

ORGANISATION CHANGE PAPER

TITLE OF PROPOSAL: Infection Prevention and Control Team (IPC) On Call

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'. 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 to outline the proposal to introduce an on call service, as required in the event of an infectious disease outbreak, for IPC Team 9am to 5 pm at weekends. The paper is intended for IPC Nurses Band 8c, 8B, 8a and Band 7 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

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. The details are attached as **Appendix A**.

3. Background

- 3.1. To fulfil our obligations under the Health and Social Care Act (2008) ELFT currently employ the below workforce whom oversee and deliver the Infection Prevention and Control service. Ensuring compliance with the Health and Social Care Act 2008, involves reducing healthcare associated infections, ensuring that IPC is high on the quality and safety agenda for all and working with colleagues to reduce antimicrobial resistance.
- 3.2. The work involves being alert and responsive to new and emerging infectious diseases. However, on the 12 January 2020 it was announced that a novel coronavirus had been identified. This virus is referred to as SARS-CoV-2, and the associated disease as Coronavirus infectious disease (COVID-19). This highly infectious disease resulted in a worldwide pandemic with an associated high mortality and morbidity. This led to increased demands on the service including an on call response – based on the learning and future business continuity planning there follows a proposal for on call arrangements should this be required in the event of outbreak(s).

4. Current Workforce for the service:

- 4.1. The Director of Infection Prevention and Control is the Chief Nurse. Strategic and Operational delivery of the Infection Prevention and Control Service led by the Deputy Director of Infection Prevention and Control/Physical Health Lead Nurse.
- 4.2. The Nursing Director of Community Services line manages the Deputy Director of Infection and reports to the Chief Nurse DIPC. The Lead Nurses line manages the IPC team and provides day to day operational and clinical support to the IPC team.

5. London team

The London team consists of Trust-wide Lead IPC Nurse who functions at 'independent' level & two band 7 IPC nurses. The London team has administrative support by the Band 5 admin whom also supports the Physical health team.

6. Luton & Bedfordshire team

The Luton & Bedfordshire team consists of a Trust-wide Deputy Lead IPC Nurse who functions at 'independent' level & a band 7 IPC nurse who functions as 'supervised' level. Administrative support is provided by the band 4 IPC administrator.

7. Proposal: On call service for IPC Team

- 7.1. Due to the COVID-19 pandemic from March 2020 the IPC service was operating a 7 day a week service by providing an on-call service at the weekend. This was 'stood down' as Covid numbers fell.
- 7.2. On call had initially been provided by three senior members of the team supporting the on call throughout the weekend, which was unsustainable. However, to continue this service the team's Band 7 Nurses shared the on call duties, to ensure adequate rest in line with EU working regulations.

8. Impact on Staff

- 8.1. On call will only 'stand up' in the event of outbreaks and by agreement with a Director of Nursing and /or DIPC and not under the normal operational service. Staff will be paid to be on call 1 in 6 which is 4.5% of their current salary in line with NHS Employers and agenda for changes scales; this is based on the current number of Nurses available for on call but will be reviewed dependent on the team size at the time an on call service is required. This will be on call as per 'On Call Standing Operating Procedure'. This on rare occasions, may mean they need to do more frequent than 1 in 6 (should their colleagues be on unplanned leave), however in the main this will be an on call rota to ensure a process that is equitable to all involved.
- 8.2. The structure of the Team and other roles and responsibilities will not be affected by this change. This means that there will be IPC advice for the service as appropriate and required via the Director on call.
- 8.3. The total number of Nurses that this involves includes 1x 8c, 1 x 8B, 1x 8A and 3 x Band 7 IPC Speciality nurses. These nurses have and are undertaking extra academic and practical training to equip them for their roles in line with the Health and Social Care Act requirements. This will involve working across the Trust using virtual platforms for communication and access to IPC generic e mail box to assess queries that are a priority for the service
- 8.4. The establishment figures for on call are included in **Appendix B**. The current IPC Team Structure Chart is included in **Appendix C**

8.5. An on call Standard Operating Procedure (SOP) has been developed by The Trust wide Lead IPC Nurse that describes how the standards of the service will operate, **Appendix D**

9. Financial, staffing and workload implications

Figure 1

This will be an additional cost to the Budget and is part of the Business case submitted 20/21

On Call IPC Team Agenda for Change scales	1 in 6 Costs
Band 8C on call annual costs	£3,028
Band 8B on call annual costs	£2,525.50
Band 8A on call annual costs X3	£2,173.50
Band 7 on call annual costs X3 staff	£5,946
Total cost	£13,672

10. Service User Impact Assessment

Service users and staff will have 7 days advice re managing infection prevention and control queries in line with Quality care.

11. Timetable & Proposed Implementation

- 11.1 The Proposals for organisational change to (Service) will be managed in line with the Trusts, Management of Staff Affected by Change Policy and Procedure.
- 11.2 There will be a formal consultation period of **(30)** days commencing on (1st November 2022).
- 11.3 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 Ruth.Bradley2@nhs.net and shefa.begom@nhs.net
- 11.4 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.
- 11.5 The timetable starts 1st November 2022 for the full implementation plan, **Appendix E**

12 Equality Analysis

- 12.1 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.

- 12.2 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' . Equality Impact Assessment, **Appendix F**

Appendix A

Organisational Change Principles

1 **Commitment to Partnership Work**

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**

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**

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**

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 Training in application form preparation and interviewing will be provided.

5.3 Time will be available for trade union representatives to meet with and support staff.

6 **Equality Analysis**

Equality Impact Assessment has been completed.

7 **Community Impact Assessment**

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

8 **Financial Implications**

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

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:

- 9.1** 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.
- 9.2** Individual meetings with each staff member potentially at risk will take place.
- 9.3** The Joint Staff Meetings have been agreed on a monthly basis.

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 Service 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/or a supporting statement. Interviews will be held by a panel of 2 or more. 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 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**
- 17.1** This 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**
- 17.2** 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 **OR**
- 17.3** The place of work referred to above should not be confused with the specific site or unit in which an individual works.

Appendix B

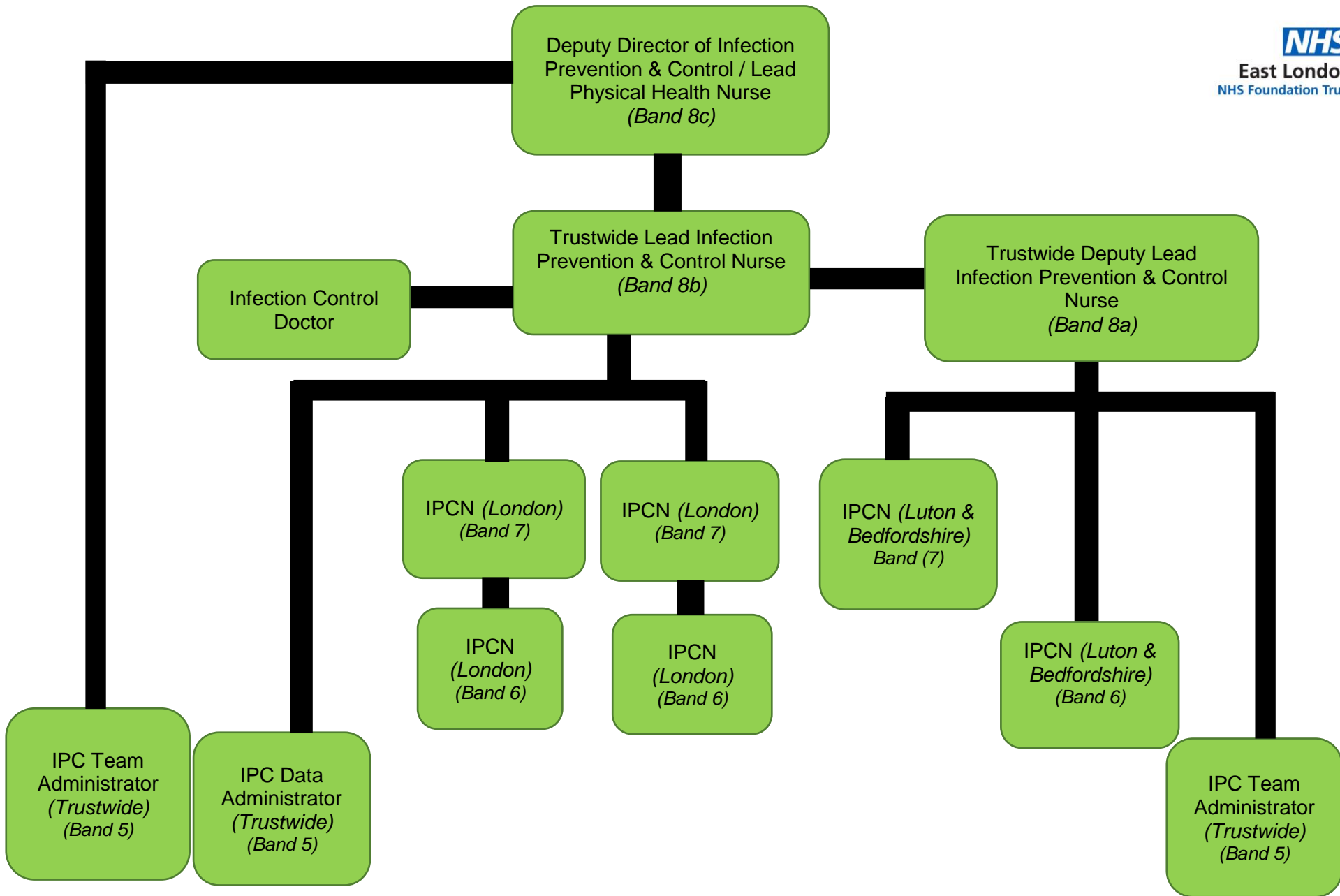
Establishment Figures that will be part of the On Call Rota moving forwards.

The tables below show the current and proposed staffing establishment for the change management along with the current vacancy position and number of staff at risk.

Role	Band	WTE	Post to include on call	1 in 6 Oncall weekend and BH	Staff affected
Deputy Director of Infection Prevention and Control and Lead Nurse Physical Health	8C	1.0	Post to include on call	9 -5	1
Trust wide Lead Nurse Infection Prevention and Control	8B	1.0	Post to include on call	9-5	1
Deputy Trust wide lead Nurse Infection Prevention and Control	8A	1.0	Post to include on call	9-5	1
Infection Prevention and Control nurse x3	B7	3.0	Post to include on call	9-5	3
Totals		6	6		6

Appendix C

IPC Team Structure Chart



Appendix E Implementation Timetable

Action/Comments	When	Who Involved	Section of Management Change Policy	Comments
Circulate final consultation document to Joint Staff Committee Members.	06.10.22	JSC Members (Management/Staff Side) Director of Service	Section 10 (Page 10)	The consultation document will be given to Staff Side 5 days prior to JSC and will also include vacancy list for Suitable posts for redeployment.
Consultation Begins	14.12.22	Affected Staff Management P&C 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.)	14.12.22	Director of Service	Section 11 (Page 10)	Consultation document will also be placed on the Trust's intranet.

Open consultation forums with staff	Week commencing 14.12.22	Director of Service/People BP Staff Side	No specific reference but a means of achieving Section 10.	Feedback/comments need to be given to Service Directors/Project Manager
Individual Formal Meetings	Week commencing 19.12.22	Director of Service People BP	Section 11 (Page 10)	Staff provided with information pack following at risk meetings
Consultation Period Ends	12.01.23	N/A	Section 12 (Page 11)	
Consideration of feedback/comments	12&13.1.23	Executive Directors/ Director of Service	Section 12 (Page 11)	Response placed on Trust intranet.
New arrangements Implemented	16.01.23	All		
Post Project Evaluation	16.07.23	Director of Service Staff Affected, HR & Staff Side		