

Statement: PS25.01

Cabinet – 18 January 2022

Re: Agenda item 25 - Adult Social Care In-house Rehabilitation Centres Review

Statement submitted by: Rowena Hayward GMB

The GMB is calling upon Cabinet – specifically to the Executive Member for Adult Social Care and Integrated Care System to support the request for this decision to be deferred. We note that in the report it is clear that you are being asked to make a decision yet mid way through this report you are being asked to make ‘an in principle decision’ - what does that actually mean? GMB members have had experience of what this jargon means by Cabinet making an ‘in principle decision’ relating to their employment status which is then enacted without any further discussion or due diligence carried out.

GMB is requesting the Mayor to move this item up the agenda – to leave it as agenda item 25 is a further outrage to these loyal, dedicated and committed staff who wish to attend the Cabinet meeting to be told what their fate is by their employer. To put this item at no 25 on the agenda only compounds the continuing lack of compassion and understanding by Cabinet who are expecting them to wait virtually to the end of what will no doubt be a long and protracted debate on issues not impacting upon them – with the exception of the budget cuts! If one was being cynical it could look like the Cabinet is leaving one of the more contentious decisions to the end of the meeting in order that many of the staff will not be able to stay and hear the decision being made about their future. Over the years the Council have used this ploy on more than one occasion in this Council Chamber which is meant to support democracy and freedom of speech – or has that changed?

The GMB is appalled at the way in which the staff at South Bristol Rehab Centre have been treated by management by their lack of respect and failure to consult with these 40 staff who are facing either redeployment (not sure what jobs will be available to them after the budget cuts have been approved) or a TUPE transfer to Sirona – details to be agreed once the decision has been made. To date there has been very little consultation with staff – one meeting on 29th November 2021 just to ensure they were left feeling anxious and stressed in the lead up to Christmas and the New Year – but still expected to come to work on the front line. Putting themselves and their families at risk due to the increasing number of COVID cases being reported across Bristol and the SW. We have been told that consultation has taken place with the trade union side via the DJCC and JCC but this should never form part of the formal consultation with staff. A further meeting was held on 12th January 2022 where no-one from either the council or Sirona were able to answer any of the questions so critical to our members.

It is very disappointing to read in the report the same old jargon ‘building not fit for purpose’ – why is it not fit for purpose? – surely that is a responsibility for the council and the senior management who have had that responsibility since 1999? This smacks of negligence and mismanagement by senior management and those who run the Council.

'Rehab care is not a typical function of LA's' this was a ground breaking initiative back in the day and BCC should be proud of leading the way – why is Bristol not part of the CCG/BNSSG funding stream – is it through inertia or a political decision to just rid itself of all in house care. We also note the Council is looking for someone to take on East Bristol Rehab Centre – no surprises there then – just sadly very predictable – have the staff and unions been informed or is this Cabinet report 'part of the consultation process'?

What does it mean 'needs of the service users have changed and the current accommodation cannot meet requirements' ? The GMB understand that the South Bristol Community Hospital rehab service is operating as a hospital environment (hospital bed and a curtain which offers limited privacy) without any ability to enable users to make themselves a cup of tea, wash or dress themselves or attempt any of the required activities before they are deemed able to return to their home.

The GMB have learnt that some users are being accommodated at Redfield Lodge in East Bristol – I can personally validate this as my late partner in 2017 was offered 'rehab' at Redfield Lodge when he was at Southmead Hospital. Even though this is a residential home for people with severe dementia and staff are not qualified or experienced in rehab care. My question has to be 'how long has this been on the cards to get rid of the Council's rehab care service'? Of course we are fully aware this also around the time that North Bristol Rehab closed.

Why does the Council consider it beneficial for service users to be accommodated at the Bristol Hotel (aka Jury's Hotel in Princes Street)? We understand a number of people requiring rehab intervention are now being sent in order to free up beds from the BRI without the qualified, experienced staff to support them?

One staff member has asked that her own relative's experience be shared with you today. Her Aunt is 95 years of age and is being sent to the Bristol Hotel on Princes Street for 'rehab'. How can either the CCG/BNSSG or the Council (discharge to access) justify sending the frail and vulnerable to a hotel room where they will not receive the care they need and deserve to enable them to return to their home and independence?

The GMB would also like Cabinet to consider the fact that SIRONA are finding difficulty in opening the remaining 15 beds due to lack of staff – what is the reason for this difficulty in recruitment? Why is Bristol City Council so keen to off-load these experienced, qualified and dedicated staff to an employer who cannot recruit in an area with relatively high unemployment and lack of employment?

Point of clarity – in the report it states there will not be any loss of capacity if the South Bristol Rehab Centre is closed – there will actually be a loss of two beds as there are currently 17 beds available. To say the demand has diminished is unfair and frugal with the truth – we are in the midst of a pandemic therefore it is inevitable that demand has diminished as hospital operations have diminished due to COVID. However, once staffing shortages in the NHS have been addressed and they start to get back on track then the need for rehab intervention will increase significantly. I understand the Mayor has stated that Bristol needs people to remain independent for

longer in order to reduce the cost of social care for the future. Many people will echo that wish to remain independent for as long as they can but sometimes they need that six week period after an operation to get them back on their feet (literally).

Sirona set up initially in partnership with Bath and North East Council, St Martins Hospital and Royal United Bath Hospital to provide all occupational therapy, social care etc as a not for profit organisation – GMB along with our sister unions were heavily involved in this partnership. However, in September 2019 Sirona pulled the plug on BANES and walked away from the contract which was then contracted to a private sector provider (Virgin Care). What guarantee does the council have this will not happen again to your current workforce?

Many of these council staff have worked for 30+ years and yet they now feel the council does not want them or care about what happens to them – no-one has asked them what they want or how they think the service could be provided. Clearly this process has not just happened but has been ongoing over a significant period of time – without any dialogue with staff or the trade union side. Even now staff have continued to work throughout the pandemic when most of us -including you have been attending teams/zooms meetings rather than put ourselves and our families at risk – they did not have that option!

Sadly some of us will be more familiar with the realities of a TUPE transfer and what it actually means. We find it quite distasteful that in the report it is being promoted as 'an opportunity for promotion for some staff' which does the council no credit and is disingenuous. Equally when GMB, sister unions and staff asked at the meeting on 12th January what were the TUPE arrangements regarding pensions, were there any measures and other questions which staff needed to know before the decision is made - neither council management or Sirona management were able/willing to give a clear answer. We are still waiting – although we have been promised a FAQ by the Head of HR on Thursday (13th) which we are still waiting for.

Again the GMB have learnt from staff that when they have asked about their role and working pattern they have been informed that 'training' will be given to enable them to take bloods etc as they will be working in a clinical environment. Sirona have informed staff they operate a 12 hour shift pattern. The GMB would strongly advise Cabinet that if the TUPE transfer ultimately turns out to be a significant change to our members job role and working pattern.

TUPE does not give any guarantee that your role will not change once you transfer, your salary may change, your hours may change or that the enhanced redundancy pay may change if there is an Economic, Technical, Organisational (ETO) reason – most employers now try to find some reason to change staff's terms and conditions albeit they will wait for possibly six months before attempting this – that is the reality! That is what you will be agreeing to if you make the decision today.

As yet though no-one is really consulting with our members they are being told this information from Sirona before Cabinet has made a decision – is this Cabinet meeting yet another rubber stamp exercise? If this is already a done deal then

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As this is part of the 2022/23 budget cuts - the amount of saving is very little after cost of redundancies and keeping the building open - (report states possible saving of £500k re building revenue and potential £50k re staffing costs after redundancy etc for those staff out of TUPE scope) why not trawl for VR across the whole Rehab workforce. These cost savings may well not be realised if the building is used by other groups it will need to be adapted as currently my understanding is it is specially configured for rehabilitation not for general use – unless you are planning to offer it up for student accommodation as was one home in Withywood and a school in Sea Mills which were left by the council for years and incurred security costs to the people of Bristol.

In the Budge report it states the council will be offering VR for those workers above a certain SCP. GMB is keen to see how this fits in with the City and council strategy for the next five years or is it yet another excuse for those on high salaries to get a nice package and then come back as consultants? What about the working class workers of the council who deliver front line services and continue to do so throughout the pandemic why can't they have options? Good to see that Bristol still prides itself as an 'employer of choice'!

The GMB is demanding that no decision is made and that any decision is deferred until all the questions outline above and additional question which have been asked are answered. We are demanding proper and meaningful consultation takes place with staff and their union representatives with a thorough due diligence process is undertaken to ensure this rehab service is not just 'discarded' without any thought for the people of Bristol who use the service and future service users.