PROPOSED RE-ORGANISATION OF CLINICAL TEAM IN BRIAN HOUSE

CONSULTATION DOCUMENT

Dated 28th OCTOBER 2020

INTRODUCTION

This paper is intended to provide details of proposals to re-shape the Clinical Team in Brian House. Our proposed changes are not about reducing our services or our support to the community. Rather, they are needed to ensure we remain responsive and flexible and able to use our resources effectively where they are most required. We also need to 'right-size' in our response to Covid-19, enhancing services in some areas whilst changing our approach in others and ensuring we can continue to provide services during a prolonged downturn in income and expected annual deficits of up to £2m p.a. In publishing this formal consultation document, we are committed to an open dialogue and careful consideration of all views that are expressed.

RATIONALE

Covid-19 has brought arguably the greatest challenge in Trinity's 35 year history. The financial implications for many businesses and charities are enormous, putting at risk their ability to deliver their ongoing purposes. Trinity is fortunate to have pre-Covid reserves so we can ride through the storm. Nevertheless, we also have obligations to our supporters, and our existing and future beneficiaries, to remain agile and responsive in this new 'Covid-World' so the hospice can confidently play its full part over the coming months and years.

To this end, we have modelled three economic scenarios ('upside'; 'central'; 'downside') based on those provided by the Office for Budget Responsibility in July 2020. The scenarios are driven by the extent and length of the economic downturn; the likelihood of an effective and timely vaccine/other health interventions; and, the extent of structural damage ('scarring') to the economy, unemployment, consumer confidence and levels of consumption (see Appendix 1).

The overall estimated impact on our income and expenditure for each scenario in the 'do-nothing' option compared with January 2020 is:

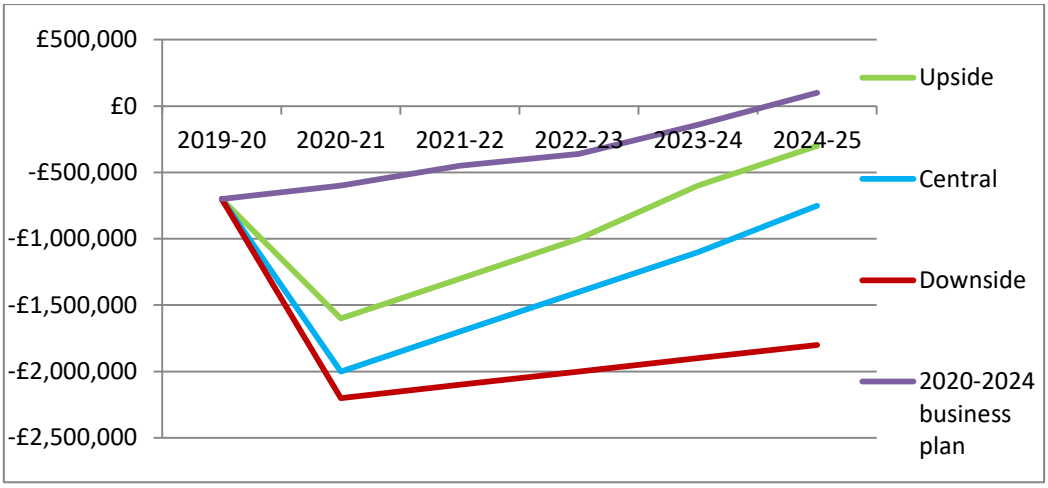


Figure 1: Annual financial loss result for each OBR scenario if we 'do-nothing'

Doing nothing results in cumulative losses over the four year period in the range £2.5m - £10m depending on the scenario.

Responsiveness in a 'Covid-World'

We have considered how best to respond to these three scenarios. We still believe that the core elements of our current 5 year strategy remain valid, but the ability to achieve elements is affected to varying degrees. Appendix 2 sets out our revised priorities for 2020-21 which understandably focus on our responsiveness to the Covid-emergency and planning for ongoing disruption for up to 2 years. We will need to be extremely flexible, adaptable and responsive should there be a significant second peak/winter pressures crisis. We will be working with colleagues to build our capabilities to flexibly respond to where the pressures are greatest – in the community, hospital or hospice. Accelerating our use of virtual technology, partnerships with Primary Care Networks and exploring the potential of being an integrated Single Point of Access Hub coordinating local palliative care needs, all form part of this flexible response which also takes advantage of productivity improvements.

In responding to our emerging losses, we have already:

- Put on hold many of the capital projects planned for the next 12-24 months in the current Business Plan to protect our cash reserves.
- Identified an estimated additional £200k p.a. savings in overheads and other costs from different ways of working.

Equally, there are activities, and associated posts, that are materially impacted by the changed landscape. In some cases, demand has fallen off and is not expected to return for some time (at least early 2022). In other cases, new ways of working or new insights during Covid have highlighted that certain tasks can be undertaken differently.

Consequently, we have identified c£500k p.a. of staff costs which we believe can be removed across the charity without undermining our core services at this time and reduce the damaging impact of the sizeable and extended economic downturn described above.

We have also taken advantage of the Government's furlough scheme with the support of staff. Without it, we would be expecting a £2m+ deficit this year compared with the expected £1.5m loss. Throughout the period, we have continued to pay staff on furlough at 100% of

salary compared to the 80% stipulated by Government. The furlough scheme will be replaced on the 1st November by a new job support scheme which covers part of an employee's salary if they are in work for a third of the time or more. We will actively use this support mechanism where we can, but unfortunately, it is not a solution for our financial challenges. The proposals in this paper take this scheme into account in our thinking.

PROPOSALS

The existing and proposed structures for the Clinical team are set out in appendix 3.

Proposed changes are:

- Remove 82.5 hours of HCA
- Remove 1 Play worker
- Remove staff nurse post nights (Currently Vacant)
- Address the skills gap by investing in Senior health care assistant apprenticeship
- Develop a community aspect of the service provision
- Support secondment opportunities within the wider health economy

Rationale for the Proposals

Children's Hospices' ability to provide support to children and young people with life-threatening and life limiting conditions has been significantly curtailed this year by Covid.

For many parents, there is a nervousness to admit their children to Inpatient Respite Services for fear of catching Covid-19 from another child. At the same time, those children and their families still need the vital support which Children's Hospices provide.

Many large Children's Hospices have responded by developing 'Centre-Parcs' type inpatient services where deep-cleans occur after short-stays and the children visit in agreed bubbles. Many have established community outreach services which have been able to provide continued but restricted support in family homes subject to parents'/guardians' approval. The most innovative large children's hospices such as Children's Hospices Across Scotland (CHAS) have also developed online support through 'virtual children's hospice'. All of this focussed work has enabled roughly 50%-70% of their existing capacity to be provided but in very different ways. All Children's Hospices have continued to provide emergency respite and end of life care throughout the covid crisis.

Here at Brian House, we have continued to provide emergency respite and end of life care but at a much reduced level of on average one child per week day. Additionally, we have completed a significant review of the service as well providing ongoing support over the phone and through activity packs to families in their own homes. We have also built closer working relationships with key partners and developed a proposed new community outreach pilot which has been approved by the Brian House Committee. Brian House staff have also flexed to support Trinity's Inpatient Unit as pressures have built there.

Whilst it is unlikely that we can return to providing previous levels of support to children and their families for some time, we can strive to match the levels provided by the larger children's hospices. They have had the advantage of being able to focus all of their time on maximising possible levels of support to families. There are also opportunities to begin to implement our new vision whilst taking valuable insights from these other hospices.

However, this does mean that certain posts are not required for the foreseeable future with the demand we expect to serve even with these innovations.

Palliative care for children and young people with life limiting and life threatening conditions (LLCS) is an active and total approach to care, from the point of diagnosis or recognition throughout the child's life and death. Brian House Children's hospices services currently consist of a 4 bed inpatient unit and day care facilities. There has been historically an outreach service which has not been robust for a number of years. Recent changes to the way in which Brian House children's hospice functions has released capacity to develop a more robust approach to supporting patients and families and the potential to support increasing demands with a community focused approach.

In the recent report "make every child count" Estimating current and future prevalence of children and young people with life limiting conditions in the UK published April 2020, the prevalence of Children and young people (CTP) with LLCs has increased, with marked increased prevalence in the under 1 age group, congenital abnormalities accounting for the highest significant increase. This is combined with better medical intervention meaning children are living longer but require "palliative care" at several point prior to death.

Brian House currently touches approximately 60 families with a 1.3m running cost. The service of course is well received by the families, consisting of planned respite and day care facilities. The value of children palliative care lies in the collaboration of services that touch the child. Children who attend Brian House are not cared for exclusively but are involved in a wider range of multi-professional services. Brian House currently has limited access to be able to contribute to the wider review and management of children due to the lack of robust presence in the community.

Brian House has been through a period of transformation, and although the existing services do meet the needs of current parents and families, it is not meeting all the needs of children with Life Limiting Conditions. Even in the context of families' current reticence to access services, there are opportunities to improve this situation. The proposed changes enable us to flexibly respond and potentially expand our reach to provide support that encompasses a "birth to grave" approach, whilst recognising the challenges Covid 19 places on future care provision.

<u>Future Proofing our Staffing</u>

Even during Covid, we must ensure that we future proof the service. Recruitment into nursing roles, for example, is becoming more challenging. Following a review of Brian House services in December 2019, all children in the service where reviewed against a new dependency scoring tool. This highlighted that a significant number of children in our care have moderate nursing acuity needs. These children often have care packages within their own homes led by nursing assistants as opposed to qualified nursing staff. To respond to workforce challenge now and in the future we need to think differently whilst ensuring the safety of the children in our care.

Qualified nurses are always going to be required due to the complex nature of our children's needs. However those with moderate needs can be cared for by well-trained senior health care staff, taking delegated duties from the qualified nurses to release nursing time and to enable greater job satisfaction, and continuity for the children. We thus propose a move to HCA level 3 posts and the removal of 82.5 hours of HCA posts.

<u>Launching Community Outreach Pilot</u>

New ways of working identified during our review and a revised approach to staffing for the individual child means that we are able to release capacity to develop a small community

pilot. The reduction in families using the IPU means this is even more timely to introduce. The pilot would concentrate on hospital, home and end of life care.

Our role in hospital would be to develop relationships and support the wider health care teams to develop palliative care approaches within their own specialities; this would enable greater access to the services provided by the hospice. In Professor Lorna Frasers report, it's noted the marked increase in the need for palliative care services for children under 1, children who spend a significantly higher proportion of their life in hospital, and on discharge or death receive inconsistent and uncoordinated approaches to care.

A community pilot would enable Brian House to:

- In reach into hospital for known patients
- Supporting at ward level difficult decision making
- Lead the development of advanced care planning for children with complex needs
- Attend "poscu" meetings to open up hospice care for children with cancer (Paediatric oncology services children's unit)
- Work alongside Paediatricians in clinic
- Work with perinatal and neonatal services
- Provide a "step down" approach in the community to support parents of children recently diagnosed who have had extended stays in hospital to support the transition to home

The children known to Brian House have individual complexities and supportive systems around the child. The present model isn't flexible to meet the needs of these complex children especially during illness. The child often does not come to Brain House if they are unwell, when in fact it's probably the time when parent/s requires our support. A community pilot could support:

- Advanced care planning
- Regular contact
- Care during illnesses
- Sits and respite during the day
- Rehabilitation support
- Advice and guidance
- Symptom management
- Signposting

<u>Ongoing support at End of Life</u>

Brian House Children's hospice should be an integral part of delivering end of life care in the place of choice. Due to the historic nature of staffing, choice of inpatient services can be offered with support to home deaths based on goodwill. Our approach to staffing for the child would mean that resources could be diverted when needed if home is the place of choice for a death of a child. The hospice should be able to lead this and support the development of skills and education in the wider health care economy. A community pilot could enable:

- Diverting the resource when needed
- Prescribing at End of life and co-ordinating care
- 24 hours staffing in the home
- Sibling support and memory making
- A hand to hold
- Bereavement care

Developing new skills sets

As we try to future proof the service whilst recognising the reduced demand on the current service, staff will be expected to develop and work towards a new skill set requirement for each role. Currently qualified staff run the shift supported by a senior colleague, it is anticipated that all nurses will develop over time:

- Non-medical prescribing skills
- Advanced care plan conversations/consultation skills
- Leadership
- Increase clinical set that would include the independent management of an unwell child
- Teaching
- Rotation through BTH and community children's services
- Management of children at End of life

BENEFITS

- Cost saving of £106K

IMPLICATIONS & CONSEQUENCES

Should these proposals be confirmed following consultation, the posts set out in 'Proposals' above would disappear and the post-holders be placed at risk of redundancy. In that situation, Trinity has an obligation to mitigate against redundancy where there is a business need. We would explore with the post-holders any opportunities that arose as a consequence of the numerous consultations taking place at this time. However, should there not be appropriate alternative employment or should the incumbent wish to take voluntary redundancy, we would work with them accordingly.

WHAT HAPPENS NEXT

We now want to gather views and comments about these proposals. This document is the start of an official consultation process which lasts 2 weeks until Wednesday 11th November 2020. During the consultation period, individual meetings will be held with staff potentially directly affected by these proposals – those possibly at risk of redundancy, as well as those with reporting lines or role profiles that may change.

Anyone wishing to comment on these proposals or discuss individual proposals should contact Nicky Parkes, Clinical Director, or David Warburton, HR Manager.

Further details of the process are set out in Appendix 4.

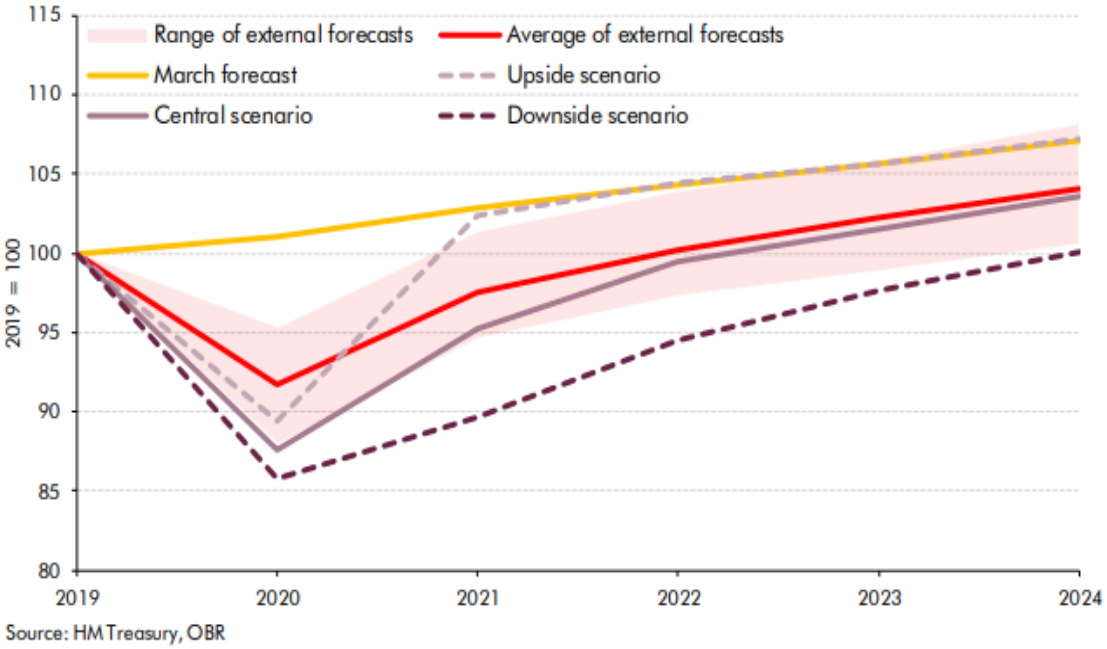
Nicky Parkes, Clinical Director

Appendix 1 OBR Scenarios & Likely Impact on Fundraising and Income
Appendix 2 Revised Strategic Priorities in Covid-response
Appendix 3 Existing & Proposed Structures
Appendix 4 Example off duty for community and IPU services within Brian House
Appendix 5 HR Information

Appendix 1 OBR Scenarios and likely Impact on Fundraising and Income

The graph below sets out the expected economic impact in the three OBR scenarios:

Figure 1: Medium-term real GDP: scenarios versus March and external forecasts



Source: HM Treasury, OBR

In all three scenarios, it is assumed that a free trade agreement is successfully agreed with the EU. The consequent levels of unemployment and falls in consumer spending are in the range 9%-14%. The overall cumulative fall in GDP is comparable to that for the whole of the decade of austerity in the downside scenario but over a shorter period. Even the central scenario represents c.2/3rds of the adverse GDP impact of that decade. Only the upside scenario has a limited impact but is looking increasingly unlikely. Other forecasts from the Bank of England and some private sector think tanks are slightly but not, in our view, materially more optimistic.

The depth of two of these three scenarios is much greater than any previous downturn in living memory. The most recent economic downturns of 2008/9 and 2010 – 2013 for example had a 1 and 2.5 year impact on voluntary income. This makes it very difficult to compare with the past. We have thus considered the likely level of Covid-restrictions that would be in place and their impact on individual funding streams in each scenario alongside the general impact on consumer spending and confidence set out by the OBR.

<u>Forecasting the Impact</u>

To aid our own forecasts on charity income, we have considered reports and surveys from the Institute of Fundraising and other sources including evidence on the impact on charities from previous recessions, most recently, the 2008 banking crisis and 2010/11 subsequent 'austerity' hit.

Recent fundraising reports highlight some expected but also some surprising insights:

- Charity income is projected down 48% (Events, Corporate, Community especially hit)
- 92% of charities surveyed believe the situation will get worse or stay the same for some time;
- Legacy income is expected to fall 4%-23% in 2020;
- High Street trading will remain extremely challenging;

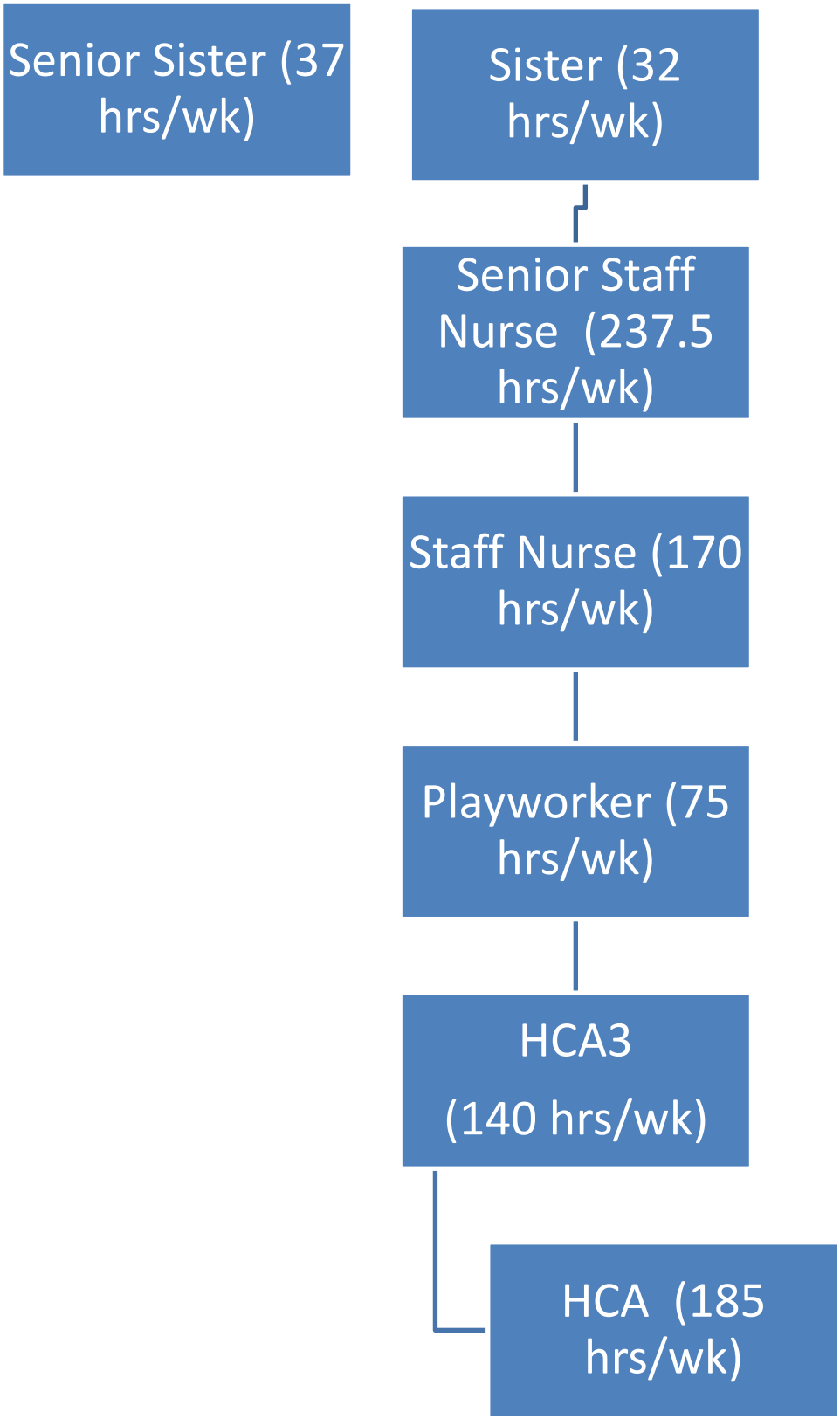
- Competition for grants will be intense and dividends will be less for these bodies;
- Individual Giving is up as those who can give respond to ‘the national emergency’;
- Legacy income is expected to recover over 5 years (up 9-13%).
- Those who can give have more money at present as they have limited opportunities to spend it at present.

APPENDIX 2 REVISED 2020 – 21 BUSINESS PLAN PRIORITIES

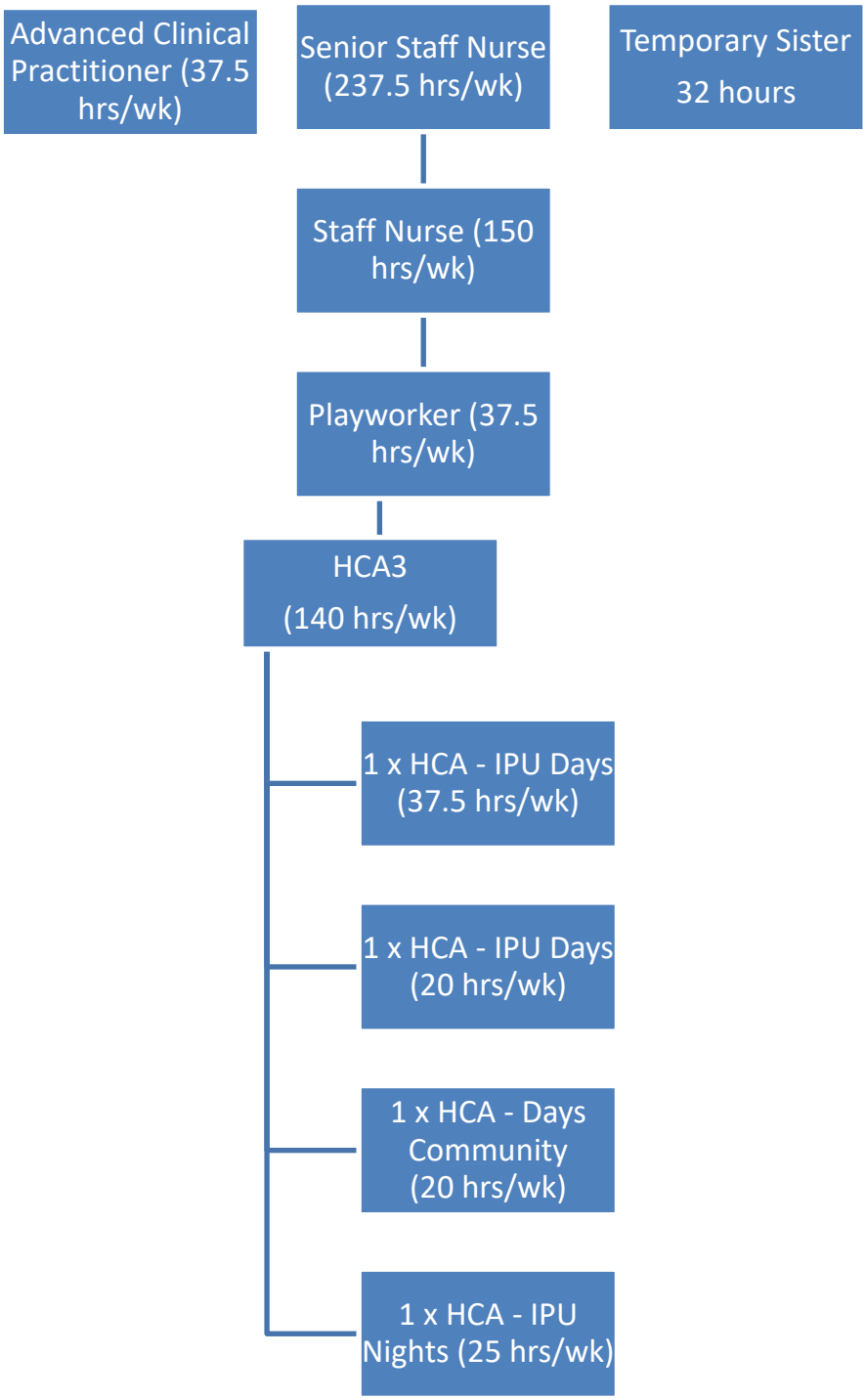
Revised Top priorities for this year

Enabling compassionate care & support	Improving our effectiveness
• Step up to the Covid-EOL response including: - IPU flexibility & covid pathway support - H@H enhanced support - Community CNS 7 day new ways of working - Hospital Team resilience support - Improved pathway coordination - Improved support for Care Homes - Brian House outreach pilot - Bereavement support during Covid	• Focus on grasping covid-enlightened 'innovations' especially accelerated use of 'virtual' • All staff to embrace 'flexibility', 'adaptability' and 'responsiveness' to Covid-organisational needs in their roles • Integrate our community teams within the new GP PCN Neighbourhood teams • Improvements in Internal Communications • Retaining CQC 'overall outstanding'
Investing in our people	**Financing our future**
• Ensure support for colleagues especially around resilience • Organisational Development Plan developing a future workforce with the skills, behaviours and culture for an entrepreneurial, flexible & creative 'hospice without walls' • Enhanced clinical skills around dementia • Planning for a new world for volunteering	• Take action to re-balance finances • Refocus fundraising & retail on short-term vs long-term activities • Everyone to play their part with a 'money & mission' partnership culture • Moving forward with only essential capital expenditure

Appendix 3 Existing & Proposed Structures



Proposed



Staffing structure allows

- 4 night respite (6 days)
- Development of a community pilot (to enable 7 day service)
- Potentially 3 x staff to support children's community nursing service/ secondments to acute Trust of which we will obtain funding for salaries if this goes ahead

PROPOSED OFF DUTY IPU BH		MON	TUES	WED	THURS	FRI	SAT	SUN
DEPENDENCY (RAG)		1R	2R	1R	1R	1R	0	0
TACP/NMP	37.5HRS	FLEX	FLEX	FLEX			COM	COM
SR	32 HRS	E	L **(UNIT)**	E **(UNIT)**	E			
SSN	37.5HRS	SECONDMENT	PAED	COM	TEAM	OR	WARD	
SSN	30 HRS	E – 12.30 **(TRANSITION)**			LD	LD		
SSN	30 HRS	S	S	S	**S**	S	S	S
SSN	25 HRS	N	N	N				
SSN	20 HRS		N		N			
SSN	20 HRS	SECONDMENT	PAED	COM	TEAM	OR	WARD	
SN	20 HRS	AL	AL					
SN	37.5HRS	MAT	LEAVE	WEEK	RETURN	MARCH	2021	
SN	37.5 HRS	LD	LD	LD				
SSN PRACTICE DEVELOPMENT	25 HRS		E **FLEX**	E **IPU &**	E – 5 **COM**			
NVQ3	37.5HRS	LD	LD	LD				
NVQ3	20 HRS	N	N					
NVQ3	22.5HRS	ADULT	IPU					
NVQ3	22.5 HRS				LD	E - 6		
HCA	37.5HRS	MAT	LEAVE	WEEK	RETURN	APRIL	2021	
HCA	20HRS	AL	AL	AL				
HCA	25 HRS			N	N			

PROPOSED OFF DUTY COMMUNITY BH		MON	TUES	WED	THURS	FRI	SAT	SUN
TACP/NMP	37.5HRS	FLEX	FLEX	FLEX			E	E
SSN	37. 5HRS	E	L	L	E			
SSN	37.5HRS	MAT	LEAVE	RETURN	MARCH	2021		
SN	30 HRS	AL	AL	AL				
NVQ	37.5 HRS		E	E	L	E		
HCA	20 HRS	S	S	S				
THERAPY	37.5 HRS	FLEX	TO	SERVICE	NEED			

Appendix 5 – HR Information

The following Redundancy Policy sets out the principles and processes that will be followed. The consultation will be led by the relevant department manager or director however advice can also be sought from David Warburton (HR Manager) or Julie Crooks (HR Assistant).

- David Warburton - david.warburton1@nhs.net 07812 370981
- Julie Crooks - julie.crooks@nhs.net 07368 383443

All individuals are encouraged to take the opportunity to make comments, ask questions and feedback their suggestions and ideas as part of the consultation. The lead manager will arrange meetings with individuals during the consultation and should also make themselves or a nominated deputy available outside of these scheduled meetings.

- Consultation commences Wednesday 28th October 2020
- Consultation period ends Wednesday 11th November 2020

At the end of this consultation period, a final decision will be made on the proposals and communicated to individuals. This may be confirmation that a post is redundant and/or a selection process will commence if the number of posts is reducing.

REDUNDANCY POLICY AND PROCEDURE

POLICY STATEMENT:

Trinity Hospice is committed to the welfare of its employees and ensures as far as possible, the security of employment of its employees. However, it is recognised that Trinity, as a registered charity, is dependent on a balance of voluntary contributions and statutory funding for its income, and that service or organisational changes may affect requirements in staffing levels and skills. By careful management of resources and funds, combined with forward planning, Trinity will endeavour to avoid the need to make staff compulsorily redundant.
If, however, organisational change and consequent redundancy cannot be avoided, whether in response to variations in income, developments in specialist palliative care, new technology or other organisational requirements, Trinity recognises that all employees have a right to fair and equitable treatment, and will fulfil its responsibility to provide this.

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RELATED POLICIES AND PROCEDURES:

B12	Equality & Diversity Policy and Procedure
B06	Disciplinary Policy and Procedure
B14	Resolving Individual Grievance

RESPONSIBILITY AND ACCOUNTABILITY:

Policy formulation and review:	HR Manager
Approval:	
Compliance:	All staff

Last Review Date: **October 2020**

Next Review Due by: **September 2023**

1. Introduction

Key features of the redundancy policy are:

- An undertaking, wherever possible, to avoid compulsory redundancies. Where redundancies cannot be reasonably avoided, Trinity will endeavour to minimise the effect or impact of redundancy, by seeking suitable alternative employment for staff affected, wherever possible.
- A commitment to handling any redundancy in a fair, consistent and sympathetic manner.
- An undertaking to provide support and assistance to the staff affected, including retraining, if appropriate and where Trinity's resources allow.
- Recognition of the importance of positive direct communication and consultation with staff, their involvement at every stage of the process, and an effort to reduce anxiety and maintain morale.

2. Responsibilities and Accountability

2.1 The CEO and Trustees will determine whether a potential redundancy may arise. The Chief Executive has ultimate responsibility for implementation of this policy. The CEO will ensure that this policy is approved by the Board of Trustees.

2.2 The HR Manager will ensure compliance will all statutory employment law requirements and the enactment of the procedures contained within this Policy

Trinity is fully committed to this policy and requires all staff to comply with it. However the policy is not intended to be contractual and maybe be changed subject to approval by the Board of Trustees.

3. Procedures and Implementation

3.1 Consultation

In the event of a large scale redundancy situation arising (i.e. where Trinity proposes to dismiss as redundant 20 or more employees at one establishment in any 90 day period), advance notice and information will be provided as early as practicable and wherever possible before the minimum consultation periods laid down, where these are relevant, i.e.:

- 45 days prior to the proposed dismissal of 100 or more employees at one establishment in any 90 day period.
- 30 days prior to the proposed dismissal of 20 - 99 employees at one establishment in any 90 day period.

In any redundancy situation where fewer than 20 employees are potentially affected, Trinity will consult with affected staff on a one to one basis. Whilst there is no minimum consultation period in these circumstances, the consultation period will ordinarily last in the region of 2 calendar weeks.

Whilst it is recognised that it may not be practical or timely to arrange for an employee to be accompanied at the first consultation meeting at which any proposals are shared, at subsequent consultation meetings the employee will have the opportunity to be accompanied by a Trade Union Representative or a work colleague.

Every effort will be made to reduce the number of possible redundancies, for example by considering the following:

- natural wastage
- restricting the recruitment of permanent staff
- reducing the use of bank staff
- filling vacancies from among existing employees
- reducing overtime by as much as service requirements will permit
- reducing the hours of work, for example by the operation of short-time working, where this will not detrimentally impact on service requirements
- training, re-training or redeploying employees for different work for which there is a requirement, either at the same or at a different location, where reasonably practicable and where resources allow and this will not detrimentally impact on service requirements.

3.2 Selection Criteria

If it is necessary for employee(s) to be selected for redundancy from a pool of employees, the criteria to be applied will be discussed during the consultation process. Where possible, Trinity will endeavour to maintain a consistent approach when it comes to the use of selection criteria, although each redundancy process is unique and the criteria may be varied, taking into account the specific circumstances of each case.

For example, selection may be based upon:

- the skills, experience and aptitude of the employee
- the present and future needs of Trinity;
- the standard of the employee's work performance and/or appraisal;
- the attendance and/or disciplinary record of the employee;
- any other criteria as may be relevant to the service requirements of Trinity.

The criteria for selection for compulsory redundancy will be approved by the HR Manager, based on a recommendation of the appropriate Departmental Managers and if necessary the Chief Executive. Redundancy issues relating to more than one Department will always be agreed by the Executive Management Team. The criteria used will at all times reflect the need to maintain an effective service both during the redundancy process and thereafter.

3.3 Suitable Alternative Employment

In the event of an employee being selected for redundancy, each employee will be met individually by his/her senior manager who will inform the employee of any available vacancies within Trinity, establish individual requirements and consider the employee's suitability for particular jobs. In the course of individual consultation, the employee will be advised of his/her entitlement by the way of redundancy compensation, which will be in accordance with the Statutory Redundancy Payment Scheme and notice monies (if applicable).

The employee will also have the right to be accompanied at this meeting by a Trade Union Representative or a work colleague.

3.4 Severance Payments

Details will be provided about how severance pay will be calculated and how commission, overtime payments, accrued holiday pay and time off in lieu not taken will be paid.

Trinity will ensure that an employee eligible for statutory redundancy payment will be given a written statement showing how their payment has been calculated.

3.5 Notice Period

Where selection for compulsory redundancy has been confirmed, notice of termination will be given in accordance with the employee's contractual or legal entitlement, whichever is more favourable to the employee. The statutory notice period is: -

Service Notice entitlement
Less than 1 month Nil
1 month – 2 years 1 week
2 years 2 weeks
3 years 3 weeks

Thereafter, 1 weeks notice for each complete year of service up to 12 years i.e. a maximum of 12 weeks notice. Trinity reserves the right to invoke Pay in Lieu of Notice (PILON).

3.6 Suitable Alternative Employment

Where alternative employment is offered to redundant employees, Trinity will provide the employee with details of the terms and conditions which will apply to the role, together with sufficient information (e.g. providing a copy of any job description and the contractual terms and conditions on offer) to enable the individual to decide whether or not to accept the offer.

Redundant employees who accept alternative employment with Trinity will be entitled to a **trial period** of four weeks in the new job (from the start of the new contract). Where the new job necessitates retraining, this trial period can be extended by written agreement with both parties to enable the training to take place. During a trial period either the employee or employer gives notice to terminate the contract except where the employer gives notice for a reason unrelated to the new job itself – for example misconduct, the employee will be treated as having being dismissed due to redundancy.

An individual who refuses a reasonable offer of alternative employment or who resigns during the trial period will forfeit their right to redundancy payment if the refusal/resignation is shown to be unreasonable.

3.7 Decision and Right of Appeal

Decisions in respect of posts to be made compulsorily redundant will be made by the appropriate senior manager(s) and if necessary the Chief Executive, supported and advised by the HR Manager. Staff who are selected for redundancy and who are given notice to terminate their employment will have the right of appeal against their dismissal. The appeal should be made in writing and addressed to the HR Manager within 7 calendar days of

receipt of the employee's written notice of dismissal by reason of redundancy. The letter should set out the reasons and grounds for the appeal.

3.8 Support for Staff Facing Compulsory Redundancy

In recognition of the difficulties that may be experienced by staff facing compulsory redundancy and subject to Trinity resources available at the time, steps will be taken to support the needs of the individuals and groups. These steps may include:

- employee assistance programme ie counselling
- offer of advice in seeking alternative employment
- assistance in preparing a curriculum vitae and/or completing application forms
- paid time off work for the purpose of seeking alternative work or training opportunities
- circulation of information to other suitable employers
- access to specialist advice, e.g. on benefits
- access to re-training or development opportunities
- assistance in developing and using current skills.

An employee under notice of redundancy is entitled, during the notice period, to a reasonable amount of paid time off during working hours for the purposes of looking for new employment or to make arrangement for training for future employment. Requests for time off should in the first instance be made to the relevant Line Manager and will be granted subject to Trinity's operational needs.

4. Monitoring and Review

This procedure will be reviewed at 3 yearly intervals, unless an earlier review is required e.g. due to changes in legislation.

5. Statutory Compliance and Evidence referenced

Trade Union and Labour Relations (Consolidation) Act 1992 Employment Rights Act 1996 Equality Act 2010 Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 1995 (SI 1995/2587) Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002 (SI 2002/2034) Information and Consultation of Employees Regulations 2004 (SI 2004/3426) The Trade Union and Labour Relations (Consolidation) Act 1992 (Amendment) Order 2013

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

POLICY STATEMENT:

Trinity Hospice is committed to creating a culture in which diversity and equality of opportunity are promoted actively and in which unlawful discrimination is not tolerated.

Trinity Hospice believes in the principles of social justice, acknowledges that discrimination affects people in complex ways and is committed to challenge all forms of inequality. To this end, The Hospice will aim to ensure that:

- individuals are treated fairly, with dignity and respect regardless of their age, marital status, disability, race, faith, gender, language, social/ economical background, sexual orientation or any other inappropriate distinction;
- it affords all individuals, volunteers and employees the opportunity to fulfil their potential;
- it promotes an inclusive and supportive environment for staff, volunteers and visitors;
- it recognises the varied contributions to the achievement of the Hospice's, mission made by individuals from diverse backgrounds and with a wide range of experiences.

Title of policy/ proposal/ activity:	**Disciplinary Procedure**
Equality Impact Assessment Group (names):	David Warburton, HR Manager David Houston, Chief Executive
Date:	06.10.2020

1. Briefly describe the aims, objectives and purpose of the proposal	
2. Are there any associated objectives of the proposal, please explain	
3. Who is intended to benefit from the proposal and in what way?	
4. What outcomes are wanted from this proposal?	
5. What factors/forces could contribute/detract from the outcomes?	None
6. Who are the main stakeholders in relation to the proposal?	Staff, Patients, Visitors and the organisation.
7. Who implements the proposal and who is responsible?	Chief Executive supported by the HR Manager, and Executive Management Team.

8. Is it likely that that the proposal **could** have a positive or negative impact on minority **ethnic** groups. What existing evidence (either presumed or otherwise) do you have for this?	No as the policy applies to all staff irrespective of ethnicity.
9. Is it likely that that the proposal **could** have a positive or negative impact due to **gender.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No as the policy applies to all staff regardless of gender.
10. Is it likely that that the proposal **could** have a positive or negative impact due to **disability.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No as the policy applies to all staff regardless of gender.
11. Is it likely that that the proposal **could** have a positive or negative impact on people due to **sexual orientation.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No
12. Is it likely that that the proposal **could** have a positive or negative impact on people due to their **age.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No
13. Is it likely that that the proposal **could** have a positive or negative impact on people due to their **religious belief.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No as the policy applies to all staff regardless of religious belief.
14. Is it likely that that the proposal **could** have a positive or negative impact on people with **dependants/caring responsibilities?** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No
15. Is it likely that that the proposal **could** have a positive or negative impact on people due to them being **transgender or transsexual.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No
16. Can any adverse impact be justified on the grounds of promoting equality of opportunity for a particular group? (For example, the proposal may be deliberately designed to promote equality for disabled people but may run the risk of this being at the expense of non-disabled people).	No

17. Is a full Equality Impact Assessment necessary?	No
18. If Yes date on which full impact assessment is to be completed by	
Signed on behalf of the organisation.	David Warburton/David Houston
Agreed review date	October 2020