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**GOOD PRACTICE
CASE STUDY**

**NHS
North West**

PENNINE ACUTE HOSPITALS NHS TRUST

REDEPLOYMENT
OF STAFF AFFECTED BY
SERVICE RECONFIGURATION

SUMMARY

Following extensive public and clinical consultation along with consultation by the Independent Reconfiguration Panel, **Pennine Acute Hospitals NHS Trust** embarked upon widespread service reconfiguration in line with two regional initiatives Healthy Futures (HF) and Making it Better (MB). The reconfiguration of services under both HF and MB led to the merger and closure of services provided within various sites across the Trust. This service reconfiguration posed a significant resourcing challenge to divisional managers and the Human Resources (HR) department.

The merger of services previously dispersed across four different sites within the Trust resulted in the relocation of numerous staff, consequently line managers and HR teams were required to integrate newly merged teams through team building. Additionally, the rationalisation of some services led to the loss of some posts. In a bid to retain members of staff whose posts had been rationalised – in line with the Trusts commitment to avoid making non-voluntary redundancies where possible – the Trust launched a redeployment programme. The aim of the redeployment programme was to place all displaced employees into alternative substantive posts within either their division or alternative posts within the Trust

KEY OUTCOMES

- Over 833 employees went through the redeployment programme between March 2011 to October 2011

- 671 employees were redeployed within their own divisions in stage 1 of the process and 89 were redeployed across the Trust in stage 2 of the process

- The redeployment process proved to be a cost-effective alternative to making redundancy payments, in line with Agenda for change terms and conditions of Service Section 16. The total number of redeployed staff was 882; the cost of the programme per employee was £1,723. The estimated cost per employee of redundancy would have been circa £56,000 per post.

PURPOSE

The aim was to successfully redeploy staff that had become displaced due to service reconfiguration into substantive posts within the Trust, in line with the Trust's commitment to avoiding non-voluntary redundancy.

KEY TERMS

1. **Redeployment register:** a centrally managed and monitored register collating the names of employees in need of Trust wide redeployment.

2. **Aspirational Interviews:** an interview process initiated by the Trust to identifying the transferrable skills and knowledge of displaced employees and the types of vacancies that they would be interested in.

3. **Vacancy Scrutiny Panel (VSP):** a cross-divisional panel comprising of nurse managers and members of the finance team and HR team charged with scrutinising vacancies. The panel decides on whether or not a vacancy is to be filled and on what the most appropriate means to fill the post is e.g. the redeployment process, internal recruitment or external recruitment.

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KEY STAGES

Stage one - Divisional Redeployment

- Line managers with the support of their divisional HR managers identify employees that are at risk and thus require redeployment

- Prior to the individual becoming surplus, the line manager informs the employee that they require redeployment and works with the divisional HR manager to assess whether or not an immediate redeployment can be made via the identification of a suitable vacant post, which has been scrutinised by the Vacancy Scrutiny Panel (VSP) within their division

- The criterion for this match is the identification of a vacant post within the division which the employee's skill set matches by at least 70%.

- Once a skills match is made the line manager and divisional HR manager then facilitate the redeployment of the identified member of staff by completing all relevant paperwork and completing a handover of the employee to the relevant new line manager, who is then responsible for completing the redeployed employee's local induction checklist

- If more than one of the employees identified for redeployment is able to meet the 70% skills match required for a vacant post within the division, competitive interviews are held and the employee with the highest score is then redeployed into the divisional post

- In cases where immediate redeployment cannot not be facilitated, for example due to the lack of suitable vacancies within the division the line manager is required to inform the employee and to notify the recruitment manager who then places the employee on the redeployment register. This triggers stage two redeployment which is outlined below.

Stage two - Cross-divisional Redeployment

- This stage of the process is triggered if employees cannot be matched to posts within their division in the first instance

- The names of the employees who cannot be redeployed within their division are then collated on a redeployment register which is monitored centrally by the recruitment office

- The recruitment office then proactively seeks to match employees on the redeployment register with Trust wide vacancies which have been released by the VSP for cross-divisional redeployment

- Should a member of staff on the redeployment register be able to meet the required 70% skills match to fill the identified post then the recruitment office assigns a cross-divisional redeployment.

- The employees previous line manager and divisional HR manager then facilitate the redeployment of the identified member of staff by completing all relevant paperwork and completing a handover of the employee to the new line manager who is then responsible for completing the redeployed employee's local induction checklist.

SUCCESS STORIES

One member of PAHT staff Jan McGovern who went through the redeployment process and was redeployed from booking and scheduling to the adult and childcare office stated *"my new job is totally different to the one I had in the pre-op clinic. I can't really say which one I prefer as I love them both for totally different reasons"*.

- Should more than one employee on the redeployment register meet the 70% skills set match requirement, then the recruitment manager is required to consider: hours, site and skills scan information to identify the most suitable employee to redeploy

- In the event that the recruitment manager is unable to narrow it down to one candidate by this process, the recruitment manger then hosts competitive interviews and the employee with the highest score is then appointed

- In cases were a 70% skills match is not identified from the redeployment register the vacancy is then advertised internally to all staff on the redeployment register, interested applicants will then be interviewed with the aim of appropriate appointment. Should there be no interest in the post following the advertisement to staff on the redeployment register then the post is to be advertised via the recruitment process internally and then externally if needs be (this also applies if there is no appointment following the interview process)

FAIRFIELD GENERAL

NORTH MANCHESTER

ROCHDALE INFIRMARY

ROYAL OLDHAM

HOW IT WORKS

- The Trust was committed to treating every individual going through the redeployment process as an individual and thus provided support services for staff through the occupational health department, line managers, HR and the recruitment team

- The Trust created a voluntary skills scan, which helped identify individual training needs and requirement s for staff on the redeployment register

- The Trust reduced its use of overtime, bank and agency staff in order to create interim work arrangements for at risk employees, which would add value for the Trust and the employee in the form of managed project work, cover for maternity leave and long- term sick

- The recruitment team created restricted accounts which registered at risk employees onto the NHS job clearing house. The recruitment team was then able to monitor individuals' progress in applying for suitable alternative employment and accordingly identify whether or not an individual required further assistance or guidance

- The Trust created the VSP consisting of members of staff from the Finance department, HR and the Head of Nursing, which met weekly to asses the justification of job vacancies. The Recruitment office was able to ensure that all vacancies had been through the VSP by creating a vacancy register which documented:

  ▶ The title and site of the post

  ▶ The job band and hours

  ▶ The form of employment contract

  ▶ The relevant VSP panel number

  ▶ The outcome of the panel and the date that the manager was advised of the outcome

  ▶ The vacancy status

- The Trust reduced its use of fixed term and temporary contract staff by setting up a regulatory system which dictated that all requests for fixed term contracts and their extensions were to be scrutinised and approved weekly by the VSP.

- The Trust provided skills training for staff engaging in the redeployment programme e.g. interview skills training for competitive interviews and role relevant skills training for those redeployed into different divisions

- Long term protection for basic wages was provided for redeployed staff in accordance to the Trust's "Policy on Protection of Pay and Conditions of Service (Organisational Change)"

- The Trust put in place a policy which set out that any additional travel costs incurred by redeployed staff as a consequence of their job location changing were to be covered by the Trust

- The progress of the redeployment process was monitored weekly by the Trust Board and the Central Joint Negotiation Consultation Committee (CJNCC)

RESOURCES

There were no additional administrative costs to running the redeployment process as the process was implemented within the Trusts existing resources. For example, the recruitment team assumed a lot of the monitoring responsibilities for the redeployment programme.

The programme did however incur costs in relation to displaced staff i.e. members of staff who could not immediately be redeployed into substantive posts. The cost for this was approximately £1,519,000, the Trusts recovered this cost by using displaced staff to cover sickness absence, annual leave, maternity and support project work where possible within the Trust. This meant that the Trust was able to use the monetary savings made from the reduced use of agency and bank staff to cover the salary cost of displaced staff.

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KEY CHALLENGES

- The size and scale of the task, of removing Acute services from Rochdale Infirmary was a challenge, particularly with the limited time constraints and the novelty of the redeployment system

- Redeployment was made more difficult by the need to make efficiency savings of £43 million pounds. To achieve this, selected posts (following extensive scrutiny that service quality would not be compromised) were made redundant following natural wastage or voluntary redundancy, which reduced the number of vacancies available for redeployment

- Due to the limited number of vacancies available within the Trust, the determining factors for redeployment had to be skill set matches and vacancy availability. This meant that the Trust could only offer those on the redeployment register one post

- As the Trust is based on five sites redeployment opportunities could not be guaranteed to arise on the particular site that staff had originally been based.

- The Trust had to ensure that it communicated the limitations and the aim of the redeployment process to staff clearly due to the effect of reconfiguration on staff morale in relation to the perceived threat to job security. It did so by setting up a dedicated helpline for employees affected by redeployment. It also sent out redeployment guidelines, which ensured that managers engaged in one-to-one discussions with employees who were at risk of redeployment. The Trust also ensured that information on the redeployment process was widely available by creating a section on the Trust intranet, which featured the redeployment overview, a FAQ page and a redeployment flowchart. Additionally, staff were given updates via the Trust's Core brief, both the Trust's weekly and monthly bulletins and the Trust's internal magazine Pennine News

- There were some initial concerns from staff about how they would adapt to their new post or to working in a new area etc, and this was mirrored from a management perspective. This was overcome by ensuring that any skills/

training gaps were identified and support was provided to fill any gaps. Also management were involved in matching of staff to suitable posts to increase accuracy/success. This process was further supported by the fact the redeployment programme was Trust wide, and on a centrally managed system, with regular communication between divisions and departments within the Trust.

- Generally staff were skills-matched to posts of their substantive band, but in circumstances where this was not possible, staff received appropriate pay protection and remained on the redeployment register should any vacancies of their substantive banding be identified.

KEY LEARNING

- The need to ensure communication and partnership between divisions in order to source job vacancies within the Trust and assist in the integration of redeployed staff into new divisions

- The importance of developing a versatile recruitment team within the context of the current health economy

- The importance of a cross-divisional understanding of jobs within the Trusts and the relevant skill set required to complete them

- The need to up skill line managers with relevant HR knowledge

- The importance of maintaining staff engagement during organisational change

NEXT STEPS

The Trust intends to keep the redeployment processes and information up to date for use in any future circumstances that may arise.

SUPPORTING INFORMATION

Appendices:

Appendix 1 - Guidance for Mangers on Redeployment Interviews

Appendix 2 – Recruiting Office – Interview Recording Sheet

Appendix 3 – Redeployment Appointment Form

Appendix 4 – Redeployment Process Flowchart

CONTACT FOR FURTHER INFORMATION
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