingosho@nhs.net**.
- 8.4. On completion of the 30 day consultation timeframe all comments received will be considered and a final decision will be made and communicated to affected staff. The outcome of the consultation including responses to feedback and comments will be published in writing on the Trust's intranet.
- 8.5. The timetable summarises the full implementation plan and is attached as **Appendix D**.

9. Equality Analysis

- 9.1. Under equality legislation, public authorities have legal duties to pay 'due regard' to the need to eliminate discrimination and promote equality with regard to race, disability and gender, including gender reassignment, religion age as well as to promote good race relations.
- 9.2. The law requires that this duty to pay 'due regard' be demonstrated in the decision making process. Assessing the potential equality impact of proposed changes to policies, procedures and practices is one of the key ways in which public authorities can show 'due regard'. The Template is attached as **Appendix E**.

Appendix A

Organisational Change Principles

1 Commitment to Partnership Work

- 1.1** We are committed to working in partnership with Staff side to make the consultation with staff meaningful, improve the flow of information and as much as possible to reduce staff anxiety. This outlines the principles on how staff will be consulted, equalities, partnership working and wider engagement.

2 Change Management Approach

- 2.1** Set out below are the key components to the change management approach which will form part of each separate consultation paper. The aim is to clarify our approach and so help to minimise staff anxiety during the consultation process. These principles are not intended to supersede or replace the " Management of Staff Affected by Change Policy and Procedure".

3 Senior Management Involvement

- 3.1** The process will be led by Directors and Senior Managers to ensure that this programme is a priority.

4 Protected Time for Trade union Support to Staff

- 4.1** Trade Union Representatives nominated to support this process will be offered protected time. Back fill will be put in place to ensure services are not affected by this.

5 Support to Staff

- 5.1** Counselling support will be available to staff.
- 5.2** Career counselling will be available to staff provided as standard.
- 5.3** Training in application form preparation and interviewing will be provided.
- 5.4** Time will be available for trade union representatives to meet with and support staff.

6 Equality Analysis

- 6.1** Equality Impact Assessment has been completed.

7 Community Impact Assessment

- 7.1** An analysis of the impact on our service users and other partners has been completed.

8 Financial Implications

- 8.1** The projected cost savings have been included but this may change as a result of the consultations or other factors, any changes will be included in the final feedback to staff.

9 Communication

- 9.1** The Trust is committed to ensuring that effective communication takes place. All affected staff will have the opportunity to access further information, ask questions and contribute to the consultation in a variety of ways including:

9.2 Formal meetings with staff groups affected by proposals will be held, led by senior staff within the Trust at the start of the consultation period.

9.3 Individual meetings with each staff member potentially at risk will take place.

9.4 The Joint Staff Meetings have been agreed on a monthly basis.

9.5 A page will be available on the Trust intranet which will be available to all staff holding information on the change proposals. This will include the weekly briefing note.

10 Avoiding Redundancies

10.1 The Trust will take all reasonable steps to avoid redundancies. At the commencement of consultation a recruitment freeze will be instituted in those grades and professions where staff may potentially be at risk to maximise the number of posts available for slotting in and as suitable alternative employment.

10.2 Decisions to recruit during consultation will be taken by the Director of Nursing and Quality (Nurses and Health Care Assistants), The Medical Director (Psychology and OT), Deputy Chief Executive (Admin and non clinical posts) and will be focussed on professions/ grades where no one is felt to be at risk and /or where there are critical service implications. Use of temporary staffing to cover vacant posts in interim periods will be used to manage vacancies.

11 Consultation Feedback from Staff

11.1 The Trust will offer a wide range of ways for individuals to offer comments or raise queries on the proposals:

- Briefings for all staff briefings with the Service Directors and HR Leads
- Individual meetings with managers
- Team meetings
- Via the dedicated page on the Intranet
- By email directly to the consultation email address
- In writing to the Chief Executive
- Through staff side representatives

11.2 The Response to consultation framework should include:

- Review of the proposed changes
- Catalogue of responses to consultation
- Number of responses and how many were deemed suitable
- Responses to specific consultation questions
- Summary of responses for individual questions
- Recap of final decision making process and next steps

12 Selection Criteria for identifying staff whose posts may be at risk

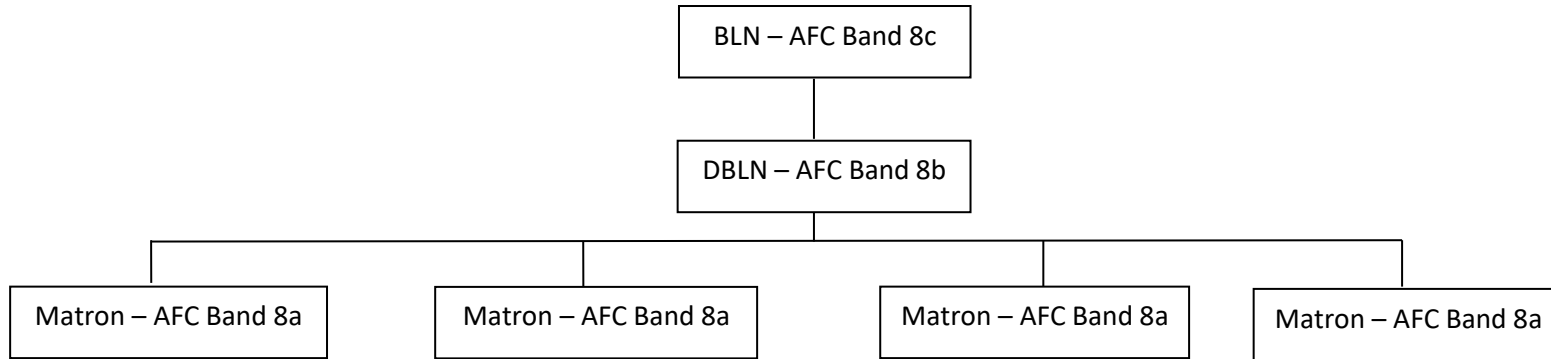
12.1 Where there is a need to reduce staff numbers from within a group of employees performing the same, similar or interchangeable work, then the “selection pool” will need to be identified and should contain all employees performing work of that kind within a specific team or department. Once the pool for selection has been identified, each employee will be placed on the ‘at risk’ register.

- 12.2** In order to minimise staff anxiety individual meetings with staff will be organised during the consultation process for staff whose post is at risk to explore how to support them and to highlight potential opportunities for redeployment.
- 13 Suitable Alternative Employment (SAE)**
- 13.1** SAE applies to posts of the same banding or one band lower. Staff would slot in if the post has a 75% or more match in the job and person specifications taking into account the core responsibilities and essential criteria in their job description. Slotting in will only occur if there are the same number or less eligible staff at risk.
- 13.2** The Change Management Policy does not allow staff to slot in to a post one grade higher even if there is a 75% match. Staff whose salary banding impinges into the higher band of a relevant vacancy will be offered a ring fenced interview. Staff whose salary doesn't impinge into the higher band who wishes to apply for a higher grade vacancy will have to be considered alongside other eligible applicants.
- 13.3** Where suitable alternative employment is offered and unreasonably refused, the employee will no longer have the right to receive a redundancy payment.
- 14 Selection and Appointment Principles**
- 14.1** The aim is to have a fair and transparent selection process where the best candidate will be appointed based on the skills, experience and personal specification outlined in the job description and person specification. Selection will be conducted by interview and other tests if deemed relevant to the post. Applicants in competition will be asked to submit a CV and a supporting statement. Interviews will be held by a panel of 3. A structured interview will take place and scores will be completed for each interviewee.
- 14.2** Any affected individual can apply for any of the proposed posts in their specific and can apply for as many posts as they wish provided they meet the minimum selection criteria.
- 14.3** If any member of staff believes that they are not eligible to apply for a SAE they will need to provide a reason to the local HR Lead and their line manager. Refusal to accept SAE means that the member of staff will no longer be entitled to redundancy payment.
- 15 Implementation Timetable and Process**
- 15.1** It is proposed that the consultation will take place for 30 days from the agreed start date for 99 staff or less at real risk of redundancy.
- 15.2** Running alongside the consultation, the Trust will arrange the individual meetings with staff who potentially are at risk as a consequence of the proposals on which the consultation is taking place.
- 15.3** On completion of the consultation, all comments received will be considered. A report setting out the feedback will be presented to the Service Delivery Board and a final decision will be taken and communicated to staff. The intention is that slotting in, ring fencing and the Suitable Alternative Employment processes will then be completed as appropriate within one further month.
- 15.4** Any remaining staff at risk for whom SAE cannot be identified will be issued with notice of redundancy in line with the 'Management of Staff Affected by Change Policy and Procedure'.

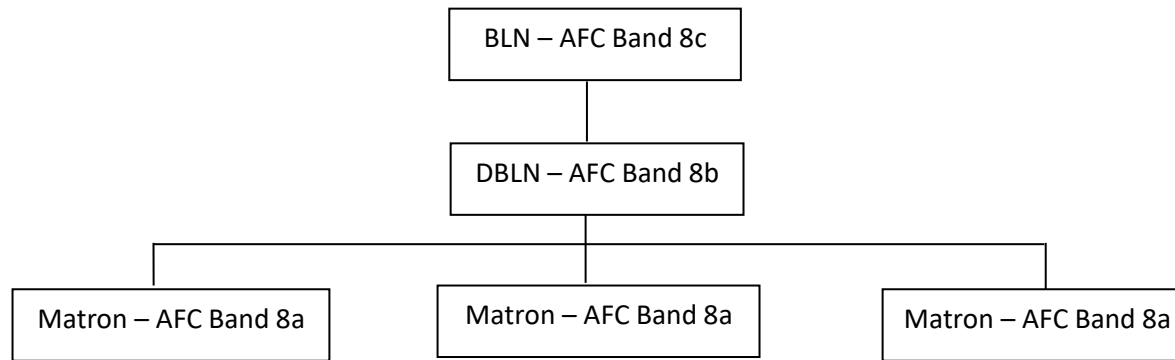
16 Definitions

- 16.1 Continuous Service** means full or part time employment with the Trust or any previous NHS employer provided there has not been a break of more than one week (Sunday to Saturday) between employments. This reflects the provisions of the Employment Rights Act 2006 and Agenda for Change handbook on continuous employment.
- 16.2 Reckonable Service** means Continuous Service plus any service with a previous NHS employer where there has been a break of 12 months or less.
- 16.3** At the Trust's discretion any period of employment outside the NHS which is relevant to NHS employment may be counted as Reckonable Service.
- 16.4 Redeployment** means the transferring or recruitment of Staff at Risk into a suitable alternative post.
- 16.5 Slotting In** means the process by which Staff at Risk is confirmed into a post in a new staffing or management structure which is similar to their current post and where that individual is the contender for that post. Slotting in may occur where a post is in the same band as the individual's current post and/or where it remains substantially the same i.e. 75% or more with regard to Education and Qualifications, Knowledge and Experience, Strategic management, Finance Resource Management, Staff Resource Management and Operational Management/Service Delivery as outlined in appendix 2.
- 16.6 Ring fencing** means the process by which Staff at Risk will be considered for a post in a new staffing or management structure which is similar to their current post and where there is more than one contender for that post.
- 16.7 Staff at Risk** means staff whose posts may potentially be redundant as a result of organisational change if suitable alternative employment cannot be found.
- 16.8 Suitable alternative employment** is work within the Trust that is on broadly similar terms and within the same range of skills required as the current employment. It may be on any site operated by the Trust subject to travel considerations. Staff at Risk will be given prior consideration for suitable posts in line with their skills, experience and capabilities and where appropriate will receive protection of pay.
- 17 Redundancy** is when a member of staff may become redundant if they are dismissed and the reason for the dismissal is wholly or mainly due to:
- The fact that the Trust has ceased, or intends to cease, to carry on the activity for the purposes of which the individual was employed, or has ceased, or intends to cease, to carry out the activity in the place where the individual was employed **OR**
 - The fact that the requirements of the Trust for staff to carry out work of a particular kind in the place where they were so employed, have ceased Or diminished or are expected to cease or diminish.
 - The place of work referred to above should not be confused with the specific site or unit in which an individual works.

Appendix B - Current NCFMH Senior Nurse Structure Chart



Appendix C – Proposed NCFMH Senior Nurse Structure Chart



Appendix D

Implementation Timetable

Action/Comments	When	Who Involved	Section of Management of Change Policy	Comments
Circulate final consultation document to Joint Staff Committee Members.	May 2022	JSC Members (Management/Staff Side) Borough Lead Nurse	Section 10 (Page 10)	The consultation document will be given to Staff Side 5 days prior to JSC.
Consultation Begins	6 June 2022	Affected Staff Management People & Culture Staff Side	Section 10 Section 11	
Consultation paper sent to affected staff (home addresses for staff on leave/secondments etc. Delivery by email, post or by hand are all acceptable delivery methods.)	6 June 2022	Borough Lead Nurse	Section 11 (Page 10)	Consultation document will also be placed on the Trust's intranet.
Open consultation forums with staff	w/c 13 June 2022	Borough Lead Nurse People Business Partner/ People Relations Advisor Staff Side	No specific reference but a means of achieving Section 10.	Feedback/comments need to be given to Borough Lead Nurse

Individual Formal Meetings	w/c 20 June 2022	Borough Lead Nurse People Business Partner Staff Side	Section 11 (Page 10)	Staff provided with information pack following at risk meetings
CV and Interview Skills training Careers Counselling	w/c 27 June 2022	People & Culture	Section 13 (Page 12)	Careers Counselling to be provided by EAP. CV and Interview skills training to be provided at least once in each Directorate affected.
Consultation Period Ends	5 July 2022	N/A	Section 12 (Page 11)	
Consideration of feedback/comments	5-8 th July 2022	Borough Lead Nurse	Section 12 (Page 11)	Response placed on Trust intranet.
Staff notified of final structure	11 July 2022	Borough Lead Nurse	Section 12 (Page 11)	Letter sent to affected staff with details of next steps
Job matching and Slotting in Process	N/A		Section 14 (Page 13)	Staff will receive a formal letter regarding outcome of process
Ring fenced selection process	w/c 11 July 2022	Key Selection Officers/People & Culture Team	Section 14 (Page 13)	Staff will be informed of decision asap following selection process and provided with detailed feedback to use for further selection purposes. Ring fenced interviews will take place on a local basis in the first instance and unsuccessful staff will then attend Trust Wide ring fenced interview opportunities.
Successful candidates informed of decision and moved into new role.	w/c 18 July 2022	Key Selection Officers/P&C Team	Section 14 (Page 13)	Staff will receive a formal letter of redeployment and variation to contract.
Unsuccessful candidates informed of decision and invited to formal notice of redundancy meeting	w/c 18 July 2022	Borough Lead Nurse P&C rep	Section 20 (Page 19)	Staff will receive detailed feedback on their performance throughout the selection process

Formal notice of redundancy meetings	w/c 18 July 2022	Borough Lead Nurse P&C Rep	Section 20 (Page 19)	Staff will receive a detailed breakdown of their redundancy package at this meeting Consideration given to staff leaving their post before expiry of notice period
New Structure Implemented	25 July 2022	All		
Post Project Evaluation	October 2022	Borough Lead Nurse Staff Affected, HR & Staff Side		

Appendix E

PROFILE OF STAFF AFFECTED BY THE CHANGE												TRUST PROFILE *based on March 2022 data										
Band	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Band 9	M&D	Other	Totals	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Band 9	M&D	Other	Total
Totals	0	0	0	0	0	0	4	0	0	0	4	0	920	1034	1012	1218	1132	908	16	428	103	6771
Percentage	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	13.59	15.27	14.95	17.99	16.72	13.41	0.24	6.32	1.52	
Staff Group	Administrative and Clerical	Add Prof & Tech	Additional Clinical Services	Allied Health Professionals	Estates and Ancillary	Medical and Dental	Nursing and Midwifery Registered	Other	Totals	Administrative and Clerical	Add Prof & Tech	Additional Clinical Services	Allied Health Professionals	Estates and Ancillary	Medical and Dental	Nursing and Midwifery Registered	Other	Total				
Totals	0	0	0	0	0	0	4	0	4	1447	957	1523	548	14	439	1840	3	6771				
Percentage	0	0	0	0	0	0	100	0		21.37	14.13	22.49	8.09	0.21	6.48	27.17	0.04					
Disability	Yes	No	Not declared	Undefined	Totals	Yes	No	Not declared	Undefined	Total												
Totals	0	4	0	0	4	434	5708	619	10	6771												
Percentage	0	100.00	0.00	0.00		6	84	9	0													
Gender	Male	Female	Totals	Male	Female	Total																
Totals	2	2	4	1773	4998	6771																
Percentage	50.00	50.00		26.19	73.81																	
Age	18-21	22-31	32-41	42-51	52-61	62+	Total	18-21	22-31	32-41	42-51	52-61	62+	Total								
Totals	0	0	0	4	0	0	4	45	1390	1786	1716	1448	386	6771								
Percentage	0	0.00	0.00	100.00	0.00	0.00		0.66	20.53	26.38	25.34	21.39	5.70									
Pregnancy/ Maternity	Yes	No	Total	Yes	No	Total																
Totals	0	4	4	N/A	N/A																	
Percentage	0	100		N/A	N/A																	
Religion or belief (if data available)	Atheism	Buddhism	Christianity	Hinduism	Not disclosed	Islam	Jainism	Judaism	Other	Sikhism	Total	Atheism	Buddhism	Christianity	Hinduism	Not disclosed	Islam	Jainism	Judaism	Other	Sikhism	Total
Percentage	0.00	0.00	75.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	4	1134	69	3069	193	910	823	9	54	425	85	6771
Sexual Orientation (if data available)	Bisexual	Gay	Hetrosexual	Not disclosed	Lesbian	Total	Bisexual	Gay	Hetrosexual	Not disclosed	Lesbian	Other sexual orientation	Total									
Totals	0	0	4	0	0	4	104	105	5693	793	60	16	6771									
Percentage	0	0	100.00	0.00	0		1.54	1.55	84.08	11.71	0.89	0.24										
Gender Re-assignment (if data available)	Yes	No	Totals	Yes	No	Totals																
Totals	0	4	4	0	6771	6771																
Percentage	0	100		0	100																	
Marriage & Civil Partnership (if data available)	Civil Partnership	Divorced	Legally Separated	Married	Not disclosed	Single	Unknown	Widowed	Totals	Civil Partnership	Divorced	Legally Separated	Married	Not disclosed	Single	Widowed	Totals					
Totals	0	0	0	1	0	3	0	0	4	107	312	106	2893	263	3046	44	6771					
Percentage	0	0.00	0.00	25.00	0.00	75.00	0.00	0.00		1.58	4.61	1.57	42.73	3.88	44.99	0.65						
Ethnicity	Asian	Black	Chinese	Mixed	Not Declared	White	Any other ethnic group	Totals	Asian	Black	Chinese	Mixed	Not Declared	White	Any other ethnic group	Totals						
Totals	0	2	0	0	0	2	0	4	1171	1989	48	285	96	3051	131	6771						
Percentage	0.00	50.00	0.00	0.00	0.00	50.00	0.00		17.29	29.38	0.71	4.21	1.42	45.06	1.93							