



## **Health Sector Representatives Handbook**

**An introduction to being a Unite representative  
in the health sector**

2009/10 (4<sup>th</sup> Edition)

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<sup>1</sup> NB: All efforts have been made to ensure this document is accurate in content, however with the nature of changing work practices and legislation it is encouraged that where there is any doubt, representatives should consult with their regional officers. If you become aware of any information that you feel is out of date, please send comments to [dave.munday@unitetheunion.org](mailto:dave.munday@unitetheunion.org). The most current version of the document will be kept on the Unite Health Sector web-pages at <http://www.unitetheunion.org/health>.

<sup>2</sup> All weblinks contained in this document were correct as of 08/10/2009. If you become aware of any inaccuracies, please email them to [dave.munday@unitetheunion.org](mailto:dave.munday@unitetheunion.org).

## **A Message from Dave Fleming and Karen Reay; National Officers for Health, Unite the Union**

Welcome to the fourth edition of this, our Unite the Union health sector representatives' handbook. As a representative for Unite, the largest trade union in the UK with 2 million members you are able to influence decisions at the highest level but also importantly support all our members locally on a day to day basis, contributing to a strong union which fights for its members' rights, and also importantly in the health sector, ensuring that services that are delivered are safe and effective for the population.

Every year Unite welcomes hundreds of new representatives, with many working in the health sector. With this growth it is always important to remember that as representatives you can make a huge difference to the lives of our members, whether it is with one-to-one work representing members at meetings, in consultation with local employers, or in feeding back to those that work at a national level.

This handbook has been written to support you, our representatives, who carry out amazing work in the health sector. It is hoped that from brand new, to the most experienced representative, this document will act as an information resource for all. It should not be forgotten, however, that along with this document there are a massive amount of resources available to help you in your role. These can either be found on our website or by contacting your regional office.

Good luck for your future role, it is hoped that you will gain from it as much as the Union will gain from you having taken this decision to become involved further with the union.

Dave Fleming and Karen Reay,  
National Officers for Health  
4<sup>th</sup> Edition September 2009

# 1. Introduction

Unite is the third largest union in the National Health Service (NHS) and the health sector is one of the largest sectors in the union with over 100,000 members. The backbone of the union is its 4,500 local representatives. It is our representatives who make us an effective trade union able to represent individual members, challenge management collectively, and promote the best interests of everyone who uses health services

As a representative, you will have access to a large resource base of information and training. This will not only help you in your role but also in your career. You will also have access to a team of specialists based in the regional offices.

## 1.1 In the first few weeks...

- To become a representative<sup>3</sup> you need to be elected by your local workplace<sup>4</sup>.
- Once elected, your workplace should inform your regional officer (RO) who in turn will write to your employer (the personnel or human resources department) notifying that you have been voted in as an accredited representative of Unite for a particular department or group of members.
- You should receive a copy of the letter along with a copy of this booklet together with contact details for the regional officer, the regional office and information regarding training courses that are running around the country.
- Your details will be placed on appropriate mailing lists (see section 1.4) along with information regarding being a representative.
- It is important to give a copy of the letter from the regional officer to your line manager. If there are any problems raised regarding this contact your regional officer who will be able to provide support.
- If you are taking over from a previous representative, arrange to have an orderly handover where you can get the relevant files and paperwork. It will also be useful to explain about the mechanisms in place in the employing organisation.

## 1.2 Getting Started

- Introduce yourself to your manager, explaining why you have become a representative, and reach agreement as to how you will notify them when you are on trade union activities. It may be useful to sit down informally with the manager on a regular basis (at least once a month) to flag up potential problems and brief each other. You will need to clarify matters such as the use of a phone and computer for trade union

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<sup>3</sup> Also called stewards in many organisations.

<sup>4</sup> This may also include Professional forums which are identified in Appendix E

activities, the use of a photocopier and fax, having a filing cabinet and other items summarised in Section 1.3 of this handbook.

- Introduce yourself to the personnel officer or human resources manager. It may be useful to do this with an existing representative.
- Make sure the members know who you are. The meeting where you were elected will not have had all the members present, so it's important to make them all aware of who you are which can be done by letter or email. It will be useful to include in the letter (on union headed note paper):
  - Your title as a workplace representative of Unite
  - Where you work and how you can be contacted
  - What areas of work you will cover and, if you know at that stage, which committees you will be a member of
- Meet up with the other Unite representatives in your organisation. If done socially in the first instance, this may help to build good working relationships. It is also wise as a new representative to get support of colleagues who are more experienced. All representatives will have started by knowing very little but with the support of others the speed of picking new things up can be quick. It is also important that if you don't sit on the main consultation/negotiating committee in the trust, that you know what's going on and that you have the ability to feed in your members' issues. There may be a senior Unite representative who will help to coordinate the team.
- Once you have met your colleagues from Unite, meet with the representatives from the other unions. You may do this formally through the Staff Side Committee, or again, informally.

### **1.3 Basic Material You Will Need**

This is a list of materials you will need to be able to carry out your role as representative effectively:

- All the files built up by any previous Unite representatives.
- A copy of key Unite documents from the regional office
- Unite headed note paper (including logos on desktop word processor)
- Details of national training courses (see section 7)
- A lockable filing cabinet
- Access to the internet. Over time, more of the information you will require will be accessible for the internet. A list of important sites is given in Appendix B, but also in each relevant section of the handbook.

### **1.4 Communication with members**

- Health sector e-bulletin – It is important to ensure that you are on the e-bulletin mailing list which can be arranged with your regional office. Previous e-bulletins and Reps Direct (which were distributed to reps before the e-bulletin) can be accessed from the internet at: [http://www.unitetheunion.org/sectors/health\\_sector/reps\\_direct\\_archive.aspx](http://www.unitetheunion.org/sectors/health_sector/reps_direct_archive.aspx) Relevant mail outs from the regional office, e.g. details of any

appropriate training, information on up-coming regional and national activities etc.

- Regional e-bulletin which includes updates of what's happening in your Unite region, sent from your regional secretary.

## 1.5 Unite on the Web

The main website you will find helpful is the **Unite website**, <http://www.unitetheunion.org>. There you will find pages on legal advice, health and safety, campaigns, equalities, lifelong learning, the Reps Zone and @ctivist e-bulletin, with plenty of information and resources to help you in your role as representative, and for members.

The **health sector** has its own section of the Unite website (under 'Sectors'), where you can find the latest information and news from the sector, and health sector specific resources for you and members. This can be found at <http://www.unitetheunion.org/health>.

One of the main resources as a representative is the health sector e-bulletin, the monthly newsletter that is emailed to all reps in the health sector. This will keep you up-to-date with all the key information you need. At times there may also be additional e-bulletins where more urgent updates are distributed. You can also view all copies of previous e-bulletins and Reps Direct on the health sector website pages.

The Unite health sector website pages also direct you through to the websites run by our **professional groups**, see Appendix E.

A list of useful websites are listed in Appendix B.

## 1.6 Important Documents

**The Unite Rule Book, 2009:** this details the rules that govern membership of the union, and can be a useful document to refer members to if they have any questions about their membership.

<http://www.unitetheunion.com/PDF/Unite%20Rule%20book%20-%20effective%201%20May%2009.pdf>

**NHS Terms and Conditions of Service, NHS Employers, 2009:** The terms and conditions of service are set out in the NHS Agenda for Change (AfC) handbook and apply in full to all staff directly employed by NHS organisations, except very senior managers and staff within the remit of the Doctors' and Dentists' Review Body. (NB the handbook is regularly updated with the most current version available from the NHS Employers website).

[http://www.nhsemployers.org/SiteCollectionDocuments/afc\\_service\\_handbook\\_aw\\_010708.pdf](http://www.nhsemployers.org/SiteCollectionDocuments/afc_service_handbook_aw_010708.pdf)

**NHS Job Evaluation Handbook Second Edition, Department of Health, 2004:** The handbook sets out the job evaluation scheme for the NHS. The scheme will determine a point score which will be used to match jobs to

paybands and thereby determine levels of basic salary. The handbook includes sections on: Factor Plan, Weighting and Scoring, Guide to Use of Profiles, Matching Procedure, Hybrid Matching/Evaluation Procedure, Local Evaluation, and Consistency Checking. (NB again the handbook is regularly updated with the most current version available from the NHS Employers website, it is planned that the next version will be released late 2009).  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4090845](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090845)

### **NHS Knowledge and Skills Framework and the Development Review Process, 2004**

The NHS KSF and the accompanying process have been developed through a partnership approach between management and staff side representatives. This partnership approach is intended to continue as the NHS KSF is used in development review, with managers working with individual members of staff to plan their training and development and review their work. Further information on the NHS KSF can be found in section 6 of the AfC handbook and at the following website link:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4090843](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843)

**Trade Union Representation in the Workplace, a Guide to Managing Time off, Training and Facilities, 2009:** This guide is written by ACAS and covers the Trade Union and Labour Relations (Consolidation) Act, 1992, which gives details regarding the statutory responsibility employers have to give trade union officials time off to cover certain duties.

<http://www.acas.org.uk/CHttpHandler.ashx?id=2307&p=0>

**Work-life Balance - Negotiators' Guidelines, 2006:** This guide was written by Unite and gives helpful advice regarding work-life balance issues and also covers issues on flexible working, paternity and maternity leave.

<http://www.amicustheunion.org/PDF/Worklife%20Balance.pdf>

Further useful guides from Unite are highlighted in Appendix C

## **1.7 Expenses**

As a representative in Unite you won't get paid, but you also shouldn't be out of pocket. All costs incurred as a representative in travelling and related expenses, in attending courses e.g. attending residential training, and in buying relevant publications should be claimed. If the expenses involved are substantial, e.g. to attend a conference, please check with your branch secretary or a regional officer first, that costs will be covered. If you are not sure how to claim, ask your regional officer. Please keep all receipts. You are also able to claim some childcare costs incurred whilst on Unite business. An expenses form is provided in Appendix D.

## 2. Who's who in the Unite Health Sector

**2.1 Members:** There are Unite members across most NHS staff groups and in other health organisations. A list of the main occupational groups that Unite currently represents is in Appendix E of this Handbook.

**2.2 Representatives:** Unite's goal is to have at least one representative in every department where we have more than half a dozen members. Representatives have extensive legal rights, to time off to be trained and to do the representative's job. Representatives are bound by Unite's rules and policy, which regional officers can advise you on. Representatives normally have to put themselves up for election as required under rule to give their members the opportunity to re-elect them, replace them, or to elect additional representatives.

**2.3 Senior representatives:** In many organisations there will be one or more senior Unite representatives who coordinate the work of all the Unite representatives in any one employer. This is an elected post from amongst all the Unite representatives. The Unite workplace committee or team which elects the senior representatives is the cornerstone of Unite's work in the health sector.

**2.4 Health and safety representatives:** We have a large number of health and safety reps in the health sector. They are appointed under the Safety Representatives and Safety Committee Regulations 1977 which defines their function as: Representing employees in discussions with the employer on health, safety and welfare issues; being consulted in 'good time' over a range of health and safety issues; being involved in risk assessment procedures; and, attending safety committee meetings. NHS Employers produces a handbook (The Healthy Workplace Handbook) that it is advisable that all health and safety reps have access to.

**2.5 Unite workplace 'groups':** Unite health sector members are organised together in workplace 'groups', and you probably know who your workplace secretary is. If you don't, you should be able to get this information from your regional office. Workplaces will hold meetings and have access to funds which can be used to pay for activities, buy publications and purchase equipment.

**2.6 Occupational advisory committees:** (OACs) cover all groups at a national level and provide advice to the Health Sector National Industrial Committee.

**2.7 Senior Representatives' committees:** where they exist, bring together senior representatives within a given geographical area. These committees are a way of networking with other representatives, and of ensuring that the specific issues affecting your profession or region are discussed, highlighted and acted upon. Information can be accessed from your regional office.

**2.8 Regional Health Sector Conference:** every health sector representative has a right and a duty to attend this conference, which is held once every two years. The Regional Health Sector Conference receives motions for the National Health Sector Conference. It elects delegates to the Regional Health Sector Committee which in turn elects delegates to the National Industrial Sector Conference and adopts two motions on the health sector for consideration by the National Industrial Health Sector Conference. The Regional Health Sector Conference also elects delegate(s) to the Regional Council.

**2.9 The Health Sector National Industrial Committee (HSNIC):** is the national body that takes an overview of Unite's national development and policies in the health sector. It is elected at the bi-annual national health sector conference.

**2.10 Regional Officer and Regional Administrator:** are the people responsible for supporting you in your role as a representative. All representatives in your organisation will have a designated regional officer and administrator. There will be an office in your region. The regional officer will have background information on your organisation, detailed information on the NHS, and other employers in the health sector.

**2.11 Regional membership administration:** See section 10.

**2.12 Regional Health Sector Coordinators:** are regional officers who specialise in the health sector and co-ordinate activity within that region.

**2.13 Professional officers:** provide professional advice and take the lead on major professional issues, up to Governmental level. The professional officers should be accessed through your regional officer.

**2.14 Lead officers for staff groups:** take responsibility for the occupational advisory committees.

Allied Health Professional  
Ambulance  
Counselling and Psychotherapy  
Estates  
Dental Care Professionals  
Family of Psychology  
Healthcare Science  
Maintenance  
Nursing  
Pharmacy

Details of these officers can be found on the website.

**2.14 National Health Sector:** provides support to officers and staff, produces publications, has an information database, library, and a press officer

and researcher. It ensures that Unite is properly represented at a national level. The national office receives enquiries referred by officers and staff on behalf of members and representatives.

**2.15 Regional Councils and the Unite National Executive:** coordinate the overall work of the union. Branches can send delegates to the Regional Council and this provides an opportunity to meet with colleagues from other sectors of the union.

## 3. Who's who in your work place

**3.1 The Human Resources department (HR):** is responsible for all personnel and industrial relations issues within your employer. It will have copies of all agreements and policies, and minutes of all meetings of the Joint Negotiating Committee and other committees there may be. It will also hold a range of information you may find useful in negotiations; your employers equal opportunities policy and statistics, staffing levels, training and so on.

**3.2 The Joint Staff Side Committee (JSSC):** *(it may have another name in your workplace)* it is the committee where all the unions meet to agree policies and exchange information. It will have an elected secretary and chair. In most Trusts, a number of the JSSC form the trade union half of the Joint Negotiating Committee.

**3.3 Joint Negotiating Committee (JNC):** *(this may also have another name in your workplace)* is the body where management and staff meet to negotiate on issues such as recognition, pay, terms and conditions. There are likely to be one or two Unite representatives on the JNC. It will also have a formal constitution.

In addition there will be partnership arrangements for Agenda for Change including the Knowledge and Skills Framework.

In non-NHS employers there should be comparable arrangements and structures.

## 4. Who's who in the Health Sector

Devolution has, unsurprisingly, led to divergences in the structure and delivery of health care in England, Scotland, Wales and Northern Ireland. An overview of each is briefly given below. There are common themes and terms that underpin these structures though - the development of a purchaser-provider split, and the use of commissioning.

The **purchaser-provider split** is a division between a health organisation's role to *provide* health services from its function of *purchasing* health services on behalf of patients and service users in a locality. Using their purchasing function, organisations can **commission** (contract) others to provide health care services rather than directly provide services. You can read more about the impact about such policies on the Unite health sector web-pages.

### 4.1 The National Health Service

#### 4.1.1 England

The Department of Health controls overall spending for the NHS in England, and has ultimate responsibility for setting overall policy and strategic objectives. It delegates some functions, such as monitoring quality, to statutory bodies such as the **Care Quality Commission (CQC)**. **The Department of Health delegates responsibility to the NHS Employers to conduct national negotiations on key terms and conditions of service.**

There are 10 regional **Strategic Health Authorities** which develop the overarching strategy to deliver health services in their locality, and overview the work of their **NHS Trusts** in this. This includes **Primary Care Trusts, Mental Health Trusts, Acute Trusts, Ambulance Trusts, Children's Trusts and Foundation Trusts**. Foundation Trusts were established through legislation in 2003, they are Trusts which are designed to operate as businesses with greater freedoms from the Secretary of State than other Trusts – they can 'trade' in NHS and non-NHS services, have freedoms to buy and sell land and other assets, create commercial arms and borrow money from private lenders, for example. Trusts are currently the main employers of health sector staff and have been the main providers of healthcare services, but there has been a drive to get Trusts to use their commissioning arm to purchase services from other providers, such as the private or 'third' sector.

In addition, there are also **Special Health Authorities** – the health authorities which provide services nationally, not just to a region or locality. For example, the NHS Blood and Transplant Service.

In each locality there should soon be a **Local Involvement Network (LINK)** - changing from Patient and Public Involvement Forums - and they should involve local people in decisions about their health services.

#### 4.1.2 Northern Ireland

The devolved Northern Ireland Executive sets the policy and services through the Minister for Health and The Department of Health, Social Services and Public Safety.

The department's Health and Social Care (HSC) responsibility is delivered through 4 new bodies: the Health and Social Care Board; The Patient Client Council; The Public Health Agency; and The Business Services Organisation. These bodies were set up on 1 April 2009 and replace the 4 boards. They have responsibility for planning, commissioning and purchasing services for the region of Northern Ireland. Each of these bodies has a Trade Union seat on the Board of Directors. The monitoring of Health and Social Care Services is now the responsibility of the Health and Social Care Board.

There are 6 trusts, 5 acute and community combined trusts and The Northern Ireland Ambulance Service Trust.

Negotiating structures in Northern Ireland exist at local trust and board level. A Regional Joint Negotiating forum deals with implementation of regional policies and terms and conditions across the region. A partnership forum including employers, Department representatives and trade unions is also in place and Unite is represented on all of the above bodies.

#### **4.1.3 Scotland**

The Scottish Government is responsible to the Scottish Parliament for NHS Scotland. The Government sets the national objectives and the financial framework and those are implemented through the Health Department and the Management Board. The Service spends over £10 billion per year and employs 155,000 staff.

NHS Scotland is organised through 14 territorial NHS Boards (11 mainland and 3 island). The Boards have responsibility for the delivery of services (acute and community) in their areas. All 14 Boards are divided into Community Health Partnerships (involving local authorities).

There are also 8 Special Health Boards. They comprise NHS Education, NHS Health, NHS Quality Improvement, NHS 24, the State Hospital, Golden Jubilee National Hospital, the Scottish Ambulance Service, and National Services Scotland (which includes the Blood Transfusion Service).

NHS Trusts were abolished in Scotland in April 2004, competitive tendering has been ended, PFI/PPP schemes are limited, and the private sector is being rolled back.

The Scottish Health Council has responsibility for public involvement in all NHS Boards and works through local administrative centres.

The Scottish Parliament has incorporated Staff Governance and Workforce Planning into legislation. Those objectives are delivered through the Scottish Partnership Forum (a tripartite body of management, unions and the

Department) and though 22 Area Partnership Forums (Board-wide bodies for local management and unions).

The Staff Side Co-Chairs of the APFs are automatically appointed by the Health Minister as Employee Directors and are full corporate members of the NHS Boards.

#### **4.1.4 Wales**

##### **One Wales and NHS Reconfiguration**

The plans announced in the 'One Wales' document came into effect on the 1<sup>st</sup> October 2009 with the abolition of the internal market.

14 NHS Trusts and 22 Local Health Boards became 7 Local Health Boards and 3 Trusts.

Unite has been actively involved in the production of the 'All Wales Contract' and the 'All Wales Organisational Change Policy' and the production of all Wales Policies on:

- Disciplinary and Grievance procedures
- Sickness Absence
- Bank Staff.

##### **Welsh Partnership Forum**

The role and function have changed during 2009 at the request of the Minister. The Forum meets quarterly and discusses issues at a strategic level. Monitoring of NHS Wales is carried out in the Forums Business Committee. This reports on the various work streams which at present are focused on the reconfiguration of NHS Wales. There are also meetings with the director of NHS Wales every 6 months to try and nip any problems that may be developing in the bud.

##### **Agenda for Change**

Banding outcomes: There are many employees who are unhappy with their banding outcomes. In an effort to resolve this disquiet the Minister commissioned a report into the implementation of A4C in Wales. She has agreed: that there will be a central unit for monitoring A4C; there should be no loss to employees as a result of late assimilation; and there will be a final effort to ensure that results across Wales are consistent.

Terms and conditions queries now have a process which was applied prior to A4C but again any conclusions will be signed off in partnership.

Whilst Wales has more profiles for KSF on the system than any other part of the UK, it has fallen behind on gateways and reviews. It is the clear intent of the Assembly that this matter will be given a higher priority at Board level by one of the Directors' posts being titled Workforce Planning and Operational Planning. In addition KSF and its use will be part of their performance targets.

#### **4.2 Other Health Sector Employers**

We have membership in the Medical Research Council, the Soldiers, Sailors and Air Force Families Association (SSAFA), the Health Protection Agency, the Care Quality Commission and private companies responsible for Private Finance Initiatives (PFI) including Skanska, Carillion and Capio.

## 5. Your role as a representative

The most important thing to remember about being a Unite representative is that the measure of your success is not what you know, it is what you do when you do not know.

### 5.1 A dozen do's and don'ts

You are not expected to:

- Be a lawyer
- Know all agreements clause by clause
- Know the answer to all your members concerns
- Be an instant brilliant negotiator
- Be at the beck and call of your members any time of day and night
- Take up cases irrespective of whether the case is a reasonable one

You are expected to:

- Know who might know the answer when you don't, and tell members when you don't know the answer but undertake to find out who does
- Gradually become familiar with some of the more important agreements
- Be the contact point for members
- Keep members informed on important issues via meetings or circulars
- Attend the level 1 training course, within the first 6 months of becoming a representative.

### 5.2 The role of the representative

The role of the Unite representative in the Health Sector includes:

- Keeping members informed
- Representing members and Unite on trust committees
- Representing individual members
- Representing groups of members
- Influencing your employers policies
- Recruiting new members
- Liaising with other Unite representatives in your work place
- Campaigning to defend health sector services
- Keeping the regional officer informed

### 5.3 A Basic Check List

Other Unite handbooks (see Appendix C) give detailed advice on many aspects of the role of the representative. The following check list may be useful when first approached about a problem:

- Is the person you are asked to help actually a Unite member?
- Is this something the member should raise directly with management first before you get involved? (*e.g. a mistake by the payroll department,*

*a complaint about the holiday rota, a pay band review etc.)* If so, encourage the member to do so.

- Is this really a union matter at all?
- Is the member clear what they want? You could suggest they write down what the problem is, what they want to achieve by your involvement, and why they should be supported. This should be done in a supportive, listening manner.
- Is this something there is any chance of achieving?
- Is this something you know how to deal with? If not, tell the member you'll get back to them within a specified period, and then contact other representatives or your regional officer.
- Is what you are being asked to do against union policy or unlawful?

If you think it would be useful, it may be worth giving the member the leaflet "Ground rules for members and representatives in the health sector", which is found in section A.

## **5.4 Being Assertive**

Never be afraid to say you do not know. There will be many times during your time as a representative when you say this. What you are expected to do as a representative is know how to find out the answer. This applies both to knowing the process for dealing with the matter and what the answer to the specific problem is. A skill you need to develop is how to buy time or say no when management want you to agree to something you are not ready to agree to e.g. a date for a meeting, a draft policy, a pilot scheme etc. There are many ways of saying this:

"Can you put that in writing please"

"I will need to check with the member(s)"

"I will need to check this with the regional officer"

"Can I get back to you on that"

"I will need to talk to the other Unite/Staff Side representatives"

"Can I have a copy of the agreement/policy where this was agreed"

"I need to think about that"

## **5.5 The members and the representative**

You are only as strong as your members. The more members Unite have, the more influence we have (See Section 10). The better informed the members are, the more likelihood there is that they will support you and put pressure on management or at least prevent management undermining you.

## **5.6 The representative, the members and the regional office**

Members are expected to ask the representative about a problem before they contact the regional office. There may be exceptional cases where there may be good reasons for the member not approaching the representative. These could include;

where issues of racial or sexual harassment are involved and the member initially wants confidential advice;  
where the member is a senior member of management and there is no management group representative;  
where there is a conflict of interest between the representative and member;  
where the member with the problem is the local representative.

Except in cases like this, all members' enquiries to the regional office will normally be referred to the local Unite representative as the first point of contact with problems. Only if the local representative wants to have advice and support, or the member complains, will the regional office be involved. If the member wishes to complain, they should do so in writing either to the senior representative within the work place or to the regional officer.

## **5.7 Time management**

All Unite representatives have a 'day job' in the workplace to do, as well as their representative's role. Talk to other representatives, to your senior representative, or to your regional officer, to discuss how they manage to do both jobs whilst surviving and thriving!

## **6. Time off and facilities to do the job of a representative**

An employee who is an official of Unite (where Unite is recognised by that employer) must be allowed reasonable time off with pay during working hours to:

- Carry out union duties
- Consult with the employer, or receive information from the employer, about mass redundancies or business transfers; or
- Undergo training for union duties (as approved by the union or by the Trades Union Congress).

You should also be allowed reasonable time off for certain trade union activities – for example, attending a union conference. The employer is not obliged to pay the employee for the time off for these activities.

The Agenda for Change Handbook (Section 25) should be consulted.

Another useful document to look at is the booklet 'Trade Union Representation in the Workplace, a Guide to Managing Time off, Training and Facilities, 2009' (ACAS, 2009) which can be downloaded at:

<http://www.acas.org.uk/CHttpHandler.ashx?id=2307&p=0>

## 7. Training

The Education and Training Department provides a range of services to workplace, safety, learning and equality representatives and members including:

- Delivery of a wide range of accredited Unite short training courses on industrial relations, health & safety, equality and diversity, etc
- Design and delivery of sector specific courses.
- Design and delivery of company and/or organisational courses.
- Links and pathways to access further and higher education.
- Bursaries to provide funding to members to assist with career development
- Training needs analysis for developing workplace representatives' skills when representing members

Unite Education has at its core the delivery of our union's policies based on the three pillars of the Unite vision: organising, global solidarity and politics.

This vision is reflected in the Education Programme for 2010 where training our representatives is a key priority of the union. The education, training and development of workplace reps, safety reps, learning reps and equalities reps is essential in order to give the support that our membership needs and expects and that the union is committed to providing. The Education Department provides focused training to ensure that representatives have the required confidence, attitude and skill set to deal with workplace, national and international issues.

Details of training courses can either be accessed from your regional office or from the Unite website (follow *members services – education*).

*Course dates for 2010 can be downloaded at:*

[http://www.unitetheunion.com/member\\_services/education/education\\_programme/2010\\_course\\_dates.aspx](http://www.unitetheunion.com/member_services/education/education_programme/2010_course_dates.aspx)

## 8. National and Organisational Frameworks

As a representative, it is important that you understand the agreements under which you operate. There are two main types; local and national agreements.

### 8.1 Local Agreements:

**‘Recognition Agreement’:** (it may be called something else): is the most important local agreement and identifies which trade unions are recognised with the employer.

**‘Partnership Agreements’:** partnership working has supported key developments in the NHS including Agenda for Change. Partnership working should continue by ensuring there are local agreements which reflect the principles at national level by the Social Partnership Forum. Guidance can be obtained from the following website:

<http://www.nhsemployers.org/workforce/workforce-2320.cfm>.

**‘Facilities Agreement’** (this may be part of the recognition agreement): this will summarise what time off and facilities representatives can expect and what the functions of any joint committee are. Further information for NHS staff can be accessed in Section 25 of the NHS terms and conditions of service handbook.

**‘Grievance Procedure’:** the formally agreed mechanism for dealing with individual and collective complaints.

**‘Disciplinary Procedure’:** which explains the formal system for considering possible disciplinary action, ensuring that staff maintain standards of conduct, behaviour and capability.

**‘Bullying and Harassment Procedure’:** which identifies how the trust will act in situations where there is alleged racist, ageist, sexist, bullying and other seriously offensive behaviour towards staff.

There will be other policies that the organisation has produced e.g. whistle blowing, interaction with the media, employees accepting gifts etc. You should have a copy of all the local procedures which should have been negotiated and agreed with management by the trade unions. The organisation should ensure that the policies are easily accessible by all of its employees, and they communicate their contents effectively.

### 8.2 National Agreements – Agenda for Change:

In the NHS the terms and conditions of most staff are covered by the ‘Agenda for Change’ pay scheme. Doctors, dentists and very senior managers are on different contracts.

There are 3 strands to Agenda for Change:  
Job evaluation

Terms and conditions  
The Knowledge and Skills Framework

Under the job evaluation scheme, work roles, and the profile of how work roles can develop are mapped onto a single pay spine, which is divided into pay bands. Career and pay progression is achieved through attaining particular defined skills and responsibilities at fixed points, (gateways), in each pay band.

'Uplifts' in the value of the Agenda for Change pay spine are decided nationally, by the *NHS Pay Review Body* which is an independent body. The Pay Review Body takes evidence from health sector trade unions, the NHS Employers and the Departments of Health for England, Wales, Scotland and Northern Ireland.

You can find out more about the NHS Pay Review Body, and get access to all the latest information on Agenda for Change by visiting the 'Agenda for Change and Pay Review Body' section of the Unite Health sector web pages. (See Appendix B). There are a number of non NHS employers in the third sector and private health sector whose staff have AfC contractual terms of employment.

## 9. Tackling particular issues

As a Unite representative you may face a range of problems. These generally fall in to two categories:

### 9.1 Individual Issues:

- sorting out individual problems that never become a formal grievance or disciplinary matter
- complaints about treatment by management, and sometimes by colleagues or patients/clients
- supporting disabled members to ensure that management make reasonable adjustments where necessary for them
- actual or threatened disciplinary action
- grading claims and appeals
- interpretation of an agreement or policy
- dealing with the impact on individual members of management action such as skill mix, downgrading, redundancy, transfers, and contracting out
- negotiating new agreements for the organisation

The key steps in dealing with any of these problems is to get the member to write down what they think the problem is, and what they think they would like done about it. You can then be clear:

- **What** the problem is, what documents are relevant, what advice is needed
- **Who** can resolve it — the member or you
- **How** can it be resolved — formally or informally
- **When** does it need to be resolved — is there a time limit that needs to be met

The examples below give a hint of the first steps in tackling typical problems.

### 9.2 Collective Issues:

When dealing with collective issues, you may find that many of the discussions will take place at the Joint Negotiating Committee (JNC). It is essential that when discussions take place at the JNC, that Unite reps as a group agree what Unite's policy is and that discussions are reported back. It is equally vital that members are consulted on what is proposed. As a new representative, it may be possible to attend a meeting of the JNC as an observer simply to get the "feel" of what goes on.

### 9.3 Examples of individual and collective problems

The following list is not exhaustive, the examples are types of problems that members may bring to you and some suggested next steps:

**9.3.1 A mistake in payment, made by the salary department:** The member should attempt to resolve this issue unless the mistake is not one of fact but misinterpretation of an agreement, e.g. when an increment is due.

First Step: encourage the member to request payroll to clarify in writing the decision taken. If this is not a factual mistake but a disagreement about what an agreement means, ask the manager concerned to say in writing how they reached the decision, so you can respond.

**9.3.2 Failure to be short listed for a job:** This may involve complex equal opportunities issues.

First Step: get the member to ask in writing why they were not short listed. This should be used in conjunction with the trust's policy on appointment procedures. The Unite Negotiators Handbook "Negotiating for Equality" may be helpful

(<http://www.amicustheunion.org/pdf/Negotiating%20for%20equality%20guidelines.pdf>). See notes below in relation to time limits.

**9.3.3 Complaints about the quality of work:** These can be very distressing, especially if they involve outside agencies.

First step: ask the member to write to management asking to clarify whether a formal complaint has been made, who by, what about, and how it is proposed to deal with it. It may be appropriate for you to contact the manager direct to clarify this. Follow this with a request from your regional officer for advice. It may also be appropriate to talk to other reps from the same profession to check what they would do, and to talk to national professional officers.

**9.3.4 Disciplinary action:** There will be a procedure to be followed with your employer.

First step: get a copy of the disciplinary policy and make sure management knows you are the representative involved, ensuring all aspects of the handling of this case are arranged through you (e.g. any meetings, interviews etc). Ask the member to write down why they think the allegations are unfounded and/or what mitigating circumstances there are and to refer to any documents that may be useful e.g. old job descriptions, protocols etc.

**9.3.5 Agenda for Change re-matching or appeals:** These will be common where there has been a re-organisation, or where there is a substantial change in the work done by the member.

First step: refresh your knowledge of the NHS Job Evaluation Handbook Second Edition (Department of Health, 2004) along with the local guidance on the format of the reviews. Also ensure you have kept up to date with guidance issued by the National Job Evaluation Group (JEG) (through the health sector e-bulletin and the NHS Employers website). Ask the member to write down why they think they should be re-graded. It should also be reflected in the KSF outline. Comprehensive guidance is available on Agenda for Change second matching appeals on the Unite Health Sector website (<http://www.unitetheunion.com/docs/AmicusGuidanceonReviewofMatchingOutcome.doc>)

**9.3.6 Excessive workloads and stress:** This is a growing problem especially in the health sector.

First step: establish the scale of the problem. This can be via a survey of a group of members, or by getting individual members to write down exactly what their hours are, and what they are unable to do, or to do safely and effectively. The Unite booklet *Stress: An Amicus Guide for Members* (<http://www.amicustheunion.org/pdf/stressguide.pdf>) will be useful, as will sector specific guidance<sup>5</sup>. Above all, individual members must be encouraged to put down in writing their concerns and send them to management (see Appendix G). Note that this is a requirement in some registered professionals' codes of conduct.

**9.3.7 Redundancy and re-organisation:** This is both stressful for individuals and a challenge to Unite collectively.

First step: inform the regional officer there are potential redundancies, as there may be legal aspects to this issue. Ask management to clarify, in writing, what is proposed, what the timescale is, and what process for consultation will be set. Get hold of the organisation's agreement on these issues. Encourage members not to apply for redundancy hastily. You may be able to stop the redundancy or re-organisation, or at least negotiate a reasonable agreement. The Unite guide on redundancy may provide further information (<http://www.amicustheunion.org/pdf/RedundancyOct2006.pdf>). (For members in the NHS, redundancy provision is laid out in Section 16 of the NHS terms and conditions of service handbook).

**9.3.8 Introduction of skill mix or multi-disciplinary teams:** This is a growing issue for many professions.

First step: check if there is specific advice for your profession<sup>6</sup>. Ask management to clarify what may be proposed, and what process is planned for consultation.

**9.3.9 Recognition agreements:** Most health sector employers will have a recognition agreement. If this isn't the case then it is important to take advice from your regional officer and obtain information from the Unite website (which includes model agreements). It's important to work collaboratively with the other trade unions, where appropriate in drawing up this agreement.

**9.3.10 Bullying and Harassment:** These issues need a careful but determined approach. They will involve issues for the individual, but almost certainly raise issues about the employers' procedures for dealing with such matters.

First Step: If a member approaches you with a problem, the most important thing to do is to listen to them. It may take great courage to flag issues up. There is a Unite booklet available on the website which goes in to detail about this issue (<http://www.amicustheunion.org/pdf/ResearchGuideBullying.pdf>).

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<sup>5</sup> e.g. Professional Briefing: Guidelines for Managing Vacant Caseloads, from the Unite/CPHVA

<sup>6</sup>e.g. the Unite/CPHVA fact sheet on managing skill mix, available on the website

**9.3.11 Changes to contracts of employment:** Changes in contracts are likely to arise in restructuring of organisations and organisations merging. First step: ask management to put in writing what is proposed and what is the time frame. There are legal rights which restrict the right of employers to change contracts. The most important thing is that members do not do anything which means they have agreed a new contract before you have had the opportunity to check it, and see if it needs to be halted or amended. Detailed advice regarding changes to contracts can be found in the booklet on the Unite website  
<http://www.amicustheunion.org/pdf/Contracts%20of%20Employment.pdf>)

**9.3.12 Supporting disabled members:** Where a worker has a disability then the employer may be under a duty to make 'reasonable adjustments' to reduce any disadvantage they face in the workplace. A disability is defined as a long-term (lasted or likely to last 12 months or more) physical or mental impairment, which has a substantial impact on ability to carry out day-to-day activities. This covers a wide range of conditions and can include for example depression, dyslexia or epilepsy – depending on the symptoms. Examples of reasonable adjustments include physical changes to working environments, phased returns to work following absence, adapted software, reviewing job descriptions to remove some aspects, being flexible around start/finish times, redeployment, provision of parking etc. These are examples only – an employer would have to implement what adjustments are reasonable for the individual worker. If a member is finding it difficult to manage their job because of a disability then they may need support to approach the employer to discuss reasonable adjustments. If the employer does not make reasonable adjustments then this could result in an employment tribunal claim – you would need to discuss the matter with the regional officer.

## 9.4 Important notes

**9.4.1 Employment Tribunals:** Some of the issues you have to deal with might lead to an employment tribunal claim. This is particularly true around issues such as redundancy, dismissal, equal opportunities and cases of discrimination. In potential employment tribunal cases the regional officer should be alerted immediately since the officer will need to obtain a legal opinion on the merit of any case which the union is prepared to support.

**9.4.2 Pensions:** If members request advice on pensions the representative must ask the regional officer to get advice from the union's pensions officer. Representatives should not offer any advice on pensions as this is a highly specialised field. However members can obtain information directly from the NHS Pensions Division website at <http://www.nhsbsa.nhs.uk/pensions>. There are currently significant changes in the NHS pensions scheme where members of the scheme will be able to make certain choices. Up to date information can again be accessed from the website.

**9.4.3 Personal injury claims against the employer:** Unite works with a panel of specialist personal injury law firms to provide free legal assistance to any

Unite member who wants to bring a personal injury claim against an employer or third party. This assistance covers accidents at work, occupational diseases, occupational deafness, road traffic or street accidents. Members and their immediate family are covered (for any accidents you may have on the road or pavement, either as a driver, passenger, cyclist or pedestrian)

Claims are conducted free of charge and at no financial risk to the member, subject to the conditions of Unite Legal Aid. If the claim succeeds, members receive the full amount of damages without any deductions.

If a member asks about this, advise them to either fill in an online form, or to contact their regional office and request a claim form be sent to them.

Staff in the NHS are also covered by the NHS injury benefit scheme, details of which can be accessed from <http://www.nhsbsa.nhs.uk/pensions>.

**9.4.4. Time Limits and Statutory Dispute Resolution Regulations:** If a matter might end up in a Tribunal or Court you should bear in mind that time limits are very strictly applied.

For most Tribunal claims (for example discrimination, unfair dismissal and unlawful deductions from wages) the time limit for the issue of proceedings is 3 months less 1 day from the date of the act complained of. In light of this, it is very important to deal with matters promptly and seek guidance from a regional officer at an early stage if tribunal proceedings might be appropriate.

This is particularly important as on 6 April 2009 the Employment Act 2008 changed the way that disciplinary and grievance matters are handled, by replacing the statutory dismissal, discipline and grievance procedures ('the Statutory Procedures') with a new Acas Code of Practice on handling discipline and grievances ('the Code').

The Statutory Procedures still apply to certain types of claims (e.g. discrimination, constructive unlawful dismissal, a redundancy payment) which arise out of an event or action which occurred on or before 5 April 2009. The Statutory Procedures require a grievance to be lodged at least 28 days before a claim is issued. This then triggers an extension of 3 months to the normal time limit for submitting a Tribunal claim.

Generally, NHS employers already have their own disciplinary and grievance procedures that are compliant with the Statutory Procedures, and those same procedures should in nearly all cases satisfy the requirements of the Code.

However, if there is any uncertainty about whether the Statutory Procedures or the Code applies, you should seek assistance from a regional officer.

**9.4.5. Management of individual health professional cases referred to regulatory bodies:** Many of our members working within the health sector will have a responsibility to both employer and their profession (via a regulatory body). Some will also have a direct responsibility to their patient/client. When

an individual member is referred to a regulatory body, the said body will allocate a case/investigating officer. Information and evidence will be gathered in relation to the referral received, written statements will need to be provided, this will then be put to an initial investigatory hearing panel, which will decide if there is a case to be answered by the individual registrant. If the decision is to hold a full hearing the individual member will be informed and asked to supply further information and details of their representative.

At this stage, if the local representative has been involved, they must inform the regional officer who in turn will complete the relevant request form for legal support ensuring all relevant documentation is included in chronological order.

Unite Legal Services will forward the request for legal support to the appropriate solicitors for consideration of the case.

Information regarding the regulatory bodies is given in Appendix E.

## 10. Organising Members

### 10.1 What members want from Unite:

People working in the health sector join Unite for 4 main reasons:

- **representation** when they need support with an issue at their workplace
- **protection** against management actions affecting their pay, terms, conditions and security of employment
- **advice** on legal and professional issues
- **support** to ensure they can safely and effectively do the professional job they were trained to do, in the best interest of patients and clients

and other benefits, for example **Professional Liability Insurance (see Annex F)**, or the **free will writing service**.

The impact of Agenda for Change on the NHS, and change in general within the rest of the sector in recent years, has meant that these issues have become increasingly more important.

There are now many different issues affecting health sector members, here are just a few:

- **Political** – government policies, private and independent provision of care, NHS structures, United Kingdom health departments/NHS Employers' initiatives
- **Economic** – pressure on very scarce funding and other resources, merging or separation of departments
- **Social** – demand for service from the changing population and communities
- **Technological** – Information and communications technology, mechanisation of processes, new materials, outsourcing of services and departments
- **Legal** – changes in the law affecting practice, registration, equality and diversity, health and safety
- **Environmental** – targets for organisations around renewable resources, recycling, facilities

### 10.2 Organising a Unite team to respond to these problems

As Unite membership in the health sector increases, your role will be more effective if you find ways of organising to counter all the issues that arise in your workplace. This means that we all need to ensure:

- representatives are trained - and they have strong support networks
- there is an effective Unite representatives' team in every organisation

- the Unite team doesn't just react to management pressures but takes initiatives (for example by being involved in joint committees or other organisational structures)
- the members — and potential members — know what the representatives are doing, and support them

If you need to **build a team** - your regional officer could come and meet the Unite representatives, so that you can start to do this with their guidance.

Try to take time out (a half day on paid trade union time off) to look at:

- where our **actual** and **potential** membership is
- what **common issues** they may have
- thinking about, and trying to predict what management's plans for the next year are likely to be - and therefore, what our response might be
- where we have no representative, or where we need to 'succession plan' for someone who might be moving, or retiring
- what initiatives or campaigns we might want to be involved in or start as a union

### The Team – different roles for different reps

Position	Role
Lead or Senior workplace representative Senior or Lead Steward	Provides leadership within the team of reps, often takes the chair or secretary position on a negotiating team for the joint unions within an organisation.  More knowledge and experience, so can support other team members  May take the lead in negotiations on local terms and conditions
Health and Safety representative	Trained to challenge the organisation where there are health and safety issues for staff  May hold the staff position on a joint health and safety committee for the organisation
Learning representative	Trained to support members with individual learning needs, and signpost them to learning opportunities – for their personal development within role or outside work.  May take a position on learning steering groups, KSF teams within the organisation, or work with the training

	department on partnership projects around learning in the workplace.
Other Representatives' roles	<p>There may be several workplace representatives, health and safety representatives, learning representatives, equality representatives, and green (or environmental) representatives within one organisation, covering their own departments - as a network.</p> <p>Occasionally, representatives' roles may overlap, for example, around equality in access to learning for lower-paid staff.</p> <p>Some representatives take on particular responsibility around an issue, such as equality and diversity, or environmental concerns, although, currently, these representatives are only given time off (under statute) if they are accredited as one of the above 'formal' or agreed representatives' roles. This also applies to 'link members' in the Mental Health Nurses' Association, who undertake a role in cascading information to members in their area.</p> <p>As above, less experienced representatives perhaps receive and distribute information to members, but do not represent individuals in grievance, disciplinary or capability cases, nor take an active part in negotiations. These are skills that develop over time, or with specific training, often available through the Unite education and training department.</p>

### 10.3 Involving the members

It is essential that members, and potential members, know what is going on, and feel involved. This can be done through meetings and newsletters. You may find it useful to get the regional officer to meet the members directly on a key issue.

Your team should certainly consider a simple Unite newsletter for members. Some of your colleagues might have the IT or desktop publishing skills to do this relatively easily. Similarly, you may want their help to produce flyers or posters for meetings or events, or produce information for union notice boards.

Find the issue(s) that members are really concerned about, and consider running a campaign around them.

### 10.4 Identifying our goals as a union

Unite has produced an excellent guide to planning, implementing and winning workplace campaigns for representatives and members in the health sector, 'Unite Guide to Campaigning in the NHS', available as a download (PDF) from the Health Sector pages of the Unite website under the 'Health B4 Profit' resources.

Our ability to influence events and be effective depends on whether members identify with what we are trying to do – it needs to be relevant.

In the health sector that includes:

- highlighting the issues members think are important such as excessive workloads, low wages, unfair promotions and transfers, particularly through privatisation or fragmentation of health services, or unsafe practices,
- campaigning to improve staffing levels, to prevent down-gradings and redundancies, or deskilling, to improve pay banding, terms and conditions
- showing we are effective at representing individual members and at preventing unfair bullying, harassment, disciplinary action
- preventing management imposing new contracts, or terms and conditions, without consulting staff members.
- ensuring that your professional environment is a supportive one that encourages best practice around training. This means following the principles of the NHS Knowledge and Skills Framework, and other related learning opportunities around continuing professional development (CPD), updating, innovative practice, and requirements around registration or revalidation

There should be an agreement with the organisation that individuals should have access to the appropriate union representative if they have any of these issues – any policies and procedures in place within the organisation that refer to the support for union members from their representatives' team.

To be credible, the Unite representatives need to identify one or two of these issues — the ones that their members are most concerned about — and find ways of tackling them.

The issues you choose as priorities could be:

- issues arising from national campaigns by Unite, or one of the constituent occupational or professional groups
- issues you identify locally — perhaps from a survey of members issues that arise suddenly that need to be tackled together

## **10.5 Changing roles**

In the past, in some organisations, members have not played a very active part in union activity, except when an individual issue has arisen, or when there is a

dramatic change that affects everyone, such as a new pay structure. For example, there have been many different issues under Agenda for Change and modernisation of services.

Some representatives prefer to act as local contacts or ‘post-boxes’, i.e. they receive information which they give out, or put on notice boards. They may not have done very much negotiating in the past, because many things were traditionally sorted out at national level. This is now changing as decisions that affect staff are made locally, within organisations, as well as nationally.

The regional or professional officers were sometimes seen as experts who would be called in to sort problems out – in a very reactive way, often described as ‘fire-fighting’

Unfortunately, pressures on individuals, teams and organisations, and the increasing membership, means that previous methods of dealing with issues may not be very effective now.

**The health sector will always be changing!** There are so many issues to deal with that officers cannot always be available at short notice to “solve” local problems.

Increasingly, representatives have to address many more issues, however, as a consequence, they also have the opportunity to develop a whole range of new skills.

Members sometimes join as individuals (increasingly on the internet). However, regional and professional officers are not able to deal with individual issues, they simply do not have the resources to deal with the hundreds of requests for help that they would receive.

Members need to be involved together, and representatives need to be trained to deal with issues at least in the first stages, and then consult the officer for advice, only when they have sufficient information, or need support to proceed with the issue.

The table below illustrates the possible changing roles:

<b>Figure 2 – The Roles of the Officers and Representatives</b>	
<b>OLD ROLE</b>	<b>NEW ROLE</b>
The Official (Regional or Professional Officer) is expert negotiator	Representatives are trained negotiators
The Official deals with individual grievances or issues	The Official advises the representatives on all but the most complicated grievances, disciplinary cases, or other workplace issues

The Official deals with individual Representatives	The representatives form effective networks or teams, both within their own organisation and with other local or national organisations where it makes sense to work together, swap ideas or information.
Officials deal directly with members	Initial issues and enquiries are referred to the representatives, who then seek advice if necessary from the Officer
Officials main role is to visit workplaces to negotiate with organisational management	Officials are able to prioritise recruitment, campaigning and organising, meeting members and potential members, as they have effective representatives in place to deal with workplace issues.

This has implications for everyone – members and full-time officials of the union:

**Officials** become trainers, facilitators and advisers, and spend less time on negotiations and representation. They spend less time in individual employers, and travelling to and from them, and more time giving advice and support to representatives. The union’s secretarial staff have to be accepted by both officers and members as skilled members of the Unite team, able to give information to representatives on many issues.

**Representatives** have to develop skills and become more involved in collective bargaining and in representing individual members on issues such as pay banding, grievances and disciplinary cases. Speciality roles come into their own if there are issues around learning, or equality. Representatives have to work more as teams and rely less on the official as the hero(ine).

**Members** have to be clear how best to tackle problems, who to approach first (the representative) and the need to be more than a passive spectator when their own future is being determined.

In return the union as a whole, (especially at national level) has to ensure that officers, staff and representatives get the advice, support, training and publications needed to make this new system a reality.

## 10.6 First steps in organising

Only your workplace team can work out the best approach to the issues facing your members. Key elements in this will include:

- knowing where the actual and potential membership is
- getting training as a representative

- networking with other Unite representatives in your trust or health board and in neighboring ones
- making sure you are getting the information from Unite you should be getting
- keeping the members informed on key issues
- setting up networks of members as “telephone trees” who will keep you informed and make sure members are informed
- finding the right issues to campaign on
- recruiting more members

## **10.7 Pacing yourself – Work/Life Balance**

The workloads of Unite members have increased dramatically in recent years. It is not possible to take unlimited time off work to be an activist. All our workers have other commitments, families, hobbies and need time to relax.

As well as meeting and negotiating with management, you may need to be assertive with members.

We do not want representatives to turn away members who have legitimate concerns.

We do want representatives to see what the members themselves can do, with the support of their representative. Only rarely should a representative say “leave it to me, I’ll sort it out”.

You can only do what you feel comfortable doing, and have the time and energy to do! If you feel overwhelmed by the pressure of being a representative, talk to other reps, or to the regional officer. Don’t feel guilty!

The representative’s job can be fantastically satisfying, develop your personal skills and give you real insight into how the health sector works.

The more you can delegate, and encourage members to be active themselves, the better.

The more you can build a team of Unite representatives to work with, the more moral and actual support you will get in return.

### **Examples of Unite campaigns in the Health Sector**

#### **Transforming Community Services**

Community health trusts are now dividing into Providers – that supply the services (such as health visitors, school nurses, drug and alcohol services, smoking cessation, and pharmacy), and Commissioners – who ‘buy’ the services that the local population need from the providers. A number of different things are taken into account – such as the accessibility and quality of the services, as well as cost, which determine which organization becomes the preferred provider. There is a serious threat to current NHS provider services,

as they are in direct competition with private or 'third sector' organizations to tender for contracts. A number of diverse organizations may be providing local health care, not only the familiar private companies such as BUPA, but other high street names, such as the larger supermarket chains. This has serious implications for our members who currently provide essential services from within the NHS.

Unite health sector members are encouraged to campaign against the potential privatization and fragmentation of these services. In the initial stages, there are a number of questions that should be answered by the commissioning arm of the community trust, which challenge the provision of services by any other organisation than the existing NHS ones.

Unite regional officers can support their health sector members with training for representatives, information and materials, so that they are well prepared for the challenges.

Unite has published a special report 'The Patchwork Privatisation of our Health Service', to support the **Health B4 Profit** campaign. There are other useful resources available from regional offices and on the Unite website.

For further information on this, and other health sector campaigns, see section 11.

### **Unite Students**

Our union has a dedicated project officer to help organise and recruit student members. There are also enhanced membership benefits for students training for health sector roles, including significantly reduced membership fees. Students are also encouraged to join Unite activity around global issues, such as fair-trade, the environment, equality, and social or political campaigns in other countries. At present there is a new initiative around linking up with members in the health sector from the Steel Workers of America, under the '**Workers Uniting**' banner..

Representatives should make sure that Unite is involved in induction training for new staff. Often the joint unions are given a slot on the programme for new employees. Some of these new staff will already be student members, and should be encouraged to upgrade their membership to full or part-time employed status.

This is also an excellent opportunity to make sure that the benefits of belonging to a union are clear. It is also an opportunity to welcome and introduce new members to their representatives. Newly appointed staff can be more receptive to joining a union, and become active if they identify with the issues – perhaps learning or equality, rather than just seeing the union as 'job insurance' or there for when things might go wrong at work.

## **11 Unite as a Campaigning Union**

### **11.1 Trade unions are not just about pay, terms and conditions**

Fighting for fair pay, terms and conditions for employees is central to Unite's work. Throughout the negotiations of Agenda for Change Unite workplace representatives were heavily involved at a local and national level. Unite worked in partnership with other unions and professional organizations to ensure that job descriptions, job evaluation, matching and pay banding were done fairly. This work is on-going and will continue as new jobs evolve. Additionally, at the time of writing the NHS Knowledge and Skills Framework, which is part of the Agenda for Change agreement, has not been fully implemented.

However, Unite members working in the health service are not just interested in pay, terms and conditions. **Members also care passionately about the public service they provide and trade unions have an important role to play in campaigning for equality and social justice in wider society.**

### **11.2 Campaigning on cuts and standards**

The issues that affect the pay, terms, conditions of staff also affect the range and quality of health services available to the public.

Skill mix, the privatisation of services, the erosion of clinical management, performance related pay, excessive workloads and frozen posts are all examples of issues affecting our health service members as trade unionists and professionals and our whole membership as users of the NHS.

Nationally, Unite has campaigned on issues such as opposing cuts in staff training, Performance Related Pay (PRP), against excessive workloads for staff and the levels of stress many in the health service feel. Unite have campaigned for a safe environment for staff to voice their concerns and for 'whistle-blowing' where needed and on health and safety issues such as unsafe working environments. Unite continues to defend the NHS as an integrated, comprehensive, universal, publicly owned and accountable health service and we have opposed initiatives that threaten this, such as Private Finance Initiatives (PFI), Public/Private Partnerships (PPP) and Social Enterprises. Locally, Unite has led successful campaigns on skill mix, job cuts, unsafe practice, and many other issues.

### **11.3 Campaigning on equality, diversity and fairness at work**

Equality and fairness in the treatment of patients, service users and staff should be central to health services. Equal opportunities and fair treatment go hand in hand with access to treatment on the basis of need, not wallet. Under Agenda for Change and the Knowledge and Skills Framework the promotion of equality and diversity is one of the six core dimensions applicable to, and a requirement of, everyone's role in the health service.

The public sector has specific legal duties to promote and ensure equality. One of these duties is that there must be an Equality Impact Assessment conducted for any change of policy or procedure; this, and the other legal duties on the public sector, are tools that Unite representatives can use to help drive the equality agenda forward in their workplace. Unite believe it is a priority to tackle and end discrimination on the grounds of ethnicity, faith, gender, sexual orientation and age.

In the health service there is unfortunately a level of bullying, harassment and violence at work that is far too high. Such behaviour and incidents have a detrimental impact on people's lives and is unacceptable. Ending this is an important step towards safe working environments and fairness at work.

## **11.4 Campaigning with a political message**

Many of the problems faced in the workplace in the delivery of health services can be traced to the overarching policies being implemented at a national level. Therefore an essential part of Unite's campaigning is taking the message of its members to Ministers and Parliament, and seeking to influence and change the policies of government and devolved administrations. Through the union's political fund, to which many Unite members contribute, Unite is affiliated to the Labour Party. There is a Unite group of Members of Parliament and Members of the European Parliament. There is also a Unite network of local councilors.

## **11.5 Health B4 Profit – stop the patchwork privatisation of the NHS**

A prime example of national policies impacting at a local level are the recent health sector reforms in England that have been underpinned by a process of transferring assets and services to the private sector and creating social enterprises and Community Foundation Trusts.

This agenda has become more aggressive, and been given extra impetus with the publication of the '**Transforming Community Services**' document. Primary Care Trusts are being encouraged to 'commission' other organisations to provide health services rather than providing services themselves. This is likely to lead to a large number of services being handed to the private sector.

At a time when the NHS is being told to brace itself for severe cutbacks, Unite say the first saving that should be made is to end the privatisation of services and the running of the NHS along market lines. Vital financial resources have been diverted to the private sector, e.g. through PFI contracts, and the use of the private sector for some elective surgery and diagnostics.

Unite seeks to build the broadest possible alliance to defend a comprehensive, universal, publicly owned and accountable NHS funded from general taxation. In order to stop the patchwork privatisation of the NHS, Unite has launched the **Health B4 Profit** campaign. Unite has produced a series of materials that can

support members defend their health services locally, and help build the campaign nationally to change the overall government policy. Visit [www.unitedtheunion.org/health](http://www.unitedtheunion.org/health) to download more information and the campaign materials.

### **Just some of our other campaign work is:**

- Whenever budgets are reduced staff education and training are always hit hard – despite the commitment under the KSF strand of the national agreement of Agenda for Change. Organisations are required to support staff with the learning they need for carrying out their roles competently and confidently. This may also impact on the requirements for registration of non-professional groups and the re-registration of professionals. Unite has specialised professional officers who lead on these issues.
- The **'Who Cares?'** campaign has defended and promoted the universal health visiting service, working with members at a local level when services are threatened and lobbying Ministers to secure funding for a new generation of health visitors. This has been given extra urgency recently as increasing numbers of health visitors retire and the detrimental impact a lack of health visitors has on child protection, and children and women's health.
- The initial implementation of Agenda for Change – the new pay structure introduced to combat unequal pay, is nearly complete in England, with Wales, Scotland and Northern Ireland slightly behind in their implementation. Unite will continue to work with members to ensure that Agenda for Change continues to be implemented fairly and properly.
- A two-tier workforce still exists in hard facilities management, despite Government pledges in the Warwick Agreement of 2006.

## **11.6 Develop and use your campaigning skills!**

There is a useful 'Unite Guide to Campaigning in the NHS' document available from regional offices or to download from the health sector pages of the Unite website.

Campaigning outside the workplace can strengthen your negotiating position inside the workplace. Many Unite members have campaigning skills - make sure you use them. Regional Offices and the national Unite Health Sector office may be able to assist, especially with the media, as we have communications experts who do this work specifically for Unite.

Within the NHS, a small number of staff roles have the KSF specific dimension 'publicity and marketing' in their outlines. This is probably only likely to be those who speak to the media or the public, on behalf of the Trust or Health Authority, or professional group. However, in your personal portfolio of skills,

you may have some examples that demonstrate a level of competence in this dimension – you should make sure that you record these, however informally.

As well as the general grounding offered in the workplace representatives, and health and safety representatives, training courses, there are many other training courses offered by the Unite Education and Training Department that may support your ability to campaign with members, these include:

- Communication and development skills
- Workplace representatives stage 4 – Advocacy skills
- Equality and Diversity
- Discrimination and disability
- Stress, harassment and bullying
- Leadership for black and ethnic minority representatives
- Learning representatives, stages 1, 2 and 3
- Assertiveness and empathetic skills (pilot in 2007)
- Employment Law
- Human Resources management, stages 1 and 2
- Understanding politics
- Incident management and investigation

These courses are all accredited by the Open College Network, and you should visit the Unite website to get up-to-date details and training dates.

## **12 Advice on how to write letters/emails on behalf of members**

### **12.1 When should you write a letter?**

The key uses of letters in negotiations and representation include:

- to seek information
- to put concerns in writing
- to seek a meeting; formal or informal
- to clarify the purpose/status of a meeting
- to respond to management's action and/or correspondence
- to be a record of a meeting
- to provide evidence in support of a member

The letters (Appendix G) in this booklet are examples of these headings. It is increasingly important to ensure that anything put in writing by management which you are unhappy about is challenged in writing. Do not rely on phone calls or one-to-one conversations. Unchallenged management letters/documents/minutes may be regarded at a later date as an authoritative record of events.

### **12.2 To whom should it go?**

The letter/email should go to the manager who has written to you or the members, or whoever has created the problem. The only exception is when lodging an appeal against a disciplinary decision or an unsuccessful grievance when it goes to the level of manager indicated in your procedure agreement.

### **12.3 To whom should the letter be copied?**

If the letter is to a line manager it will usually be enough to copy it to the members represented, and possibly to fellow representatives and the regional officer. Copying to the regional officer may be regarded by managers as raising the stakes. If the matter is a potential grievance then it should be copied for information to the regional officer.

If the issue affects more than one department or locality, then you may wish (out of courtesy) to copy letters to a more senior manager as well as your local manager.

If you have a Unite representatives workplace group it may be useful to copy the letter to fellow Unite representatives, or at least to the senior Unite representative if you have one.

There are some circumstances where you may wish to copy letters to Unite colleagues or your regional officer, but where it would not be appropriate to let your management know you are doing this. In such cases a "blind" copy should be sent to them.

### **12.4 From whom should it be sent?**

In the first instance letters should normally be sent from the individual or persons affected.

If the issue affects a group of members or if the issue is of wider significance (e.g. breach of an agreement or cuts in service), then the initial letter should come from the representative. If the issue affects members of several unions, then it may be best to raise it through the staff side of the local negotiating committee.

Where possible, letters from representatives of a Side Staff Committee should be on headed notepaper. Letters from an individual should be from their home or work address. Letters from Unite representatives should be on Unite headed notepaper.

Headed notepaper is available from your regional office. One sheet is contained in this handbook which you can copy.

## 12.5 Are letters/emails confidential?

Letters/emails from you to management, or from management to you, are not confidential as long as:

- (a) any member(s) represented agrees to any letter being circulated, and
- (b) the management letter is not headed "private and confidential".

Indeed, as mentioned above, circulating correspondence may be a very effective way to keep members informed i.e. a substitute leaflet.

If you have a union notice board (which you should have through your facilities agreement) putting up an exchange of correspondence may be an effective way to let members know what the issues are and what you are doing.

Bear in mind that written documents including e mails are liable to be disclosed to all parties in the event that a dispute ends up in an employment tribunal.

## 12.6 Some points on style and format

- Make sure you put your name and address on the letter
- Date it
- Keep a copy
- Type it, using a good margin, with gaps between paragraphs.
- Generally keep to a single issue and put in a heading at the start of the letter
- As far as possible, use short sentences and paragraphs
- State clearly what action you want to result from your letter
- If you copy the letter to other people, normally indicate this at the end
- Be polite and to the point
- State the capacity in which you write, e.g. adding 'Unite Representative' next to your name

**Remember**, a letter may be an important piece of evidence later; at an appeal, a grievance hearing, in a campaign or at an employment tribunal. Do not overstate your case unless you are quite sure of your facts and use phrases such as "I am informed that" when necessary.

## **12.7 Letters/emails seeking information**

There are many sorts of information which are useful to Unite representatives. This Unite health sector representatives handbook contains a summary of your legal rights to information.

The information you need may be:

- background information from management about the action, or proposed action they intend to take
- clarification about the interpretation of an agreement or policy information you need to prepare a disciplinary or grievance case
- information you are entitled to as of legal right — for example in pay bargaining, redundancy, transfer of employment, health and safety, or discrimination claims
- information about changes in the service

These letters may be adapted to suit each particular situation.

Some of this information may be available to you as a result of your own employer's procedures, for example, a report on equal opportunities, or annual report and balance sheet.

## **12.8 Legal rights to information**

You may find it useful to note that your legal rights to information are as follows:

- a. Collective bargaining. This includes pay, terms and conditions, reorganisation, payments systems etc. The information rights derive from the Trade Union and Labour Relations (Consolidation) Act 1992 and in the ACAS Code of Practice No. 2 on Disclosure of Information. More detail on seeking information in pay bargaining is contained in the Unite guides on local pay bargaining which are available on the union's website. Further rights to information arise where a redundancy is declared. These are summarised in Unite's guide to tackling redundancies which is also available on the website
- b. Transfer of employment. This would include any mergers, transfer or contracting out of services/staff. The information rights derive from the Transfer of Undertakings (Protection of Employment) Regulations 2006 and a Unite booklet on TUPE is available on the website.
- c. Discrimination. There is statutory protection against discrimination (including harassment) on the grounds of race, disability, sex, pregnancy, age, religious belief or sexual orientation. Gender based pay disparity is covered by the Equal Pay Act 1970. There are Regulations to protect part-time workers and fixed term employees. Advice should be taken from a Regional Officer on these issues.
- d. Health and safety. Health and safety representatives have substantial rights to information contained in various acts and regulations, most notably in the Management of Health and Safety at Work Regulations (1999) and its approved Code of Practice. More information is contained

in the Unite Safety Representatives Handbook available on the union's website.

## **12.9 Letters responding to management proposals**

Whatever the issue, when management proposals are made, or rumoured, putting your concerns in writing at every stage can be very useful and assist you and the members to challenge unacceptable proposals. The extent to which this is done will depend on:

- the nature of the proposals
  - how good your relationships with local management are
  - whether you think the proposals are likely to be the subject of formal grievance or even legal action
- You should bear in mind, however, that:
- one to one informal conversations are poor evidence
  - good written letters (and replies) are excellent evidence
  - the standard letters in this section address stages of negotiations with management
  - trying to establish what management are doing
  - placing your concerns about the issues on record
  - seeking to influence the procedure and timetable of negotiations
  - preparing for meetings
  - following meetings up
  - taking an issue through procedure

## 13. Other Trade Unions in the health sector

Unite is the third biggest union in the health NHS after Unison and RCN. There will at times be difference between the aspirations of the different unions and its members, but it should always be remembered that there is nothing to be gained by criticising or arguing with other unions, its representatives or members. The more time that is used on arguments between unions the less time will be available to address the real concerns of members and also work to reduce the effectiveness of any joint trade union activities.

Wherever possible at both a national and local level, we try to work with other unions. Sometimes members from other unions will want to join Unite. These prospective members should be supported with information regarding the benefits of being members of Unite.

### 13.1 Other unions and trade union recognition

Recognition of trade unions for collective bargaining is indispensable. It is the foundation upon which we have local representatives, negotiations, or representation. Unite's policy is that any union that has an active membership in a health sector employer should be recognised, however small that union may be. We oppose any attempts to squeeze out smaller unions. In some Trusts, some unions and employers have not always adopted this policy. Unless our own recognition is seriously threatened, however, we will not sign agreements that squeeze out other unions.

Trade union recognition is provided for in the Agenda for Change Handbook (Section 25 & 40).

### 13.2 Other main unions (with seats on the NHS Staff Council Executive)

**The Chartered Society of Physiotherapy (CSP):** The Chartered Society of Physiotherapy is the largest union solely representing the professions allied to medicine. <http://www.csp.org.uk>

**GMB:** is the third largest union in the United Kingdom and its members primarily include a wide range of ancillary staff. <http://www.gmb.org.uk>

**UNISON:** is the largest health sector trade union representing primarily semi skilled and unskilled staff. Their members include ancillary staff, health care assistants, many nurses, some professional and technical staff, administrative and clerical staff and ambulance workers. <http://www.unison.org.uk>

**The Royal College of Midwives (RCM):** The Royal College of Midwives represents most midwives. It is not part of the TUC. <http://www.rcm.org.uk>

**The Royal College of Nursing (RCN):** The Royal College of Nursing is the second largest health sector union. It represents mainly hospital nurses, and

some community nurses. It does not recruit non-nurses. The RCN is not a part of the TUC. <http://www.rcn.org.uk>

## **Appendix A: Ground rules for members and representatives in the health sector**

Unite has developed procedures in the health sector to ensure members get the best possible service from the appropriate person within the union. This letter outlines what those procedures are. All Unite representatives are asked to follow them:

- 1 Representatives are asked to check that an individual seeking advice is a paid up member. Normally advice will only be given to members or potential members.
- 2 Representatives are asked to consider whether the issue being raised might be something the union would not normally be involved in.
- 3 Representatives are asked to check that any issues members would like representatives to raise with management have first been raised directly with management by the member. There are exceptions to this, e.g. harassment and bullying, where the first approach to management should be via the representative.
- 4 Representatives are advised to listen carefully to the concerns members raise and to then ask them to write down what they think the issue is they want the representative to tackle, and why, and what sort of resolution to the problem they might be looking for. Of course, this won't always be possible. This should be done in a supportive way.
- 5 Representatives are expected to be honest with members and tell them if, in their opinion, there is little or no possibility of winning a grievance. If this is the case, the member is entitled to have the reasons carefully explained to them. If they are unhappy with such a view, they can then ask for a second opinion from another representative or the regional officer.
- 6 Representatives should not be expected to know all the answers to every question they are asked. They may need to take advice from other representatives, from the regional officer, or discuss the matter informally with the human resources department. This may sometimes take a little time.
- 7 Representatives may need to discuss any case with their senior representative or with their regional officer. In such cases, representatives should not normally discuss a case with anyone without the member's agreement. Anything members discuss with their representative is confidential except where it is agreed the representative can discuss it with other people.
- 8 When the representative has met with the member they will try to let the member know what will happen next and when. Except in emergencies, the member should then wait for the representative to get back to them. Members should bear in mind that Unite representatives have another job to do as well.
- 9 Members should not discuss directly with management the issue they have asked their representative to raise. It can undermine the representative and sell the member short.
- 10 Management does have the right to meet informally with a member of staff to discuss their work without a representative being present unless there are good reasons why the member should be accompanied (e.g. the member is being bullied or harassed). This does not mean the member cannot be accompanied if the manager agrees. If the member is worried that the proposed meeting may lead to disciplinary action, or may be an attempt to pre-empt a grievance, then they should talk to the representative first.
- 11 When a problem has been resolved, there may be an agreement with management. If so, both the representative and the member should have a copy of that agreement.
- 12 Members who contact the regional office direct will be asked if they have discussed the matter with their local representative first. Other than in exceptional circumstances, the officer will not discuss issues direct with a member without the involvement of the representative. Similarly, the Unite legal department will not correspond or talk directly to members except through regional officers.

## **Appendix B: Useful Websites**

### **B.i. Unite Websites**

Unite website: <http://www.unitetheunion.org>

Unite @ctivist website: <http://unite.newsweaver.co.uk> (NB health sector e-bulletins can also be accessed from this site)

Unite Health Sector: <http://www.unitetheunion.org/health>

Unite Reps Direct Archive:

[http://www.unitetheunion.com/sectors/health\\_sector/ reps\\_direct.aspx](http://www.unitetheunion.com/sectors/health_sector/ reps_direct.aspx)

### **B.ii. External Organisation Websites**

ACAS: <http://www.acas.org.uk/>

The Care Quality Commission: <http://www.cqc.org.uk/>

The Council for Healthcare Regulatory Excellence (CHRE): <http://www.chre.org.uk>

Department of Health: <http://www.dh.gov.uk>

Health and Safety Executive: <http://www.hse.gov.uk>

The Independent Safeguarding Authority: <http://www.isa.gov.org.uk/>

Keep Our NHS Public: <http://www.keepournhspublic.com/index.php>

NHS Employers: <http://www.nhsemployers.org/>

NHS Employers Agenda for Change: <http://www.nhsemployers.org/pay-conditions/agenda-for-change.cfm>

NHS Northern Ireland: <http://www.hscni.net/>

NHS Support Federation: <http://www.nhscampaign.org/>

NHS Scotland: <http://www.show.scot.nhs.uk/>

NHS Wales: <http://www.wales.nhs.uk/>

The Socialist Health Association: <http://www.sochealth.co.uk/>

The Northern Ireland Executive: [www.northernireland.gov.uk](http://www.northernireland.gov.uk)

The Scottish Executive: [www.scotland.gov.uk](http://www.scotland.gov.uk)

Trade Union Congress: <http://www.tuc.org.uk/>

They Work for You (list of Members of Parliament/Lords): [www.theyworkforyou.com](http://www.theyworkforyou.com)

The Welsh Assembly Government: [www.wales.gov.uk](http://www.wales.gov.uk)

## Appendix C: Useful Unite Guides

**C.1** There are several useful guides on the Unite website that may give further information that you may find useful. There follows a list of some currently available guides that can be downloaded from the Unite website. If enabled on your computer, you should be able to click on the links below and you will be taken directly to the guide.

### C.2 Health Sector Guides

- [Health B4 Profit: The patchwork privatisation of our health service: A special report](#)
- [Unite guide to campaigning in the NHS](#)
- [Briefing on social enterprises and the NHS](#)
- [Foundation trusts: Unite briefing and campaign guide](#)

### C.2 Health Sector Leaflets

- [Health B4 Profit: Stop the patchwork privatisation of the NHS](#)
- [Health B4 Profit: Campaign leaflet](#)

### C.3 Legal guides

- [Contracts of employment](#)
- [Employment status and related rights](#)
- [Human rights in the workplace](#)
- [Information and Consultation Regulations \(updated July 2007\)](#)
- [Privacy at work](#)
- [Redundancy - Unite guide for members](#)
- [TUPE - Transfer of Undertakings \(Protection of Employment\) Regulations 2006](#)

### C.4 Other topics

- [Absence in the workplace](#)
- [Annualised hours](#)
- [Bargaining Pay Systems](#)
- [Bullying](#)
- [Corporate Social Responsibility](#)
- [Data Protection](#)
- [Energy Review response 2002](#)
- [Equality - negotiators' guides](#)
- [Exchange rates and manufacturing](#)
- [Good Work - A Unite Agenda for Better Jobs](#)
- [International Unite work](#)
- [Unite Guide to the internet](#)
- [Job evaluation guide](#)
- [NHS PFI schemes and the TUPE Regulations](#)
- [Public procurement guide](#)
- [Redundancy fact sheet](#)

- [Shift working patterns and premia](#)
- [Standby and call out pay](#)
- [Trade unions](#)
- [The environment and climate change](#)
- [Using your own vehicle for work](#)
- [Workplace representatives' quick-start guide 2005](#)

### **C.5 Health and safety guides**

- [Asbestos fact sheet](#)
- [Asthma \(occupational\)](#)
- [Corporate Accountability: Making Companies Safe](#)
- [Fire extinguishers](#)
- [Graphical, paper and media sector](#)
- [Migrant Worker Safety: A practical guide for safety representatives](#)
- [Safety reps and inspections resources](#)
- [Silica dust](#)
- [Stress in the workplace](#)
- [Working Time Regulations](#)

## Appendix D: Lay Member Expense Form

Expenses are only claimable where you have paid your own travel, subsistence or accommodation costs. Receipts should be attached wherever possible (and for all amounts in excess of £10).

Please complete this form in BLOCK CAPITALS in ink. Ensure that the form is signed (authorised) by the person organising the event you attended and either hand it to them or send it (if signed) to the address below.

<b>Your Name:</b>		<b>Membership No:</b>
<b>Home Address: (Has address changed since last expenses claim Yes / No )</b>		
_____		
_____		
<b>Bank details (if you wish to be paid direct into your own bank account)</b>		<b>Sort Code:</b>
		<b>Post code</b>
		<b>Account No:</b>

<b>Title of Meeting or Course attended:</b>		
<b>Dates</b>	<b>From:</b>	<b>To:</b>

<b>Travel Costs</b>	<b>Amount</b>
<b>By Car</b> <b>No of miles</b> @ 40p / mile	
<b>By Rail ( 2<sup>nd</sup> class fare)</b>	
<b>By Air ( only if authorised in advance)</b>	
<b>Other Travel (Bus / Tube / Taxi ( only if essential)</b>	

<b>Subsistence (only claimable if essential and not provided )</b>	<b>Amount</b>
<b>Lunch</b> <b>No of days</b> @£5.00	
<b>Evening meal</b> <b>No of days</b> @£10.00	

<b>Overnight Accommodation</b>	<b>Amount</b>
<b>Bed &amp; breakfast cost only</b>	

<b>Loss of Pay. If you have not been paid by your employer, you must attach evidence from your employer.</b>	<b>Amount</b>

<b>Total Claim</b>	
--------------------	--

<b>Signature of member:</b>		
<b>Authorised by:</b>	<b>Name:</b>	<b>Signature:</b>

<b>Nominal Code:</b>
<b>Office Use only</b>

Send to: Finance Department, Amicus, Hayes Court, West Common Road, Bromley, BR2 7AU

## Appendix E: Professional groups and regulatory bodies in Unite Health Sector

The professional groups in the Unite health sector are largely organised as either occupational advisory committees (OACs) or as “groups & associations”.

### OACs

These include health care science professions, pharmacists, physicists, the family of psychology, allied health professions including speech and language therapists, independent practitioners (including osteopaths), nurses, dental care professionals, ambulance staff, counsellors and psychotherapists, clinical support workers and technicians, maintenance and estates staff (e.g. electricians, plumbers, builders), administrative and clerical (e.g. medical secretaries, ward clerks, library services staff), administrative managers; and other groups such as IM&T (e.g. analysts, technicians), HR (e.g. assistants, advisors), finance (e.g. accountants, invoice clerks, salaries and wages staff), research assistants, animal technicians, and the OAC for support services which includes portering, catering, cleaning, telephony, security and clinical support workers.

### Groups and Associations

#### **College of Health Care Chaplains**

<http://www.healthcarechaplains.org>



#### **Community Practitioners' & Health Visitors' Association**

<http://www.unitetheunion.org/cphva>



#### **Guild of Healthcare Pharmacists**

<http://www.ghp.org.uk>



**Hospital Physicians' Association**

<http://www.hospitalphysics.org.uk>



**Mental Health Nurses' Association**

<http://www.amicus-mhna.org>



**Medical Practitioners' Union**



**Society of Sexual Health Advisers**

<http://www.ssha.info/>

**SSHA** SOCIETY OF  
SEXUAL HEALTH ADVISERS

## **Statutory Regulatory Bodies**

### **Nursing and Midwifery Council (NMC)**

<http://www.nmc-uk.org>

Unite nursing members such as health visitors, district nurses, school nurses, mental health nurses, theatre nurses, practice nurses, nurse qualified sexual health advisers and midwives are regulated by the NMC. These members are within Unite/CPHVA (Community Practitioners' and Health Visitors' Association), Unite/MHNA (Mental Health Nursing Association), Unite/SSHA (Society of Sexual Health Advisers) and Unite Health Sector.

The NMC produces a Code of Professional Conduct to which all its registrants are expected to adhere.

### **Health Professions Council (HPC)**

<http://www.hpc-uk.org>

The HPC is a statutory regulator that works to protect the health and well-being of people using the services of the health professionals registered. The HPC currently registers over 180,000 professionals from 13 professions. The following professions are registered; Art therapists, biomedical scientists, chiropodists/podiatrists, clinical scientists, dieticians, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, prosthetists/orthotists, radiographers, speech & language therapists and operating department practitioners. Unite has members in all of these categories, although amongst some groups numbers are low.

### **Royal Pharmaceutical Society of Great Britain (RPSGB) and**

<http://www.rpsgb.org.uk/>

### **Pharmaceutical Society of Northern Ireland (PSNI)**

<http://www.psni.org.uk/>

The RPSGB and the PSNI register and regulate our pharmacist members and, recently, pharmacy technician members.

However, the recommendations of the regulatory white paper require the RPSGB to separate the professional body from the regulator and there is currently a draft Pharmacy Order 2009 which has proposals for a new, separate regulatory body for pharmacists. Pharmacist members in the NHS, other public bodies, and some private hospitals are members of Unite/GHP (Guild of Healthcare Pharmacists) section.

RPSGB produces a Code of Ethics for its registrants.

### **General Optical Council**

<http://www.optical.org/>

We have members regulated by the GOC, including those members who are part of our agreement with the Association of Optometrists.

**General Dental Council**

<http://www.gdc-uk.org/>

We have dentists and other dental staff in membership who are regulated by GDC.

**General Osteopathic Council**

<http://www.osteopathy.org.uk/>

We have a small number of osteopaths. They are part of the Independent Practitioners' OAC.

**General Medical Council**

<http://www.gmc-uk.org/>

Medical Practitioners' Union members are regulated by the GMC.

**Independent Safeguarding Authority**

<http://www.isa-gov.org.uk>

The ISA is a different kind of regulator, recently established, with the purpose of preventing unsuitable people from working with children and vulnerable adults.

The ISA will assess every person who wants to work or volunteer with vulnerable people. Potential employees and volunteers will need to apply to register with the ISA.

Applicants will be assessed using data gathered by the Criminal Records Bureau (<http://www.crb.gov.uk>), including relevant criminal convictions, cautions, police intelligence and other appropriate sources.

## Appendix F: Professional Liability Insurance (PLI)

1. Professional Liability Insurance (PLI) is becoming increasingly important to all health professionals. Some regulators through their codes of conduct even contain a requirement to hold PLI.
2. While all health professionals who are employed (as opposed to self-employed) are covered by their employer's vicarious liability insurance, the demand for an extra layer of cover is considerable.
3. The employer's insurance will not cover a practitioner for voluntary or charitable work. And, on occasions, an employer might try to recover damages and costs related to a successful claim against a practitioner as the result of negligence.
4. Historically, this union has provided PLI for certain professions within the health sector at no extra cost and as part of ordinary membership subscriptions. The following membership groups that receive this benefit are :all registered nurses, nursery nurses, all members of the College of Health Care Chaplains, all members of the Society of Sexual Health Advisers, all counsellors and psychotherapists.
5. As more regulators are requiring members to hold extra cover, and more members fear litigation, we have been asked to extend the scheme to other groups of health professionals (in particular pharmacists),
6. It was agreed that this facility should be provided to other professional groups at a cost of £15 per annum. In 2008 the following members were written to, inviting them to take up the scheme.

**TABLE 1**

<b>Occupation</b>	<b>Job Code</b>
Adult Psychotherapist	231
Art Therapist	53
Asst. Child Psychotherapist	232
Asst. Psychologist	97
Child Psychotherapist	57
Chiropodist	58
Child Psychologist	233
Clinical Psychologist	89
Counselling Psychologist	243
Dance & Movement Therapist	174
Dietician	62
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A further invitation to join is being communicated to members in 2009.

An application form, a copy of the policy, a cover letter and FAQs are all accessible on the health sector part of the Unite web site – SECTORS then HEALTH and the PLI information appears on the front page - [http://www.uniteunion.com/sectors/health\\_sector/health\\_sector\\_professional\\_ind.aspx](http://www.uniteunion.com/sectors/health_sector/health_sector_professional_ind.aspx)

In a nutshell, to be covered by our PLI policy, practitioners must be qualified, competent and contracted.

Cover applies to fully paid-up Unite members who are in the category described in paragraph 5 above.

Cover also applies to fully paid-up Unite members described in table 1 above, who take out the PLI cover at £15 per annum.

Since May 2009 paramedics have also has access to the scheme.

These members are covered for their employed work, voluntary work and Good Samaritan acts. They are covered anywhere in the world except the USA and Canada.

Should retrospective action be brought against a member after they have left the union, in retirement for example, that member will be covered so long as the incident occurred while they were full members of the union and therefore covered at the time.

# **APPENDIX G: Copy of contents page from NHS Terms and Conditions of Service Handbook**

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Annex Z Managing sickness absences – developing local policies and procedures

Annex A1 Principles and Best Practice of Partnership Working

## **APPENDIX H: Agenda for Change frequently asked questions**

The following frequently asked questions were downloaded from the NHS Employers website (02/07/2009) for your information. For up to date FAQ's please visit their website at <http://www.nhsemployers.org>

### **FAQs: terms and conditions**

These frequently asked questions (FAQs) are intended to help in instances where employer and staff side representatives have so far, been unable to agree a joint way forward. They reflect the final Agenda for Change (AfC) agreement and guidance.

The FAQs include references to the [NHS Terms and Conditions of Service Handbook](#) which is available on this website. They have been agreed by the NHS Staff Council that has representatives of both the NHS trade unions and NHS organisations. The same FAQs are also available in a [document](#) on this page.

### **Are other groups of staff who might have had similar on-call arrangements to pathology covered by the protection offered in 2.7?**

#### **Section 2: maintaining round the clock services: paragraph 7: protection of existing on-call arrangements**

In paragraph 2.7 the protection of on-call arrangements during the 'interim regime' are described as a 'particular feature of NHS pathology departments'. All out of hours working in pathology is defined as 'on-call'. However other staff groups (including radiographers, physiotherapists and clinical scientists) may also work similar 'out of hours' arrangements which have also been regarded as 'on-call'. Where this has occurred these arrangements are protected until new AFC on-call arrangements are negotiated.

### **What happens for pathology and other staff who before the implementation of AFC, did not receive Unsocial Hours Payments (USH) for work in standard hours that fell within an USH period?**

#### **Section 2: maintaining round the clock services: paragraphs 2.8 to 2.30**

Under AFC all staff who work unsocial hours within their standard working week will receive USH payments under the provisions in paragraphs 2.8 to 2.30

**Where a post holder's role has been determined (based on one contract of employment) and it includes specialist responsibilities - is it permissible for an employee to be paid at the specialist pay band on days when they do specialist duties and at a lower pay band when they do not?**

**Section 1: pay structure.**

No, the higher specialist pay band applies for all of their service.

**Does the protection for on-call arrangements include protection for the "rate of pay?" For example, if the local protected agreement says that Sunday is double time is this protected under 2.13?**

**Section 2: Working or providing emergency cover outside normal hours: paragraph 2.13 and 2.28.**

Yes, all current on-call arrangements may be protected for groups of employees for up to four years from the effective date of assimilation, irrespective of whether they were nationally or locally agreed (paragraphs 2.13 and 2.28). It is the totality of the local or national on-call agreement that is protected. Pay circular (AforC) 4/2007 announced that where flat rate on-call allowances continue to be paid in accordance with Section 2 these should be increased in line with the staged pay award.

**Paragraphs 4.7 and 46.5 express COLS as RRP. These say that "current entitlements will continue. . . ." Where this RRP (COL) is being paid to a staff group should newly appointed staff receive it on the same basis as existing staff?**

**Section 4: Pay in High Cost Areas: paragraphs 4.7 and 46.5.**

Yes.

**Where a member of staff is in receipt of a COLs based RRP (4.7 and 46.5) and is promoted within the same Trust does he or she retain the RRP?**

**High Cost Area Payments: paragraph 4.7.**

Yes, providing the person is still in a staff group meeting the eligibility criteria.

**How long do the national long-term RRPs for posts in the list in Table 19 in Annex R continue?**

**Section 5, paragraph 3 and paragraph 18 in Annex R: National Long-Term Recruitment and Retention Premia.**

On assimilation the minimum level of premium for posts listed in Table 19 should be set locally. During the transition period the level of premium should

be at least sufficient to ensure that staff do not require pay protection (paragraph 9 in Annex R). After the transition period local partnerships will need to review the value of any continuing RRP in accordance with the provisions in Section 5. This does not apply to RRPs for qualified maintenance craft persons, qualified maintenance technicians and chaplains in Annex R.

### **How is the reference period for calculating sick pay determined under Section 14?**

#### **Section 14: Sickness Absence; paragraph 4.**

This is the average pay for the three month period ending on the day before an employee commences sick leave - or any other locally agreed reference period.

**Paragraph 14.4 in the Agenda for Change Handbook provides for full pay to be paid when staff are on sickness absence. This takes into consideration "regularly paid supplements" such as unsocial hours. Unsocial hours arrangements are contained in section 2. where a staff group has existing, pre-Agenda for Change unsocial hours arrangements, protected during the interim regime but those arrangements do not include sick pay calculated on the basis of average pay in a reference period, should that staff group receive sick pay based on average pay as outlined in 14.4 or are they only paid basic pay?**

#### **Section 14: Sickness Absence: paragraph 4.**

The commitment in Agenda for Change was to ensure that where staff were on sickness absence their income should not suffer. A staff group which has had their unsocial hours arrangements protected but did not receive sick pay based on average pay in a reference period will now receive sick pay based on 14.4.

### **What happens when local partnerships are not able to reach agreement on "other" terms and conditions of service not covered in the NHS Terms and Conditions of Service Handbook (see paragraph 19.1)?**

#### **Section 19: Other terms and conditions of service: paragraph 1.**

Paragraph 19.1 of the handbook states 'Other terms and conditions not covered in this Handbook will be determined locally following consultation with staff representatives with a view to reaching agreement on such terms and conditions or any changes to them (see Annex O).' In the absence of a local agreement the previous contractual arrangements for those on national contracts will apply.

**Paragraph 46.2 provides for staff on local contracts, not incorporating national agreements on pay and conditions of service the opportunity to assimilate to Agenda for Change. Can staff whose NHS contract of**

**employment arises from a TUPE transfer into the NHS prior to 1 October 2004 exercise the right to assimilate or not to assimilate to Agenda for Change terms and conditions.**

**Section 46: Assimilation and Protection: paragraph 2.**

Yes, staff who have transferred into the NHS who are not on Whitley or shadow Whitley contracts will be deemed to be NHS employees for the purposes of Agenda for Change implementation. For the purposes of paragraph 46.2 staff on local contracts will have the right to opt for Agenda for Change assimilation or remain on their existing terms and conditions.

**Where a post holder is matched to a profile which includes "consultant" in the job title, is there is a requirement for the employing organisation to involve an external assessor from the appropriate professional body to determine whether assimilation to that post and the use of the job title is acceptable?**

**Section 46: Assimilation and Protection.**

Once a post holder is matched to a profile there is no scope for a further external assessment process to affect the assimilation to the appropriate pay band.

**How are arrears of pay to be calculated when someone "acts up" and works in a role at a higher level of responsibility for a period between 1 October 2004 and their date of assimilation to Agenda for Change?**

**Section 6 and Section 46.**

Two pay histories need to be constructed. Each will start on 1 October 2004 and finish on the day before assimilation. Table 7 in Section 46 of the Handbook sets out what items should be included in each pay history. One details actual pay and all changes to pay under Whitley 'before assimilation' and will include details of any changes to pay relating to the period of 'acting up'. The second pay history details what would have been paid if the employee had been receiving Agenda for Change pay on 1 October 2004 and throughout the rest of the period. In this pay history Agenda for Change pay for the period of the 'acting up' needs to be determined using paragraphs 6.30 to 6.32 in the Handbook. Paragraph 31 says that when the person acting up is not required to carry out the full responsibilities of the post, pay will be determined by job evaluation. Both parties will need to agree the two pay histories. A comparison of the two totals produced when all the calculations in each pay history have been done will show if arrears of pay, including any arrears of pay attributable to the period of 'acting up', are due. Paragraph 3.6 in the NHS Job Evaluation Handbook describes the jointly agreed procedures when jobs change.

**Are new staff to be recruited to the new conditions including new standard hours of 37½ from 1 December 2004?**

**Section 46, paragraph 5**

Yes - subject to the provision in paragraph 46.5 allowing recruitment on pre-Agenda for Change terms. In accordance with this paragraph the protection provisions apply including those on hours of work tables 8 and 9. Where a staff group is increasing hours under Agenda for Change (e.g. radiographers) if recruiting new starters at 37½ hours causes problems the local parties would have to agree in partnership how to proceed.

**Are on-call allowances and on-call payments included in pay during sickness absence?**

**Section 14, paragraph 4**

Paragraph 14.4 allows regularly paid supplements to be included in pay during sickness absence. This will include on-call allowances and on-call payments where these are normally paid at regular intervals. An allowance which is paid only occasionally will not count.

**Are there any special arrangements for the assimilation of staff who are approaching retirement age?**

**Section 46, paragraph 17**

Paragraph 46.17 provides rules for staff whose basic pay before assimilation is below their new minimum. There are no other special provisions for staff approaching retirement age who assimilate according to the provisions in Section 46 including the provisions for protection.

**Are trainees who are covered by Annex U (paragraph 2 (iii)) subject to the foundation and second gateway?**

**Annex U: Trainees: paragraph 2 (iii)**

There are no agreed pay bands or pay scales for trainees under 2 (iii). It follows that there is no pay point identified in their pay where there is an agreed second gateway. All staff who have served less than one year in their post are subject to the foundation gateway.

**Are trusts that employ maintenance crafts persons and Qualified Maintenance Technicians required to pay the specified amount of National Recruitment and Retention Premia or can this amount be varied to a lower rate or not paid at all?**

**Annex R, paragraph 13**

The amount specified in Annex R should be paid to all staff so designated. RRP cannot be paid at less than the agreed national rate (£2,899). The nationally agreed rate can be increased "where it is necessary to ensure no loss under the rules in paragraphs 4 to 7" in Annex R (paragraph 13 in Annex R). The minimum level of RRP in Annex R should be paid until it is otherwise varied by the Staff Council.

**Can a new appointee be placed on a Transitional Point where there are no other members of their job/professional group in that unit (or equivalent work area) on a Transitional Point in their pay band?**

#### **Section 46, paragraph 15**

Paragraph 46.15 is clear on this point. Staff can only be appointed to a Transitional Point where there are already other staff in their job/professional group in that unit (or equivalent work area) on a Transitional Point.

**Can I challenge a matching panel on the grounds that it was made up of an unequal number of management or union representatives?**

#### **Section 8: Paragraph 2.1**

Section 8 (paragraph 2) of the JE Handbook is clear that the make up of matching panels is a matter for local agreement. Neither the overall number of matching panel members nor the number of members representing management and staff would be grounds for a challenge; however, an individual still has the right to a review if he or she is not happy with the outcome of the matching process, in accordance with any locally agreed review procedure.

The number of members per panel is for local agreement, but from three to five is the recommended range, with four being found most satisfactory by Agenda for Change Early Implementer organisations (JE Handbook Section 8, paragraph 2.1).

**Do PRP payments continue under Agenda for Change?**

#### **Section 46, paragraph 42**

Such schemes cease at the date of assimilation. Any new scheme must be such that all staff in the organisation, or unit or work area concerned have fair access to it.

**Do staff continue to receive pay increments on their Whitley basic pay past 1 October and 1 December 2004 and until they are assimilated to Agenda for Change pay?**

#### **Section 46, paragraph 9**

Yes - and the basic pay on the effective assimilation date is to be calculated as in paragraph 46.9.

**Do the provisions for unsocial hours payments in Annex E apply just to staff working on ambulances or to all staff?**

**Annex E, paragraph 1** Paragraph 2.8 makes clear that the arrangements in Annex E should apply to ambulance staff (i.e. those who would have been subject to the provisions of the Ambulance Whitley Council had they been on national contracts). Other staff working in ambulance trusts (i.e. control staff, nurses etc) would be subject to the provisions of their old Whitley Council. Annex E can also apply to EI sites, subject to paragraph 2.11.

**Do we recover money overpaid as a result of a gap between implementing specific parts of Agenda for Change and the final assimilation to the whole package?**

**Section 46, paragraph 8**

Where partners agree locally to implement the new Agenda for Change overtime rates at the same time as assimilation the following method should be applied:

A calculation commencing October 1 should take the total earnings for an individual under the original conditions and a similar calculation for total earnings that would have applied had Agenda for Change been operational.

- a) Total earnings from October 1 2004 to personal assimilation date under original conditions.
- b) Total earnings under Agenda for Change conditions from 1 October 2004.
- c) (b) minus (a) = positive or negative figure.

Subject to this calculation a positive figure will be returned to the employees as arrears.

A negative figure would not be recovered (unless it is as a result of any cause other than the implementation of Agenda for Change).

**Does paragraph 13.4 provide an entitlement to equivalent time off at plain time rates plus the appropriate payment on top of the standard entitlement to 8 general and public holidays (see table 6)?**

**Section 13, paragraphs 1 and 4**

No - paragraph 13.4 preserves the right to 8 general and public holidays. It does not provide additional entitlements.

**Does the provision for movement into pay band 6 apply to staff groups other than midwives?**

**Annex T, paragraph 3**

This provision is not restricted to midwives. Annex T applies to all staff groups meeting the criteria in paragraph 3. In the circumstances described, job size

should be reviewed no earlier than one year and no later than two years from the date of qualification, using the NHS Job Evaluation Scheme.

**Does the rate of unsocial hours start at 7pm as in Agenda for Change or 8pm as in e.g. the Whitley nurses' agreements?**

**Section 2, paragraphs 4 to 12**

Where the Agenda for Change unsocial hours system is used the hours are 7am to 7pm. Where Whitley arrangements are in use the hours are those described in the relevant handbook. Paragraph 2.4 allows the Whitley provisions to be used subject to the provisions of the following paragraphs. Where Whitley provisions are used the arrangements are described in the relevant Handbook. The system available to ambulance staff employed by ambulance trusts and available to Early Implementers is in Annex E. The relevant times of the day are in paragraph 2.

**How can a job be evaluated where there is a degree of alternating "power sharing" but where everything else remains equal?**

**Job evaluation**

This is not so much a job evaluation issue as an HR issue. The situation should be approached in exactly the same way as it was before Agenda for Change. Depending on the proposed arrangement for such jobs, the following are possible solutions:

evaluate both posts;

following the evaluation of both posts, local arrangements need to be in place to set the level of remuneration and how the timing of rotation is to be handled;

the combined role could be evaluated as one job and local arrangements put in place as to how the second panel would review the relevant factors but not match the whole job again.

**How does pension protection work for employees whose pay is subject to the Agenda for Change pay protection provisions in Section 46?**

**Section 46: Assimilation and Protection: Paragraph 46.17**

Individual members of staff will not be required to make applications for the protection of their pensions. Employers will identify staff whose pay is protected and provide the relevant details to the NHS Pensions Agency (NHSPA). The NHSPA will provide the employee with a letter confirming that pension benefits have been protected.

**How is overtime pay calculated for staff on "protected pay"? As an example: if staff are on Agenda for Change pay point £18,000 but the protected level of pay is £20,000, is overtime paid on £20,000?**

### **Section 3: Overtime: paragraph 3.2**

Yes. Overtime is not off-set against protected pay. Overtime payments are calculated by taking the annual rate of basic pay and working out the rate of pay per hour. In this case the annual rate of pay used will be £20,000. If a long-term RRP is in payment the hourly rate is calculated on £20,000 plus the long-term RRP (paragraph 3.2). All overtime is payable at one and a half times the hourly rate, except overtime worked on general public holidays which is payable at twice the hourly rate (paragraph 3.1).

**How is pay and time off in lieu (TOIL) calculated when staff work on general public holidays?**

Staff required to work or to be on-call on a general public holiday are entitled to time to off in lieu at plain time rate in addition to the appropriate payment for the duties undertaken (paragraph 13.4).

Staff who are required to work more than 60 hours (8 x 7½ hours) on general public holidays, in their personal leave year, will receive TOIL at plain time rate for all of the hours worked and the appropriate payment for all of the hours worked. The 60 hour threshold will be set on a pro-rata basis for part-time staff. E.g. if staff were required to work 70 hours per year on bank holidays they would receive 70 hours TOIL plus the appropriate payment.

Staff who volunteer to work more than 60 hours in their personal leave year will receive TOIL at plain time rate up to the 60 hour threshold and the appropriate payment for the duties they undertake. For any time worked over the 60 hour threshold they will receive payment only.

Guidance on what to do when Easter falls in March and entitlements to public holiday leave exceed 8 days in a leave year is in another Q and A.

**How is the leave entitlement pre-assimilation determined to establish whether protection is required?**

### **Section 46: Assimilation and Protection: paragraph 34**

Where an entitlement to annual leave is reduced under Agenda for Change paragraph 46.34 provides that the previous entitlement can be protected for five years from the date of assimilation.

Leave pre-assimilation is the total of Whitley or locally agreed leave plus the two statutory leave days if they have not already been converted into annual leave.

**If a member of staff on a local contract is offered assimilation to a pay band where the matching or evaluation outcome is subject to review, can the post holder defer a decision?**

**Section 46, paragraph 2 (first bullet point)**

Can the post holder defer a decision until the outcome of the review is known, but still maintain the original effective date of assimilation?

Yes.

**If staff who have contracts described in 2.7 and have local "premium" arrangements for TOIL, undertake Bank Holiday working how is their TOIL allocated in respect of paragraph 13.4?**

**Section 2, paragraph 7**

Staff who have contracts as described in 2.7 are entitled to a TOIL entitlement as provided in their 'locally determined' unsocial hours provisions for the duration of the interim regime. Where, under this paragraph, existing local arrangements are retained 'payment' also covers 'TOIL' arrangements.

**In view of recent increases in fuel costs, are there any plans to increase the nationally agreed rates of mileage allowances?**

**Section 17**

The general principle is that staff using their own cars for NHS business should not be disadvantaged as a result of increases in motoring costs.

The national provisions on mileage allowances set out in Section 17 of the NHS Terms and Conditions Handbook contains flexibilities which allow staff and employer representatives to agree arrangements which provide benefits to staff beyond those provided by the national provisions or are agreed as operationally preferable. We are aware that some employers have agreed in partnership variations to the national rates to address particular problems.

The national Agenda for Change partners have agreed to review Section 17 of the Handbook as part of next years programme of work.

**Is the effect of the second sub-clause to give staff who defer their decision until the outcome of the review the right to backdating to 1 October 2004?**

**Section 46, paragraph 2**

No - providing these staff give their employer reasonable notice their effective date of assimilation and the effective date for Agenda for Change pay and conditions will be the effective date of the new unsocial hours arrangements.

**On what date does the four-year period of protection of current on-call arrangements start?**

**Section 2, paragraph 13**

It starts from 1 October 2004 - the effective date for new pay and conditions except hours of work (see paragraph 46.6).

**Under Agenda for Change when does overtime start for a part-time member of staff?**

**Section 3, paragraphs 1 and 4**

For staff working a portion of the standard 37½ hours, overtime starts when these staff work over 37½ hours (paragraph 3.3). Where standard hours are as in Tables 8 and 9 in Section 46 overtime starts when the hours in the right-hand column in each table are exceeded.

**What happens in the former "early implementer" sites where the period of protection for on-call (paragraph 2.28) runs out on 30 May 2007?**

**Section 2: Working or providing emergency cover outside normal hours: paragraph 28**

The period of protection is extended to 30 September 2008.

**What happens to 'MUFTI' allowances in Agenda for Change?**

**Section 19, annex O**

We have been asked for advice on 'MUFTI' allowances. There is no national provision for this within Agenda for Change. MUFTI is not part of the evaluation scheme and is, therefore, not an allowance replaced by the scheme. It is our view that any discussion on the provisions of MUFTI allowances are for local partnerships. The partners to any such discussion should give careful consideration to the equal pay implications of any mufti provisions that they might contemplate.

**What happens to my two public holiday days when Easter is in March (as it is this year) and when, therefore, I have already had two days for Easter in the current twelve-month period, ending March 2008?**

**Section 13, paragraph 1**

The new Agenda for Change annual leave and general public holiday entitlements are set out in Section 13. In normal circumstances all staff are entitled to 8 general public holidays in a twelve-month period. Sometimes (as will happen this year) Easter will fall in March. This may mean that in some organisations there will, in effect, be two Easter holidays in the same twelve-month period. In such circumstances the local partners will need to decide on

the appropriate action to take. Pragmatically, this might mean anticipating the two public holidays falling in the next twelve-month period.

**What happens where an employee, who has their annual leave entitlement protected moves employer/post? Do they retain the protection?**

**Section 46, paragraph 46.34**

Paragraph 46.34 applies. "Any member of staff whose leave entitlement is reduced under Agenda for Change will have their existing entitlement protected for five years from the date of assimilation onto the new system." Individuals would retain their protection subject to continuity of service. Where there is a break in service, however, protection no longer applies.

**What is meant by, "...significantly below the minimum..." in relation to assimilation to transitional points on the pay scale (para 46.12)?**

**Section 46, paragraph 12**

This was not specified in the agreement and was left for those assimilating to conclude for themselves. We are aware that in many cases local partnerships have already reached agreements on how to apply this clause and we have no wish to disturb these arrangements.

However, those local partnerships still interpreting this clause should be aware that the intention of the Agenda for Change negotiators was that transitional points would apply where salary before assimilation was below both the minimum of the new pay band and one of the transitional points. In these circumstances the normal rules for assimilation should apply and assimilation would be made to the next highest point.

This is demonstrated by the following examples using Band 3:  
an individual matched to Band 3 on a pre-assimilation salary of £12,000 would assimilate to the first Band 3 transitional point i.e. £12,044;  
while an individual on a pre-assimilation salary of £12,050 would assimilate to the second Band 3 transitional point i.e. £12,539.

**What is the annual leave entitlement for term time only employees? For example there can be staff who work TTO but who effectively work the whole year (40 weeks full time) whilst another, on a TTO contract, may in that period be working part time e.g. 3 days a week for 40 weeks?**

**Section 13, paragraphs 13.4 to 13.9**

Term time only employees would have a pro-rata entitlement to annual leave and it is down to local employers to calculate these entitlements.

**When calculating entitlements to annual leave should I take account of a single period of previous service or should I aggregate several periods?**

**Section 12, paragraphs 1 and 3**

An employer must include all NHS reckonable service when calculating annual leave entitlement (12.3). 12.2 gives discretion to employers to decide what previous (non-NHS) employment can count towards annual leave entitlement.

**When does overtime start for staff moving down from their current contracted hours to the new Standard hours in Agenda for Change?**

**Section 46, paragraph 30**

Overtime starts when staff begin working more than their new standard hours set out in Table 8 in Section 46. For example, for someone working more than 41 hours before Agenda for Change this would be when they work more than 40½ hours from 1 December 2004.

**When does overtime start for staff moving up from their current contracted hours to the new Standard hours in Agenda for Change?**

**Section 46, paragraph 31**

Overtime starts when staff begin working more than their new standard hours set out in Table 9 in Section 46. For example, for someone working more than 33 hours before Agenda for Change this would be when they work more than 33 hours from 1 December 2004.

**When does protection of hours apply?**

**Section 46, paragraph 31 Paragraph 46.31 of the NHS Terms and Conditions of Service Handbook states: "Staff currently working less than 37.5 hours, excluding meal breaks, will have their hours protected for a phased protection period as set out in Table 9. These protection arrangements will continue to apply where staff move to a post with the same hours under the old pay system during the pay protection period."**

The following examples provide advice on when protection does and does not apply.

An employee remaining in the same post will keep their protected hours for the period set out in Table 9.

An employee who moves to a new post, within the same job-family, on the same pay-band either within the same organisation or to another NHS employer, continues to receive protection for the period set out in Table 9.

An employee who is recruited into another post prior to assimilation within the same job family, on a higher pay band, continues to receive protection for the period set out in Table 9.

Protection will be lost if an employee moves to a new post within the same job family, on a higher pay band, after assimilation to Agenda for Change.

Protection will be lost if an employee either moves to a new post outside their job-family or leaves the NHS.

The Executive does not intend this guidance should disturb any local agreements on protection of hours reached on a partnership basis.

## **Which senior managers in England are covered by Agenda for Change?**

### **Section 1, paragraph 7**

The NHS Terms and Conditions of Service Handbook makes clear that there will be separate arrangements for the most senior managers working in the NHS. These will be defined as chief executives and those senior managers at board level who report directly to them. These are expected to be announced shortly by the Department of Health. The Agenda for Change provisions will be available to all other managers who should be offered the opportunity to move onto Agenda for Change pay, terms and conditions backdated to 1 October 2004.

## **Which staff (working non-standard shifts), under 13.5, would require their annual leave to be calculated in hours?**

### **Section 13, paragraph 13.5**

"Where staff work standard shifts other than 7½ hours excluding meal breaks, annual leave and general public holiday entitlements should be calculated on an hourly basis to prevent staff on these shifts receiving more or less leave than colleagues on standard shifts." This applies to all staff working standard shifts other than 7½ hours excluding meal breaks.

## **Will guidance be provided (in partnership) in respect of the application of paragraph 3 other than that which is already described?**

### **Annex T, paragraph 3**

There are no plans for further guidance on Annex T.

## **Will Student Training Allowance be taken into account when assimilating staff onto Agenda for Change?**

### **Section 46, paragraphs 18, 19, 20 and Table 7**

For assimilation purposes the value of any Student Training Allowance (STA) received by staff in the year prior to the effective date of the agreement will be the amount taken into account for assimilation purposes. There may be cases where staff have previously regularly taken students but during the year prior to the effective date of the agreement were prevented from doing so. Such circumstances may include absence due to maternity or carer leave, career break, secondments, union representatives preparing for Agenda for Change implementation, or where the individual agreed, at the request of their employer, to undertake other duties which did not attract a STA. In such cases the intention is not to penalise staff on assimilation and staff in the circumstances above should therefore have the value of any allowance received, in any one year, during the period 1 October 2001 to 30 September 2003 included for assimilation purposes. Finally, when assimilating part-time staff who received STA, the whole-time value of the allowance should be added to the whole-time value of the basic pay and other relevant payments and then pro-rated.

**Will the recruitment and retention premium for qualified maintenance craftspersons and technicians be updated?**

**Annex R, paragraph 13**

Yes - the value of the premium is £2,808 from 1 April 2004. (See paragraph 17 in Annex R for updating in April 2005)

## **APPENDIX I – Example letters**

The following letters are supplied as a guide that representatives may find useful. These can be downloaded from the Unite Health Sector Website.

1. Seeking information following management action
2. Seeking information in preparation for a disciplinary case
3. Seeking information based on a 'tip off'
4. Seeking information using legal rights
5. Follow up to letter seeking information (1)
6. Follow up to letter seeking formation (2)
7. Seeking an informal meeting
8. Lodging a grievance
9. Letter from individual member expressing concerns-lodging a grievance
10. Stating your concerns about a management proposal
11. Commenting on a management document
12. Raising issues which affect the range and quality of services
13. Management action in breach of agreement (1)
14. Management action in breach of agreement (2)
15. Clarifying a possible disciplinary meeting
16. Lodging an appeal against a disciplinary action or unsuccessful grievance hearing
17. Confirming the outcome of a meeting
18. Request for paid time off to attend a trade union course
19. Raising professional concerns regarding unsafe practice/unsafe work loads

## I.1. Seeking information following management action

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear.....

**Re:** .....

I write on behalf of (Unite members) following management's decision to (take a course of action)

Could you please let me know the following:

- 1) The reason for such action
- 2) Who is affected?
- 3) Whether a policy decision has been taken and, if so, by whom?
- 4) Which section of which agreement/policy/procedure gives management the authority to take such action?

I would appreciate an early reply. In the meantime, I would ask for your immediate confirmation that no further steps to implement this decision be taken pending the completion of discussions on this matter.

Yours sincerely,

(Name)  
(Status)

Cc (Members)

## I.2 Seeking information in preparation for a disciplinary case

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (name) – proposed disciplinary action

I write as the Unite representative of (name) who is facing disciplinary proceedings at a formal hearing on (date).

In order to represent this member effectively, and ensure that a fair hearing takes place, I need the following information at least five working days before the date of the hearing in order that I may prepare our case:

1 .....

2 .....

Should there be any problem in providing me with this information, I would appreciate your informing me so immediately, together with the reasons why.

The information is requested in line with the Trust's disciplinary procedure and the ACAS Code of Practice on Disciplinary Practice and Procedures in Employment.

Any failure to provide this information may prevent me preparing a comprehensive response to the charges made, and may therefore form the subject of a separate grievance hearing and/or an appeal.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

### I.3 Seeking information based on a 'tip off'

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue) – request for information

A number of staff have recently enquired whether management have any proposals to (summarise information given in confidence by management or other source/accidentally).

In order to clarify the matter could you please state whether there are indeed any such plans. If there are, could you please:

- a. Give details of the planned action together with any background documentation
- b. Clarify the consultation/negotiation arrangements to be made
- c. Confirm that no steps to implement the planned action will be taken prior to such consultation.
- d. Clarify the status of these plans at the moment. If no such actions are planned, please say so.

I would appreciate an early reply in order to allay the concerns of staff.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.4 Seeking information using legal rights

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** Negotiations/cuts in service/redundancies etc

I write on behalf of Unite in respect of (issue)

I write in accordance with S199 Trade Union and Labour Relations (Consolidation) Act 1992 and specifically with regard to the ACAS Code of Practice No.2, "Disclosure of Information to Trade Unions for Collective Bargaining Purposes". In particular, I refer to Paragraphs 4, 5, 9, 10 and 11 of the Code. I believe that the information requested below is "that without which a trade union representative would be impeded to a material extent in bargaining" (Para 5) and falls within the list of issues identified as "relevant" (Para 11).

I would therefore appreciate it if you could provide the following:

- 1)
- 2) etc.

I would appreciate it if this information could be provided by (specific date/as soon as possible as a matter of urgency). Should you be unable to provide this information by then, please provide reasons for refusal or delay in accordance with Paragraph 20 of this Code.

I look forward to your early reply.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.5 Follow up to letter seeking information (1)

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue) – request for information

I wrote to you one week (or different duration) ago regarding (issue). I do not appear to have received a reply as yet.

I am sure you will appreciate this is a matter of some urgency, causing (considerable distress, difficulty in preparing our response to the disciplinary charges, difficulty in preparing our appeal against the proposed grading etc)

In case my original letter was mislaid in the post, I enclose a copy. I would appreciate your acknowledgement of its receipt and a reply by next (date).

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.6 Follow up to letter seeking information (2)

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue) – request for information

I wrote to you on (date) and on (date) regarding (state issue). I have apparently still not received a reply.

In view of the urgency of the matter I must ask for a reply by return of post, together with your assurance that no further action will be taken in this matter pending further discussions.

Should you be unable to do so, then there may be no option but to pursue the matter more formally by placing the matter in procedure (and considering what our legal rights may be).

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.7 Seeking an informal meeting

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue) – request for informal meeting

Following our recent exchange of correspondence/telephone conversation, I write to seek an informal meeting with you to discuss (issue).

I would suggest that at the meeting we discuss the following: (list in order of importance).

- 1)
- 2) (etc)

I expect to be accompanied at this meeting by (Member/Rep). It might be helpful if (status) was also present.

It would also be helpful to have the following information before the meeting:

- 1)
- 2) (etc)

I am sure we can find a way to resolve this matter constructively and look forward to your early reply.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.8 Lodging a grievance

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue) - Formal Grievance

Following our meeting (exchange of correspondence) on (date) regarding (issue), I write to confirm that management have given (Name/s or organisation) no alternative but to lodge a formal grievance under the Grievance Procedure.

The grievance is that (Management action) has had the effect of (list consequences).

This is unacceptable and (Name/s) seek (State action required, eg. Withdrawal, etc).

In accordance with the Grievance Procedure, I note that the status quo will apply, ie. that (state what it was prior to management decision)

Please provide me with the following information prior to the hearing of this grievance:

- 1)
- 2) (etc)

I/we will be accompanied at the meeting by (Name/Status). Please check that any date offered is suitable before confirming a date.

I/we look forward to your early reply.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.9 Letter from individual member expressing concerns-lodging a grievance

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

I write to (lodge a formal grievance over my treatment) in respect of (Summarise what has happened in one paragraph).

1. State what has happened.
2. State when it happened.
3. State who you believe to be responsible for it happening.
4. State what redress you seek (what action you wish management to take).

I would appreciate confirmation of receipt of my letter. (should a meeting be necessary you may wish to ask for one). I would wish to be accompanied by my representative (Name).

I look forward to your early reply.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.10 Stating your concerns about a management proposal

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

I write on behalf of (Member(s)) employed at/as ..... following the recent management proposal to (Action).

I understand that management have (Details of action).

Member(s) are concerned (appalled) at this decision for the following reasons:  
(Select as appropriate)

1. Apparent breach of .....Agreement, notably Section (quote)
2. No formal consultations in breach of ..... Agreement, Section ..... (quote)
3. Implications for standard of service (example)
4. Implications for security of employment (example)
5. Implications for professional accountability (quote)
6. Equality implications (example)
7. Etc.

In view of the urgency of this issue (if appropriate), I/we would appreciate the following information as soon as possible:

(a)..... (as appropriate)

In addition we ask for your assurance that no further action in respect of this issue will be taken pending discussions between the staff affected, yourself and myself on behalf of Unite.

An early date for such a meeting (preferably following receipt of the information requested) would be appreciated.

Yours sincerely,  
(Name)  
(Status)

Cc (Member)

## I.11 Commenting on a management document

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

Further to our receipt of your proposed policy on (subject) tabled at our last meeting, I enclose our comments and amendments for discussion at our next meeting on (Date). I would welcome your written comments on our proposals in advance of that meeting so that we may give them full consideration.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.12 Raising issues which affect the range and quality of services

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

I write on behalf of Unite following the proposals to introduce (skill mix, removal of senior clinical staff, redundancies amongst professional staff) in (Name department, Health Centre etc)

Unite is happy to take part in any constructive discussion about (The Proposal) so long as the range and quality of the service provided is ensured, and the professional accountability of our members protected.

We would wish to meet with you as soon as possible to discuss the procedure to be followed in considering these proposals.

We would certainly expect that, prior to any final decision being taken, there will be full consideration of the following:

- A careful consideration of the real clinical needs of the service
- Details of research and relevant experience that the proposal is based on together with an explanation of how it accords with overall Government health policy such as (identify relevant documents). We would also expect that policy guidelines from the relevant professional organisations (name) would be taken into account.
- Any new or revised job descriptions, and associated protocols, will take due consideration of the duty of care of professional accountability of professional staff, including, where appropriate the relevant Professional Code of Conduct.
- The implications for any service contracts
- The impact in relation to equality issues
- How the proposal will be piloted (where appropriate)
- How the proposal will be monitored.
- How the proposal will be evaluated and reviewed.

We assume that Unite representatives will be involved from the start in any such discussions, both on professional and service issues and on any contract of employment issues.

Please confirm that no steps to implement any part of these proposals will be taken until full discussions have taken place.

Yours sincerely,  
(Name)  
(Status)  
Cc (Member)

### I.13 Management action in breach of agreement (1)

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue) – Clarification of agreement

I write on behalf of (Name/s) in respect of (issue). I understand that they have been told that (give details of what members have been told regarding rights: eg. Holidays, increments, sick pay, maternity leave, etc).

I am unclear as to the basis for this decision and which part of the Agenda for Change National Terms and Conditions allows that this action can be carried out.

I would request that you identify why this action has been carried out.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.14 Management action in breach of agreement (2)

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

I write on behalf of (Names/s) in respect of (issue). I understand that they have been told that (give details of what members have been told regarding rights: eg, holidays, increments, sick pay, maternity leave, etc).

I am unclear as to the basis for this decision. I would draw your attention to Section ..... of the (Agenda for Change National Terms and Conditions/Trust Agreements) which states that (Quote).

Could you please confirm therefore that this agreement will be adhered to and that (State action required).

I request your early confirmation/I request you ensure that this action can be carried out/I request that you identify why this action has been carried out.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.15 Clarifying a possible disciplinary meeting

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue) – Proposed meeting

I write to you on behalf of (member) who has been requested to attend a meeting at (place) on (date) with yourself.

I understand that the meeting is to discuss (member's) (name the issue, eg. Time keeping/record keeping, etc).

(Member) has asked that I be present to represent him/her. I am unclear what the status or purpose of this meeting is. I would therefore request that you:

- a. Clarify whether the meeting is a disciplinary, Investigatory or counselling meeting or simply an informal discussion.
- b. Clarify the issues to be discussed.
- c. Clarify the purpose and possible outcomes of the meeting.

If the meeting is an investigatory meeting could you please let me have the details of any allegations that are to be considered.

If the meeting is a formal disciplinary meeting arising from which disciplinary action may result, please ensure that the precise allegations, together with supporting evidence are provided to me no less than (5) working days in advance of any meeting, together with the names of any witnesses you intend to call.

Please also (in both cases investigatory and disciplinary meetings) inform me who else will be present (eg, personnel).

In order that I may respond fully, please ensure no date is fixed for the meeting without confirming that (MEMBER), myself and any other witnesses/evidence we may need to produce, will be available.

Should the meeting be an investigatory meeting, then any disciplinary charges will of course have to be heard at a separate meeting.

Please confirm by receipt of this letter/email by return and respond accordingly.

Yours sincerely,

(Name)  
(Status)  
Cc (Member)

## I.16 Lodging an appeal against a disciplinary action or unsuccessful grievance hearing

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (name) – appeal against outcome of disciplinary/grievance hearing

I write to you following the disciplinary/grievance hearing on (date) at (place) which (state outcome).

On behalf of (Member) I wish to lodge a formal appeal against the decision reached at that meeting.

At the next stage of procedure (Member) will be represented by (Name/Status). Please confirm the arrangements for that meeting with me (including exchange of statement of case, if appropriate).

Full details of the reasons for appeal will be provided in the statement of case.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.17 Confirming the outcome of a meeting

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

I write to confirm the outcome of the (Status) meeting held on (Date) to discuss (issues).

At that meeting the following points were agreed:

- 1)
- 2) (etc)

(Identify what was agreed who was to implement it, when by, what matters of concern were clarified and whether there is to be a further meeting).

Unless I hear to the contrary, within the next seven days, I assume that you accept the above summary.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.18 Request for paid time off to attend a trade union course

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (course title) – request for paid time off

I wish to attend the course organised by UNITE/TUC etc) on the subject of (subject) at (venue) on (day and date).

As an accredited representative of a recognised independent trade union, I believe this course meets the requirements of Sections 168-170 of the Trade Union and Labour Relations (Consolidation) Act 1992 and the ACAS Code of Practice on Time Off for Trade Union Duties and Activities (1977), (or relevant section of trust recognition/time off agreement).

I enclose the summary details of the course and would appreciate your early confirmation of agreement to my attendance, on paid leave.

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## I.19 Raising professional concerns regarding unsafe practice/unsafe work loads

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** Subject:           Unsafe practice/excessive workload

**Enc:** (Where appropriate details of workload and the caseload profile should be copied and attached to this letter)

I write to draw your attention to (a situation which exists/an incident which has occurred) affecting (my/colleague's) professional practice as a (school nurse/nurse manager/health visitor/fieldwork teacher/speech and language therapist) which has the following effects (state effects):

My reason for writing is to formally advise you of the position, as I believe you are the appropriate authority to notify in accordance with Paragraphs (list) of the (name) Professional code of conduct or other appropriate document from professional body.

The issue(s) which give(s) rise to concern is as follows:

(State with relation to appropriate paragraph of code of conduct etc).

In my professional opinion, the (implications/risks/consequences) arising from such a situation (are/are likely) to be:

(State the grounds for professional concern; what is unsafe about it; why the workload you are asked to undertake is excessive and an abuse of a practitioner; how the environment of care of safety of practice is adversely affected).

I believe that I have genuine difficulties in meeting health care needs/providing a safe service form limited resources and find that in the current position the professional/safe practice requirements place on (me/my colleagues) cannot be adequately met (within the current workload allocated to me/my colleague without addition support and/or resources). I therefore seek an urgent meeting with you as (line manager/senior manager) to discuss how this situation may be resolved. I would ask you to not that I (do not feel able to continue to cover any additional work/wish to be relieved of some of the excess workload at the earliest opportunity). As (line manager/senior manager), I believe that you have responsibility for the

appropriate allocation of workloads and I will provide you with details of my current responsibilities at our meeting.

I hope this situation can be rectified without delay and assure you of my concern to provide the best possible service to clients/patients whilst at the same time maintaining professional and safety standards in the delivery of care and the development of services to the community.

Yours sincerely,

(Name)

(Status)

cc (Members/Unite Regional Officer)