Barts Health NHS
NHS Trust

Management, Nursing and Administrative & Clerical Workforce Efficiency Consultation

Responding to outcomes from the consultation – summary for stakeholders

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Background
Immediately after our merger in 2012, we undertook a review of our corporate functions, including finance, human resources and information services, to align our structures with the new organisation. A similar process has now been conducted for management, nursing and administrative posts within our clinical services. It is essential that we maintain a skilled, adaptable and efficient workforce that is able to deliver excellent clinical and non-clinical services and fulfil our commitment to research and education. Therefore, months, we have carried out a comprehensive review of staffing levels and clinical practices across the organisation to help us ensure that our structures and processes are fit for purpose.

Executive summary of the consultation process and the outcome
We launched a formal collective consultation process on proposed changes to our workforce on 27 August 2013. Our recognised trade unions and staff representatives were involved in a review of lessons learnt from our 2012 consultation and including information which staff told us they wanted to see in future consultations. Appendix 4 includes information on the function of a collective consultation.

All Barts Health staff were invited to comment and provide feedback on the proposals. An original deadline for comments of 30 September was subsequently extended until 4 October to provide additional time for staff to submit feedback. Staff were able to comment via a dedicated email address, at open meetings, at meetings with line managers and via trade union representatives. We also accepted comments from stakeholders, including local Healthwatches. The Trust's full response to the consultation was issued to our staff representatives on 25 October, and was published on our staff intranet on the same day.

The Trust is grateful for the time and effort taken by many staff to provide comments on the consultation. This input has enabled a robust view to be taken of the proposals, and many changes have been made as a result. These are summarised in appendix 1.

Overall, there will be 161 fewer nursing posts in our structures, a figure which has reduced by 24 as a result of the feedback we received. The proposed reduction of 161 posts is less than 3% of the total number of nursing posts across the Trust. It is extremely important to emphasise that these are **posts,** not people, and that we will attempt to deploy as many of those individuals whose post is lost into other nursing roles across the Trust.

There are currently 5,675 full time equivalent substantive nursing staff working for the Trust. We want to achieve a level of 95% permanent staffing by the end of March, and **will be recruiting an additional 600 nursing staff over the next few months.**

Details of precise staffing numbers, including the changes made as a result of the consultation, are included in appendix 2.

We are committed to avoiding redundancies, but we acknowledged the potential that 100 or more staff may be at risk of redundancy as a result of the proposed changes. Therefore, the consultation was launched under the requirement to consult at least 45 days before any dismissals take place. The consultation period is expected to last for 96 days, more than twice the legal and policy minimum, as no dismissals are anticipated before 1 December 2013. A dismissal occurs when an employee leaves, not when notice is served.

The benefits to patient care of the proposals

The nursing models proposed were drawn up in order to provide a number of key benefits, including:

- Moving to an average 1:7 ratio of registered nurse to patient across non-specialist adult areas, higher than the 1:8 ratio identified by the Safe Staffing Alliance study and other recommendations on ward safety which found that patient safety is compromised at a ratio of registered nurse to patient of 1:8
- Remaining slightly above the 65:35 ratio of registered to unregistered staff recommended by the RCN's 2012 guidance on safe nurse staffing levels in the UK
- Taking into consideration the acuity and speciality of our paediatrics areas to comply with the RCN's 2013 guidance for children and young people's nursing
- Providing more supervisory time for band 7 nurses in their wards and clinical areas
- Providing a flatter hierarchy between the chief nurse and band 7 ward managers to enhance clarification of roles and accountability
- Recognising the logistics of each individual ward in the staffing lay-out proposed
- Ensuring a consistent approach to nursing establishments below band 7 in all our hospitals, rather than the three different staffing structures that were present in our legacy organisations
- Addressing unacceptably low staffing levels in some wards
- Investing in key areas such as older people's services and surgery
- Using benchmarking work from PwC and McKinsey to deliver more effective staffing models based on evidence from other similar organisations
- Redefining the band 6 nursing role to include both a ward sister/charge nurse position and a separate position to specifically focus on quality
- Establishing site based senior leaders, allowing for increased visible clinical leadership

What we proposed in the consultation

In summary, our proposals were to:

- Review the leadership structure across five of our six Clinical Academic Groups (CAGs) - Women's and Children's Health, Emergency and Acute Medicine (ECAM), Surgery, Cardiovascular and Cancer. The review included the roles of heads of nursing/midwifery, matrons, general managers, service managers and service delivery managers. Proposals included increasing the span of control of management posts within the CAGs and delivering a headcount reduction and cost improvement across each CAG
- Review the governance teams within the Women's and Children's Health, Cardiovascular and Cancer CAGs
- Implement our ward based nursing review, following work from McKinsey and PwC on benchmarking, including reducing the number of band 6 and band 3 posts and growing the number of band 5 and band 2 posts
- Review the band 6 and band 3 posts in theatres
- Propose combining the role of Deputy Group Director with the role of Director of Midwifery in the Women's and Children's Health CAG, thus removing one post
- Review the arrangements for clinical site management across the Trust
- Review the administrative and clerical grades in the Women's and Children's Health, Cancer and Cardiovascular CAGs, Community Health Services, Health Records, the Emergency Department/Trauma team and the Immunisation and Infectious Diseases department
- Review the discharge team at Whipps Cross
- Review non-ward based nursing roles
- Review all vacancies within the Trust to determine whether it is essential for each role to be filled

Benefits to staff of the proposals
There are a number of benefits from the proposals, including:

- Increasing the number of band 6 staff in theatres at The Royal London Hospital
- Introducing a band 5 'floor co-ordinator' nursing post in the clinical site management teams at all our hospitals

Other benefits outside of the consultation include:

- Improvement programmes in outpatients and theatres
- Our older people's services improvement programme, which has seen a £0.75 million investment to enable ward teams to be released to go through a programme of appraisal and up-skilling to improve our overall approach to caring for older people
- Further investment in staffing levels in the Emergency Department at Newham Hospital
- A review of the Chief Operating Office roles within the Trust, the outcome of which will support some of the concerns raised about the impact of the consultation on senior nursing roles at our three acute hospitals (The Royal London, Newham and Whipps Cross) There is now a dedicated Hospital Director at each of these sites, who will be supported by a senior site nurse and named medical leads with site responsibility
- The senior site nurse is a new post which will help to ensure that there is consistent senior professional leadership, supporting the delivery of the highest possible standards of patient care and driving improved patient experience on each site

Engagement with the consultation
A formal response was received from our staff representatives and is summarised in appendix 1. 517 emails were submitted to the dedicated consultation inbox, and letters and emails also came in from staff to the CAG leadership teams, the chief operating officer, chief executive and chairman. Meetings were held across the Trust on a regular basis. We also received some comments from key stakeholders including local Healthwatches and a group of volunteers.

Many staff put a great deal of time and effort into providing a response to the consultation. We acknowledge the wealth of experience amongst our workforce and have taken the time to carefully review all responses.

Responding to the results of the consultation
The Trust received responses from individual staff as well as a collective response from staff representatives. Individual staff concerns have also been considered, but where they concerned personal issues, they are being dealt with on a one to one basis and they have not been summarised in the full response.

A request for more time to give feedback was received from our staff representatives. We extended the time for comments to 4 October from 30 September, whilst also extending the outcome delivery date by three weeks from 4 October to 25 October. A full response to comments from staff representatives has been provided, and it is summarised in Appendix 3.

The Trust's full response to the consultation was published on 25 October.

Changes will be implemented subject to amendments, and staff affected are now being contacted with full details of the time frame for interview and selection processes.

Effect on staff whose role is to be downbanded
Across the Trust, 198 Band 6 nursing posts will be downbanded to Band 5 and 265 Band 3 nursing posts will be downbanded to Band 2, a total of 463 posts. However, we anticipate that the number of individuals involved will be substantially lower than 463, because some staff will re-deploy to nursing vacancies elsewhere in the Trust on their original band.

When our merger took effect on 1 April 2012, we inherited three legacy staffing structures. The review has given us the opportunity to ensure a consistent approach to staffing across the Trust. Currently, healthcare support workers in some of our hospitals are Band 2, while those in other hospitals in the Trust are Band 3. Using Agenda for Change criteria, the duties of most healthcare support workers at our hospitals, based on the job description, were evaluated as a Band 2 role. There are exceptions in specialist areas such as cancer care and cardiovascular services, where we will continue to employ Band 3 healthcare support workers.

What we are doing to support staff
Every effort will be made to re-deploy staff whose position is lost to one of our many vacancies for qualified and unqualified nurses. This will mean that roles previously filled by agency staff will now be filled permanently by staff members whose position has become redundant in the review. It is still too early at this stage of the process to determine the likelihood of redundancies, but our aim is to keep these to an absolute minimum by re-deploying staff.

Anyone whose pay has been reduced as a result of a change of Agenda for Change grade will have pay protection for up to 18 months, allowing them time to seek another role at their original banding and avoid a financial detriment. The decision to reduce pay protection from a maximum of three years to 18 months was agreed in partnership with staff representatives. We are also putting in place a dedicated team to work proactively with affected individuals and their line managers to enable them to return to their original banding in a different role as soon as possible.

A support pack has been produced for staff affected. It includes advice and guidance for staff seeking to refresh their interview, selection and self-marketing skills, such as model CVs, tips on networking, how to write a covering letter and example interview questions.

Next steps and timeframe
The following table details the next steps in the process and when they will take place. The only exceptions are staff in our Tower Hamlets community health services teams and leadership roles within the Women and Children's Clinical Academic Group. These staff were involved in a separate earlier consultation, where resultant changes have already taken effect.

Action/Comments	Deadline
Post consultation meetings with staff representatives	To continue on a weekly basis
25 October	Outcome communicated to staff representatives and Trust staff
28 October to 8 November	Invitations to interview and online assessment
4 November to 22 November	Interview process
24 November	Deadline for band 6 staff to take on-line assessment
25 November to 29 November	Selection decisions made
2 to 6 December	Selection decisions communicated to staff
2 to 6 December	One to one meetings with staff who have not secured a job and are at risk
9 December onwards	Implementation of structures

Overall conclusion
We have taken on board the comments of staff representatives and our staff members and changes to the proposals have been made to reflect service and clinical needs and commissioning issues. Overall, we believe that the proposals will enable us to improve standards of care through:

- Strengthened and clearer clinical leadership arrangements, particularly for ward based staff
- Common structures, operating procedures and practices across all our hospitals and within each service, and standard processes for monitoring them

Our drive to achieve a 95% permanent staffing rate by the end of March 2014 will contribute further to these improvements.

Appendices
Appendix 1 provides a summary of amendments to the original proposals.
Appendix 2 provides a summary of overall staffing numbers.
Appendix 3 provides a summary of the feedback from staff representatives and the Trust's response
Appendix 4 provides information on the function of a collective consultation

Appendix 1
Amendments to the original proposals made as a result of feedback during the consultation.

CAG/Service Area	Scheme	Amendment
General	All	Timescale extended to 4 October for staff comments and 25 October for outcome delivery.
General	Nurse Leadership	As a result of separate structural changes, three new FTE posts (likely to be band 8c) added to structure for site based senior nurse and AHP leadership
Cancer	Nurse Specialists in Haemato-oncology	Reduce by one FTE rather than two
Cancer	Nurse Specialists in Palliative Care	Not now removing one band 7 and 0.6 band 6 complementary therapy roles from the structure
Cancer	Nurse Specialists in Uro-oncology	Maintain one band 8a post until 2014
Cancer	Ward based Nursing – ratio on ward 4A	Maintain 1:5 ratio instead of proposed 1:7
Cardiology	Nurse Specialists in Rehabilitation	Not now removing one band 8a leadership post from structure
Cardiology	Nurse Specialists in Arrhythmia	Not now removing 0.8 band 7 post from structure
Cardiology	Nurse Specialists in Chest Pain	Not now removing one band 7 from structure
Cardiology	Ward based nursing – ratio on 13 E	Maintain 1:6 ratio instead of 1:7 (therefore not removing 2.6 FTE)
Cardiology	Ward based nursing – band 6 posts on LCH CCU	Implement 6 band 6 posts instead of 5.2 as proposed replace with a band 3 post to fund
Cardiology	Ward based nursing – band 6 posts on 13E and 13C	Implement three band 6s on each ward instead of two as proposed
Community Health Services	Child Health	Put on hold plans to move caretaker posts out of CHS (line management change only)
Community Health Services	GP Out of Hours	Implement one additional band 5 and one less band 4
Clinical Site Management	Band 3 and 4 Assistant Practitioner posts at Whipps Cross	Retain three band 3/4 posts until April 14 to enable transfer of work to other roles
Clinical Site Management	Administrative Support	Maintain one FTE for administrative support instead of reducing to 0.5
ECAM	Ward based nursing – band 6 on Nightingale & Faraday wards at Whipps Cross	Additional band 6 per shift agreed (11 instead of 9 FTE)

Emergency Care and Acute Medicine (ECAM)	Ward based nursing – Healthcare Support Workers on older people's wards - 10E and 14E (Royal London), Syringa (Whipps Cross) Tayberry and Thistle (Newham)	Additional band 2 on night shift
ECAM	Ward based nursing – Healthcare Support Workers on Conifer	Additional band 2 on night shift
ECAM	Ward based nursing – Healthcare Support Workers	Analysis of night-time dependency to be undertaken before complement of Healthcare Support Workers on nights is decided
ECAM	AAU at Royal London	Alternative model accepted – band 2 increased from 25.1 to 29 FTE; band 5 decreased from 58.4 to 52.4 FTE; band 6 increased from 13.2 to 16.3 FTE
ECAM	AAU at Whipps Cross	Three additional band 6 FTEs to receive GP referrals
ECAM	Nurse Specialists in Sexual Health	Not now removing two 8c nurse consultant roles in HIV and sexual health
ECAM	Nurse Specialists in Tuberculosis	Implement 17.6 FTE instead of 15.8 proposed. Includes separate funding from Tower Hamlets for one band 6 post
ECAM	Nurse Leadership	Additional two 8c Associate CAG Director of Nursing (called 'Head of Service' in proposals) – four in total
ECAM	Nurse Specialists in Neurosciences	Not to proceed as proposed. Alternatives to be considered
ECAM	Immunology and Infectious Diseases (I&I) Administration	One additional band 5, to be funded by one less band 2 and reduction in band 3
Surgery	Nurse Leadership	Additional two 8b Senior Nurse posts – five FTE in total
Surgery	Nurse Leadership	One 8a dental matron not to be removed from structure
Surgery	Nurse Leadership	One 8a ophthalmology matron not to be removed from structure
Surgery	Nurse Specialists in Retinoblastoma	Not now removing 0.4 FTE band 7 from structure
Surgery	Nurse Specialists in Pain Management	Not now removing one band 5 role (acupuncture) from structure
Surgery	Non ward based nursing - Theatres	The original proposal for the number of band 6's has increased by 35.5 wte.

		Distribution of band 6 roles will be split across the three core sites based on the number of theatres.
Women and Children's Health	Nurse Leadership	Senior Nurse to cover service line instead of being site based (no change to proposed FTE)
Women and Children's Health	Governance Team	Not now removing 0.72 FTE band 8a from the structure
Women and Children's Health	Ward based nursing – Healthcare Support Workers	Retain band 3 role on children's wards (but not neonates)
Women and Children's Health	Nurse Specialists in Gastroenterology	Not now removing 0.5 FTE from structure
Women and Children's Health	Nurse Specialists in Respiratory	Not now removing one FTE from structure
Women and Children's Health	Administrative Support	Additional band 6 office manager and additional band 5 PA

Appendix 2
The change to whole time equivalents in each band and staff group is shown in the table below. The new current establishment and revised totals reflect the range of schemes now being implemented rather than those proposed.

SUMMARY OUTCOME OF WORKFORCE REVIEW TRUSTWIDE

Banding	Current Budgeted Establishment WTE	Proposed establishment Pre Consultation WTE	Proposed establishment Post Consultation WTE	Movement in establishment Post and Pre Consultation WTE	Proposed (Increase/decrease) in Establishment WTE
Ward Based Nursing					
Band 2	248.43	496.41	524.12	27.71	275.69
Band 3	319.86	56.51	54.81	-1.70	-265.05
Band 4	38.27	25.00	25.00	0.00	-13.27
Band 5	1,220.87	1,388.89	1,367.15	-21.74	146.28
Band 6	628.08	416.34	429.24	12.90	-198.84
Band 7	140.61	117.36	117.36	0.00	-23.25
Band 8A	0.00	0.00	0.00	0.00	0.00
Band 8B	0.00	0.00	0.00	0.00	0.00
Band 8C	0.00	0.00	0.00	0.00	0.00
Band 8D	0.00	0.00	0.00	0.00	0.00
Total Ward Based Nursing	**2,596.12**	**2,500.51**	**2,517.68**	**17.17**	**-78.44**
Non Ward Based Nursing					
Band 2	5.00	2.00	2.00	0.00	-3.00
Band 3	24.00	19.00	19.00	0.00	-5.00
Band 4	15.84	5.00	5.00	0.00	-10.84
Band 5	233.61	265.07	260.07	-5.00	26.46
Band 6	184.33	121.21	127.01	5.80	-57.32
Band 7	196.09	169.56	173.36	3.80	-22.73
Band 8A	26.02	17.60	19.60	2.00	-6.42
Band 8B	5.60	3.90	3.90	0.00	-1.70
Band 8C	9.00	7.00	7.00	0.00	-2.00
Total Non Ward Based Nursing	**699.49**	**610.34**	**616.94**	**6.60**	**-82.55**
Total Nursing	**3,295.61**	**3,110.85**	**3,134.62**	**23.77**	**-160.99**

Management Teams					
Band 2	0.00	0.00	0.00	0.00	0.00
Band 3	0.00	0.00	0.00	0.00	0.00
Band 4	0.60	0.00	0.00	0.00	-0.60
Band 5	1.00	6.82	6.82	0.00	5.82
Band 6	0.00	0.00	0.00	0.00	0.00
Band 7	2.00	0.00	0.00	0.00	-2.00
Band 8A	68.12	29.34	29.34	0.00	-38.78
Band 8B	6.00	17.50	19.50	2.00	13.50
Band 8C	16.00	10.00	10.00	0.00	-6.00
Band 8D	2.50	0.00	0.00	0.00	-2.50
Management	**96.22**	**63.66**	**65.66**	**2.00**	**-30.56**
Admin & Clerical					
Band 2	244.12	275.02	273.42	-1.60	29.30
Band 3	129.69	110.10	115.30	5.20	-14.39
Band 4	88.43	53.78	52.07	-1.71	-36.36
Band 5	23.20	13.00	15.00	2.00	-8.20
Band 6	9.40	9.00	10.00	1.00	0.60
Band 7	3.00	3.00	3.00	0.00	0.00
Band 8A	0.00	0.00	0.00	0.00	0.00
Band 8B	0.00	0.00	0.00	0.00	0.00
Band 8C	0.00	0.00	0.00	0.00	0.00
Band 8D	0.00	0.00	0.00	0.00	0.00
Admin & Clerical	**497.84**	**463.90**	**468.79**	**4.89**	**-29.05**
Grand Total	**3,889.67**	**3,638.41**	**3,669.07**	**30.66**	**-220.60**

ALL POSTS					
Band 2	497.55	773.43	799.54	26.11	301.99
Band 3	473.55	185.61	189.11	3.50	-284.44
Band 4	143.14	83.78	82.07	-1.71	-61.07
Band 5	1,478.68	1,673.78	1,649.04	-24.74	170.36
Band 6	821.81	546.55	566.25	19.70	-255.56
Band 7	341.70	289.92	293.72	3.80	-47.98
Band 8A	94.14	46.94	48.94	2.00	-45.20
Band 8B	11.60	21.40	23.40	2.00	11.80
Band 8C	25.00	17.00	17.00	0.00	-8.00
Band 8D	2.50	0.00	0.00	0.00	-2.50
Grand Total	**3,889.67**	**3,638.41**	**3,669.07**	**30.66**	**-220.60**

Appendix 3
Summary of feedback received from staff representatives and the Trust's response.

Comment	Response
Insufficient time to meaningfully consult with members.	Extended time was agreed and provided.
Universal staffing establishment does not take into account needs of speciality, acuity and location.	Consultation document clearly explained how workforce plans had been produced. Bottom-up assessment of staffing ratios on each ward took all these factors into consideration. All alternative proposals submitted during the consultation were considered and some amends have been made (see Appendix 2).
The PwC benchmarking exercise is too blunt, and available workforce data is often unreliable and hard to interpret.	This exercise and the McKinsey report provided a starting point to help us compare the shape of our workforce with peer trusts. Our own senior nurses considered workforce requirements by ward and shift, including location and physical layout of each ward.
Lower banded staff and reduced staff numbers will increase risks to patient care. Francis Enquiry into Mid Staffordshire underlines this.	There is no dispute that Mid Staffordshire had low staffing levels, but they were well below those proposed for Barts Health, often at 1:9 or 1:10. We have followed the RCN's 2012 guidance on safe staffing levels and are satisfied that our proposals are reasonable. We will continue to monitor all areas through our "safety net" – a weekly report which reviews key safety and quality indicators, including falls, pressure ulcers and complaints.
Amalgamating and reducing band 8 roles will lead to loss of leadership, experience and skills.	Our proposals increase the visibility of site based clinical leaders. We have retained the 8a senior nurse post in key areas such as the Emergency Departments. The new senior site nurse post will help ensure consistent professional leadership.
The proposal to downband all band 3 staff to band 2 is demoralising. This staff group are in the lower pay bands and have the worst career development options available.	The rationale is to ensure consistency of banding across the organisation and to ensure that roles and banding are clearly linked. We are committed to developing career pathways for healthcare support workers, and our education academy team is working with Skills for Health to develop a framework for assessing and assuring minimum competency levels. In addition, our Older People's Improvement Programme includes the development of healthcare support workers.
Poor morale is now endemic, and will increase clinical risk and damage the health economy.	We acknowledge the impact that change management exercises have on staff and staff morale. We have offered various mechanisms of support to staff and we are pulling together an employee support package for affected staff. We will continue to work on staff engagement across the organisation.

There is a high potential for increased sickness levels due to work related stress, and people will be less likely to consider working for Barts Health	Sickness absence and turnover are monitored on a monthly basis and we use the information to help us understand trends within the organisation. Sickness absence has not increased to date, but we will continue to monitor workforce information closely.
The negotiations over reduction in pay protection was badly timed and affected staff perception of management.	The negative perceptions of staff may have been minimised if the rationale for change had been communicated earlier - both Trust leadership and staff representatives can learn from this. The Trust has committed to providing a redeployment team until January 2015 to focus on assisting pay protected staff to find a role at their former pay band.
Risk assessments, impact assessment and equality impact assessments need to be reviewed by both staff and patient groups.	Risk and Quality assessments for the proposals were undertaken by each CAG and reviewed by independent panels. There has been an open invitation in place for staff representatives to attend the independent panels. An Equality Impact Analysis (EQIA) has been completed twice (on the draft consultation paper and on the final version) and is an appendix of the consultation paper. A third EQIA was completed on the specific issue of the protected characteristics of the band 3 Healthcare Support Workers. A further EQIA will be completed after the proposals have been implemented.
The evidence for change is flawed, and staff views must be considered	Significant time has been spent briefing and educating staff representatives on the Trust's financial position and plans.
Staff representatives and trade unions have been excluded from development of staffing levels.	Staff representatives have been aware of the work that led to the proposals since discussions began in 2012. Proposals were discussed at several Staff Partnership meetings, and no concerns or requests for more proactive involvement were raised by staff representatives at these meetings.
Some job descriptions were not available during the consultation process.	Although job descriptions are not a specific requirement of collective consultation, we have aimed to provide as much information as possible, and many job descriptions were published on the intranet as appendices to the consultation paper.
The agreed process for job evaluation has not been applied for the roles identified in the consultation.	The job evaluation process was correctly followed. During a consultation, job descriptions may be commented on and may need to change, and should therefore be evaluated after comments have been received.
Full time officers and staff representatives have not had sufficient time to collectively consider the proposals in relation to selection and pooling.	Discussions on pooling and selection arrangements began before the consultation launched, and agreed principles from the merger were already available and required adaptation for this exercise. Proposals have been discussed on a regular basis at the

	weekly dedicated consultation sub-committee and full responses to staff representatives' comments were included in this process.
Suggestions were raised around the online assessment process for band 6 roles, including allowing staff to opt out of the process and voluntarily move to a band 5 role on pay protection, and a guarantee that staff can stay on their existing ward or department.	Staff cannot opt out of the process and volunteer for pay protection. Although we cannot guarantee that staff will stay in the same ward or department, all preferences will be considered. Guidance on the on line assessment tool was circulated to affected staff immediately after the consultation response was published, and skills workshops were promoted prior to this date,
Individual staff need more information on pension and retirement options.	Pension workshops have been arranged with the Trust's pensions manager.
We need to agree a policy position on redundancy.	This was acknowledged and information is to be provided.
Workforce planning around the proposed nursing ratios needs to take into account planned and unplanned absence.	There is a 'cover' budget for annual leave, sickness and study leave in addition to the establishment.
The review of leadership roles needs to take into account the effect of previous recent restructures and the increased workload that will be placed on postholders in these roles.	Following the consultation, some changes have been made to the original proposals. The new structures will bring front line service delivery closer to CAG senior leadership teams. Benchmarking ourselves against peer trusts shows that we have a proportionately higher number of staff in key nursing pay bands, in the administrative and clerical group and in the higher pay bands. Band 7 ward sister/charge nurse roles are not under review. Management teams will work with these individuals to ensure they are supported through the change.
Why was there a need to review current clinical site management structures?	We need to ensure robust and appropriately consistent staffing arrangements at the three acute sites, each of which currently has a different clinical site management configuration and different ways of working/operating procedures. In particular, The Royal London and Whipps Cross need the same configuration due to the size and complexity of services on these sites.
The proposals could mean that there are fewer senior nurses and managers to investigate and respond to serious incidents and complaints.	Only the Governance teams in Cancer & Cardiac and Women & Children's Health were reviewed. An amendment has been made to the Women & Children's Health proposals.

Appendix 4

The function of a collective consultation

In law, a collective consultation is required if there are proposals to dismiss 20 or more staff by reason of redundancy. If 100 or more staff might be dismissed, consultation must happen 45 days before the first dismissal. A dismissal occurs when an employee leaves, not when notice is served. Any member of staff who is put at risk of redundancy is then invited to an individual consultation meeting where they can discuss their own particular situation.

In these circumstances, employers have a duty to consult with the appropriate representatives of the employees who may be affected by the proposed dismissals or by measures taken in connection with those dismissals. For the purposes of this consultation, the appropriate representatives were the local trade union representatives that make up our Staff Partnership Forum.

The general purpose of collective consultation is to discuss ways of avoiding dismissals, reducing the number of dismissals or mitigating the consequences of dismissal. The employer has a duty to disclose:

- the reason for the proposals
- the number that it is proposed to dismiss
- the number of staff affected in each pay band
- the number of staff currently employed
- the proposed selection process
- the method of calculating redundancies

This information was provided to local trade union and staff representatives as part of the consultation process.