



Dealing with change at work

A CSP Steward's toolkit



Introduction to your dealing with change toolkit

Welcome to Section 1 of your Tool Kit on Dealing with Change. Below is an overview on your role, and how to use the various parts of our tool kit to effectively organise and respond to changes at work.

CSP members face constant change to their jobs, services and working conditions. When faced with change proposals, members need to know:

- What their rights are.
- How to organise and influence management decision making.

How does it start?

Managers make changes for a variety of reasons. Sometimes they do not want to consult or they expect staff to accept a tight timeframe to consider their plans. Often the information on how the changes will work is not available or lacks sufficient detail. The checklist below gives general advice to protect members' rights. This list refers where appropriate to the other parts of this toolkit to assist you in dealing with change:

- Check your employer's management of change policy to see if it sets out what information members should get at the start of the process. Section 4, Part 2 of your toolkit provides you with a quick to read flow-chart on what your policy's main provisions should cover
- Refer to Part 1 of Section 4, for the main terms you want agreed with your managers, before they put out any proposal to restructure to your members. Use this template either as your checklist or as a

draft memorandum of understanding/agreement to achieve an effective and fair consultation process.

- Ask for a risk or impact assessment of the planned change.
- Raise any immediate glaring issues that you see from their proposal or impact/risk assessment. See section 7 - a good checklist on what to look out for.
- Written proposals should describe the rationale for change. Establish with managers that the changes improve or maintain service quality without compromising patient access (i.e. increased waiting times or distance to travel for treatment)
- Do challenge your employer if the timescale for the consultation is too short. Check your members' legal rights to consultation and information, especially if the change includes the possibility of redundancies. See Section 10, which lists relevant CSP briefings on Redundancy, TUPE and Seven Day Services for more information. Again, refer to your employer's change policy to check they are following their own procedures.
- Negotiate clear commitments from managers on how and when they communicate with you and the membership - check Section 4 for what you need.

Roles in the process

The manager's role is to present their proposals, ensure staff have opportunities to ask questions, meet with them, actively listen and adapt their plans to accommodate staff's concerns if they can. (See Section 6 for how good managers handle change).

The steward's role is to:

Ensure management are doing things properly (read Sections 4, 6 & 7)

- Arrange meetings where appropriate to support members to seek answers from their employer
- Explain to members what their rights are and how the process should work. (See Section 3 which is an advice sheet to give to your members about dealing with changes at work)
- Most importantly organise members affected by the proposed change to effectively network and agree on what they want to do about the situation. Refer to Section 2
- Work closely with safety reps around health and safety concerns (See Section 5)
- Notify your Senior Negotiating Officer if members' jobs are at risk or members want to pursue a collective grievance.

Your members' role is to:

- Review the proposals and ask questions (Give them sections 8 of our impact assessment form and section 9)
- Let you know what they think and what they want by talking to each other (Sections 3, 7 & 8).
- Work with you in developing the CSP response to your employer. (Section 9 of the kit)

Responding to the proposal

Organise members either in their services or in their bands (depending on how the proposals affect them) to impact assess the proposal. Section 8 gives you two templates, one assisting members to consider the impact on their roles and the other, sets out a SWOT analysis to help members identify the key threats and strategize how to organise themselves to begin a good counter-response. Focus your response on how the changes may affect service delivery

for patients. If staff's health, safety and wellbeing is at risk involve your CSP safety rep and ask they share their findings with you when undertaking an inspection or survey of members. See Section 5 for more information on what safety reps can do.

Meet with managers near the end of the consultation to discuss the issues before they reach any final decisions. Make it clear the purpose is to see if it is possible to reach agreement with members on their plans. Good managers will try to accommodate their staff's concerns as much as possible in their plans. They will give staff a clear written explanation for their decisions that show they considered the issues and how they will deal with them.

Ensure there is a transition plan in place before the employer makes any significant changes that affect staff and services. Staff also require adequate notice before implementation. Ideally, the CSP and manager should meet regularly to review and resolve any potential issues or problems throughout this transition.

Points to remember

- The steward's role is not to do all the work, your role is primarily about organising and co-ordinating your members to work and respond collectively when communicating with their employer.
- If members are not engaging with you or your employer - remind them doing nothing usually results in an unsatisfactory or badly thought out plan. Most often, organised members achieve concessions that improve the situation for everybody.
- Do challenge management by submitting a collective grievance, when they ignore or decline to follow their own policy; for example not giving you enough information or time to participate in their consultation process. The process matters because it ensures workable decisions get made. Ask for the status quo until the grievance is resolved. Do this regardless of whether or not you have a status quo clause in your grievance policy. When you find yourself in these situations involve your Senior Negotiating Officer as soon as you can.

How to organise members to deal with changes at work

Build your CSP network – map your workplace

Get together with the other safety reps and stewards in your trust or workplace and do a mapping exercise on where the physiotherapists/associates reside at your workplace/trust and if changes are underway, how it will affect them.

You can set up a spreadsheet or download/print off a plan of your workplace from your employer's website to use for reference or design your own floor plan of your workplace on a sheet of paper – do whatever works for you

The CSP can assist by giving you data on the number of members we hold at your workplace or organisation. We can provide members' names but not their personal contact details.

Note: Do ensure there is no identifiable data on your map if you are showing it to others unless they are a CSP accredited representative. For example, you cannot include any details about who is or who is not a member of the CSP. Contact your SNO if you have any queries.

On your map you want to include, if you can, the following information:

- 1 Number of physiotherapists/associates
- 2 Number of CSP members
- 3 Number and names of CSP activists (i.e. steward/safety rep)
- 4 Issues affecting members – when a restructuring is proposed how will it affect the members?

After you have done your map draw up a 'to do' list of your priority sites where having an active member being your main contact to help you organise the physiotherapists and associates affected by the change.

Example - St Elsewhere hospital

Work area	Outpatients
No of physiotherapists and associates	25
Members	15
Reps (safety reps/steward)	1 steward
Issues	Losing space will lead to overcrowding Not enough work stations

Getting Members Involved

Introduction

Good workplace organisation depends on active members and representatives, so consider the following tips on how to approach people to get involved.

- Find out what interests people and what they are involved in.
- Find out about members who have challenged management and have shown good judgement.
- Involve yourself with people who organise social events and activities – they might be prepared to do it for the CSP.

- Target people who are natural leaders', i.e. they seem to be respected, trusted and liked by their peers, or they are not afraid to speak out.
- Notice those who help others and don't just do things for themselves
- Be aware of that person who others turn to for help or guidance.
- Play devil's advocate to stimulate discussion on a topical situation to see who 'bites'
- Always carry some CSP recruitment materials, merchandise, e.g. a pen, or relevant information that you think may interest colleagues. Note you can usually pick up our merchandise when you attend your regional training day.

Consider:

What motivates a member to be involved?	What stops people getting involved
<ul style="list-style-type: none"> • A feeling of justice or unfairness • A particular issue that they want to see resolved • Previous involvement with a union • A sense that they want a voice, respect and dignity at work • Already active in other groups, e.g. a Greenpeace member or volunteers for a local community organisation 	<ul style="list-style-type: none"> • Afraid of being singled out • Not enough time at work or other commitments • Not confident enough to get involved • Feel they lack the skills or knowledge Haven't been asked • Times of meetings/venues are inappropriate

Source: TUC publication: Organise! a voice in every workplace

When you have recruited your CSP Workplace Contact - DO:

- 1 Ask how they think they can help and what they feel comfortable with, and how much time they can provide.
- 2 Give them tasks that are manageable and achievable
- 3 Go back to him or her and see how they felt about the task they undertook. Discuss any of their concerns/issues that may have come up and how to resolve.

Examples of tasks your CSP Workplace Contact could undertake:

- 1 Distribute CSP pamphlets
- 2 Create a map of their work area showing members/non-members and to draw up a list of names of who to recruit
- 3 Approach three people to find out what is good or bad about the workplace
- 4 Get others to complete a survey or a petition
- 5 Ask others to join the CSP and complete an application form
- 6 Put up a CSP poster
- 7 Ask a person to attend a CSP meeting or event
- 8 Ask people who have relevant skills to help you to compose/design a leaflet or newsletter etc.
- 9 Find members to get involve in a CSP activity, such as a campaign/exhibition or event

Check out the CSP Learning Hub eBites for Stewards and Safety Reps on Mapping and Building the Workplace Team.

<https://vle.csp.org.uk>

Checklist for members coping with change at work

- 1 Does your employer have an organisational change policy and if so are they following it?
- 2 Where significant changes are proposed for your work has all relevant information been provided to you, your colleagues and the CSP?
- 3 Have management's proposals been provided with enough time to allow you to be properly consulted with, or has the crucial decisions already been taken?
- 4 Does the information provided by your employer include exactly why, when, who is affected and how and what the claimed impact on your services will be?
- 5 If colleagues from other unions/professions are affected or have an interest what sort of network or process been set up to ensure effective information sharing and support?
- 6 Have you and colleagues put management on notice that there must first be clarity on the process – timescales, status of proposal, nature of consultation and staff involvement?
- 7 Has your steward or safety rep networked via CSP with members from other organisations where similar proposals have been introduced?
- 8 If there are potential redundancies looming, read up on your rights by downloading CSP's information paper titled "Redundancy: A Guide to the Law and NHS Provisions" – available to CSP members at www.csp.org.uk

Do:

- ✓ Discuss with colleagues and the CSP the option of taking out a collective grievance if your employer is not following their policy, not giving enough information or enough time for you to effectively participate in their consultation process.
- ✓ Talk to family and friends if feeling stressed, allow them to support you.

Don't:

- ✗ Suffer in silence.
- ✗ Accept changes to the scope of your job or your responsibilities without making sure that you know what is required of you and are able to do it.
- ✗ Ignore health and safety effects associated with stress. If available utilise your employer's employee assistance programme or contact Occupational Health, or see your GP.

The CSP negotiation template

The CSP and (insert employer's name) agree that:

A. The CSP rep's role

- 1 CSP reps involved in the process will be paid as per their rostered duties and replaced in their work area
- 2 CSP reps will attend consultation staff meetings and given opportunity and time to arrange their own meetings with staff to discuss proposed changes and to develop alternatives if desired by their members.
- 3 CSP reps to be offered the opportunity to meet before, during and end of consultation with the manager responsible for the restructuring.
- 4 Adequate time provided to CSP reps to review initial proposal and objectives in order to prepare for pre-consultation meeting. Not less than 5 working days is required before this meeting.

B. Objectives as set out in initial proposal to staff to include the following:

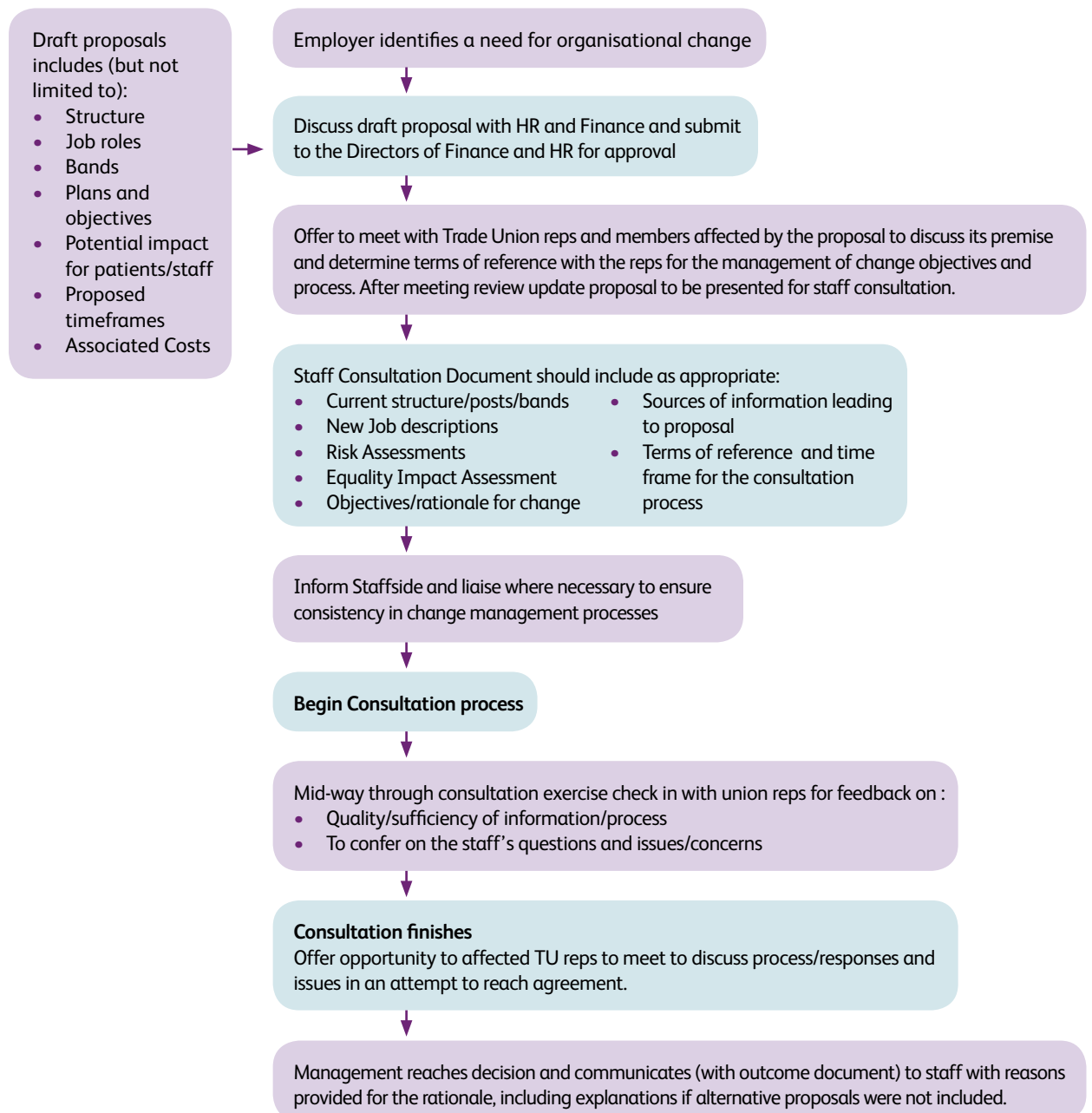
- 1 The purpose/function of the department/Service/Team etc
- 2 The expectations of the users of the service and to what extent those expectations are being met.
- 3 To establish a level of service that is appropriate and achievable, taking into account 1 and 2
- 4 To determine what level of staffing and resources is required to provide a safe service.

C. The process

- 1 Consultation will commence on X and be completed by X
- 2 CSP reps and management to communicate on regular basis and meet half way through the consultation on XX to determine the following:
 - Is Information sufficient – if not how will this be resolved and by whom/when?
 - What are the issues and questions arising from this exercise?
 - Can the questions/issue be resolved? Or is further investigation/research/planning required? If so how will this be progressed and how will the CSP reps be involved?
 - Timeframe – Review on whether more or less time is required for staff consultation.
- 3 Consultation ends on XX – Meeting between CSP reps and manager/s held on XX. Purpose of meeting to discuss staff feedback, alternative proposals if submitted. If agreement achieved on proposal and/or alternatives – determine plan of action on how changes to be implemented.

Flow chart – Managing change in partnership

What managing of change policies with respect to the Trade Union involvement should contain



Impact of change of health, safety & wellbeing

Health and safety problems tend to arise around poorly thought out and implemented changes to job design, organisation and management of work. The impact often results in physical and psychological harm to staff as outlined below:

Experiencing Stress

Change can be a major cause of stress when employers fail to provide information or consult with staff about their plans. When there is job uncertainty, some may find this worrying and if this state of uncertainty is prolonged, it can lead to them experiencing stress related illness such as anxiety, depression and cardiovascular disease. Stressed staff also tend to make mistakes, and have more accidents.

There may be an adverse impact on other staff expected to cover for the stressed colleague who has gone off sick. They may face an increase in demand, which pushes them to work faster or longer. If these demands are unrelenting or viewed as unreasonable, a continuing spiral of stress and ill health may result.

Musculoskeletal (MSK) disorders

MSK disorders is the most common cause of workplace illness in the UK. The back and upper limbs are usually the most vulnerable to injury and pain. The problem are often made worse when changes are made to how staff work or new technology introduced without sufficient consultation, or assessment of individual need. The impact of the change may not be fully realised until it is too late as staff start experiencing a gradual onset of muscular pain and related injuries. An example of this is staff using portable devices on the go or feel pressured by workload considerations to reduce their down time between manual handling treatments of patients, which undermines ability to recover. Proper risk/ impact assessment undertaken by a competent person is essential before staff change the way they work.

Work Environment

The impact of several years of cost restraint in the NHS has led employers to make changes to where and how staff work. Two different approaches are often used. They try to economise on office accommodation by increasing the number of staff expected to share space and work stations. Alternatively, or sometimes additionally the employer introduces increased remote lone working with the provision of portable electronic devices that are not always appropriate to the employee's individual needs.

Cramped working conditions can result in:

- Increased likelihood of slips and trips accidents, for example through inadequate provision of storage for staff's personal belongings and equipment.
- Increased stress through struggling to hear and communicate with others in a noisy distracting environment in particular hampering them in ensuring patient properly understands what is going on regarding their condition and treatment. Additionally there may be confidentiality considerations, if they are disclosing personal details about patients to others not involved in their case.
- Compromising safety standards. For example, staff obstruct fire exits with equipment or their belongings due to lack of space to store items more appropriately.

The potential risks confronting staff working alone include:

- Isolation and loss of support networks with other colleagues and management.
- Violence and aggression from patients, their relatives and members of the public.

What Safety Reps can do

Before a restructuring, the safety rep can:

- 1 Check your employer's policy on organisational change. Does it include reference to how potential health and safety problems will be identified and resolved
- 2 Ensure consultation on changes that could affect health and safety are included as part of the health and safety Committee's remit.
- 3 Get relevant information and support from their contact with Estates, Infection Control, Health and Safety Advisers, other safety reps
- 4 Meet or survey members to understand how the change may affect their health and wellbeing
- 5 Access the employer's risk or impact assessment of the plan/proposals and if needed, remind managers of the safety rep's right to be consulted under clause 4A of the Safety Representatives and Safety Committees Regulations 1977.
- 6 Circulate CSP advice sheets to members on relevant health and safety issues, for example, CSP stress advice sheets on what members can do about change, or demands at work.

During consultation, the safety rep can:

- 1 Keep the issue on the agenda of the workplace safety committee
- 2 Undertake workplace Inspections to identify the hazards arising from the proposed changes and report these in writing to managers and members.
- 3 Review employer's risk assessments or request a risk assessment if there has not been one done.

- 4 Provide feedback to managers on any member health, safety or wellbeing concerns and when appropriate offer recommendations on how to improve or resolve any problems arising.
- 5 Ensure the employer provides and meets the costs of staff's training needs arising from any changes to their job role.
- 6 Check communication between managers and members is effective. Are members getting enough information about the proposals? Are managers actively seeking solutions to resolve members' concerns when raised?

After implementation, the safety rep can:

- 1 Do a workplace inspection. The activity could include body mapping or running a stress survey with members, or reviewing recent sickness absence records, since the introduction of the change to see the impact on members' health and wellbeing.
- 2 Ensure (if there has been any incidences) that management provide the expected incident data to the Health & Safety committee
- 3 Review management's stress audit or relevant risk assessment. If the information is out of date to ask for the audit or assessment to be re-done.
- 4 Raise members' concerns through the appropriate communication/management hierarchy.
- 5 Work with stewards and members to resolve problems that have arisen because of the change, using their role as an accredited safety rep to get employers to understand their duty of care under any relevant health and safety regulation that may apply.

What good change management should look like

Step1 GETTING ORGANISED

- 1 Have a strong policy on managing change
- 2 Make senior managers accountable
- 3 Have a clear change-management procedure in place
- 4 Communicate and include everyone
- 5 Review to improve

Step2 RISK ASSESSMENT

- 1 Identify the people involved
- 2 Identify all changes
- 3 Assess the risks of both the process and the outcome
- 4 Consider the human factors, competence and workload
- 5 Test scenarios

Step3 IMPLEMENTING & MONITORING

- 1 Provide enough resources to make the change safely
- 2 Monitor risks during change
- 3 Keep plan under review, track actions
- 4 Monitor performance after change
- 5 Review change policy

Successful change is more likely when employers:

- Notify reps in good time that they are thinking of making changes
- Clearly explain to staff why the changes are needed
- Involve staff in the planning stage
- Actively listen to staff's ideas & concerns
- Communicate well with everybody throughout the change process
- Do all that they can to reduce any risks
- Consider what work overload may result
- Consider the impact of possible loss of skills and experience
- Have good procedures in place to manage the transition
- provide training for those doing a new role
- Regularly review whether the changes are working or not
- Have contingency plans if there are problems
- Learn from their successes and failures to ensure they improve next time.

Checklist – Reviewing your employer's organisational change risk assessment

	Manager's response	Staff's view	Improvements/Questions
1	Have all the steps in the risk assessment process been covered? (1. Identify the risks/2. Decide who might be harmed/3. Evaluate the risks/4. Record findings/5. Monitor & review)		
2	Are solutions based at an organisational level with an emphasis on prevention – i.e. managing the root causes of the hazards identified		
3	Is there commitment from all parties (senior mgt/ employees and their reps) to the consultation process?		
4	Are arrangements (e.g. surveys/ meetings/ focus groups) in place to identify and address the risk factors such as: <ul style="list-style-type: none"> • Various demands on staff to do the work (time/resources)? • Who is responsible? • Is the staff mix (skills/ experience) sufficient? Refer to HSE Stress Management standards for advice on relevant risk factors (demands/control/support/ relationships/role conflicts/change)		
5	Have the gaps between the current situation and good practice been identified against relevant risk factors?		

	Manager's response	Staff's view	Improvements/Questions
6	<p>Have the workforce?</p> <ul style="list-style-type: none"> • Been asked for their views on workplace conditions • Had their suggestions sought for solutions to problems identified (eg improving working conditions, changing the way work is organised) • Been empowered to contribute and feel that their views are listened to and acted on 		
7	<p>Are the training needs for staff taking on new roles/responsibilities in the new structure been properly accessed and catered for?</p>		
8	<p>Is there documentation to show what has been done at each stage of the planning and implementation process. Can it show that decisions are reasonably practicable?</p>		
9	<p>Is there a commitment to review the effectiveness of decisions with stakeholders within a couple of months after implementation?</p>		
10	<p>Will the changes be audited against key service/professional performance indicators within six or 12 months post implementation?</p>		

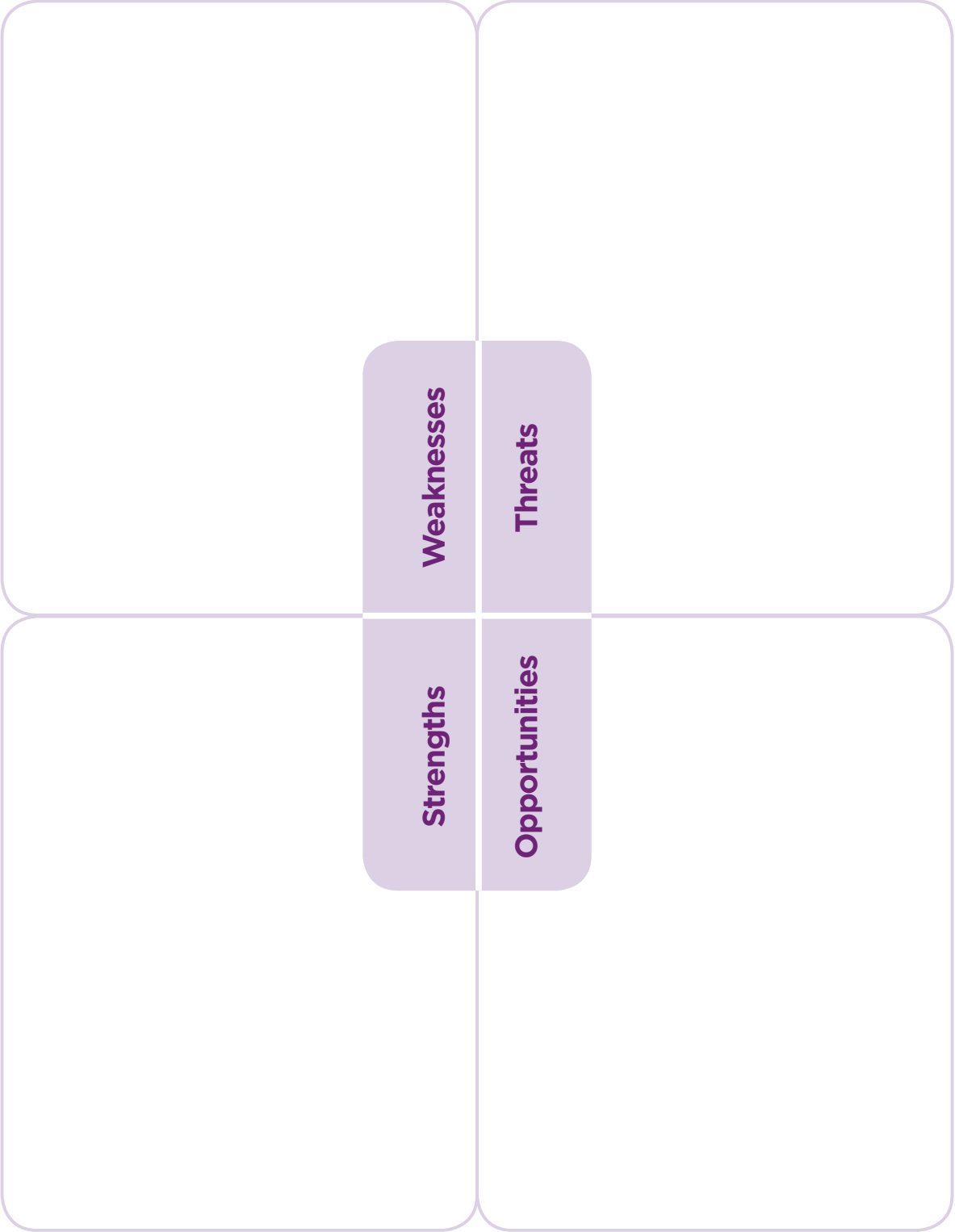
The CSP impact assessment form

Complete this form to understand the proposed change has on your roles and responsibilities

Current Posts:	Post and hours lost or changed
Operational Hours	Hours lost or changed by the restructuring
Key skills/responsibilities:	Key skills/responsibilities lost:
Impact (for example are the displaced tasks/responsibilities being picked up others or removed from service completely?)	
Questions:	
Any benefits? Do you have an alternative proposal to improve proposal?	

The problem with the proposed change is:

Consider the following factors: costs/resources/attitudes/vested interest groups/competitors/legal/regulatory/timescales/current practices



How to prepare & what to cover in your response

Preparing your Case - where is your evidence?

- We strongly encourage you to put in a written response as your own clinical knowledge and experience is vitally important to your employer. You are an expert in your field and indeed have a professional responsibility to challenge proposals if you know they could undermine your services. Often managers are deciding on matters they know very little about. Your input is therefore crucial.
- Visit our CSP website www.csp.org.uk to review resources such as Physiotherapy Works leaflets, reports, articles that we hope you find helpful. Also check out any relevant iCSP discussion boards etc for information.
- If your post is to change under the proposals, read up on re-evaluation of changed jobs in the NHS Job evaluation handbook to find out what you are entitled to. The hand book is available at www.nhsemployers.org/
- The CSP encourages you to talk to your colleagues affected by the proposals and possibly with other professionals from your MDT team (if they share your concerns). If you can, submit a team or service response. Managers cannot easily ignore a strong collective submission where there is consensus of staff's concerns. When organised in this way you are more likely to achieve success in either over-turning or significantly improving management proposals.
- To assist your arguments or concerns consider getting statements from MDT colleagues that concur with your views or concerns.
- Gather any thank you letters from patients, particularly if they mention any elements of the service that are under threat by the proposals.
- Liaise with colleagues in other Trusts to see if they have undergone a similar restructuring. Use your iCSP networks' discussion forums. If relevant, refer to their experiences as evidence of the problems that can arise, particularly if it highlights a decline in services to patients.
- Think about those key questions to raise at staff meetings with management. Ensure that either you or other colleagues are present to ask them. Questions that start with 'how' and 'what' are more likely to assist you in getting proper answers, and to expose poor planning and the risks to services.

How to start...

A good approach to drafting your written response is to set it out under three key headings: Summary (of the issues), Impact (for staff and most importantly on patients), and (your) Concerns.

What to consider when making your case:

Review the following questions on the key issues:

- 1 What evidence do you have that the current situation is working well? Are there relevant audits? Patient satisfaction questionnaires? Readmission statistics?
- 2 Do you have access to research or any other evidence that your service is clinically effective?
- 3 Will any of the proposed changes have a positive impact for staff, patients or service delivery? If so, it could be helpful to acknowledge this in your submission to demonstrate you can be balanced and constructive in your feedback. This may encourage your employer to be more responsive to your concerns.
- 4 Consider if there are any better alternatives, particularly if you are aware that the current situation is inefficient. Ensure you have adequate support from colleagues for your ideas. Do you have any local audits to back you up?
- 5 Have quality, safety and efficiency been monitored in your area? If not, why not? Do you think auditing or re-auditing is required before changes are made? Is there a potential risk to quality and safety?
- 6 Do the new proposals meet the CSP's or other relevant sources of clinical standards of practice, national service frameworks, clinical guidelines or do they impede you and others in achieving them?
- 7 If this is about saving money - have managers adequately explored alternative methods of achieving savings? Have management adequately considered other options (such as retiring relevant staff) prior to making these proposals? Are you aware of previous valid ideas that managers may not be aware of or have forgotten?
- 8 Are there elements of your role omitted from a proposed job description that you feel will have the effect of undermining patient services or management efficiencies? Consider the impact on quality, safety, and efficiency of service. Ask your steward to give you our CSP impact form to complete.
- 9 If senior grades are under threat consider the cost and quality arguments of how expertise brings efficiencies through autonomy to triage, referrals, providing more effective treatment, and reducing a patient's length of stay.
- 10 Will the proposals negatively affect other services e.g. social care services, waiting lists?
- 11 Do you have any health, safety and wellbeing concerns? These may include increased workload, stress, deteriorating morale, and staff retention.
- 12 Are there any other areas of risk not identified by management that you consider relevant? For example, the impact on the ability to deliver staff training and supervision if there is fewer senior staff. If helpful, do a calculation of the percentage of senior clinicians' time spent on training, supervision and appraisals against a predicted loss of patient facing time before and after the proposed changes.

Other Resources

CSP Information Papers and advice sheets – Available on our website www.csp.org.uk

- Redundancy: *Redundancy Guide Law and NHS Provisions*
- *Seven Day and Extended Hours Resource Pack* – changes to work patterns that include advice on members' contractual rights
- *Seven Day Physiotherapy Services: Meeting the Challenge* – to be read in conjunction with the *Seven Day and Extended Hours Resource pack*
- *TUPE – Transfers of Undertaking Regulations in England, Scotland and Wales*
- *TUPE – The Transfer of Undertakings (Protection of Employment) Regulations in Northern Ireland*
- Flexible working: *Flexible Working – Building a Better Balance – Information Pack for CSP Stewards*
- *Campaigning in the NHS* – How to campaign when your NHS services are under threat
- *Advice for Stewards: Attacks on AFC Terms and Conditions – Tips for Stewards*
- CSP Quality Assurance Standards for physiotherapy service deliver – <https://www.csp.org.uk/standards>
- CSP Professional advice regarding your duty of care to service users – <https://www.csp.org.uk/publications/duty-care>