



ESTABLISHMENT CHANGE FORM

Complete Part One if the following applies:

- If there is a significant service change (eg significant changes to job roles/job descriptions as a result of new service delivery models, potential redundancy situations or other detrimental staffing implications such as pay protection)
- If there is a significant change to the existing structure (eg creating a large new team/section)

Complete Part Two (Page 5) ONLY if:

- You are creating new post/s (temporary / permanent / grant funded)
- You are deleting an existing post/s
- You are increasing or decreasing hours in a post/s
- You are changing contract type (eg from temporary to permanent)

PART ONE

Report of the Director/Head of Service

| | |
|----------------------------------|--|
| Directorate | |
| Division (Service Area) | |
| Section | |
| Sub-Section | |
| Effective Date of Change/s | |
| Accountable Manager | |
| Email Address / Telephone Number | |

1. Structure Charts

Please include:-

- Current structure chart (Including:- Job Title, JE ID, Grade, No of Post/Hours available)
- Structure chart following the proposal for change

(Please ensure no employee names are shown on the charts)

2. Details of the Proposal

Include below Details:-

- If posts are being deleted or created
- If any employee is at risk of redundancy
- If new post, how it is being filled e.g. ring-fenced advert/normal recruitment procedures

Please ensure the 'Management of Change in Partnership' procedure is followed, which includes consultation with both employees and trade unions.

3. Details of Changes / Financial Appraisal

| Please complete all fields | | | | | | | |
|---|------|-------|------------------|--------|-----|---------------------|-------------|
| Please provide here where the proposal is being funded from:- | | | | | | | |
| | | | | | | | |
| Posts Created | JEID | Grade | Contracted Hours | Salary | | Additional Costs * | Total Costs |
| | | | | Min | Max | | |
| Example - 1 x HR Officer | 1234 | GR 8 | 37 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Posts Deleted | JEID | Grade | Hours Available | Salary | | Additional Costs * | Total Costs |
| | | | | Min | Max | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | Net Costs / Savings | |
| | | | | | | | |

*Additional Costs e.g. Market pay supplement / Allowances / Enhancements etc.

4. Integrated Impact Assessment

An Integrated Impact Assessment (IIA) **must** be undertaken for **all** changes and the completed forms attached.

| | | |
|--|-------------------------|----------|
| Please indicate which form has been completed. | Screening - First Stage | Yes / No |
| | Full Impact Assessment | Yes / No |

5. Approval

| | | |
|-------------------------|------------------|----------------|
| <u>Group Accountant</u> | <u>Signature</u> | |
| Approved: | Yes | |
| | No | Please comment |

HoS/Nominated Manager - Please send to the HR Manager and then for HoS final approval

| | | |
|-------------------|------------------|----------------|
| <u>HR Manager</u> | <u>Signature</u> | |
| Approved: | Yes | |
| | No | Please comment |

| | | |
|-----------------------------------|------------------|----------------|
| <u>Sponsoring Head of Service</u> | <u>Signature</u> | |
| Approved: | Yes | |
| | No | Please comment |

| | | | | |
|---|-------------------------|---|------------|-----------|
| <u>Cabinet Member or Leader</u> <u>(where Cabinet Member declares an interest)</u> | <u>Signature</u> | | | |
| Approved: | Yes | Must report changes to the Personnel Committee | Yes | No |
| | No | Please comment | | |

If these changes do not need to be reported to the Personnel Committee, please email this form and the IIA forms, fully completed, to the HR Workforce Information Team estabteam@npt.gov.uk

PART TWO

[Please note no structure charts or IIA are required]



Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

**Please email the completed form to the HR Workforce Information Team estabteam@npt.gov.uk
Please note – if you are advertising the role/s, please also complete the Recruitment Requisition on the I Trent system.**

Please complete all fields below. This form is designed to assist HR in selecting the correct post to be used.

| | |
|--|-----------------|
| Position Ref No (For Estab Team Use Only) | |
| Is this a new post (i.e. not previously on your structure) | Choose an item. |
| Post Title | |
| Previous Post Holder | |
| Effective Date | |
| Disestablish Date (If Applicable) | |
| JEID - If Post Has Been Evaluated | |
| Post Grade (JEID If Post Has Been Evaluated) | |
| Reports To Employee Name & Post No | |
| Does this post manage people | Choose an item. |
| Location | |
| Contract Type (Please Select One) | Choose an item. |
| Contract End Date (For Temporary/Fixed Term/Seasonal Contracts) | |
| Term Time | Choose an item. |
| If yes, please state number of weeks per year | |
| Registration Req'd | Choose an item. |
| Politically Restricted | Choose an item. |
| Contracted Hours Available In Post | |
| Cost Centre | |
| Directorate | Choose an item. |
| Division (Head of Service) | |
| Section | |
| Sub-section | |
| Reason For Post (i.e. New post on the structure, Secondment, Maternity Cover, etc) & other information | |
| DBS Check Level | Choose an item. |
| DBS Check Level Detail | Choose an item. |
| Welsh Language Requirement (For Post) | Choose an item. |
| Welsh Language Requirement Reason | Choose an item. |
| Is Network/active directory login required? (Will the postholder require access to the NPT Network?) | Choose an item. |

| <u>Staff No</u> | <u>Employee Name</u> | <u>Contract Hours</u> | <u>SCP</u> | <u>Term Time (Y/N)</u> | <u>Additional Notes - Please state any working patterns i.e. days and hours of work.</u> |
|-----------------|----------------------|-----------------------|------------|------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Financial Appraisal

| Costs | Min SCP £ | Max SCP £ |
|------------------------|------------------|------------------|
| Salaries plus on-costs | | |
| Other (please specify) | | |
| Total Costs | | |
| Funding | Min SCP £ | Max SCP £ |
| Please specify | | |
| | | |
| Total Funding | | |

Approval

| Group Accountant | Signature | |
|-------------------------|------------------|-----------------------|
| Approved: | Yes | |
| | No | Please comment |

| Sponsoring Head of Service | Signature | |
|-----------------------------------|------------------|-----------------------|
| Approved: | Yes | |
| | No | Please comment |

| Cabinet Member or Leader (where Cabinet Member declares an interest) | Signature | | | |
|---|------------------|---|------------|-----------|
| Approved: | Yes | Must report changes to the Personnel Committee | Yes | No |
| | No | Please comment | | |

