Royal College of Nursing response to Make Work Pay: threshold for triggering collective redundancy obligations

About the Royal College of Nursing

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector.

The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

About you

Question 1: Please indicate whether you are responding as:

[ ] An individual or employee

[ ] An academic, or on behalf of an academic or research organisation

[ ] An employer

[ ] A legal representative

[ ] A business representative organisation

[ ] A trade union or staff association

[ ] A voluntary sector organisation

[ ] Other – please specify

Question 2: If responding as an employer, business, business owner or business representative, approximately what is the size of your business? If responding as an individual or employee, what is the size of the workplace you are employed in?

[ ] Micro or small (1 to 50 employees)

[ ] Medium (51 to 250 employees)

[ ] Large (250+ employees)

[ ] Don't know

[ ] Not Applicable

Question 3: If responding as a large employer, business, business owner or business representative (as answered above), approximately what is the size of your business? If responding as an individual or worker of a large employer, what size workplace are you employed in?

[ ] 250 to 499 employees

[ ] 500 to 999 employees

[ ] 1,000 to 2,499 employees

[ ] 2,500 to 9,999 employees

[ ] 10,000+ employees

[ ] Don't know

Question 4: Which region are you located in?

[ ] North-East

[ ] North-West

[ ] Yorkshire and The Humber

[ ] East Midlands

[ ] West Midlands

[ ] East of England

[ ] London

[ ] South-East

[ ] South-West

[ ] Wales

[ ] Scotland

[ ] Northern Ireland

Question 5: What sector are you based in?

[ ] Accommodation & food service activities

[ ]Activities of households as employers; undifferentiated goods and services producing activities of households for own use

[ ] Administrative & support service activities

[ ] Arts, entertainment and recreation

[ ] Agriculture, forestry and fishing

[ ] Construction

[ ] Education

[ ] Electricity, gas, steam and air conditioning supply

[ ] Financial & insurance activities

[ ] Human Health and social work activities

[ ] Information & communication

[ ] Manufacturing

[ ] Mining and quarrying

[ ] Production

[ ] Professional, scientific and technical activities

[ ] Public administration & defence; compulsory social security

[ ] Real estate activities

[ ] Services Sector

[ ] Transportation & storage

[ ] Water supply; sewerage, waste management and remediation activities

[ ] Wholesale and retail trade; repair of motor vehicles and motorcycles

[ ] Other service activities

Consultation questions

Question 6

What is your assessment of the benefits of a collective redundancy consultation?

The Royal College of Nursing believes that collective redundancy consultation is one of the most important safeguards available to workers facing organisational change.

In health and care settings, the consequences of redundancy exercises extend beyond the immediate loss of employment. Workforce reductions can directly affect patient safety, continuity of care, waiting times, workload pressures, and staff wellbeing. Effective consultation therefore benefits employees, employers, patients/service users, and the wider public.

Collective consultation enables trade unions and employee representatives to challenge assumptions made by employers and propose practical alternatives to compulsory redundancies. In NHS organisations, consultations have frequently resulted in redeployment opportunities, revised staffing structures, voluntary redundancy arrangements, retraining programmes, and improved equality monitoring. These outcomes reduce organisational disruption while protecting valuable workforce experience and clinical expertise.

The RCN also believes that meaningful consultation improves transparency and trust. Employees are more likely to engage constructively with organisational change when employers share information openly and meaningfully involve staff representatives. This is particularly important in healthcare environments already experiencing high levels of burnout, retention problems, and staffing shortages.

The Institute of Employment Rights has consistently argued that collective consultation is not merely an administrative process but a fundamental aspect of workplace democracy and fair employment relations.

Question 7

In your experience, how effective are collective redundancy consultations at preventing or reducing redundancies?

[ ] Very Effective

[ ] Moderately Effective

[ ] Not Effective

[ ] Don't know

[ ] Other

Collective redundancy consultations can be highly effective in preventing or reducing compulsory redundancies when employers engage genuinely and at an early stage. Across healthcare settings, consultation processes have frequently identified alternatives that management teams had either underestimated or not fully explored before entering formal consultation.

Trade union representatives and staff-side organisations possess detailed operational knowledge about staffing pressures, patient demand, service delivery, workforce deployment, and clinical risk. As a result, consultations often produce workable alternatives such as vacancy management, redeployment, retraining, flexible retirement arrangements, reductions in agency expenditure, or voluntary redundancy schemes. These measures can significantly reduce the need for compulsory job losses.

The effectiveness of consultation, however, depends heavily on timing and employer attitude. Where consultation begins only after strategic decisions have effectively been finalised, opportunities to influence outcomes become limited. The RCN has concerns that some employers continue to treat consultation as a procedural compliance exercise as opposed to a meaningful process of engagement.

Within the NHS and wider care sector, meaningful consultation is particularly important because workforce reductions can affect patient safety and service quality. Early and robust consultation helps identify these risks and can lead to more sustainable decisions.

The equality dimension is particularly important. Nursing is a predominantly female and highly diverse workforce, with many staff working part-time or in lower pay bands. Without effective consultation, redundancies risk disproportionately affecting these groups, exacerbating existing workforce inequalities and pressures.

Collective consultation allows unions to scrutinise proposals, challenge unfair selection criteria, and ensure that mitigation measures are fair, inclusive, and responsive to the needs of different staff groups.

Embedding equality considerations throughout the process, alongside ongoing monitoring, helps ensure that redundancies are not only reduced where possible, but also implemented in a way that protects both staff wellbeing and patient outcomes.

Question 8

What is your assessment of how effective collective redundancy consultations are at increasing redundancy pay?

Trade unions are often able to negotiate improvements beyond statutory minimum entitlements. In health settings, collective consultation has helped secure enhanced redundancy payments, pension protections, retraining support, career transition assistance, redeployment opportunities, extended notice periods, and wellbeing support for affected staff. These protections are particularly important in the NHS and social care sectors, where many employees have long service histories and highly specialised professional experience.

Collective consultation also improves transparency and consistency in the application of redundancy policies. Without effective consultation, there is a greater risk of arbitrary decision-making, inconsistent treatment of staff, and confusion regarding entitlement calculations. Union involvement helps ensure that employers apply policies fairly and communicate clearly with affected employees.

The RCN further notes that improved redundancy terms can help reduce financial insecurity and emotional stress for workers experiencing restructuring. Healthcare professionals often experience redundancy alongside concerns about professional identity, patient relationships, and future employment prospects. Meaningful consultation can therefore mitigate some of the harmful impacts associated with workforce reductions.

To improve effectiveness, there must be a stronger and more structured focus on equality impacts. Equality impact assessments should be embedded within consultation processes and go beyond high-level statements. Mitigations must be specific, measurable, and properly resourced, with clear accountability for delivery. Particular attention should be given to groups more likely to be adversely affected, including part-time staff, fixed-term employees, lower pay bands, and those with protected characteristics.

Crucially, trade unions should be involved in ongoing equality monitoring, not just initial assessment. This would ensure that any disparities in redundancy pay outcomes are identified and addressed in real time, helping to deliver fairer and more equitable results for all employees.

Question 9

What is your assessment of the extent to which running collective redundancy consultations is burdensome for employers?

[ ] Very burdensome

[ ] Moderately burdensome

[ ] Slightly burdensome

[ ] Don't know

[ ] Other

The RCN does not accept the argument that collective redundancy consultation represents an unreasonable or disproportionate burden on employers. Redundancy exercises are serious organisational decisions with significant consequences for workers, service users, and operational performance. Employers should therefore be expected to devote appropriate time, resources, and leadership attention to meaningful workforce engagement.

In healthcare settings, workforce reductions can directly affect patient safety, continuity of care, waiting times, and staff morale. Consultation processes provide employers with access to operational expertise from frontline staff and trade union representatives, helping organisations identify risks and avoid unintended consequences. The RCN believes this ultimately improves organisational decision-making and reduces the likelihood of costly implementation failures.

Many large employers, such as the NHS, already possess sophisticated HR systems capable of tracking staffing changes, vacancies, payroll information, and workforce planning data. The administrative requirements associated with consultation are therefore manageable, particularly for large organisations.

There are also important long-term organisational benefits associated with effective consultation, including reduced tribunal risk, improved industrial relations, stronger workforce trust, and reduced staff turnover. In healthcare environments already experiencing severe recruitment and retention pressures, preserving employee confidence is essential.

Question 11

Why does your organisation engage in collective redundancy consultations voluntarily?

While this question is framed from an employer perspective, the RCN is clear that collective consultation should not depend on voluntary action but on a strong statutory framework with a low trigger point.

In health and care, where workforce changes can significantly affect patient safety, relying on employer discretion risks inconsistent and inadequate engagement with staff. Many redundancy exercises affecting nursing staff are dispersed across services and would not benefit from voluntary consultation alone.

Employers, including those in the health sector, often engage in consultation voluntarily because it delivers better workforce and service outcomes. Early and meaningful engagement with staff and trade unions can help identify alternatives to redundancy, support redeployment, maintain morale, and protect essential skills. This is particularly important in nursing, where workforce shortages are already acute and continuity of care is critical.

As an employer, the RCN recognises these benefits and seeks to engage constructively with staff during organisational change. However, from our primary role as a trade union

representing a predominantly female and highly diverse nursing workforce, we are clear that voluntary approaches are insufficient. A mandatory, low threshold for consultation is essential to ensure fair, consistent protection for nursing staff and to safeguard patient outcomes.

Question 13

To what extent do employers currently monitor the number of redundancies that happen across their business?

Larger, multi-site organisations in health and care, such as the NHS, have HR/payroll systems capable of monitoring proposed redundancies across the organisation, but monitoring is not always consistently applied across complex organisational structures.

Where monitoring is weak, it can reduce transparency for staff and their representatives and risks consultation being triggered late, undermining the purpose of collective consultation to explore ways of avoiding or reducing redundancies. To address this, there should be a stronger expectation of structured and transparent monitoring processes, including the compulsory involvement of recognised trade unions.

The RCN view is that monitoring is most robust where employers have established workforce governance and partnership arrangements with trade unions and clear organisational change policies.

Question 14

How easy is it for employers to monitor the number of redundancies across their organisation?

For many larger employers, monitoring should be manageable where there are integrated HR systems and clear governance. However, it becomes harder where proposals emerge in stages over the 90-day window, across multiple establishments, or where responsibility for decisions is decentralised, increasing the risk of inconsistent tracking and late recognition that obligations may apply.

The consultation itself recognises that some approaches can introduce calculation and monitoring complexity and may increase disputes and inadvertent non-compliance.

Clear rules and guidance on definitions, timing and reporting will therefore be important to ensure employers can monitor accurately and staff-side can understand when obligations arise

Question 15

Do you foresee any potential challenges for a business operating across both Great Britain and Northern Ireland?

Employment law is devolved in Northern Ireland and the proposals apply in Great Britain, so some employers may face complexity in applying different legal frameworks and in determining which employees should count towards any organisation wide trigger.

The consultation notes the changes generally apply to employees working in Great Britain which can create practical challenges for headcount and redundancy monitoring across jurisdictions.

RCN would welcome clear statutory guidance on scope, consistent reporting expectations, and alignment with consultation timeframes to avoid uncertainty for staff.

In the context of Wales specifically, with the Social Partnership and PP Act now in place, there is an expectation of early and meaningful engagement with trade unions on workforce change. Positioning collective consultation reforms as needing to align with and support that framework would strengthen the argument and reflect how workforce change is expected to be managed in NHS Wales.

It is important that the forthcoming Employment Rights Bill in Northern Ireland aligns with any proposed changes as they affect the other UK jurisdictions, and that the UK government and the Northern Ireland Executive liaise appropriately to ensure this harmonisation.

Question 16

Which of the methods for determining the organisation-wide threshold do you consider the most appropriate?

[ ] Method 1: Fixed Number

The RCN does not support a purely percentage-based model as the primary mechanism, as this risks significantly weakening protections in large, multi-site employers such as NHS organisations. In these settings, a percentage threshold could permit substantial numbers of redundancies before consultation is triggered.

The RCN's clear position is that any organisation-wide framework must include a low, fixed numerical threshold, applied across the whole employer, to ensure early and consistent access to collective consultation rights regardless of employer size.

As a secondary position, the RCN would support a combined model incorporating both a fixed threshold and a percentage trigger, ensuring that consultation is required where either: a defined minimum number of redundancies is proposed; or redundancies represent a significant proportion of the workforce, whichever is the lowest number of workers.

This dual approach would provide the strongest protection against avoidance, ensure fairness across employers of different sizes, and prevent large organisations from making significant cumulative workforce reductions without meaningful engagement.

Question 17

Which methods are least appropriate?

A tiered threshold is problematic because it introduces complexity, unfairness, and weaker overall protections compared to a single fixed trigger.

First, tiered systems create "cliff-edge" effects, where small differences in employer size lead to large differences in obligations. For example, two organisations of almost identical size could face very different thresholds, meaning employees are treated inconsistently depending on which side of the boundary they fall. The consultation highlights this as a key risk of perceived unfairness for both employers and employees near tier margins.

Second, a tiered approach increases administrative burden and uncertainty. Employers must calculate and monitor their total workforce to determine which tier applies, which is not always straightforward. This raises the risk of errors and disputes about whether the threshold has been met, undermining clarity in the law.

Third, tiering may weaken protection for staff in large employers. Higher thresholds for larger employers could allow substantial redundancy exercises to proceed without triggering consultation, reducing the policy's effectiveness where impacts are greatest.

Question 18

Could a tiered approach create unfair outcomes?

As stated above, a tiered approach could create 'cliff-edge' outcomes for employers and employees close to the margins of a tier, were small differences in headcount lead to materially different consultation obligations.

From a workforce perspective, tiering could produce inconsistent access to collective consultation for nursing staff facing similar restructuring pressures, depending solely on which side of a tier boundary their employer falls.

Tiering may incentivise behaviour that distorts workforce planning and increase disputes about the correct tier and triggering point. If a tiered approach were pursued, strong safeguards would be needed, such as clear calculation rules, transparency to staff-side, and anti-avoidance provisions.

Despite these risks, a tiered approach would be preferable to the blanket approach of a fixed number model, as explained above.

Question 19

Do you foresee any challenges for a business when calculating the number of employees?

There are practical challenges for some employers in calculating employee numbers for an organization-wide trigger, particularly where structures are complex, decentralised, or involve multiple establishments and service lines.

Challenges include applying a consistent legal definition of 'employee', accounting for workforce churn and short-term fluctuations, and ensuring that proposals made over 90 days are tracked accurately and consistently.

Complexity increases where thresholds depend on headcount calculations, potentially increasing administrative burdens and the risk of disputes or inadvertent non-compliance. In health and care, additional complexity can arise from frequent internal restructures and service reconfiguration, alongside the need to assure patient safety and clinical risk considerations.

A practical approach would define an establishment (or grouping for threshold purposes) as:

Employees who are subject to the same redundancy programme, policy, or selection pool should be treated as belonging to the same establishment.

To reduce uncertainty, rules should be simple, transparent to staff-side, and supported by clear guidance on timing and counting, so consultation can begin early enough to influence outcomes.

Question 20

Are there any types of employees that should be excluded when working out total employee numbers?

The RCN does not support excluding categories of workers who are employed under a contract of employment, as this could create loopholes and reduce protections for groups that are common in health and care, including part-time and fixed-term staff.

Exclusions risk undermining fairness and transparency and could disproportionately affect protected groups, given the diversity of the nursing workforce.

The existing employment-law definition already distinguishes employees from genuinely self-employed contractors and from agency workers supplied by another employer. Introducing additional carve-outs could incentivise workforce structuring to avoid obligations and make it harder for staff and unions to understand when consultation rights arise.

Instead, the RCN recommends clear guidance on consistent application of the employee definition, transparent headcount reporting to staff-side, and robust anti-avoidance measures to ensure the new trigger operates as intended.

Question 21

Should employees outside England, Scotland and Wales be excluded?

Including out-of-scope employees in the calculation could distort the threshold and reduce protection for staff who are actually within scope, making it harder for employees and trade unions to understand when consultation rights should apply.

However, inter-country operations create genuine complexity. Clear guidance (with worked examples) is needed to avoid disputes and ensure timely, meaningful consultation.

Question 22

Are there any international approaches or best practices we should consider?

International practice suggests that clarity, predictability, and enforceability matter as much as the threshold level. Several European countries use mixed approaches combining variable and fixed thresholds, reflecting implementation of the Collective Redundancies Directive.

While these systems are not directly comparable, the key best-practice principles are that rules should be easy for employers to apply and for employees and unions to verify, enabling consultation to start early enough to influence outcomes.

From a nursing and patient safety perspective, best practice also includes integrating workforce consultation with robust assessment of service impacts, including clinical risk and equality impacts, so that workforce change decisions do not undermine safe staffing, supervision and continuity of care.

Question 23

To what extent do you agree that the organisation-wide threshold should not be set at a number which is lower than 250 redundancies?

[ ] Strongly disagree

[ ] Agree

[ ] Neither agree nor disagree

[ ] Disagree

[ ] Unsure

[ ] Other

The RCN strongly disagrees with the proposition that the organisation-wide threshold should not be set below 250 redundancies. A threshold at this level would exclude a substantial number of significant workforce reduction exercises from collective consultation protections, particularly within healthcare and public services.

The RCN position is that collective consultation should occur at a very low fixed threshold, with the widest possible definition of staff to be included. All consultation should be with a view to avoiding redundancy and mitigating loss.

In health and social care settings, even comparatively small staffing reductions can have serious operational consequences. The loss of experienced nursing staff may increase workload pressures, reduce continuity of care, increase waiting times, and contribute to burnout among remaining employees. These impacts can occur well below a threshold of 250 redundancies.

The RCN is particularly concerned that a high threshold would disproportionately disadvantage workers employed in medium-sized organisations or geographically dispersed services where redundancies may occur across multiple sites. Employers could continue implementing cumulative workforce reductions without triggering meaningful consultation obligations.

The NHS is already experiencing severe workforce shortages, retention problems, and high vacancy rates. Against this backdrop, weakening consultation protections would risk further damaging staff morale and workforce stability.

In Wales, many services operate with smaller teams, and even relatively limited reductions in nursing staff can have a disproportionate impact on sustainability, patient access and staff wellbeing. This reinforces the argument for lower thresholds and earlier engagement, as the consequences of workforce change can become significant at a much earlier point than for larger employers.

The Institute of Employment Rights has argued that UK collective labour protections are already comparatively weak relative to many European systems. Setting the threshold at 250 or higher would further dilute employee protections and undermine the government's stated objective of strengthening employment rights.

The RCN therefore supports a substantially lower threshold that better reflects the realities of workforce restructuring and service delivery within healthcare settings.

Question 24

To what extent do you agree that the organisation-wide threshold should not be set higher than 1,000 redundancies?

The organisation-wide threshold should not be set as high as 1,000 redundancies. Setting the threshold at this level would significantly undermine the purpose of the policy by allowing very large-scale redundancy programmes to proceed without any collective consultation requirements across an organisation.

As the consultation itself notes, this would leave substantial numbers of employees without access to consultation, particularly in large multi-site employers where redundancies are dispersed.

We consider that a threshold at or near 1,000 would fail to deliver meaningful additional protections, given that a large proportion of affected employees work in organisations where redundancy exercises of this scale are plausible.

More fundamentally, we believe the policy should go further. Collective consultation is a key mechanism for ensuring fairness, transparency, and mitigation of job losses. These benefits apply regardless of employer size. We would therefore support a much stronger approach, namely, mandatory collective consultation for any redundancy programme involving more than 20 employees across an organisation, rather than only within a single establishment, to ensure consistent and equitable protection for all workers.

Question 25

Do you agree with the preferred method to make the organisation-wide threshold based on a fixed number (Method 1)?

The RCN supports a fixed number, but only if set at a low level that reflects the realities of the nursing workforce.

From an RCN and wider nursing perspective, a fixed threshold provides necessary clarity and consistency, ensuring that employers understand when duties apply and that staff can access their rights without ambiguity. This is particularly important in health and care settings, where complex organisational structures and multiple sites could otherwise obscure when consultation should be triggered.

However, the level at which this threshold is set is critical. A high threshold risks excluding a significant number of redundancies affecting nursing staff, especially where job losses are spread across wards, departments, or locations.

In practice, NHS trusts and large providers often undertake restructuring that impacts staff in smaller groups across multiple sites. A high organisation-wide threshold would allow these changes to proceed without meaningful collective consultation, undermining staff voice and limiting opportunities to mitigate workforce losses.

For nursing staff, who are essential to safe staffing and patient care, this is particularly concerning. Collective consultation plays a vital role in identifying alternatives, protecting skills, and maintaining service quality.

We therefore support a low fixed threshold, aligned with 20 redundancies across the organisation, to ensure consistent, fair protection for nursing staff and to safeguard patient outcomes.

Question 26

Are there any concerns or risks with Method 1?

As already stated, the most significant risk is that the threshold is set too high, which would fail to capture many redundancy processes affecting nursing staff. In practice, workforce changes in the NHS and wider health sector are often dispersed across wards, departments, or sites, with smaller numbers of staff affected in each location.

There is also a risk of employer behaviour adapting to remain below the threshold, for example by staging redundancies or structuring changes in ways that avoid triggering consultation. This could be particularly problematic in large healthcare organisations where changes are implemented incrementally.

Overall, while Method 1 offers clarity, these risks underline the need for a low threshold and robust safeguards, to ensure meaningful protection for nursing staff and to protect patient safety outcomes.

Question 27

In your opinion, which of the following do you think would be the most appropriate threshold for an organisation-wide fixed threshold?

We strongly support an organisation-wide fixed threshold of 20 redundancies.

Aligning the organisation-wide threshold with the existing trigger of 20 redundancies would provide consistency, clarity, and fairness across the legislative framework. Currently, collective consultation is required where 20 or more redundancies are proposed at a single establishment within a 90-day period. Extending this same threshold across the organisation would close existing loopholes, where employers can avoid consultation by dispersing redundancies across multiple sites.

From an RCN and nursing perspective, this is essential. Workforce changes in health and care settings are often fragmented across wards, departments, and locations, meaning that even significant total job losses may not trigger the current requirements. A threshold of 20 would ensure that nursing staff are consistently protected, enabling meaningful engagement and exploration of alternatives before decisions are finalised.

A higher threshold would risk excluding substantial numbers of staff from consultation, particularly in large, multi-site organisations, undermining both workforce stability and patient safety. Collective consultation plays a vital role in identifying ways to retain skills, redeploy staff, and maintain safe staffing levels.

Question 28

Please explain the reasoning behind the threshold level selected.

The proposed organisation-wide threshold of 250 or more redundancies represents a significant weakening of existing collective consultation protections and should be strongly resisted. Under current legislation, employers must begin collective consultation at least 30 days before the first dismissal where 20 or more redundancies are proposed, and 45 days where 100 or more redundancies are proposed.

By contrast, setting an organisation-wide threshold at 250 would constitute more than a tenfold increase in the point at which consultation is triggered across an employer's operations. This would allow employers to make large-scale redundancies, particularly where losses are spread across multiple sites, without engaging in meaningful consultation at all. As the consultation acknowledges, this would exclude many employees who are currently unprotected due to how redundancies are distributed.

From a workforce perspective, this represents a clear regression in rights and protections, undermining the purpose of collective consultation, which is to explore alternatives, mitigate impacts, and ensure fairness and transparency.

For sectors such as health and care, where changes are often incremental and dispersed, the impact would be especially acute.

Question 29

In your opinion, what would be the impact on employees of using Method 1: Fixed number, at your chosen threshold?

Using Method 1 with anything other than a low fixed threshold would have a markedly negative impact on employees.

If the threshold is set too high, it would lead to more frequent and larger-scale redundancies occurring without collective consultation, particularly in large, multi-site organisations where job losses can be fragmented across locations. The consultation itself recognises that significant numbers of employees currently miss out on consultation when redundancies are dispersed, and a high threshold would perpetuate and potentially worsen this problem.

This would undermine the core purpose of collective consultation, which is to provide employees with a voice, enable meaningful engagement, and explore options to avoid, reduce, or mitigate redundancies. In practice, employees would face job losses with less transparency, fewer safeguards, and reduced opportunity to influence outcomes.

Collective consultation plays a crucial role in maintaining workforce stability, protecting skills, and supporting fair treatment. Instead, the primary beneficiaries of a higher threshold would be large employers, who would be able to implement significant workforce reductions without undertaking proper consultation. This risks normalising large-scale job losses while weakening established worker protections and undermining industrial relations.

Question 30

In your opinion, what would be the impact on employers of using Method 1: Fixed number, at your chosen threshold level?

The RCN recognises that a lower organisation-wide fixed threshold would increase consultation obligations for some employers. However, we believe the long-term benefits substantially outweigh the administrative costs.

Meaningful consultation improves workforce relations and organisational decision-making. Employers that engage openly with staff and trade unions are more likely to identify practical alternatives to compulsory redundancies, avoid operational disruption, and maintain workforce trust during periods of change.

Within health and care settings, workforce planning failures can create serious long-term consequences, including higher agency expenditure, recruitment difficulties, retention problems, reduced staff morale, and increased patient safety risks. Effective consultation helps organisations better understand these risks before implementing restructuring decisions.

A clear fixed-number threshold would also provide greater legal certainty than more complex percentage-based approaches. Employers would benefit from a simpler and more transparent compliance framework.

The RCN acknowledges that some employers across different health and care settings may require additional HR and administrative support to implement strengthened consultation processes effectively. However, many large organisations already maintain sophisticated workforce management systems capable of monitoring staffing levels and organisational change.

Question 31

Are there any concerns or risks with Method 3: Tiered Fixed?

Tiers can create 'cliff-edge' outcomes and perceived unfairness for employers and employees close to a tier boundary, with similar organisations subject to different obligations based on marginal headcount differences.

Tiering also increases complexity, as employers must calculate workforce size to determine which threshold applies, which may be harder for organisations at the peripheries between tiers or with fluctuating headcount. This raises the risk of disputes, late triggering, and inadvertent non-compliance.

Tiering may also weaken protections in the scenarios where impacts are greatest if higher tiers allow the largest employers to make more redundancies without triggering consultation than would occur under a single lower fixed threshold. In nursing and care, uneven application of consultation rights is especially problematic given implications for service continuity and staff wellbeing.

Question 32

What would be the impact on employees of Method 3?

Using Method 3 (tiered fixed thresholds) would have a particularly negative impact on nursing staff and patient care, and is therefore not supported by the RCN.

Tiered thresholds allow larger employers, including NHS trusts and major health providers, to make significantly higher numbers of redundancies without triggering collective consultation.

This is especially concerning in health and care, where workforce changes are often dispersed across wards, departments, and sites. As a result, substantial reductions in nursing numbers could proceed without meaningful engagement, undermining staff voice and limiting opportunities to identify alternatives. The consultation itself recognises that tiered approaches may provide less protection in practice, particularly in larger organisations.

This would have direct implications for safe staffing and patient outcomes. Even relatively small reductions in nursing numbers can affect service delivery, continuity of care, and staff wellbeing. A system that permits larger-scale cuts without consultation risks exacerbating existing workforce pressures.

Tiering also creates inconsistent protections, meaning nursing staff in similar circumstances could be treated differently depending on organisational size.

Question 33

What would be the impact on employers of Method 3?

Method 3 (tiered fixed thresholds) would also have negative and uneven impacts on employers, particularly in the health and care sector.

While tiering is intended to improve proportionality, in practice it would introduce additional complexity and administrative burden. Employers would need to determine their workforce size and monitor which tier applies, creating uncertainty, especially for large NHS organisations with complex structures, multiple sites, and fluctuating staffing levels. The consultation notes that this may be more difficult for organisations near tier boundaries and could increase the risk of errors or disputes.

Tiered thresholds also risk creating inconsistent obligations, with employers of similar size facing different requirements depending on which side of a boundary they fall. This could undermine confidence in the system and create challenges for workforce planning.

In health and care, where restructuring often occurs incrementally across services, tiering may also lead to inefficient or fragmented approaches, as employers seek to manage changes around threshold limits.

However, these concerns do not outweigh the benefits of strong and consistent consultation. A low fixed threshold would provide greater clarity, reduce administrative burden, and support more effective workforce planning. Crucially, it would enable

employers to engage constructively with staff and unions, helping to mitigate redundancies and maintain safe staffing and service quality.

Question 34

Do you agree with deprioritising percentage-based methods?

Percentage-based thresholds are inherently unsuitable because they escalate with employer size, allowing very large employers, such as NHS trusts and major health provider, to make substantial numbers of redundancies without triggering collective consultation. This risks weakening protections precisely where the impact on staff, services, and patients is greatest.

In healthcare, workforce changes are often dispersed across wards, departments, and sites, meaning a percentage trigger would allow significant losses of nursing staff to occur without meaningful engagement. This undermines staff voice and removes opportunities to identify alternatives, protect skills, and maintain safe staffing levels.

There is also a clear behavioural risk. Employers could manage redundancy programmes to remain just below the percentage threshold, or phase reductions over time, avoiding consultation altogether.

For nursing staff, this would compound existing workforce pressures and pose risks to patient safety and quality of care.

We therefore support very low fixed thresholds, which ensure that large employers are consistently required to consult. This approach better supports meaningful engagement, protects the workforce, and helps safeguard patient outcomes.

Question 35

Do you believe that the proposals discussed in this consultation will have an impact on individuals with a protected characteristic under the Equality Act 2010?

[ ] Yes

Redundancy exercises and restructuring programmes can disproportionately affect women, disabled workers, older employees, ethnic minority staff, part-time workers, and workers with caring responsibilities. This is particularly relevant within health and care, where the nursing workforce is predominantly female and where flexible and part-time working arrangements are common.

There is a risk that poorly designed redundancy processes may indirectly disadvantage groups already facing structural inequalities within the labour market. For example, part-time workers or employees requiring flexible working arrangements may be disproportionately represented in certain roles or departments selected for restructuring.

From an RCN perspective, this is a critical concern given that nursing is a predominantly female and highly diverse workforce. Many members work part-time or on flexible contracts due to caring responsibilities or health needs.

If these groups are excluded or disadvantaged, it would risk undermining equality protections and widening existing inequalities.

It is therefore essential that any approach adopts a broad, inclusive definition of "employee", ensuring that all workers are equally protected and that no group faces disproportionate disadvantage as a result of the reforms.

Question 36

Can you propose ways to mitigate negative impacts?

The RCN proposes the publication of clear statutory guidance (and the planned Code of Practice) on definitions, counting rules within the 90-day window, and what constitutes a 'proposal', to reduce disputes and inadvertent non-compliance.

Second, require or strongly expect transparent reporting to recognised unions and staff representatives on proposed redundancies across the organisation, enabling timely identification of triggers and earlier consultation.

The inclusion of anti-avoidance measures and guidance to prevent artificial fragmentation or staging of proposals to avoid thresholds.

Negative impacts can also be mitigated by strengthening enforcement of existing notification requirements, ensuring that employers consistently inform government when thresholds are met, and by using this data to monitor how the new rules affect different groups of employees. In addition, government should commit to regular publication and analysis of this data, including equality impacts, to identify any disproportionate effects and enable timely policy adjustments where necessary.