

FORMAL CONSULTATION ON TRUST PROPOSALS FOR THE FOTHERGILL WARD REDESIGN AT EAST HAM CARE CENTRE

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, May 2021). 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. On 25th June 2024, the ELFT Executive team approved the Fothergill Ward Options Appraisal Paper which outlined a phased redesign of the Fothergill Ward. The recommendation was to progress with outlined Option 2, Phase 1.
- 1.3. The Trust, CHSN Senior Leadership and People Participation have been an integral part of this process and involved in the Fothergill Ward Options Appraisal Task and Finish Group.
- 1.4. The purpose of this consultation document is to outline the proposal to redesign the Fothergill Ward (FGW) for the nursing and therapy staff as recommended in the Fothergill Ward Options Appraisal Paper. The aim is to ensure the service maintains the current provision of care for the current patient group which are recognised to be predominantly Social Care and housing with low-level clinical needs and therefore require a revised skill mix of staff. The ward retains End of Life Care provision.
- 1.5. The consultation is intended for the Nursing and Therapies component of the Fothergill Ward Option 2 and outlines the operational and workforce changes agreed by the CHS Directorate and Executive team in June 2024. This also informs all contractual and service changes affecting staff.

2. Background

- 2.1 Fothergill Ward was established as an intermediate care ward based at East Ham Care Centre in the London Borough of Newham, providing step down from hospital or step up from the community for service users who are at the end of life or have an intermediate clinical or nursing need.
- 2.2. The ward originally opened under Newham Primary Care Trust and was transferred to ELFT when the contract was awarded in February 2011.
- 2.3. Between 2011 and 2020, the medical cover was part of a service-level agreement with Barts Health [BH] consultant geriatricians based at Newham University Hospital NHS Trust, with rotational cover in and out of hours (part of the on-call rota) for the Fothergill Ward. The consultant geriatricians also covered the other wards at EHCC and the Day Hospital.
- 2.4. In April 2020, during the Covid-19 pandemic, Barts Health withdrew the geriatrician provision and a new model of GP cover was introduced. Out-of-hours cover was provided by the Newham GP Co-operative which came to an end in September 2022, as agreed with the then Medical Director and the management team who had scoped the emergency activity out of hours and found this to be minimal.
- 2.5. Since September 2022, medical cover has been provided by substantive ELFT GPs. Sally Sherman ward sits under the CHS London line management and provides care to dementia patients. This ward operates a separate medical model to the Fothergill ward, with a medical rota covered by Newham Mental Health.

- 2.6. Fothergill Ward provides 26 beds, comprised of 22 single rooms and 2 further double rooms. The staffing model includes nursing, allied health professionals, doctors (general practitioners). The NCHS Clinical Director, is responsible for clinical oversight, managing flow and leading service improvement. The ward is staffed 24/7 by registered and unregistered nursing staff in line with safer staffing:
- 07:30 – 20:30 (7 days a week) x3 WTE registered nurses (mixture of band 5 & 6), x6 WTE band 3 unregistered health care assistants
 - 20:30 – 07:30 (7 days a week) x2 WTE registered nurses (mixture of band 5 & 6), x4 WTE band 3 unregistered health care assistants
 - The ward has allied health professionals Monday – Friday 09:00 -17:00
- 2.7. Until July 2024, Medical provision was GP-led and provided 7-day cover 09.00 – 17.00. Since then, medical provision has 4/7-day GP-led cover 09.00 – 17.00 with 3 remaining days covered by an Advanced Nurse Practitioner from NCHS urgent community response. Out-of-hours medical cover for emergencies is provided by NHS 111 or ambulance transfer.
- 2.8. The quality of care is very high and staffing across medical, nursing and therapies is considered safe, with very positive service user feedback. However, considering the nature of the ward and the care needs of service users admitted, combined with operating within a system where adult social care and care home beds are severely constrained, the resulting impact is that the ward is operating at a high cost for the type of service users admitted and has limited ability for onward flow, which then impacts on the wider system's ability to maintain a safe step-down facility.

3. Current Therapies Staffing Model and Structure

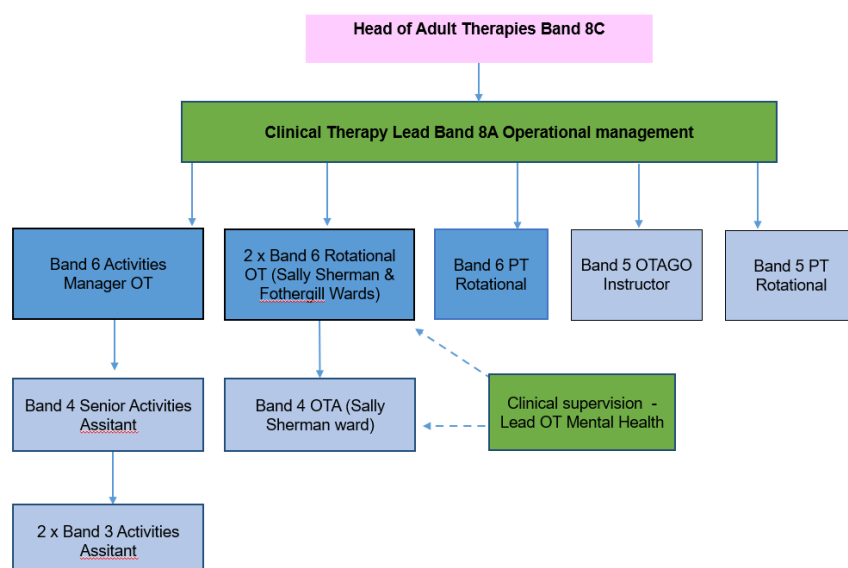
3.1. Current AHP Structure

- 3.1.1. The current model of provision on the wards consists of daily handover from the wards, where patients are allocated to the B6 OT's and Physio's. The provision consists of access visits, following up on equipment needed for home placements, mobility assessments; all tasks to ensure that functional abilities are not decreasing while on the ward and getting the patient back to baseline including promoting independence. Rehab goals and care plans are in place for all patients. Bariatric provision is also required.
- 3.1.2. Table 1 and Chart 1 below outlines the current AHP structure for the Fothergill Ward and Sally Sherman Ward:
- Therapies Team composed of 7 WTE provide input to the two wards;
 - Activities Team composed of 3 WTE are ward-based.

Table 1 Current AHP structure for the wards

AHP Structure for the wards		
Role	Band	WTE
Clinical Lead Therapist	8a	1
Activities Manager (Occupational Therapist)	6	1
Rotational Physiotherapist	6	1
Rotational Occupational Therapist	6	1
Rotational Physiotherapist	5	1
Specialist Otago Instructor	5	1
Occupational Therapy Assistant	4	1
Senior Activities Assistant	4	1
Activities Assistant	3	2
Headcount		10

Chart 1 Current AHP structure for the wards



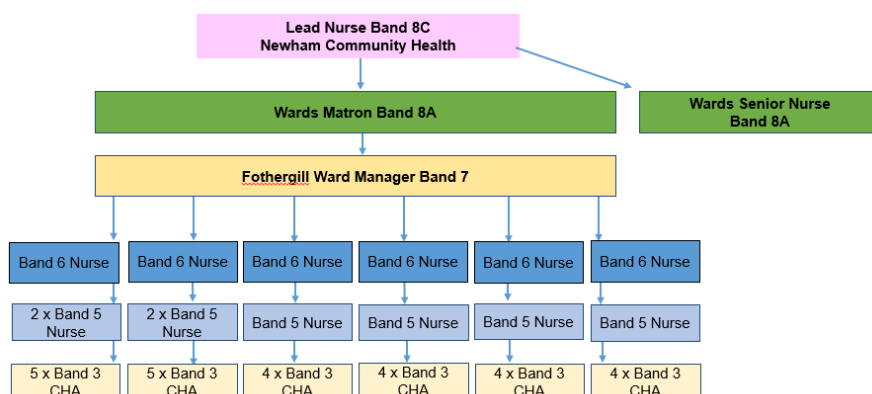
3.2. Current Nursing Staffing Model and Structure

3.2.1. Table 2 and Chart 2 below outline the current nursing structure for the Fothergill Ward.

Table 2 Current Fothergill Ward Nursing Structure

Fothergill Warding Nursing Structure		
Role	Band	WTE
Matron (wards)	8a	1.0
Senior nurse	8a	0.4
Ward manager	7	1.0
Nurse	6	5.0
Nurse	5	8.0
Welfare officer	5	0.8
Housekeeper	4	1
Health care assistant	3	26
Head count		43.2

Chart 2 Current Fothergill Ward Nursing Structure



3.3. Establishment Figures and Current Vacancies shown in Table 3 which shows the current and proposed staffing establishment for the change management, the current vacancy position, and the number of staff at risk.

Table 3 Establishment Figures and Current Vacancies

Role	Band	WTE	Post deleted	Vacant	Staff affected	Posts available in future team	Staff at Risk
Modern Matron	8a	0.43	1	0	1	0	1
Nurse Manager	8a	1	1	0	1	0	1
Clinical Lead therapist inpatients	8a	1	1	0	1	0	1
Occupational Therapist (Static)	6	1	1	1	0	0	0
Physiotherapist (Rotational)	6	1	1	1	0	0	0
Occupational Therapist (Rotational)	6	2	0	0	0	1	0
Physiotherapist (Rotational)	5	1	0	0	0	1	0
Specialist Otago	5	1	0	0	0	1	0
Occupational therapy assistant	4	1	0	0	0	0	0
Senior activities assistant	4	1	0	0	0	1	0
Activities assistants	3	2	1	1	0	1	0

4. Proposal

4.1. *Therapies Structure:*

4.1.1. The proposal for the Therapy Structure is to implement a therapy rotational model between Fothergill Ward and the EPCT therapist teams on a 9-month rotation managed by the existing 8A therapy lead in EPCT. This arrangement is expected to enhance shared learning across the teams, provide consistency across all areas, provide expertise and reduce gaps at the ward level.

4.1.2. Following posts will be deleted:

- 1 x B6 OT (static) (vacant);
- 1 x B6 PT (rotational) posts (vacant)
- 1 x B8a Clinical Lead therapist for inpatients

4.1.3. It is envisaged that the remaining AHP posts (Table 4) will then join the EPCT Therapy team, enhancing collaborative working between the EPCT Therapies and the wards and creating benefits in relation to sustainable cover arrangements and development for staff. Specifically, the AHP ward posts will be redesigned as follows:

- Band 6 OT - 9-month rotation between Fothergill Ward and EPCT Therapies to ensure learning and consistency. This post will be operationally managed by Band 7 OT in EPCT.
- Band 5 Otago TI Instructor will be based in EPCT with reach to wards as required. This post will be operationally managed by Band 7 PT in EPCT.
- Band 5 rotational PT will rotate between EPCT Therapies, Fothergill Ward, MSK, Learning Disabilities, CNS, ADDs Tower Hamlets. This arrangement is already in place. This post would be operationally managed by Band 6/7 PT within the relevant rotation.

Therefore, the newly formed EPCT Therapies team will offer a rotation to Fothergill Ward, plus provide all ad-hoc urgent requests and cover during absence/Annual leave as applicable for Fothergill Ward. In addition to this, the UCR/EPCT resources will be utilised for urgent Therapy inputs; further enhancing cross-cover arrangements.

AHP skill mix in the proposed structure e.g. palliative care (PT/OT/Coordinators) and not limited to:

- Functional rehabilitation,
- Non-pharmacological symptom management e.g. interventions for pain, breathlessness, fatigue,
- Exercise prescription and Manual handling assessment including Therapeutic Care handling and utilisation of appropriate outcome measures demonstrating evidence-based practice

Table 4 Proposed AHP support for the Fothergill Ward

Role	Band	WTE
Rotational Occupational Therapist	6	1
Rotational Physiotherapist	5	1
Specialist Otago Instructor	5	1
Headcount		3
Roles affected by the restructuring	Band	WTE
Clinical Lead Therapist for inpatients	8A	1
Occupational Therapist (static)	6	1
Physiotherapist (rotational)	6	1

4.1.4. Service provision would remain Monday – Friday 9:00- 17:00

4.2. *Fothergill Ward Senior Nursing structure:*

4.2.1. The proposal is to reduce the nursing Band 8A management structure from 1.4 WTE to 0 WTE. The matron functions will be transferred to the Deputy lead nurse for East Ham Care Centre and specialist nursing services (Band 8B) as shown in Table 5.

Table 5 Proposed Nursing Structure

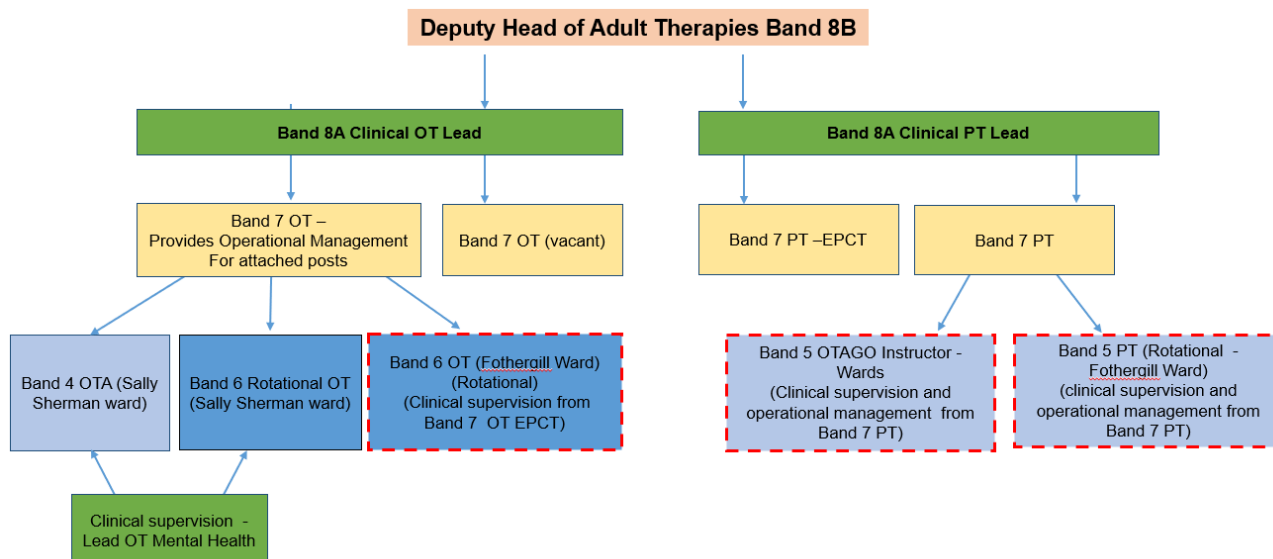
Role	Band	WTE
Ward manager	7	1.0
Nurse	6	5.0
Nurse	5	8.0
Welfare officer	5	0.8
Senior Activities Assistant- under Specialist Nursing Management for Fothergill Ward	4	1.0
Activities Assistant under Specialist Nursing Management for Fothergill ward	3	1.0
House keeper	4	1
Health care assistant	3	26
Head count		43.8
Roles affected by the restructuring	Band	WTE
Matron	8a	1.0
Senior nurse (cost pressure)	8a	0.4

5. Proposed structure charts

5.1. *Therapies management*

5.1.1. Chart 3 outlines the overall Therapy management structure with the three roles marked in red which will support the Fothergill Ward.

Chart 3 Proposed Therapies function for the Fothergill Ward (outlined in red)



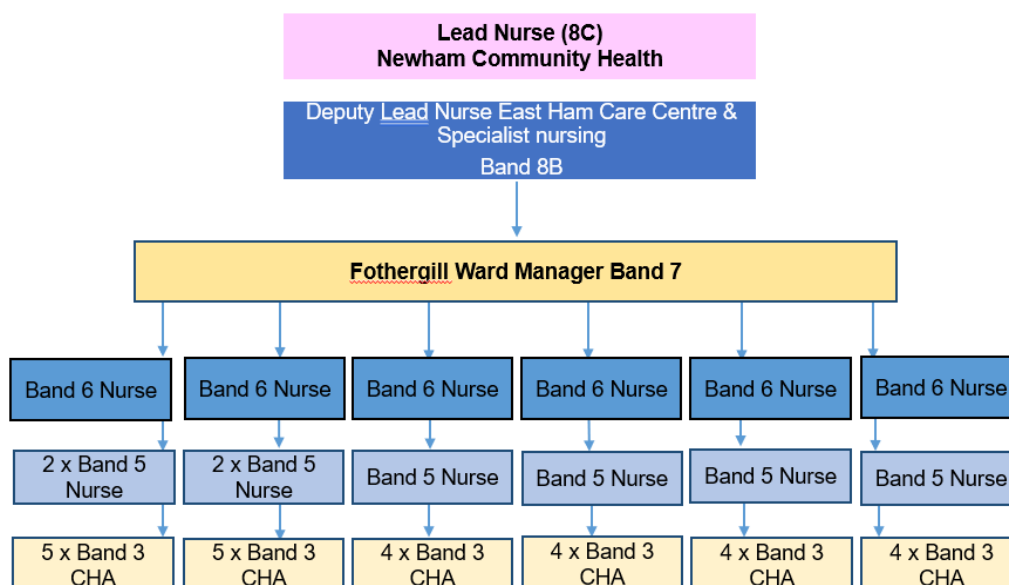
- All Band 7 OTs will have clinical and operation supervision from 8A Clinical Lead OT
- All Band 7 PTs will have clinical and operation supervision from 8A Clinical Lead PT

5.1.2. Existing job descriptions will be reviewed in September 2024 to ensure they reflect changes in line management and clinical supervision.

5.2. *Fothergill Ward senior nursing structure:*

5.2.1. Chart 4 outlines the proposal to reduce the nursing Band 8A management structure from 1.4 WTE to 0 WTE and the change in management structure to the deputy lead nurse for East Ham Care Centre and specialist nursing services (Band 8B) as shown below.

Chart 4 Proposed Fothergill Ward Nursing Structure



5.3. It is also proposed that the nursing shift pattern is amended, however will remain within the safer staffing recommended numbers.

6. Impact on Staff

6.1. Therapies

6.1.1. It is proposed to:

- Reduce 1WTE band 8a Clinical Lead Physiotherapist for inpatients, this will put the current Clinical Lead Physiotherapist at risk.
- Reduce 1 x Band 6 OT, 1 x Band 6 Rotational Physiotherapist and 1 x Band 3 Activities assistant. Currently, these posts are vacant therefore no impact on staff.
- Band 3 Activities Assistant and Band 4 Senior Activities will report into the ward manager at Fothergill ward.

6.2. Nursing

6.2.1. It is proposed to Remove 1.4 WTE band 8a nursing leadership, this will put the current 2 nursing leads at risk. Senior Nurse 0.4 WTE is an unfunded post and a cost pressure.

6.2.2. Reducing 1.4 WTE Band 8a nursing roles is recognised to potentially impact nursing leadership; however, this will be mitigated by the newly appointed Deputy Lead Nurse for East Ham Care Centre and specialist nursing. To ensure effective succession planning within Fothergill Ward, career progression measures will be implemented. Ward managers interested in advancing will receive tailored development plans and be encouraged to apply for Band 8a roles across the Trust.

6.2.3. Nursing shift patterns will be adjusted however will remain within the safer staffing recommended numbers.

6.2.4. There are no other changes proposed to the roles.

6.2.5. Recommended new shift pattern:

X1 WTE band 5	07:30 –20:00
X1 WTE band 5	10:00 – 18:00
X1 WTE band 6	07:30 – 20:00

6.3. All efforts will be made to avoid redundancies and find suitable alternative employment through Trust's Redeployment process, additional training will be provided if needed.

6.4. Similar role vacancies will be held vacant for the duration of this consultation across CHS Newham

6.5. Existing part time working patterns and the options of job share will be discussed with staff as part of their individual consultation meetings.

6.6. All staff who currently work in the team will be offered an individual consultation meeting to discuss how the proposal impacts them personally and provide any feedback in relation to this proposal.

- 6.7. Pre-consultation discussions have taken place with staff and staff affected are aware of the proposed changes, they are assured that process is being undertaken in line with the Management of staff affected by change policy and procedure v11 May 2021.

7. Financial, staffing and workload implications

- 7.1. The cost combined (nursing & AHP) savings expected as a result of these changes are £404,165 if there are any changes as a result of the feedback from the consultations or other unforeseen circumstances, the revised figures will form part of the consultation feedback process

8. Service User Impact Assessment

- 8.1. Due to low level of referrals, it is not anticipated that the service users/carers will be affected by the change.

9. Timetable & Proposed Implementation

- 9.1. The Proposals for organisational change to (Service) will be managed in line with the Trusts "Management of Staff Affected by Change Policy and Procedure version 11, May 2021" (**Appendix A**).
- 9.2. There will be a formal consultation period of **(30:)** days commencing on 16th September 2024.
- 9.3. 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 directed to joanna.raaphael@nhs.net , gavinshields@nhs.net or sarah.skeels@nhs.net
- 9.4. 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.
- 9.5. The timetable summarises the full implementation plan and is attached as **Appendix B**.

10. Equality Analysis

- 10.1. 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.
- 10.2. 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 C**.

Appendix 1

Implementation Timetable

Date	Action
04/09/2024	Consultation document shared with Staff Side and TU reps
16/09/2024	Start of consultation. Consultation document given to affected staff
W/C 16/09/2024	Group meeting to discuss proposals.
W/C 23/09/2024	Consultation meetings with individuals, as required
W/C 16/09/2024	Responses to consultation from Staff side, individual TUs or staff submitted to management (it is a matter for those responding to decide who should be copied into their response)
15/10/2024	End of the consultation period
21/10/2024	Management considers all responses and discuss their response with Staff side and try to reach agreement when views are conflicting. At this stage any need for further consultation or an extension can be considered
W/C 21/10/2024	Written notification of decision following consultation, including timetable for implementation of changes
W/C 21/10/2024	Meeting to confirm impact on affected people
12/05/2025	Impact assessment of major change to be undertaken 6 months after implementation