

## **Guidance for trade union representatives and managers facing restructuring within Science, Technical and Therapy Roles**

**Publication Date:** Revised October 2012  
**Review Date:** October 2013  
**Country Relevance:** UK-wide

### **Introduction**

Many departments are currently subject to proposals to restructure. Where services are no longer meeting the needs of patients, UNISON is supportive of considered re-structuring based on broad consultation with service users and staff. However, many of these restructuring programmes appear to be knee-jerk reactions to the current financial climate and in some instances skill reviews seem to be used as a cloak for cuts to services.

UNISON believes that ill-considered service cuts based on financial rather than service-need will result in long-term detriment to the service received by taxpayers and that the people who are most likely to be affected are the most vulnerable groups of people within our society.

This guidance note has been drawn up to provide trade union representatives and their managers with ideas of the types of questions which they should be raising where cuts to the services are proposed.

### **How you should raise the issues**

Where services are being restructured, it is vital that this is done with proper consideration of implications for staff and for the services provided to the public.

The best results for the department will be achieved by managers and stewards working in partnership to challenge any changes they feel are detrimental to their service or their client groups. Having involvement from a union representative from the outset of any restructuring process will help to flag up any areas of concern and get the right advice. If your department does not have a steward, now is the time to elect one! UNISON provides training and support for individuals who wish to become stewards - If you are interested in finding out what the role of a steward is and how you can get access to training, please contact UNISONdirect on 0845 355 0845.

It is essential that staff are involved in the restructuring process. Changes to service provision will be subject to formal checks and consultation mechanisms so it is important to establish early on how you can put your changes through the relevant procedures.

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### **Consultation**

Many workplaces will have issued guidance on how departments can respond to proposed changes. However, if you have not been given the opportunity to be consulted, you should, in the first instance, write to your Head of Service (in partnership) notifying him/her that staff in your department wish to respond to the proposals and will be submitting a document for consideration. If you have already tried this approach and do not feel that your concerns have been taken into account, or your Head of Service shares your concerns about the proposed changes, you should then write to the Chief Executive. It will be useful for you to send a copy of any correspondence to your UNISON branch so that they are aware you are organising around this issue.

Further details on your rights to be consulted can be found in the Cabinet Office Code on Consultation: [www.berr.gov.uk/files/file47158.pdf](http://www.berr.gov.uk/files/file47158.pdf)

### **Putting together your response**

The more staff you involve in putting together your response, the better. You could hold a meeting and workshop some of the issues flagged up in this briefing to get a wide range of examples and case studies. You may also want to consider working in partnership with other departments if the whole of the clinical service is being targeted for cuts.

### **Support for your response**

If you feel that you have not had a satisfactory response when trying to raise your concerns internally, you should try and flag up your concerns with other relevant stakeholders. As well as fellow trade unions and you might want to make links with local patient/service user groups and networks, community campaign groups, voluntary sector organisations, trades councils, local media, the local Labour party, GPs, non-executive directors, local councillors and MPs.

Currently local decisions regarding health and social care services are overseen by independent scrutiny bodies which gather information on public need and gauge the opinion of service users and the public. These are sometimes known as scrutiny committees or advisory councils and are usually hosted by health boards or local authorities. An important part of their role is to promote the inclusion of patients, communities and other stakeholders in the planning and delivery of health and social care services, including scrutinising any proposals to change services. You may want to get in touch with your local scrutiny bodies if you are concerned that proposed changes to health or social care services could have an impact on the quality of care or service delivery.

From April 2013 a new system of influence will be introduced to replace the current scrutiny committees. More information on how you can influence the NHS and decision making can be found in a UNISON guide <http://www.unison.org.uk/acrobat/21118.pdf>

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## Evidence

In order to support your case, it is helpful to gather evidence which can demonstrate the impact of any negative changes to structures or services.

When gathering your evidence you might want to consider:

- Locally collected info on the effectiveness of the service, e.g. statistics on readmissions, testimonials from services users
- Profession-based research which demonstrates your profession's value to health outcomes
- Code of ethics and professional conduct for regulated professions
- Professional standards for practice within regulated professions
- Health and Safety Inspections or Risk Assessments
- Adverse or Serious Incidents
- Trust Board papers and risk registers on the proposals
- Equality Impact Assessments (EIA)
- Previous Inspections from outside agencies, HSE, CQC, Monitor etc
- Linking your evidence to the organisational priorities described in relevant service frameworks (i.e. the priorities or objectives set out by your organisation or by local or national government strategies)

The following sections of this briefing may provide you with a useful summary of some areas to consider in your response. Your response will have more weight if you include good examples within each section.

## Services to patients/service users

Consider how patients/service users may be affected by any proposed changes, such as increased health inequalities, lowering standards, unmanageable caseloads or decreased patient engagement in decisions about the service.

Some questions you may want to consider include:

- Q** What kind of roles are being threatened/displaced? Was there a clear rationale for the development of these posts (i.e. to respond to a National Service Framework (NSF) or other clinical need?) Does the rationale still count? For example, if specialist skills were developed among staff to support the needs of particular patients/service users, do those types of patients/service users still exist within the local health economy?
- Q** Is the service/activity being reduced as a result of this planned restructuring? If so, which patients/clients will be affected by the service reduction? Will this lead to creation or worsening of health inequalities within the service? Are the patients/clients aware of the proposed restructuring?
- Q** If the service or activity is not being reduced, then how is the organisation planning to deliver this with fewer staff? How will caseloads be affected? Are standards going to be lowered/waiting time increased and/or patients/service users put at risk? What organisational key performance indicators or targets will this have a negative impact on? Has the risk of these proposals been assessed and reported to the Trust Board?
- Q** Will this have a knock-on effect on other NHS or social care services? For example, if specialist posts in the community are being cut, this is likely to have an impact on the ability of hospital teams to discharge patients within the target times?

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**Q** How will the proposals affect plans to implement new policy directives or Government strategies?

### **Effect on your duty of care and professional standards**

All health and social care staff have a duty of care to ensure their practice is safe. It is important to consider how the proposal to restructure your may impact on the duty of care and clinical governance. For example, could the changes jeopardise access to competent clinical supervision, appraisals carried out by trained staff, resources and protected time for training and CPD, effective workforce planning or staff input into professional groups and forums?

Also, some healthcare professionals are required to register with the Health and Care Professions Council (HCPC, [www.hcpc-uk.org](http://www.hcpc-uk.org)) and uphold standards of performance, conduct, competency and ethics. Every registrant must read these standards, and agree to keep to them, even if they are not practising. Any instructions or workplace situations which may require you to breach these standards should be regarded as unreasonable and must be challenged. These standards are a useful means to highlight and raise any concerns you have around your ability to practise safely and effectively. They should be used as a positive tool enabling staff to advocate the interests of their patients or service users.

If you are concerned that plans to restructure services may have a negative impact on safety or patient care then you should refer to UNISON's popular Duty of Care handbook (revised 2011, available at: [www.unison.org.uk/healthcare/dutyofcare](http://www.unison.org.uk/healthcare/dutyofcare)). The handbook aims to help all health and social care staff to maintain the duty of care to patients/service users, colleagues and the public, particularly when there is pressure on services. It is a practical guide to empower UNISON members to have a positive influence and be the guardians of safe, effective and high-quality services.

### **Health and Safety**

It is essential that any workforce changes or restructuring do not negatively impact on the health and safety of staff. Some examples of relevant health and safety issues may include lone working, heavy lifting, safe record keeping, increased workload, morale, stress and staff leaving the service.

The basis of UK health and safety law is the Health and Safety at Work Act 1974. The Act (and the various regulations and approved codes of practice made under it) put a duty on employers to ensure the safety, health and welfare at work of their employees and to ensure their activities do not endanger others.

Employers are required to carry out risk assessments, i.e. a careful examination of what, in a workplace, could cause harm to people, so that measures can be identified that eliminate or significantly reduce the risk of harm.

### **Some useful resources include:**

- The Health and Safety Executive (HSE) is responsible for health and safety policy and the enforcement of health and safety law. Detailed information and guidance on the legislation is available from the HSE website [www.hse.gov.uk](http://www.hse.gov.uk)
- UNISON Health and Safety guidance briefings on a range of relevant topics are available at: [www.unison.org.uk/safety](http://www.unison.org.uk/safety)

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## **Equality**

Public authorities are legally bound to carry out equality impact assessments on all new and existing policies, including proposals for restructuring, cuts and redundancies. It is their legal responsibility to ensure that no staff groups or groups in the community are disadvantaged as a result of an organisation's policies and procedures. Equality Impact Assessments (EIAs) should be used to assess the relative impact of proposals on the terms and conditions of the relevant target groups with respect to: gender, race, disability, sexual orientation, religion or belief and age. You have the right to challenge your organisation/employer if you feel that they are not undertaking a thorough and systematic analysis of a policy to ensure it is not discriminating against any particular group.

UNISON equality guidance is available at [www.unison.org.uk/equality](http://www.unison.org.uk/equality). This includes guidance on how to ensure employers are fulfilling their obligation to undertake a full equality impact assessment on a proposed course of action.

## **Changes or cuts to posts**

If any attempts are made to revise roles or pay grades it is essential to seek the support of your union and insist on being involved in any review. Work together with your local UNISON branch to ensure that the job evaluation process (including any subsequent review or appeal) is robust and provide supporting evidence, both in person and in writing, where possible.

It is worth seeking written confirmation that any new posts created as part of a restructuring exercise will be put through the Job Evaluation process at local level. This will ensure that employers understand that they will not get the same levels of work from posts at a lower band than within existing structures.

Some employers are being tempted to take groups of staff and drop them down the pay grading system to deliver cost savings, leading to plummeting morale and overstretched services. This process (sometimes called 'downgrading' or 'downbanding') is usually in response to financial difficulties rather than part of a progressive programme of service redesign. If a role or group of roles are 'downbanded' then your employer should not be expecting those staff to deliver the same level of work for less money (even though their pay should be protected). Staff affected should be encouraged to work to their job description and gather together any evidence that services are suffering due to the reduction in grades. Remember, if you are always plugging the gaps, then it will make it almost impossible for you to demonstrate to your employer that there is a need to reassess the situation.

And don't forget, if any roles and responsibilities change again in the future then you are entitled to ask for the job descriptions to be revised and for the posts to be re-evaluated under the formal job evaluation procedure of your employer.

In the event that posts are removed from structures, stewards need to involve their UNISON branch in discussions regarding the application of the relevant redundancy policy.

## **Ask for information from your employer**

Check to see what information is available from your employer. Ask for detailed information on their plans and the evidence they are using to make their decisions.

If reports or documents that you have requested from your employer are not forthcoming, then, with the support of your local UNISON Branch, you may wish to consider using:

- The ICE Regulations [www.unison.org.uk/acrobat/B1462.pdf](http://www.unison.org.uk/acrobat/B1462.pdf)
- The Freedom of Information Act. [www.unison.org.uk/acrobat/B1959.pdf](http://www.unison.org.uk/acrobat/B1959.pdf)

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**Additional Resources:**

- Effective Campaigning: a UNISON guide  
This helpful guide packed full of ideas and tips for running an effective campaign. Download the guide at: <http://www.unison.org.uk/acrobat/19308.pdf>
- UNISON guidance and briefings
  - [www.unison.org.uk/healthcare/](http://www.unison.org.uk/healthcare/)