

# ORGANISATION CHANGE PAPER FOR THE LOCALITY/TEAM

## 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 11, April 2021). The Trade Unions and affected staff are invited to raise questions and comments which can be considered before the proposals are finalised.

1.2. The purpose of this consultation document is to outline the proposal to –

- Relocate the Cardiac Rehabilitation team from the Centre Manor Park -30 Church Rd, London E12 6AQ to Shrewsbury Road Health Centre - London E6 1DA London.
- Relocate the Cardiac Rehabilitation outpatient clinics from the Centre Manor Park - 30 Church Rd, London E12 6AQ to East Ham Care Centre - Shrewsbury Road London E6 1DA London.

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 Cardiac Rehab team is a nurse led service in a satellite base, renting the space from NHS Open Space. Senior leadership do not have a permanent presence – ELFT has a concurrent contract until 2028 with an annual cost of £84,000 per year. The cardiac rehab team currently have a clinical presence within East Ham Care Centre, Appleby Health Centre and Katherine Road. All members of the team have business permits as parking at the Centre Manor Park is limited. This will be the same case at Shrewsbury Road.

3.2 The Cardiac Rehab team have over the last 4+ years had significant issues with inter-team working. The team have a high sickness rate attributed to 'stress at work'. This is supported by exit interviews and a disproportionate number of complaints by individuals within the team about their colleagues

A number of interventions to improve intra-team working have been introduced, including working with the Trust Organisational Development team.

CHN senior leadership team do not have a physical presence within the Centre Manor Park. The team relocating would be able to access senior support more readily.

3.3 Community Health Newham are required to make substantial finance viability savings for 2024/2025. The office space and clinical room at the Centre Manor Park would be reallocated to another clinical team who would move from privately rented space into the NHS Open Space

#### 4. Proposal

4.1 The proposal in this paper is to relocate the cardiac rehabilitation team's office base and one clinical space. Moving the team to the home base for Community Health Newham will:

- Allow for improved senior presence offering guidance, advice, oversight thus improving working relationships and working practice.
- Allow the team to have totally dedicated clinical area within the East Ham Care Centre footprint.
- Allow another service who is currently renting a high cost space to move into NHS Open Space

#### 5. Impact on Staff

- 5.1. Currently the team work Monday – Friday 09:00 – 17:00 with no change to working hours.
- 5.2. The establishment figures and vacancies are included in **Appendix B**
- 5.3. There will be no changes to the structure or establishment.
- 5.4. Staff may incur excess travel fees which will be paid in line with the Management of staff affected by change policy and procedure v11.0 section 7.3

#### 6. Financial, staffing and workload implications

- 6.1. The financial costs of the relocation will be funded within the directorate. The team will move into an open plan space which is already fit for purpose.
- 6.2. There will be some costs associated with converting space within East Ham Care Centre into a clinical rooms, these will be paid for by the directorate.
- 6.3. This consultation has been designed to create FV savings, in line with the sustainable FV savings required by the directorate.
- 6.4. There will not be an increase in clinical capacity.

#### 7. Service User Impact Assessment

- 7.1. These proposals will have no adverse impact on service users. Service users also attend East Ham Care Centre for both nurse and physiotherapy lead clinics.

#### 8. Timetable & Proposed Implementation

- 8.1. These proposals to relocate the Cardiac Rehabilitation Team will be managed in line with the Trusts "Management of Staff Affected by Change Policy and Procedure".
- 8.2. There will be a formal consultation period of **30** days commencing on (08/07/2024)
- 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 **[gavinshields@nhs.net](mailto:gavinshields@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.
- 8.5. 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 regarding 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'.

## 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** 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**

- 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.

## **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

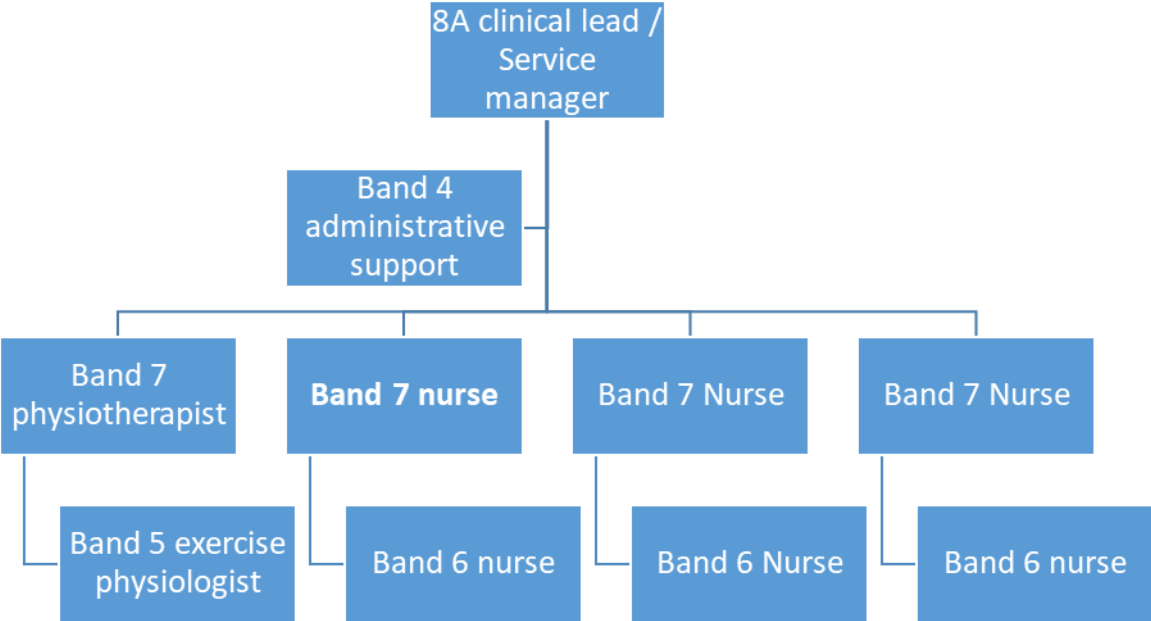
- 16.1 Continuous Service** means full or part time employment with the Trust or any previous NHS employer provided there has not been a break of more than one week (Sunday to Saturday) between employments. This reflects the provisions of the Employment Rights Act 2006 and Agenda for Change handbook 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 **OR**
  - 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 and vacancies table:**

<b>Current staffing establishment –</b>	<b>Current staffing establishment –</b>
Band 8a	1.0 WTE
Physiotherapist band 7	1.0 WTE
Nurse band 7	3.0 WTE
Nurse band 6	5.60 WTE
Admin & Clerical band 4	1.0 WTE
Exercise physiologist band 5	1.0. WTE (vacant)



**Appendix C – Current CHN Cardiac Rehab Structure Chart – no change proposed**





## 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.	19/06/24	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	08/07/24	Affected Staff Management HR 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.)	08/07/24	Director of Service	Section 11 (Page 10)	Consultation document will also be placed on the Trust's intranet.
Open consultation forums with staff	08/07/24	Director of Service HR Advisor Staff Side	No specific reference but a means of achieving Section 10.	Feedback/comments need to be given to Service Directors/Lead Nurse

Individual Formal Meetings	15/07/24	Director of Service People & Culture	Section 11 (Page 10)	Staff provided with information pack following at risk meetings
CV and Interview Skills training Careers Counselling	N/a	Human Resources	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.
<b>Consultation Period Ends</b>	07/08/24	N/A	Section 12 (Page 11)	
Consideration of feedback/comments	w/c 12/08/24	Executive Directors/ Director of Service	Section 12 (Page 11)	Response placed on Trust intranet.
Staff notified of outcome of proposal	w/c 12/08/24	Director of Service	Section 12 (Page 11)	Letter sent to affected staff with details of next steps
Proposal Implemented	02/09/24	All		
Post Project Evaluation	March 2025	Director of Service Staff Affected, HR & Staff Side		