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Organisational Change Proposal

Bedfordshire & Luton CAMHS – Administrative Leadership Review

Service: Bedfordshire and Luton Child and Adolescent Mental Health Services (CAMHS)

Directorate: Specialist Services, CAMHS

1. Introduction

The Trust wishes to enter formal consultation with staff and recognised Trade Unions in line with the 'Management of Staff Affected by Change Policy and Procedure'. Staff and Trade Unions are invited to ask questions and comments before the proposals are finalised.

This paper outlines a proposal to delete 3.00 WTE Band 5 Admin Lead posts within Bedfordshire and Luton CAMHS and describes the operational, workforce and service impacts of the proposed change.

The process of consultation is to ensure all staff are informed of the proposal and is also intended to allow the affected employees the opportunity to respond and take an active role in this process.

2. Background

Bedfordshire and Luton CAMHS continue to operate within a challenging financial context while managing increasing service demand. To prioritise frontline clinical activity and deliver services within available resources, a review of administrative leadership structures has been undertaken.

Various efficiency initiatives were reviewed by the senior leadership team to identify potential cost savings. These included proposals to remove tailored clinical pathways; however, the associated clinical risks were considered too significant to justify implementation. As a result, this option was deemed the least detrimental to patient care and safe service delivery among those available.

3. Current Structure

The service currently employs 2wte x Band 8c General Managers (GM), 2wte x Band 6 Operations Managers, 3wte x Band 5 Admin Leads, 33.6 wte x Band 4 Administrator and 2 wte x Band 3 across Luton, Bedford and Central Beds who form part of the non-clinical workforce. The Band 5 Admin Leads provide administrative leadership, coordination and supervision of Band 4 administrative staff. Elements of these responsibilities overlap with existing clinical and operational management roles within teams.

Non-clinical management structure as below (highlighted proposed staff effected by change):

Current Structure

	BEDFORD (North)	CENTRAL BEDS & LUTON (South)	
Band 8C	1.00wte	1.00wte	
Band 6	1.00wte	1.00wte	
Band 5	1.00wte	1.00wte	1.00wte
Band 4	10.95	11.95	10.70

4. Proposal

It is proposed that above highlighted 3.00 WTE Band 5 Admin Lead posts are deleted from the establishment.

There are no changes to the Band 4,6 & 8c establishments and they would remain the same.

Band 4 posts will be aligned to specific clinical teams. Supervision and day-to-day management of the Band 4 administrative staff will be absorbed and aligned within individual clinical teams, with clear accountability and named supervisors identified within each team. Each pathway will identify an appropriate clinician to undertake day-to-day supervision of the embedded staff member, aligned to responsibilities within their existing role. Depending on the clinical pathway and workforce structure, this may be a Band 5, 6 or 7 Practitioner. In some pathways, this approach has already been initiated at the request of administrative staff.

Professional development and professional supervision responsibilities will remain with the Band 6, supported through regular peer supervision sessions and contributions to the annual appraisal process.

. There will also be an escalation channel to the Band 6 Operational Manager for support on admin staffing if required.

The 2.00wte Band 6 Operational Manager posts will be aligned to each Senior Leadership Team.

2.00wte Band 8C General Manager posts will remain as part of the Senior Leadership Team and provide day-to-day accountability for each service

Ideally, we would like to slot staff members into roles they were previously doing and hold competitive interviews, only if staff members express interest in other roles.

The change supports financial sustainability, removes duplication, strengthens team-based working, and protects frontline clinical capacity.

Proposed Structure

	BEDFORD (North)	CENTRAL BEDS & LUTON (South)	
Band 8C	1.00wte	1.00wte	
Band 6	1.00wte	1.00wte	
Band 4	10.95	11.95	10.70
Band 3	1.6	1	0.4

5. Impact on Staff

The Trust is committed to avoiding compulsory redundancy where possible and will explore redeployment and suitable alternative employment opportunities. We will take all necessary steps to ensure staff are treated fairly and equitably. Any staff that is identified to be at risk will be adequately supported through a robust redeployment process and will be supported to find suitable roles either within the structure or across the Trust.

The Band 5 admin lead positions will be removed from the proposed structure, deleting the 3.00wte Band 5 admin lead posts.

There will be no change to establishments for the Band 8c, Band 6, Band 4 & Band 3 and they will be slotted into the same roles in the new structure. There will be line management & reporting changes to Band 4s. All Band 4 staff will be integrated into the relevant clinical pathways for greater oversight and strengthened team ownership.

The line management of Band 4 admin will then fall under the remit of the relevant pathway; a suitable clinician (either Band 5 / 6 or 7 – dependant on skill mix of each pathway) will undertake the day-to-day line management function of each team admin within their pathway. In some pathways, clinicians already provide informal management support to Band 4 staff, and this approach has been effective, with no issues reported across teams. Clinicians will be appropriately supported through training and guidance to ensure they are equipped to supervise administrative staff effectively.

All suitable vacancies across the team will be held for staff that will be significantly affected by this proposal. We currently have a few Band 4 vacancies that will be help and pay protection will be offered where appropriate.

Role	Band	WTE	Post deleted	Vacant	Staff affected	Posts available in future team	Staff at Risk
Admin Lead	5	3.00	3.00	0.00	3.00wte	4.10wte Band 4 vacancies (pay protection)	3.00wte
Totals			3.00	0.00	3.00	4.10wte	

6. Financial, Staffing and Workload Implications: The deletion of 3.00 WTE Band 5 posts will deliver recurrent revenue savings and support the financial sustainability of the service (total savings approx. 150k).
No additional costs are anticipated as supervision duties will be absorbed within existing management capacity.

7. Service User Impact Assessment

No adverse impact on patient safety, access or quality of care is anticipated. Administrative support will remain in place and will be more closely aligned to clinical teams.

8. Assurance to Staffside

The Trust assures Staffside that supervision quality for Band 4 staff will be maintained, workloads will be monitored, no detriment to terms and conditions will occur, patient safety will not be compromised, and partnership working will continue throughout consultation and implementation. We will also adequately support the Band 5 staff to find suitable alternative employment across the new structure and across the Trust.

9. Timetable and Proposed Implementation

The Proposals for organisational change to (Service) will be managed in line with the Trusts ‘’Management of Staff Affected by Change Policy and Procedure’’.

There will be a formal consultation period of **30** days commencing on **15 May 2026** and ending on **14 June 2026**.

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 email directed to jo.meehan1@nhs.net

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.

The timetable summarises the full implementation plan and is attached as **Appendix 1**.

10. Equality Analysis

An Equality Impact Assessment will be completed in line with the Equality Act 2010 to ensure due regard is given to potential impacts on staff with protected characteristics. Assessing the potential equality impact of proposed changes to policies, procedures and practices is one of the keyways in which public authorities can show 'due regard'. The Template is attached as **Appendix 2.**

11. Appendices

Appendix 1 – Implementation Timetable

Appendix 2 – Equality Impact Assessment

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Appendix 1

Implementation Timetable

Date	Action
20 April 2026	Approval via CAMHS Directorate Senior Leadership team.
20 April 2026	Consultation circulated to staff side and TU reps in advance of JSC
6 May 2026	JSC - Consultation document shared with Staff Side and TU reps
15th May 2026	Launch Event, via teams - Start of consultation. Consultation document given to affected staff and placed on intranet for all staff to view
w/c 18th May 2026	Group meetings available to pathways as required.
21st May 2026	First Q&A sessions with admin staff via teams
2nd June 2026	2nd Q&A session with admin staff via teams
w/c 18 May 2026	Individual meetings available with staff significantly affected.
14th June 2026	Responses to consultation from Staffside, individual TUs or staff submitted to management (it is a matter for those responding to decide who should be copied into their response)
114th June 2026	End of consultation period
10-12 June 2026	Management considers all responses and discusses their response with Staffside and try to reach agreement when views are conflicting. At this stage any need for further consultation or an extension can be considered
26th June 2026	Written notification of decision following consultation
July 2026	Selection activities – e.g. interviews
July 2026	Meeting to confirm impact on affected people

December 2026	Impact assessment of major change to be undertaken 6 months after implementation

Appendix 2 EIA

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PROFILE OF STAFF AFFECTED BY THE CHANGE

Band	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Band 9	M&D	Other	Totals
Totals	0	0	0	3	0	0	0	0	0	0	3
Percentage	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	

Staff Group	Administrative and Clerical	Add Prof & Tech	Additional Clinical Services	Allied Health Professionals	Estates and Ancillary	Medical and Dental	Nursing and Midwifery Registered	Other	Totals
Totals	3	0	0	0	0	0	0	0	3
Percentage	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Disability	Yes	No	Not declared	Undefined	Totals
Totals		3			3
Percentage	0.00	100.00	0.00	0.00	

Gender	Male	Female	Totals
Totals		3	3
Percentage	0.00	100.00	

Age	17-21	22-31	32-41	42-51	52-61	62+	Total
Totals				1	2		3
Percentage	0.00	0.00	0.00	33.33	66.67	0.00	

Pregnancy/ Maternity	Yes	No	Total
Totals		3	3
Percentage	0.00	100.00	

Religion or belief (if data available)	Atheism	Buddhism	Christianity	Hinduism	Not disclosed	Islam	Jainism	Judaism	Other	Sikhism	Total
			3								3
Percentage	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Sexual Orientation (if data available)	Bisexual	Gay	Hetrosexual	Not disclosed	Lesbian	Total
Totals			2	1		3
Percentage	0.00	0.00	66.67	33.33	0.00	

Gender Re-assignment (if data available)	Yes	No	Totals
Totals		3	3
Percentage	0.00	100.00	100.00

Marriage & Civil Partnership (if data available)	Civil Partnership	Divorced	Legally Separated	Married	Not disclosed	Single	Widowed	Totals
Totals		1		2				3
Percentage	0.00	33.33	0.00	66.67	0.00	0.00	0.00	

Ethnicity	Asian	Black	Chinese	Mixed	Not Declared	White	Any other ethnic group	Totals
Totals						3		3
Percentage	0.00	0.00	0.00	0.00	0.00	100.00	0.00	

TRUST PROFILE *based on March 2026 data

Band	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Band 9	M&D	Other
Totals	1	1053	1151	1207	1434	1357	1062	25	550	32
Percentage	0.01	13.38	14.62	15.33	18.22	17.24	13.49	0.32	6.99	0.41

Administrative and Clerical	Add Prof & Tech	Additional Clinical Services	Allied Health Professionals	Estates and Ancillary	Medical and Dental	Nursing and Midwifery Registered	Other	Total
1088	1873	1513	677	10	550	2155	6	7872
13.82	23.79	19.22	8.60	0.13	6.99	27.38	0.08	

Yes	No	Not declared	Undefined	Total
700	6771	373	28	7872
8.89	86.01	4.74	0.36	

Male	Female	Total
2154	5718	7872
27.36	72.64	

17-21	22-31	32-41	42-51	52-61	62+	Total
38	1512	2142	1979	1588	613	7872
0.48	19.21	27.21	25.14	20.17	7.79	

Yes	No	Total
202	7670	7872
0.03	0.97	

Atheism	Buddhism	Christianity	Hinduism	Not disclosed	Islam	Jainism	Judaism	Other	Sikhism
1335	90	3737	259	679	1129	10	95	452	86
16.96	1.14	47.47	3.29	8.63	14.34	0.13	1.21	5.74	1.09

Bisexual	Gay	Hetrosexual	Not disclosed	Lesbian	sexual orientation	Total
176	103	6884	588	75	46	7872
2.24	1.31	87.45	7.47	0.95	0.58	

Yes	No	Totals
7	7865	7872
0.09	99.91	

Civil Partnership	Divorced	Legally Separated	Married	Not disclosed	Single	Widowed	Totals
157	350	108	3332	231	3629	65	7872
1.99	4.45	1.37	42.33	2.93	46.10	0.83	

Asian	Black	Chinese	Mixed	Not Declared	White	Any other ethnic group	Totals
1473	2732	55	331	79	2975	227	7872
18.71	34.71	0.70	4.20	1.00	37.79	2.88	

1. Impact on Protected Characteristics		
Group	**Impact**	**For each protected characteristic, please explain the following as well as any actions taken to mitigate impact:** •What negative impacts have been identified? •Are there any positive impacts? •What research have you done to understand these impacts? •What evidence have you gathered to mitigate any risks or concerns?
Disability		
Sex		
Age		
Pregnancy and Maternity		
Religion or Belief		
Sexual Orientation		
Gender re-assignment		
Marriage and Civil Partnership		
Race		

2. Impact on other groups		
Group	**Impact**	**Who else is affected/impacted? Consider other socially excluded groups or communities:** •What negative impacts have been identified? •Are there any positive impacts? •What research have you done to understand these impacts? •What evidence have you gathered to mitigate any risks or concerns?
Band		Majority Impact on Band 5 Administration staff as the proposal is to delete these roles.
Staff group		All administration staff are impacted. Some positive impact on the clinical services aligning to the structure.
Other (please state)		Clinicians maybe impacted during the period of change as they will be responsible for line management responsibilities

Key:	
	No adverse impact
	Some impact
	Disproportionate Impact