

# National Health Sector Conference 2011

Hilton Brighton Metropole Hotel

## Contents of Agenda Book

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1. Formal Agenda
2. Delegate List
3. National Officers Report
4. Motions from National Industrial Sector Committee and Regional Industrial Sector Committee
5. Report of the 2009 National Industrial Sector Conference
6. Standing Orders for the National Industrial Sector Conferences 2011

**Health Sector**  
**National Industrial Sector Conference**  
**Oxford Suite, Hilton Brighton Metropole Hotel**  
**Sunday, 27 November 2011**

**A G E N D A**

**Plenary Session.**

This will take place in the Oxford Suite, Hilton Brighton Metropole Hotel at 9 a.m. (see enclosed plan at back of agenda book) and will be chaired by Tony Woodhouse, Chair Unite Executive Council. The business for this session will include:

1. General Secretary's Report
  2. Assistant General Secretary's Report
  3. Contributions from the mothers of the Miami 5.
  4. Nominations for the SOC for the 2013 National Industrial Sector
- Conference will also be taken at this session.

Following the plenary session each conference will adjourn to its own room and follow the agenda set out below:

## DELEGATE LIST

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<b>REGION</b>	<b>FORENAME</b>	<b>SURNAME</b>	<b>Delegate no.</b>
East Midlands	Mandy	Amin	1
East Midlands	Andrew	Clayworth	2
Ireland	Patrick	Bond	3
Ireland	Olive	Buckley	4
Ireland	Maeve	Girvin	5
Ireland	Frances	Hourihane	6
Ireland	John	McLuckie	7
Ireland	Tracey	Osment	8
London & Eastern	David	Agbley	9
London & Eastern	Judith	Atkinson	10
London & Eastern	Elaine	Baptiste	11
London & Eastern	Alan	Dobbie	12
London & Eastern	Norma	Dudley	13
London & Eastern	Alix	Dudman	14
London & Eastern	Suzanne	Egharevba	15
London & Eastern	Gill	George	16
London & Eastern	Anne	Hawkins	17
London & Eastern	Mary	Leung	18
London & Eastern	Ruth	Robinson	19
London & Eastern	Paul	Smith	20
London & Eastern	Pamela	Stacey	21
London & Eastern	Pynee	Vuddamalay	22
NEY&H	Cathy	Booth	23
NEY&H	Patricia	Hall	24

NEY&H	Dave	Hutchinson	25
NEY&H	David	Johnston	26
NEY&H	Gerry	Ramsden	27
NEY&H	Carolyn	Taylor	28
NEY&H	Tony	Wood	29
North West	Jim	Greenwood	30
North West	Liz	Holland	31
North West	Derek	Jones	32
North West	Margaret	Koller	33
North West	Sue	Marchant	34
North West	Liz	McInnes	35
North West	Michael	Nolan	36
North West	Chris	Tupman	37
Scotland	Annie	Hair	38
South East	Ian	Evans	39
South East	James	Nichol	40
South East	Ethel	Rodrigues	41
South East	Joyce	Still	42
South East	Margaret	Warner	43
South East	Wendy	Webb	44
South East	Tracey	Young	45
South West	Denyze	Harris	46
South West	Philip	Hedges	47
South West	Rita	Joyner	48
South West	Andrew	Lauder	49
South West	Gwyneth	Powell-davies	50
Wales	Julie	Evans	51
Wales	Nigel	Gibbs	52

Wales	Marsly	Grabham	53
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**Health Sector  
National Industrial Sector Conference  
Oxford Suite, Hilton Brighton Metropole Hotel**

**The conference will be chaired by the  
National Industrial Sector Committee Chair**

5. Apologies, Introductions and National Officers welcome
6. National Reports.  
[Barrie Brown, Fiona Farmer and Rachael Maskell]
7. 100% Campaign
8. Consideration of Sector Motion
9. Egle Sanchez, Venezuelan trade union leader on Health reforms
10. Consideration of Sector Motions
11. Shadow Health Minister – invited
12. Elections
  - (a) Unite delegation to the 2012 TUC (Brighton)
  - (b) Unite delegation to the 2013 TUC

The exact order of business may be amended to accommodate guest speakers.

## **Health Sector National Industrial Sector Conference**

### **National Officer Report**

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#### **Introduction**

It has been a very challenging two years for our members working in the Health Service. With the election of the Coalition Government, the NHS has been put at risk, and our members have faced constant reorganisation, deprofessionalisation, cuts and now major attacks on their terms and conditions of employment.

The Unite Health Sector has seen a change in its National Officer team. With David Fleming, Sally Kosky and Karen Reay, moving to other responsibilities in Unite, Barrie Brown, Fiona Farmer and Rachael Maskell have now taken on the responsibility for delivering the members' agenda for health.

Throughout this time, Unite's Health Sector has been served incredibly well through the dedication of local representatives, the Regional Industrial Sector Committees, the National Industrial Sector Committee and the Occupational Advisory Committees and professional groups. Our members and activists show the trade union movement what can be achieved under difficult circumstances and the National Officers wish to relay their thanks to all that our members do for the sake of others – other members, the NHS, service users, and the wider trade union movement.

#### **Organising**

Unite recognised that constant reorganisations in the NHS had led to our membership system needing to be refreshed. A major exercise was embarked upon to ensure that our membership records were accurate as this is necessary in order to organise and grow our membership.

Unite have then set out a national organising strategy for 2012, in order to build the activists base of the union, as well as to ensure that we are growing our membership where we already have organisation. This programme will seek to train and re-train all Unite representatives in Health and ensure that they are equipped to deal with today's challenges.

We have also focused on organising single professional groups, and are looking to embark on recruiting students for these groups. Speech and Language Therapy is the first group that we are looking at. We are also piloting work amongst our Ambulance professions and Mental Health Nurses.

## **Pay**

From winning the case at the NHSPRB that pharmacists should be paid the National Recruitment and Retention Premium in July 2009, and confirmed again in 2010, the Secretary of State for Health and junior Minister were lobbied by Unite to implement this recommendation. Despite a very clear case for implementation, the Secretary of State did not follow the NHSPRB recommendation under the last government. Further lobbying of the new Coalition Government was also without success. With a change in climate, it has been found that the recruitment problems in pharmacy are not as marked now as they have been previously.

The annual uplift was paid in 2010, the third part of a 3-year deal, worth 2.25%. However 2011, saw the pay freeze for public sector workers applied, for those paid over £21k, whilst those paid up to this were paid £250. A substantial increase has been requested by the joint trade unions at the 2011 NHSPRB. This was rejected and the pay freeze was imposed.

For the 2011 evidence to the PRB for the 2012 uplift, Unite focused again on the need for an appropriate uplift to pay with the need to move beyond the Government's proposal for a pay freeze. We have argued that with the increases in inflation, the Treasury needs to review its proposals. We have again focused on recruitment and retention issues amongst particular professions. We will be giving oral evidence in November 2011.

The Scottish Government has implemented a living wage of £7.15 per hour across the NHS in Scotland.

## **CPHVA and Professional Work**

The campaign for returning Health Visiting to statute gathered pace in 2010, and continues to be a focus of the Unite professional team. With the aspiration of the

Government to recruit an additional 4200 Health Visitors in England, it was seen as essential that we engaged in early discussion about this programme.

The professional work of the sector has continued to gather pace, with the devolved countries reviewing their strategies. Health Visiting Services in Wales are under review and Community Nursing remains on the agenda in Scotland. Unite is playing a major role in influencing these agendas.

We have also started to organise in new areas. For the first time, we are now organising veterinary practitioners.

### **NHS Reorganisation**

Having been able to get the outgoing Labour Secretary of State to agree that the NHS should be the 'preferred provider', Unite worked closely with the Department of Health ensuring that this was expressed throughout its policies. This detailed work also needed to be understood at a local level.

Despite this, it was found that some PCTs were being advised by the Department of Health that they could no longer remain a statutory service provider, and had to transfer services to social enterprises.

As some PCTs attempted to transfer services to an alternative provider, social enterprises, Unite campaigned hard to resist this. We have insisted on a ballot of all the staff employed within a PCT. Where ballots were held, and campaigns run, social enterprises are rejected by staff.

There has been a growing pressure to outsource more than just PCTs to social enterprises, pathology and other services lie prey to other provider organisations

With the arrival of a new government, the Coalition immediately focused on making "efficiency savings", cuts, and started with a focused programme on management reductions of £222m for 2010/11 and £350m 2011/12 in England, but notably not from the internal market. VAT increases also cost the service an additional £250m - £330m per year. As these cuts were introduced it became evident that these

reached beyond management posts into clinical lead positions; these cuts therefore putting clinical services at risk. Posts are not only being frozen, but also deleted. To assist with the reduction in posts the Government introduced a system called MARS (Mutually Agreed Resignation Scheme) whereby people could leave on agreed national terms. Initially there were 2200 applicants, of which only 0.1% were clinical staff.

Later on, the Government announced that there should be £20bn worth of efficiency savings in England. In 2011, there was a marked increase in the number of 'at risk' letters distributed to our members. Early in 2011, the scale of associated job losses was being seen as different NHS employers announced large scale job losses, up to 500 staff in some hospitals, which would lead to longer waiting times and services and wards closing. It is believed that more than 50,000 NHS staff have now lost their jobs.

In July 2010, the Government published its White Paper for the NHS 'Equity and Excellence: Liberating the NHS'. The focus of the White Paper is to fragment and sell off the NHS.

The parliamentary Health Select Committee reported that Andrew Lansley's health reforms would "test the NHS and social services in England to the limit assuming efficiency savings on a scale never before seen in the NHS, or in any other healthcare system in the world". The Bill was then published in January 2011.

As a result of Transforming Community Services, members reported an increase in the number of members who were being re-organised or transferred to other providers in England. With the Government proposing to restructure the NHS ahead of the passing of the Health and Social Care Bill and remove NHS infrastructure, they started by removing the Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs).

The Welsh Assembly, the Northern Ireland Assembly, and the Scottish Parliament remain committed in their opposition to privatisation of the NHS. There are reviews of NHS structures and efficiency savings required but the NHS remains firmly in public sector control. There are ongoing strategies to integrate health and social care services across the devolved countries

## **Campaigning**

The Unite 4 Our NHS campaign was launched to commence the fightback against the cuts, privatisation and attacks on terms and conditions and pensions, locally and nationally.

With the advent of the Government White paper, resources were produced to campaign against the proposals and to lobby MPs locally against the proposals. The core areas for the Unite campaign included:

- More wasteful bureaucracy not less
- Less money for treating patients
- More money into the profits of private healthcare companies
- More inequity of a postcode lottery on healthcare services

Unite also sought to brief local authority Labour Group leaders, and other groups to build alliances against these proposals.

Blue State Digital were brought in to assist the Health Sector campaign against the NHS White Paper, and then the Bill. In particular, to focus on communicating facts about the Bill to our members, and then to engage them in activity. The first stage in this campaign was to get people to sign up to the campaign, and to report back on the changes that taking place locally in their health service; the next phase was to work with these members to engage them in lobbying MPs about the proposed changes to the NHS.

Unite also worked with the TUC with affiliated and non-affiliated unions, under the banner of 'All together for the NHS', to host a Parliamentary Reception in March 2011. The reception was to facilitate dialogue between front line NHS staff and MPs and Peers about the impact that the Health and Social Care Bill would have.

Unite went on to give evidence to the Health and Social Care Bill Committee in March alongside the GMB and Unison.

In March 2011, Unite activists also lobbied the Liberal Democrat Spring Conference where the conference floor voted against the government's proposals and called for reform to the NHS. With the RCN and BMA also voting to reject the Health and Social Care Bill, fresh pressure was on the Government to reform their proposals. They therefore decided to halt Parliamentary proceedings and introduce a 'listening exercise' through the Future Forum. Unite participated in a number of these events, although many of our activists were denied the opportunity locally. The report back from the events did not reflect the meetings that we attended. The report from the Future Forum and the Government's response led to a worsening of the Bill through the increased opportunities for privatising services through a new 'right to challenge'.

We produced a DVD of the impact of the Bill for our members to understand the Health and Social Care Bill, which featured Dr. Ron Singer, President of Unite/ MPU.

We escalated our work on opposing the Bill through a range of activity. Unite continued to work with the TUC, through participating in and organising marches, most notably on 5 July to coincide with the NHS's 63rd birthday.

Over the summer, Unite led a campaign based on constituency organising. We worked with TULO, Unison and the GMB, together with local CLPs to bring out our respective activists and members to campaign in marginal Lib Dem and Tory constituencies and raise public awareness of the campaign. This cumulated in the NHS Big Weekend at the beginning of September 2011, where over 100 events were held in constituencies ahead of the Report Stage and Third reading of the Bill.

The Bill is now in the House of Lords. We have asked our members to write to members of the House of Lords about their concerns with the Bill and are organising a meeting of Fred Redmond from the USW and Peers and MPs to talk about the US Health System and what it will mean if the Bill goes through here.

The Unite 4 Our NHS campaign also focused on campaigning against the transfer of services to Social Enterprises and other providers. We found that where vigorous campaigning was used, and staff were balloted on proposals that the NHS was saved from transferring to other providers.

Unite recruited over 50,000 supporters to sign up to its petition to stop the Government selling off our blood donor service. This campaign captured public attention, on the basis that private companies would be profiteering from people's blood. In addition we engaged in wider lobbying work, which eventually led to the government having to announce that they would not be privatising the service. This was a major win for Unite and our members.

We recognise the increase in wellbeing issues in the NHS. In particular, bullying and stress are very prevalent issues. The Conference called for the Health Sector to work on these issues which will be prioritised in the coming year.

### **Terms and Conditions**

There have been a number of major changes to the national terms and conditions agreement, Agenda for Change, including the Injury Benefit Scheme, On Call arrangements, the National Recruitment and Retention Premium, and Mileage Allowances.

On Call changes were consulted on over the summer of 2010. It was recommended that we held a ballot of these proposals and that these were rejected unless further amendment was made. Towards the end of 2010, new guidance on how to renegotiate on call arrangements was issued by Unite. In England, the plan was to proceed at Trust level. It was aimed that new arrangements should have been in place by 31 March 2011 but most trusts had not completed negotiations by October 2011. Agreement has been reached on a Northern Ireland wide basis for on call arrangements with negotiations continuing in Wales and Scotland.

At the end of 2010, the NHS Employers made an offer that there would be no redundancies for NHS Staff on Bands 1 – 6 if the joint trade unions agreed to a two-year freeze on incremental pay progression. It became apparent that there would be little protection for Bands 1 – 6 after this two-year period, if local employers could sign up to this, and that there would be no protection for those above Band 6. For all groups of staff, there would be no protection after a two year period, so the Unite membership and in turn the Staff Side rejected the Employers' offer.

Following the Hartley judgement on the equality principle of equal pay for work of equal value for those working in estates and maintenance and chaplaincy services, the Staff Council commissioned a report by the Institute of Employment Studies into the judgement which recommended that the National Recruitment and Retention Premium to these staff, worth £3277 per year to our estates and maintenance members, would have to be deleted. Unite contested the report, however this was rejected and so transition arrangements were negotiated through the Staff Council. Transition arrangements were put in place from 1 April 2011, with 100% of the NRRP paid in 2011/12, and 50% in 2012/13, with the encouragement of Staff Sides at a local level to negotiate local RRP's.

As a result of the royal wedding, 29 April was announced as a public holiday, and it was agreed in the devolved countries to follow the public holiday arrangements. However in England, it was declared that this should be a local agreement. We therefore had the situation where some Trusts agreed that this was a public holiday, whilst others did not.

The Hutton report was published in March 2010 which set out how the Government could respond to future pension challenges in the public sector, including addressing issues around longevity. The Government said that they would accept the recommendations of Hutton, and embarked on scheme specific discussions. For NHS scheme members this will mean contribution increases over the next three years averaging 3.2% of pay, linking normal pension age to state pension age and working to age 68, moving from final salary to a career average scheme and restricting the NHS scheme to NHS employees. The indexation for the annual uprating of pensions has been changed from RPI to CPI which will immediately impact on pension benefits.

Unite launched a strong campaign to oppose the changes in pensions, which has focused on getting the message to our members as far as we can. The campaign has been driven nationally, and delivered at regional and local levels. It should be on record that our Regional Officers and activists have worked endlessly to ensure that our members understand the significance of this dispute and why voting 'Yes' in the industrial action ballot is essential in bringing change to the Government's, now revised, proposals.

The NHS Employers were clear that the pressures that the efficiency savings were demanding meant that the Agenda for Change agreement would have to undergo

further change in order to be “flexible” and “modern” and to assist employers work in the current climate. This is by far the biggest threat that has been made to Agenda for Change since its inception. The threat that local employers will press ahead and make changes if these cannot be made nationally has been used. The Staff Side are not in agreement about the way to take this forward. Unite has a very clear position that it will oppose a dilution of the national agreement since there is no evidence for the impact of the proposed changes, there are no guarantees that local employers would not go further to bring about changes, and, most importantly, our members oppose such a move.

The employers first list of issues that it wants to address include changes to incremental progression, the use of spot salaries for higher grades, the introduction of performance related pay, the reduction of annual leave entitlements, the reduction in sickness benefits, and the widespread use of skill mix and down banding staff.

We know that the years ahead of us will be incredibly challenging, but if we organise, campaign and work together, we know that we can make a real difference for all our members. We very much look forward to working with you as we move forwards.

**Fiona Farmer**  
**Barrie Brown**  
**Rachael Maskell**  
**Unite National Officers - Health**

**HEALTH**

**SECTOR MOTIONS**

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**1 UK Staff Council**

The NHS Employers have unveiled at the UK Staff Council, a list of changes that they wish to introduce under the veil of a “*modern, flexible reward framework*” that includes changes to pay bandings, out of hours payments, sickness, progression and leave.

These alterations we believe are unfair and will be imposed onto those NHS staff with Agenda for Change terms as a means of making “*efficiency savings*” and should be seen as part of this Tory-led Westminster Government’s strategy of eroding national collective bargaining rights with their ideology of dismantling a UK wide National Health Service. This is a direct attack on Unite members’ pay, conditions and pensions.

Unite reaffirms its commitment to oppose and reject any proposals tabled by Employers and any other Partnership and Trade Union Organisation at UK Staff Council to dismantle the nationally agreed Terms & Conditions of Employment as set up and enshrined in the Agenda for Change Agreement. An agreement that through collective national bargaining is recognised to delivery fair and equal pay and conditions, and a partnership scheme that remains ‘flexible and fit for purpose’.

Moved by: Julie Evans

Seconded by: Anthony Vassalos

**National Industrial Sector Committee**

**2 NHS Staff Council**

This conference is concerned and deeply dismayed at the recent attempts by NHS Employers within the NHS Staff Council Executive, particularly with regard to England, to barter the pay, terms and conditions of our members as contained in the Agenda for Change Handbook for a so called “no compulsory” redundancy deal.

Conference affirms that:

The NHS Terms and Conditions Handbook apply to all NHS staff in the four countries of the United Kingdom,

Any attempt to make fundamental changes to terms and conditions - such as overtime rates, sickness payments, unsocial hours, or incremental progression - must be negotiated and agreed with all NHS Unions on a United Kingdom basis, including Unite the Union, and Unite the Union must only agree such changes to the Handbook having secured the consent of the Health Service membership on a United Kingdom basis by means of the appropriate internal processes of the Union (including the involvement of the Health Sector National Industrial Committee).

Conference calls upon the Executive Council, the Health Service National Industrial Sector Committee and the General Secretary to work assiduously to maintain and improve upon the pay, terms and conditions of our members as contained in the Agenda for Change Handbook. To this end Conference would further ask that the Health Sector National

Industrial Committee and Officers of the Union urgently work to build a consensus across NHS trade unions to resist any invidious proposals to dilute the Handbook.

Moved by: Donald Sime  
Seconded by: Sharon Duncan  
**Scotland**

### **3 Cuts and Privatisation Kill**

This Conference reasserts our fundamental belief in a publicly provided and publicly accountable NHS, providing high quality free healthcare that is both universal and comprehensive.

This is not unrealistic. A model driven by patient need, rather than profit, was the norm across the UK for many decades, and remains the policy approach in the devolved countries. We are opposed to 'efficiency savings'/cuts now devastating healthcare in England and Northern Ireland. We note the deep damage being caused to patient care in the English NHS by the QIPP (Quality, Innovation, Productivity and Prevention) agenda. This has become cover for cuts and downgrading. We do not believe there is scope for hard-pressed health workers to work even harder, and we do not believe that cutting jobs, pay and services is consistent with high quality care. We support innovation where it is genuinely about empowering NHS staff to use our skills to plan and provide better healthcare – but 'innovation' now is typically about deleting skilled jobs and driving through cuts. This is inconsistent with quality, and we oppose it.

Our members strongly support preventive healthcare, and are at the forefront of providing it. Our belief is that a preventive approach to healthcare is dependent on skilled staff delivering high quality services *and* on progressive social policy that closes the poverty gap. Government policy is at odds with a preventive healthcare agenda.

- There are other threats to patient care. We welcome volunteers in roles that enhance patient care – but they must not be used to carry out tasks that should be done by paid staff. We are also seeing a sharp escalation now in the misuse of skill mix – with less qualified staff replacing more skilled and experienced colleagues. These 'innovations' are about cutting costs and putting pressure on our members to work outside their job descriptions and realms of expertise – which carries a high degree of risk for staff and, most importantly, patients. We are committed to defence of the jobs and pay of health workers, and believe this helps to ensure quality care.
- A caring NHS has always been underpinned by an NHS ethos – that patient need comes first, and that the introduction of competition and a drive for profit are at odds with this. We are opposed to the fragmentation of the NHS, and to the 'any willing/qualified provider' concept that is now being used to break up the NHS.
- We restate our opposition to big business take-overs of the NHS, and to the fragmentation of NHS services between multiple competing providers: the private sector, social enterprise companies, and charities. Competition in an era of cuts dictates a race to the bottom, for patient care *and* staff terms and conditions. We firmly oppose the Government's continued attempts to bring in social enterprise companies (a route to attacks on jobs, pay and pensions, and a sharp step towards privatisation; social enterprise companies are *not* part of the NHS). New plans to privatise clinical commissioning support raise the prospect of a ghastly conflict of interests where private sector commissioners buy services from their private sector provider subsidiaries or partners. Privatisation in its many manifestations (PFI, ISTCs, LIFT etc) has been a disaster for the NHS, and the expansion of privatisation now

threatens the destruction of the English NHS. We are proud to oppose privatisation, and to defend a public NHS.

- This brief summary of Unite policy in our Health Sector is intended to be a guide to action for our reps, activists and Full Time Officers. The NHS in England is now being dismantled, with an enormous cost to all NHS users, and obvious threats to our members. In Northern Ireland, deep spending cuts are leading to service cuts, downgrading, and vacant posts being left unfilled. Unite has a pivotal role to play in defence of our NHS. Our expectation is that every rep and every Officer in Health will adhere to Unite policy, and will take active steps to organise and campaign to ensure its implementation. We have long-standing policy of support for joint campaigns with anti-privatisation and anti-cuts groups, nationally and locally, and of support for any group of our members taking industrial action in defence of services or of pay and conditions. The task for all of us is to make these commitments real.

Moved by: Gill George

Seconded by: Ian Evans

**National Industrial Sector Committee**

#### **4 Defend Our NHS**

This Conference deplores the attacks by the Con-Dem Government on the English NHS. We are now seeing a toxic combination of an unprecedented £20 billion 'efficiency savings' and a legislative agenda driven by big business. We are heading for a fragmented and privatised health service, a postcode lottery writ large, and savage attacks on the quality of care. There will be no meaningful public control, no public accountability, and less and less public provision of healthcare. The concept of a National Health Service will disappear.

The attacks on the NHS are paralleled by the attacks on NHS workers. We are already seeing mass redundancies and the undermining of national pay and conditions. We are already enduring a two year pay freeze. The stated intention of this Government is to end national pay bargaining altogether. Fair pay for health workers is to be diverted into profits for big business.

While the attacks on the English NHS and English NHS workers are most acute, there are growing threats to NHS services and NHS workers in the devolved countries.

Conference welcomes and supports the Executive Council statement 'Cuts Are Not the Answer'. We endorse the strategy outlined in this, and instruct our National Officers and National Industrial Sector Committee to immediately and vigorously take every possible step to implement this strategy.

The ongoing implementation of this strategy within Health must be determined by lay members at the NISC, informed by regular reports from RISCs and OACs.

Our approach within Health must include support for industrial action, locally and nationally. This Conference does not believe that the attacks from this Government can be successfully resisted without strike action. We absolutely support coordinated strike action where this

makes us stronger; we reject a dumbing down of our own agenda where other organisations are unable or unwilling to defend their members effectively.

An urgent priority, and an essential component in building this fightback, is to build the confidence and organisation of our Health Sector members across the UK. Again, we instruct our National Officers and NISC to take immediate steps to implement this. This process will include:

- Rallies/ campaign meetings for our members in every region of Unite.
- Resources put wherever possible into organising initiatives within Health, with a strong case made by our National Officers to the Executive Council on the importance of this.
- Practical written guidance for members on resisting regrading, job loss, service cuts, and the outsourcing of NHS services to the private sector, voluntary sector, or social enterprise.
- This written guidance to be matched by practical support for our reps and activists by Regional Officers. This must include active support for local campaigns or industrial action to resist the dismantling of the NHS, as well as opposition to attacks on terms and conditions.
- Publicity of our successes and victories, to give our members the confidence that we can fight back and win.
- The production of a comprehensive range of campaign material, to include leaflets for our members and for the public, posters, stickers, badges, petitions, and more detailed publications carrying an analysis of the attacks we face and guidance on how to build campaigns of resistance. This material will be distributed as widely as possible to our activists, and will also be available wherever practical in electronic form.
- Support for and solidarity with others fighting back. This will include support for Unite members within Health and in other sectors, support for other trade unionists resisting attacks, and support for and joint working with anti-cuts groups and campaign groups such as Keep Our NHS Public, UK Uncut, Coalition of Resistance and the Right to Work campaign, and the many local organisations that have sprung up.

Our belief is that the NHS is a force for good within our society. The risk of losing the NHS in England is now overwhelmingly high. The attacks on health workers across the UK have never been greater. We instruct our leadership within Health to build the strongest possible fightback to defend the NHS. We ask our Executive Council to recognise that the loss of the NHS would be a loss for every Unite member and for every working class person in this country, and to therefore ensure the provision of adequate resources and passionate support for this important fight.

Moved by: Gill George  
Seconded by:  
**London and Eastern**

## **5 Protection of Nationally Agreed Policies**

This conference ..... views with deep concern, that over the last few years NHS employees have been under attack, through both salaries and pensions with a pay freeze being imposed without reference to the pay review bodies and an attempt to freeze incremental points.

In addition, the government is now trying to renege on the current well managed self funding pension scheme, for which employees have traditionally accepted low pay in return for security in their golden years.

The East Midlands Health Regional Industrial Sector Committee therefore calls on the EC to campaign vigorously and use whatever powers available including court action where necessary, to prevent NHS Trusts, NHS Foundation Trusts and government from eroding the terms and conditions of NHS employees. Particular areas of concern are the down-banding of staff which we believe to be a breach of contract, including pension reform and mutually agreed resignation schemes that undermine nationally negotiated policies.

Moved by: Andrew Clayworth  
Seconded by: Sally Clare  
**East Midlands**

## **6 Foundation Trusts and national terms**

This Conference notes with concern the increasing trend of Foundation Trusts to undermine national terms and conditions. This Conference requests the Executive to instruct the National Officer to work jointly with the Staff council to clearly identify the limits of Foundation Trusts freedoms and to produce appropriate guidance for reps to combat these.

Moved by: Carolyn Taylor  
Seconded by: David Johnston  
**North East, Yorkshire and Humber**

## **7 School Nurses and Health Visitor Numbers**

This conference recognises, in particular, the great work that has been done to try and secure an increase in Health Visitors ( though this has yet to materialise), concern remains for our colleagues within School Nursing teams.

There are two main issues:

One is that their caseload numbers are enormous - in some cases caseloads of 9000 children to one full time school nurse over a vast geographical patch. This represents a real danger to the children they have responsibility for and an increased likelihood of important issues being missed especially with massive Safeguarding remits. This results in caseloads being over taken by this type of work at the expense of valuable preventative public health work.

Just as government have apparently acknowledged the benefits, in terms of cost and quality of life, in preventing ill health and abuse for under 5's the same consideration needs to be given for school nurse teams.

In addition concern has also been raised across health visitor and School nurse teams that an increase in 'corporate' working is encouraged. This has not been done in the true ideology of successful corporate working but as a quick fix (that doesn't) to hide the appalling shortages of staff.

Whilst we realise this group represent a small part of a large health sector it is an area that affects us all in the long term in terms of increased expenditure for ill health, that has begun in childhood, and also the effect on antisocial type behaviours generated by ill health, poor developmental attainment and disadvantage.

There has been concern within cphva membership in recent years that the needs of this specific group of staff have become subsumed within the larger Health Sector remit. Some have already voted with their feet.

We are therefore calling upon Unite through all the relevant constitutional committees, to campaign politically and industrially, to support this motion and to show support for this valuable professional group and in turn support for the lives of all our children and young people by asking for an immediate response to address the need to increase school nurse numbers as well as health visitor numbers, whilst at the same time not removing other valuable members of the team, and to prevent 'fudging' of numbers by false caseloads.

Moved by: Barbara Evans  
Seconded by: Mandy Amin  
**East Midlands**

## **8 Attack on Pensions**

This Committee notes the outrageous and ideologically driven attack on NHS and other public sector pension schemes.

We 100% reject this attack.

We do not believe that industrial action short of strike action will have sufficient impact on employers or the government to enable us to win the fight for our pensions. We also believe that this form of action risks the victimisation of our members.

We ask our National Officers and NISC to:

- Immediately organise a high profile campaign on the defence of our pensions (to include leaflets, stickers, local and regional members meetings etc)
- Continue to clean up our membership data as a high priority
- Build for the strike action that we believe will be necessary to defend pensions, seeking wherever possible to coordinate this action with other public sector members in Unite and with other public sector unions
- Ask the Executive Council to ensure that sufficient resources are put into building this fight

Moved by: Gill George  
Seconded by:  
**London and Eastern**

## **9 Workplace Stress & Bullying**

This conference believes that workplace stress and bullying is increasing in the health services and in workplaces in general as the pace of cost extraction becomes more rapid. This is supported by recent independent research.

Conference believes that bullying, often associated with a target-driven culture, is a major factor in sick leave, stress and anxiety when members choose the 'flight' option as their work environment becomes intolerable.

Conference further asserts that many Irish employers ignore the Safety, Health and Welfare at Work Act, 2005 aimed at prevention of bullying. Risk assessments and health and safety statements do not take account of any identified risk from a workplace bully, many of our members report that management whose natural style is 'command and control' are being promoted and rewarded to the detriment of those they are managing.

Conference welcomes initiatives from Unite on workplace stress and bullying in UK and Northern Ireland but in the current climate believes that there is a need for greater urgency and similar targeted action to support and protect our members in ROI.

Moved by: Frances Hourihane  
Seconded by: Tracey Osment  
**Ireland – ROI**

## **10 Recruitment**

This Conference calls for the Executive to appoint a permanent Regional Organiser for Health to Utilise the potential for growth within the sector and to provide specific recruitment training for NHS Representatives.

Moved by: Carolyn Taylor  
Seconded by: David Johnston  
**North East, Yorkshire and Humber**

## **11 NHS Levy**

This conference asks the Officers to examine whether the sector should emulate the Sainsbury's organising campaign by having a 10p levy across the sector to fund a call centre and organisers in workplaces. If it works in Sainsbury's, why can't it work in the NHS?

Moved by: Frank Keogh  
Seconded by: Lynn Weaver  
**West Midlands**

## **12 Private Finance Initiative (PFI)**

1. This conference re-affirms Unite policy that PFI and LIFT in the health service is a ruinous expense which threatens cuts in health provision, NHS jobs and staff terms and conditions in order to pay billions of pounds to parasitic finance, construction and consultancy companies.
2. We note that recent reports from the Public Accounts Committee and Treasury Select Committee have found that:
  - a. PFI often costs twice as much as conventional procurement
  - b. That distortions are used when comparing PFI cost to public provision - such as assuming that PFI consortia will pay corporation tax at full rate when in fact many are based in tax havens such as Guernsey or Bermuda
3. We also note that the rules on PFI procurement were written by KPMG, who then advise the PFI companies on avoiding tax, which represents a clear conflict of interest.
4. PFI is truly unsustainable. For example Norfolk and Norwich Hospital would have cost £229 million to build on public procurement, but will cost £1.16 billion over the 35 year PFI contract.
5. It is unacceptable for these PFI consortia to loot the public purse in this fashion and to damage healthcare provision in the pursuit of their extortionate profits.
6. We therefore call for the union to campaign for nationalisation of the PFI schemes without compensation.

Moved by: Andy Ford  
Seconded by: Liz Holland  
**North West**

### **13 Mileage Rates**

This conference believes that the on-going delays in resolving mileage rates received by NHS community staff is a reflection of this governments deplorable treatment of the NHS despite their election promises. Without delay we ask the NEC to seek support through parliament to finally resolve this issue with annually linked reviews of the rate given to staff in line with the current petrol price. Only by building in this regular review will our members cease their subsidy of the NHS in order to fulfil their vital role

Moved by: Gordon Stephen  
Seconded by: Ian Forbes  
**Scotland**

### **14 Unite health sector and the Labour Party**

This conference is very disappointed with the stance taken by Ed Miliband and the Labour party in regards to the proposal of trades unions, including Unite the Union, in considering taking legal and necessary industrial action in an attempt to save basic contractual rights.

This failing by Labour which was born out of the trade union movement to recognise the struggle undergoing public sector workers, including those in health, and then distance itself is unacceptable and will not be tolerated.

This conference therefore instructs the Health Sector National Industrial Committee to work with Unite's political department in ensuring that the Labour leadership and the rest of the party understand, recognise and support of any industrial action that has already taken, or will be taking place regardless of what form it may take.

Moved by: Joyce Still  
Seconded by: Tracey Young  
**South East**

## **15 Registration of Health Professionals**

This conference is opposed to the suggested proposal from the CONDEM government to weaken the regulatory framework for Health Professionals.

Conference reaffirms its commitment to the regulation of Health professionals as a means of ensuring that the public can be assured of the quality of the Health Care being provided.

This Conference is therefore opposed to any weakening of the present regulatory framework and calls upon the union to campaign against any such weakening and for the UK Government to expedite those aspirant professional groups seeking statutory regulation.

Moved by: Julie Evans  
Seconded by: Nigel Gibbs  
**Wales**

## **16 Training and Continual Professional Development**

This conference believes that training and CPD is critical to maintaining high quality health care provision. Conference it therefore concerned about the developing tendency not to allow protected time for training or CPD. Hence conference calls upon the Union to campaign for protected time for training and CPD.

Moved by: Julie Evans  
Seconded by: Nigel Gibbs  
**Wales**

## **17 Health Services**

This conference believes that public health should be located in the health service and not in local government and resolves to use the resources of the union to campaign to this effect.

Moved by: Frank Keogh  
Seconded by: Lynn Weaver  
**West Midlands**

### National Industrial Sector Conference Report 2009

#### 1. Joint General Secretaries Report

##### I. Winning the Battles that Face Us

Good morning. Colleagues, this is a day that I have been looking forward to for a long time when we bring together our industrial strength in the sector conferences. What is so vital about sector conferences is it gives you the individual right within your sector to determine your policies. It is not going to be determined by anyone else. It will be determined by you. There is no other lay democratic process anywhere at all than what you are doing now, and you are doing it within the bounds of Unite. And why? Because as individual sectors, we would not have the strength to win the battles that face us.

We knew this when we first discussed bringing together Amicus with four recently merged unions, and Tony with the T&G bringing those together. This is the only merger in the history of the movement that I can recall, that is not based on the fact that one or other partner were a lame duck; financially or in membership difficulties. It has been brought together for a strategic reason. There is an obvious reason: strength in the workplace, strength in your workplaces. We could spend our time fighting together instead of fighting each other: who is going to get the membership? Who is going to get the single union agreement? We do not have to worry about that now.

There are still some areas where old histories will take a while to die away, but we can spend the time much more productively fighting on behalf of all our members to improve terms and conditions and build our membership through organising, through the 100% Campaign and trying to stem the decline in union membership due to the economic problems that we currently exist in. That is great and that is wonderful, and that alone would be worth doing. But if that is all we did – if that was the limit of it – then it is all about winning in the workplace. Under the present set-up, we will ultimately lose a much bigger and greater battle.

We will fight to try and repeal the anti-union laws. We will fight to try and allow solidarity actions which are illegal under those anti-union laws. We will support our

colleagues who, for example, if you recall the refinery workers and the construction workers challenged by the law because of solidarity action. We did not get the law used against us, maybe because we have a Labour government. Maybe they held back because they did not want to expose an open sewer. But, sooner or later, unless we change the law we will not be able to have that solidarity action win it back.

## **II. Changing Politics**

So, there is a greater battle to fight than the next wage claim, or regrettably, the fight to protect jobs as people are threatened with redundancy. That greater fight is one of the three reasons why we merged T&G and Amicus together. It is to change politics. Tony referred to it: we want people in Parliament that represent us. I do not want people in Parliament representing us; I want us in Parliament representing us.

I go around on regional tours and I say to people, 'Why? Why aren't people in this room MPs? Why not?' Many of us do not believe we have it in us. Somehow or other we believe it is something special to be a MP. Crikey, if you look at some of them you cannot believe that for much longer, can you? We need people in Parliament that represent us. Back to the traditional roots of the party we created. The Labour Party did not create the trade union movement; it was the other way around. We created the Labour Party and it is time – long past time in fact – that it was back to that tradition and back to representing our interests. We would not be low in the polls. We would not be as concerned, disillusioned, or disappointed if we had a party that was our party. It is time to take it back and we need a big, strong union to do it. That is us. There is not another union that can do it. There is not another union with the breadth and strength to do it. Quite frankly, I wonder if there is any other union with the intelligence to do it.

Let us look at some of them. Our friends in the Rail, Maritime and Transport (RMT) Union. One of our National Officers told me that in the transport sector, in real terms, there is something like 60% unorganised, so what is the RMT's answer to recruiting their 60%? They go down to Heathrow and pinch our taxi drivers. They go into the old North Sea and to the oil rigs to do that. It is time they got on the bloody railways and organise them; an indication that a single specialised union cannot survive. We cannot survive unless we have this kind of a conference because everybody in a big, powerful union will say, 'This union does not represent me'. You will have unions saying, 'Join us because your union is too big and broad and they are not interested in you'. Well, this is the answer. The sectors give you the right to determine your own policy, but within a union big enough to make a difference.

Let us assume for example, we change the law, we win Parliament, we win the Labour Party back and we get shot of the anti-union laws. There is a bigger battle still to fight, and what is tragic about it is that most people do not actually know it because we are concerned about today's problems.

We have just applauded two good colleagues, John and David from Canada. Vale Inco, a Brazilian company intent on world domination. They want to buy up all the mineral resources so that one company can control almost life itself; become so powerful it can dictate to governments. They are in a four month strike because they are up against a powerful conglomerate. We referred the crisis of capitalism. Do not believe for one minute that that crisis of capitalism was a crisis of the capitalists. They are still there, they are still powerful, they control fortunes, they dictate to governments. It is fairy stories, you know, the faceless ones, you do not see them. Not the G8, not the G20, the faceless ones; the ones that can pull strings, bring governments down, start wars, stop wars, create crises in energy, and move petrol prices around so that the rest of us suffer as a consequence. Those people are still there and they operate on a global scale. How do we as working people expect to contend when they are more powerful than the government that we could create?

### **III. Our Challenge**

We have to have a plan. We have to have a plan that builds an international union strong enough to take on the strongest of the conglomerates. A union that anyone who works anywhere in the world for any particular company can join. A union that can, for example, bridge the dilemma that we just experienced at General Motors; where the Germans tried to screw everybody else with that Magna contract. Until the intervention of ourselves, and particularly Tony, which got our government galvanised, and they think those in Germany who scuppered the deal, and Tony is very popular in Germany now apparently. When we have got back to GM, what were the Germans saying? 'Ah, you will be all right in Britain but in a few months you won't be'. There is still that competition, and that is what happens in global federations, quite frankly. We all sit around and have great ideas and then we all go back and look after our own backyards; a bit like we could be if we are not careful. We sit around and talk about our policies and then go back to our own backyards.

It is time to think outside the box. It is time not just to think about how we win terms and conditions or even how we change the laws to make it easier for us to win terms and conditions. It is about how we are going to survive in the future if we do not have a union capable of fighting on the international front, that can stand solidly

with Vale Inco colleagues because we have plants over here that belong to that conglomerate. We should be in a position to fight across the board.

That is the challenge, so why did we come together? Because you cannot build an international union if you cannot build a UK union, or a German union, or an Australian union, or an American union. That is why we stand in with the United Steelworkers (USW) and with Workers United. It is a beginning perhaps, but hopefully a successful beginning that will go on to build that international union.

#### **IV. Conclusion**

Colleagues, when we talk about building a union where there is no place for fear, fear this: unless we change politics and ultimately build an international union we need to be very afraid. That is the task and only this union can do it in this country; no other union can. That is the challenge to you. I am delighted, absolutely delighted, that we have been brought together in this way. Whatever we do in the future, whoever we elect as General Secretary, and whoever we elect as our Executive, needs to keep one thing clearly in mind: strong workplaces are no better than shuffling deck chairs on the Titanic if we do not have a political and international strategy. If some colleagues, and I have read some of them, now change their leaflets to reflect that they will get my support. Thanks.

#### **2. Apologies, Introductions and National Officers welcome -**

Apologies were received from

Jan Faherty

Terry Dowling

Frank Keogh was introduced as Chair

### **3. National Officers' Report – David Fleming and Karen Reay**

#### **Unite Health Sector National Officers' Report, 2009**

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##### **Introduction**

In May 2009 Amicus and TGWU formally became Unite the Union. The Health Sector of the two former unions has been integrated for some time, effectively coming together during the 'Cut My Pay – No Way!' campaign. As part of this integration process two new Occupational Advisory Committees have been established, one for those who work in Support Services and another for Ambulance Services. At the first Unite Health Sector National Industrial Committee recently held Frank Keogh was elected Chair, and Julie Evans Vice-Chair.

The economic situation - the recession and rising unemployment - has dominated the landscape in which the union has been operating over the past year. For those working in the health service it is likely this will lead to increased demands being placed on them; recessions are associated with people experiencing worse health. At the same time there is a growing lobby calling for savage cuts in public expenditure that will impact on the NHS. Unite has demonstrated it is a union prepared to stand up for the best interests of our members and provision of health services - this will continue in what looks set to be a difficult time ahead.

The union's stance and activity on a number of key issues has led to a growth in activists and overall membership figures. In August 2009 the Unite Health Sector membership stood at 89,064 – an increase of 6.4% from August 2008. Additionally, the number of activists in the Health Sector has climbed to 5922 (August 2009), an increase of 10.5% from the previous year.

### Cut my Pay – No Way!

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In 2008 Unite ran the 'Cut my Pay – No Way!' campaign against the imposed 3 year pay arrangement. The union produced postcards, badges, posters and leaflets for members and briefings for MPs. The union held a 'Cut my Pay – No Way!' rally at Labour Party conference with other public service sectors in the union.

The pay offer that was unveiled in April 2008 for NHS staff amounted to a pay cut in real terms. The offer was for headline awards of 2.75% in 2008, 2.4% in 2009 and 2.25% in 2010. Unite held a members consultative ballot on this offer in June 2008. It was rejected by 95% as inadequate given the significant rises in the cost of basic necessities staff experienced at the time with CPI – the Government's preferred measure of inflation soaring to its highest level in 16 years to 5.2%. This ballot result meant Unite did not sign up to the NHS pay award. Despite this, the 3 year pay arrangement was imposed.

A further membership ballot on whether to take industrial action was held in November 2008 with 18,491 members taking part. Taking industrial action short of a strike was supported by 76%, leading to industrial action short of a strike being taken in December 2008.

The serious downturn in the economy, and the accompanying dramatic fall in RPI and CPI inflation measures led to a meeting of the Amicus and TWGU Health Sector National Industrial Committees in January 2009, it was agreed to suspend industrial action.

## NHS Pay Review Body (NHSPRB)

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As part of the 3 year pay arrangement the NHS Pay Review Body (NHSPRB) has continued to collect evidence on the wider labour market and economy and the impact of this on the recruitment and retention of NHS Staff. This is to assess and decide whether or not to recommend to the Secretary of State to re-open pay talks. In the Autumn and Winter of 2008 this evidence collection took place.

Unite took part in the Joint Staff Side written and oral evidence to the NHSPRB in an attempt to trigger the 're-opener' clause in order to negotiate a higher increase than the 3 year pay arrangement provided for. The union also submitted its own evidence, clarifying our position that the multi year pay had been imposed on our members and that the union wished to pursue issues raised in previous years with the NHSPRB. In December 2008 the NHSPRB confirmed it would not be seeking a remit from the Secretary of State to trigger the re-opening of pay talks.

One of the issues Unite pursued with the NHSPRB was the need for a Recruitment and Retention Premia for pharmacists. In the NHSPRB's full report, published in July 2009, the NHSPRB recommended such an RRP – a significant victory for the union after 3 years of work and the first time the NHSPRB had taken this step in response to many similar requests from other Staff Side unions. However, the Government chose to reject this recommendation with reasoning the union believe to be fundamentally flawed. Unite subsequently met with the Secretary of State, Andy Burnham, to further argue the case for pharmacy members and will continue to do so. In Autumn 2009, on giving evidence, the union requested that the NHSPRB re-affirm its recommendation of an RRP for pharmacists by making a further recommendation for a national RRP from 1<sup>st</sup> April 2010.

The rejection of the NHSPRBs recommendation also further undermines the independence and authority of the NHSPRB.

The union underlined its continued support for the NHSPRB in its submission to the 2009-10 NHSPRB evidence process. Unite's submission was largely based upon a large scale survey the union conducted asking the Health Sector members about

their experiences and views of workload, morale, motivation, training and bullying where they work.

## **Staff Council**

### **On call: update and timetable**

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The staff council review of on call started in September 2008 and the original aim was to have any new scheme in place by 1 April 2010. This will not be possible since early difficulties were experienced with data collection to inform the review. Consequently the revised timetable is expected to aim for 1 April 2011 and current pre- AfC on call agreements will be protected until the implementation of any new agreement.

### **Pensions Choice**

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The NHS Pensions Choice Exercise has been agreed. This is for staff subject to a TUPE or TUPE like transfer to an employer outside the NHS that is not eligible to offer membership of the NHS Pension Scheme to its staff, and are subject to the requirements of the Fair Deal for Staff Pensions. Choice will have a significant effect on the member's benefits long term. In this context, it is important that members are able to participate in PCE before their employment is transferred. TUPE staff will be asked to sign a Declaration Form inviting them to confirm whether or not they wish to opt into the PCE. Guidance on this has now been published.

### **Job Evaluation Group (JEG)**

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A major focus has been a revision of the job evaluation handbook which does not change the scheme or the JE process but incorporates previous guidance. Work continues on generic profiles and there is significant provision for training on matching and job evaluation.

## **Knowledge and Skills Framework (KSF)**

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Implementation of the NHS Knowledge and Skills Framework (KSF) is varied. The recommendations from the National Audit Office (NAO) indicate that implementation of the Framework is the only way to fully realise any benefits from Agenda for Change. The Institute for Employment Studies (IES) has been selected to carry out the recommended review of the KSF. The first stage is the creation of a Reference Group, made up of representatives from NHS organisations to reflect the full range of experience of implementation.

The national KSF Group and Strategic Health Authority KSF Leads' networks have committed to further joint meetings to ensure more effective communication, following their planning day in April.

Good examples of use of the KSF within NHS organisations are published as case studies on the NHS Employers' website ([www.nhsemployers.org](http://www.nhsemployers.org)).

Many Unite Representatives have continued to take lead roles in their own organisations around KSF. However, there is still a need for many more Learning Representatives, in departments and teams, to ensure that their colleagues are supported to use the KSF effectively, both personally and professionally.

## **Equality and Diversity Sub-Committee (EDSC)**

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A report – *The impact of the implementation of Agenda for Change in England on Equality* – was commissioned for the NHS staff council equality and diversity sub group and published in May 2009. Its findings indicated that there was no evidence of equalities discrimination arising from the implementation of AfC.

## **Improving Working Lives (IWL)**

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The IWL national sub group developed updated guidance on IWL which resulted in a UK wide staff council publication in July 2009.

## **NHS Injury Benefits Scheme**

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The staff council's sub group review of the NHS injury benefits scheme commenced in April 2009 and it is expected that recommendations for a revised scheme will be submitted by April 2010.

## **Organising, Campaigning and Training**

As the membership statistics at the start of this Report make clear the opportunity for 'in-fill' and 100% campaign activity in our core membership areas is huge. To assist with this organising agenda a complete review of membership data is being undertaken which will seek to update our membership records and assist officers and workplace representatives in identifying membership strengths and recruitment opportunities, at both a Trust and workplace level.

## **Health B4 Profit Campaign**

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### **Aim of campaign, overview and strategy**

Government reforms of the health service in England have been underpinned by a process of transferring healthcare assets and services from the public sector to the private sector. The private sector is now involved in running a wide range of healthcare and support services. This has taken place in parallel to the government marketising the NHS and fragmenting services and organisations into competing business units. The latest stage of this has been the 'Transforming Community Services' programme - NHS Primary Care Trusts in England are being encouraged by government to transfer local health services to the private and third sectors. Rather than directly employing staff and providing services themselves, NHS Trusts will

contract other organisations including the private sector. This has the potential to privatise most of the NHS through the accumulative impact of local services being transferred to the private sector. This will have a far reaching impact on our 80,000 members who work in, and are employed by, the NHS. Privatisation will: remove them from the national pay, terms and conditions agreement and threatens to drive down their terms and conditions and their access to the NHS pension scheme. The myriad of separate private sector employers will present a huge challenge to future trade union organisation and recognition in health services.

Unite also believe that privatisation threatens the future quality and range of health services that will be available to the public and the democratic accountability of those services. Unite has therefore launched its 'Health B4 Profit' campaign to challenge this 'patchwork privatisation' and prevent the NHS in England being dismantled. The national campaign aims to change the government policy. However, this will be hollow if not built up from local, workplace based campaigns aiming to prevent their employer from outsourcing the NHS service they work for.

A key aim is to build active local campaigns that involve staff, patients, service users and the wider local community in a campaign for good, local NHS services and successfully stop the privatisation of local services.

### **The campaign so far**

Campaign materials include; the 'Patchwork Privatisation: A Special Report', the 'Unite Guide to Campaigning in the NHS', posters, leaflets, summary documents, stickers. Written materials have included evidence about how wasteful privatisation is and the impact on the quality of health services. Reps and members are encouraged to build an alliance with, and involve patients, service users and the wider community. This has been key in stopping outsourcing in areas to social enterprises, for example in Luton.

Regional meetings were held, bringing activists together and regional officers arranged workplace meetings which helped reps and members draw up local campaign plans. The union has also been successfully using cutting edge technology to develop its 'e-campaigning' and to build the campaign. In August 2009 a letter with 3,000 signatories stating Unite's opposition to privatisation was handed in to the Secretary of State.

Blue State Digital are running the e-campaigning aspect of the HB4P campaign and the first stage of this was to ask members to "co-sign" a letter to Andy Burnham on-line. This was just a slightly different approach to the traditional signing a petition, but allowed us to set out more fully our concerns and fears about what we see as the patchwork privatisation of the NHS. We very quickly were rewarded with thousands of Health Sector workers reflecting our concerns in the comments that they posted when co-signing the letter on-line. This proved to be a very effective campaigning method and a crucial step in the subsequent shift in Government policy where Andy Burnham stated the NHS is the "preferred provider" of health services.

We are now moving to a series of local campaigns to stop our NHS members being privatised through the setting up of 'social enterprises' who are then awarded a health contract and members are TUPE'd over. Currently, Unite has local campaigns running in several PCTs in London, Hull, Bedfordshire and Luton and campaigns will soon be established in other PCTs where we have information the Trust is considering establishing a social enterprise. Unite are calling for staff ballots to be held wherever a social enterprise is being mooted.

### **Building Parliamentary support for Health B4 Profit**

Unite sent a briefing and a pack of the 'Health B4 Profit' materials to MPs explaining what is happening to the NHS nationally. Unite want as many MPs as possible to oppose the privatisation of local services to defend our members. A meeting is to be arranged with the Unite group of MPs to provide the background to our campaign and the evidence against privatisation.

### **Health Visitor shortages**

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The Union has continued to take action on the crisis in qualified Health Visitor numbers. Whole-Time Equivalent numbers of Health Visitors have fallen to just 8,764 nationally and new registrations in 2008 were just 253. This is because Primary Care Trusts have not been investing funds in attracting and training sufficient recruits. It is an issue that demands national action. The Joint General Secretary and National Officer held meetings with then Secretary of State for Health Alan Johnson, and Ed Balls, Secretary of State for Children, Schools and Families, in Spring 2009. This was followed by a Summit on the shortages in Health Visiting. An 'Action Plan' was then

launched by Secretary of State for Health Andy Burnham, at the Unite/CPHVA conference in October 2009.

Following unanimous support for health visiting to be returned to statute at the Unite/CPHVA conference Unite has launched a campaign to achieve this. People can sign up to the campaign by visiting [www.unitetheunion.org/cphva](http://www.unitetheunion.org/cphva)

### **Mental Health Nurses Association (MNHA)**

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There have been two successful Unite MHNA regional conferences this year. The 10<sup>th</sup> Annual South-West Conference at Buckfast Abbey, and one for Scotland, held at Dundee University. Since the MHNA is the only professional association for nurses in mental health practice, these conferences are valuable arena for networking and sharing experience, as well as contributing to Continuing Personal and Professional Development. Elsewhere across the countries of the UK, regional open forums have taken place, or are planned, to establish more effective communication with members.

Organising and recruitment are key areas for the next year, since there are up to 50,000 mental health nurses across the Unite regions.

Priorities for the National Professional Committee, continue to be responding to professional consultations, contributing to the now online Mental Health Journal, establishing regional networks of link activists, and taking steps to ensure that member records are up to date.

### **Modernising Scientific Careers**

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The Government produced its 'Modernising Scientific Careers' document in November 2008. The union was involved in the 'working groups' in the run-up to the publication of this document. In November 2008 the document was put out for consultation for 3 months. During this time the union conducted a series of regional mass meetings to collect feedback and views on the proposals and how our healthcare science members felt it would impact on service delivery and the recruitment and development of staff in the future. These meetings informed the union's written, formal response to the consultation on MSC. The union continues to be involved and represent members on the working groups of the MSC project.

Through national partnership working the union is having on-going dialogue and meetings with Professor Sue Hill, who is leading the MSC initiative for the Department of Health, and other Senior Officials at the Department. The union raised a number of important questions during the governments' original consultation on the programme earlier this year, particularly around funding of the programme and a number of concerns around the need to ensure that the final career structure and jobs would be 'fit for purpose'. These questions have not yet been adequately answered and the union has growing and significant concerns over the direction of this programme. Members of the Health Sectors' Healthcare Science Occupational Advisory Committee have been discussing these concerns and the sector will keep the EC informed.

## **Training**

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Training courses for new representatives in the sector which are 3-4 days long have been run or organised in the majority of Regions at the time of writing. The courses are being very well received and we aim to continue with these and similar Health Sector specific training programmes. We are proposing, with the support of the Education Department, a Regional Officer training programme to brief new officers to the sector on the structures, membership issues and Agenda for Change updates.

## **Apprenticeships in the Health Sector**

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Following the Next Stage Review (High Quality Workforce) commitment, Alan Johnson announced a target for new apprenticeship starters in the NHS of 5000, for the year 2009/10.

This is especially welcome for existing staff, since around 80 job roles can be potentially supported by using apprenticeship frameworks. This is useful where traditional career development has not previously been available to staff. However, the joint unions are concerned about pay, since funding available for employees aged 25 years or over is limited. Pay levels should also be aligned to Annex U of Agenda for Change. The risk is that young apprentices could be seen as a cheap option for organisations, or pay used as an excuse not to encourage existing employees onto programmes.

Networks of Union Learning Representatives should be strengthened to ensure that staff on apprenticeship programmes are fully supported. Similarly, those that might benefit from taking up an apprenticeship should receive advice and guidance on the best programme to support their existing role or to move into another area of the service.

## Social Partnership Forum

### England

In England the SPF secured major pledges around commitments to the workforce in the NHS Constitution. These pledges are;

#### ***The NHS commits:***

- *to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities;*
- *to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed;*
- *to provide support and opportunities for staff to maintain their health, well-being and safety; and*
- to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

Sadly, these are only pledges and not staff rights; however, Unite insist these values are fully embedded at a Regional and Local level.

Work is going on around the creation of a Staff Passport to ensure protection of pay, continuity of service and, crucially, pensions should NHS work be transferred to another provider. This is however a 'one visit' passport. Unite will keep members informed and up-to-date on this issue.

## **Scotland**

Nottingham University are carrying out a £100,000 survey into the resilience of partnership working in NHS Scotland. The dominant discussions have been about the ability of the NHS to live within reduced means (as projected for next year) and the possibility of pandemic flu.

The main issues covered at the SPF include NHS Finances, NHS Strategy (13 workstreams), NHS Targets (30), Swine Flu, Mutuality and Equality, the Leadership Framework, Productivity and Effectiveness, and Shifting the Balance of Care (into the Community).

## **Northern Ireland**

Unite continues to play a role on the regional Partnership forum addressing current issues such as Violence to staff Campaign, regional uniform plans and workforce planning.

## **Welsh Partnership Forum**

Role and function changed over the last 12 months at the request of the Minister. The Forum meets quarterly and discusses issues at a strategic level. Actual monitoring of NHS Wales is carried out in the Forums Business Committee. Here 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.

The next main area of work is likely to be workforce planning. Already there has been an All Wales Seminar on the challenges facing the service. The volume of change that is required to deliver the necessary improvements to front line services has been made that much more difficult as a result of the credit crunch.

## Scotland

A considerable amount of time, and very positive results, have been achieved around the following – Community Nursing Review (to be relaunched in September), Scrutiny Bodies (combining NHS and local government quality control mechanisms), Car Parking (all charges on NHS premises abolished) and Prescription Charges (being phased out).

### **Scottish Workforce and Staff Governance Committee**

The Secretariat of SWAG now meets monthly to cope with the demand of new Workforce Planning arrangements and the total review of all policies. The UK pilot scheme for the regulation of Health Care Support Workers has been very successful.

The main issues covered at SWAG include the 2009 Staff Survey, KSF and PDPs, Absence Management, Uniforms, Health and Safety issues, Counter Fraud Services, Health Care Regulation, Staff Governance, Workforce Planning, and PIN Policies and the Dignity at Work project.

### **Scottish Terms and Conditions Committee**

The work of interpreting the UK NHS Handbook continues apace. The major issues that have affected Scotland are RRP for Joiners, Annex T (Band 5 to 6), Annex R (converting protection into RRP), and a constant stream of queries about annual leave and sick pay as well as protection and unsocial hours.

The dissatisfaction around A4C evaluation results continues amongst some members, especially as the review process has still to be completed. A further monitoring exercise will take place at the end of the year. Separate discussions are also taking place on Senior Managers pay arrangements.

## **Scottish Pensions Group**

The Choice period in Scotland – for those who wish to transfer from the old scheme to the new one – is scheduled to take place from October 2009 to January 2010.

## **Northern Ireland**

In Northern Ireland the Review of Public Administration continues following the reorganisation of Trusts down to 5 and the change from 4 Boards to a single Health and Social Care Agency together with a Public health body, a Business Services Organisation and A Patient Client Council. This has impacted across many workers in the service. For the First time we have secured Trade union Recognition on the boards of all 4 of these organisations. The role out in Trusts is nearing completion with the final restructuring expected to be complete by the end of September.

The review of Agenda for change is nearing completion with most reviews expecting to be paid by the years end reviews of Benefits realisation with respect to agenda for change will conclude after final outcomes and date recorded.

The re-launch of The Knowledge and Skills framework has Started with the recent appointment of a Project Manager at the Department of Health.

The Comprehensive Spending review has impacted on service with a 3 % cut year on year from 2008 to 2010. this has had a serious impact on staff levels and recruitment and continues. Unite along with other trade unions and The Irish congress of Trade Unions have been meeting the minister and are seeking meetings with the Health Committee in progressing our opposition to the cuts.

The Regional Joint Negotiation forum continues to address Terms and Conditions matters.

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

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

14 NHS Trusts and 22 Local Health Boards will become 7 Local Health Boards and 3 Trusts.

To facilitate this we have been actively involved in the production of the 'All Wales Contract' and the 'All Wales Organisational Change Policy'. We are presently involved in the production of all Wales Policies on:

- Disciplinary and Grievances
- Sickness Absence
- And Bank Staff.

These are to be finished by the end of this month and while we believe we will hit this target for the English version, bilingual will take a bit longer. While written in Partnership at an All Wales level all the policies have to be adopted by each individual organisation.

In the process of preparing these policies we have already identified a number of areas that will also require an All Wales approach.

## Agenda for Change

### Banding outcomes

Despite all our efforts in Wales there are still a lot of unhappy employees over 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 now and into the future, that 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.

Finally there is concern that while Wales managed to have more profiles for KSF on the system than any other part of the UK, we appear to have fallen behind on Gateways and reviews. This may be partly due to the reconfiguration process resulting in people taking their eye off the ball. However 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.

## International

### European Patient Mobility Directive

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The European Commission published the 'Patient Mobility Directive', which threatens to re-enforce the view of the European Court of Justice that healthcare services are *economic services*, and therefore should be subject to European legislation on the internal market. Unions across Europe expressed their views through the European Public Services Union (EPSU) that this threatened to open all member states' healthcare services up to marketisation and privatisation, and enshrine this in European law. Domestically, the union gave evidence alongside Unison to the House of Lords European Select Committee highlighting our concerns.

## **Workers Uniting**

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As part of the international 'Workers Uniting' project sectors across the union have begun building links and sharing information with their counterparts working in America and Canada.

The union worked with the United Steel Workers in America to produce a collective response to the attacks by the US right-wing on the NHS.

## **Equality and Diversity**

### **Unite Equality Reps Project**

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The health sector has teamed up with the Unite Equality Reps Project to promote and increase the number of union equality reps within the workplace, as a prelude to rolling out the project across the whole of the public sector. This is an important development in advancing the interest of members, tackling discrimination and achieving equality, therefore, we encourage as many members as possible to become involved in the project.

### **Mary Seacole Award**

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Mary Seacole was born 1805 in Jamaica to a Jamaican mother and Scottish father. During the Crimean war she made a major contribution to nursing practice. The Mary Seacole awards are jointly funded by the Department of Health and NHS Employers, and supported by Unite - which Chairs the Awards Steering Group - and the other trade unions. The awards provide opportunities for nurses, midwives or health visitors in England in leadership positions to undertake a project, or other educational/development activity, to enhance patient/client-focused care. Unite members have been amongst the winners of this prestigious award in the past, and are again in the 2009/10 awards which is awaiting Ministerial announcement.

## Communications

The Health Sector has begun a regular e-bulletin, and as part of the commitment to making communication with members more effective is developing and implementing a communications strategy. As part of this process the sector is aware of, and will be acting to 'plug the gaps' in its communication with groups of members.

#### 4. **Composites and withdrawal of motions recommended by the Standing Orders Committee**

##### **COMPOSITES AND WITHDRAWAL OF MOTION**

The Standing Orders Committee recommends that:

(a) Motions 1 and 2 be withdrawn in favour of the following composite –

##### **Composite 1:**

##### **DEFEND AND PROTECT OUR NHS: NO TO CUTS IN PUBLIC SPENDING**

This Conference re-asserts our belief that the provision of healthcare is fundamentally incompatible with the making of private profits. An absolute strength of the NHS has always been that healthcare has been publicly provided, determined only by the needs of patients and not by the interests of big business. Only a truly National Health Service – publicly owned and provided, and accountable to society as a whole – can offer an intelligent and planned approach to the provision of healthcare.

It is a tragedy that our NHS, especially in England, is now under attack as never before. We are now seeing wave after wave of NHS 'reforms' that are ideologically driven, motivated by an irrational belief from successive governments of 'private good, public bad'.

This Union reaffirms our absolute commitment to universal and free healthcare, provided by a public National Health Service.

We are opposed to all attempts to fragment, 'marketise' and privatise the NHS, and believe these to be causing profound damage to the provision of effective, efficient and principled healthcare.

We therefore oppose the catastrophic waste of money incurred through PFI and similar schemes, the 'provider commissioner split', 'Transforming Community Services', the escalating outsourcing of NHS care and NHS services, and the break up of the NHS into competing interests of private enterprise, social enterprises and other 'third sector' organisations, and foundations trusts. 'Competition' can readily become a race to the bottom in terms of the quality of care. 'Choice' has become government-speak for 'privatisation'. 'Social enterprises' are simply another way to break up the NHS and represent a clear step towards out-and-out privatisation.

Health workers in Unite acknowledge that our country is in recession, with unemployment currently over 2 million and rising rapidly. Health workers' last pay claim which was just over a derisory 2% was when the economy was relatively healthy. During negotiations Gordon Brown declared that we must cap Public Sector pay at 2% in order to reduce inflation and keep us out of recession.

But the recession happened anyway and the government found billions of pounds to bail out the banks and their very well paid Directors.

We have been told time and time again that the NHS has had year on year increases in spending in the last five years to bring us in line with Europe, but we believe that the NHS is still significantly under-resourced in many areas. We believe this to be directly due to resources in health spending over the last five years being strategically diverted into the Private Sector through the Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) projects, the privatisation of services and hugely expensive private consultancies brought in to decide how we the NHS can save money! With the cost of the still undeliverable NHS computer system contracted to the private sector running into billions of pounds, this Conference condemns

money diverted to the private sector as a complete misappropriation of tax payers' money.

Despite this, the NHS has continued to thrive and exist purely down to the many thousands of dedicated ancillary, administrative and clinical staff who often work unpaid overtime and go the extra mile for their patients.

The media is now constantly talking about cuts to public spending that will be required to dig us out of this recession. We believe that our public services are not in a position to be cut and we must defend our NHS and say a categorical NO to intended cuts in the NHS. This is paramount if the NHS is to continue to provide clinically effective, fully comprehensive, free services.

We also recognise that the dismantling of the NHS is a very direct attack on the pay, conditions and pensions of our members.

This Union commits to making every possible effort to campaign in defence of our NHS, including a vigorous defence of those founding principles of public provision and public control. Campaigns will include local regional and national initiatives (as a national co-ordinated attack cannot be fought effectively in individual workplaces or trusts). Our campaigning work must include high profile political lobbying, irrespective of the government that is in power. We also commit to giving the fullest possible support to any group of our members taking industrial action in line with this policy.

Sixty years ago, the NHS transformed the lives of millions of people. It is too important to lose.

This conference for Health calls upon the Union to:

**Lead** (as Unite) on an initiative to form local NHS Protection Committees open to all health Trade Unions and health workers: (e.g. Hospitals against Cuts or Healthcare Staff against Cuts) by doing the following:

- Convene a national working party to decide the detail and timed roll out/launch of such an initiative.
- Liaise with the National Keep our NHS Public Campaign to assist in highlighting/launching the final agreed initiative.
- Support a mass recruitment drive in Health to enable more stewards to be recruited to participate at local Joint Union Committee level where the cuts should be resisted.

## **5. Consideration of Health Sector Motions**

### **1. PROTECT OUR NATIONAL HEALTH SERVICE: NO TO CUTS IN PUBLIC SPENDING**

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**MOVER: Andy Lauder (delegate 70)**

**SECONDED: (formally)**

**CARRIED**

## 2. DEFEND OUR NHS

“The field in which the claims of individual commercialism come into most immediate conflict with reputable notions of social values is that of health”.

In Place of Fear, Nye Bevan (1952)

This Conference re-asserts our belief that the provision of healthcare is fundamentally incompatible with the making of private profits. An absolute strength of the NHS has always been that healthcare has been publicly provided, determined only by the needs of patients and not by the interests of big business. Only a truly National Health Service – publicly owned and provided, and accountable to society as a whole – can offer an intelligent and planned approach to the provision of healthcare.

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terms of the quality of care. 'Choice' has become government-speak for 'privatisation'. 'Social enterprises' are simply another way to break up the NHS, and represent a clear step towards out-and-out privatisation.

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**MOVER: Gill George (delegate 18)**

**SECONDED: Derek Jones (delegate 39)**

**CARRIED**

### **3. HEALTHCARE PRIVATISATION**

Whilst the devolved government in Wales has demonstrated its complete support for a fully funded NHS and refused to adopt the fragmentation of health services followed in England, Unite NHS members in Wales are appalled at the developments in England that include an American private health company which has won the contract to supply PCT healthcare to a London trust against many UK competitors and concerns have been raised that the bid may be a 'loss leader' made to enlarge this Company's foothold in England. Conference calls for Unite to vigorously oppose such 'unhealthy' trends.

**MOVER: Julie Evans (delegate 75)**

**SECONDED: Formally**

**CARRIED**

### **4. PUBLIC SECTOR DEBT**

This conference notes the huge bail outs and loan guarantees issued to the private sector banks by the government, which have now resulted in a public sector debt of unprecedented size.

We call upon our union to organise and act against any attempts by the next government, of any political party, to implement pay freezes or job losses in the NHS in order to pay for the generosity of this government to the banks.

We also call upon our union to organise in close co-operation with other public sector unions willing to fight any attacks on the public sector by all lawful means including industrial action where necessary and supported by the members.

**MOVER: Andy Ford (delegate 37)**

**SECONDED: Formally**

**CARRIED**

## **5. CLOSER LINKS WITH ALL HEALTH SECTOR COMMITTEES**

Conference calls for closer links between all Health Sector Committees across the Republic of Ireland, Northern Ireland and Great Britain.

Conference highlights the impact of cut backs by the HSE (Republic of Ireland) & the NHS (Northern Ireland and Great Britain) and the impact these cut backs are having not only on members pay and conditions of employment, but also on the level of patient care in the services.

Whether Unite members are working in the HSE or the NHS, the issues affecting our members are identical, as both the Irish and UK Governments seek to rectify budgetary constraints which are caused by the decline in our economies resulting in the miss-management of the banking system and unfettered tax breaks for property developers.

Conference can identify with the everyday stress of health workers having to do more work for less pay to maintain a decent health system for the public.

Conference therefore calls for stronger links between the Health Sector Committees across regions and jurisdictions which will allow shop stewards and activists to exchange information and forge a unified resistance to the dismantling of the health service across our union.

**MOVER: Frances Hourihane (delegate 8)**

**SECONDED: Ray Stewart (delegate 57)**

**CARRIED**

## **6. AGENDA FOR CHANGE – RECRUITMENT AND RETENTION**

This motion calls upon the Executive to act to ensure that the recruitment and retention premia under Agenda for Change is maintained for all staff, and those groups who should have it, are given the premia at the earliest possible date.

**MOVER: Jimi Nichol (delegate 61)**

**SECONDED: Franco Villani (delegate 30)**

**NB It was agreed that this motion be referred to the Staff Council**

## **7. AMENDMENT TO ANNEX R TABLE 20 AFC**

This Conference calls upon Unite the union to put forward a recommendation to the NHS Joint Staff Council to amend Table 20 in Annex R under the heading Guidance on the application of nationally agreed Recruitment and Retention Premia of Agenda *for* Change.

This is to add to the list the post of qualified Maintenance Supervisor.

The reason for this motion is due to Maintenance Supervisors at Nottingham University Hospitals nationally agreed R&RP, of which the main evidence was that the post was not in the list of occupations.

**MOVER: Franco Villani (delegate 30)**

**SECONDED: Dave Hutchinson (delegate 25)**

**NB It was agreed that this motion be referred to the Staff Council**

## **8. DISTRICT HOSPITALS**

Conference calls upon the Government to support district hospitals which have formed the backbone of NHS care over the past forty years. Many of these district hospitals now face an uncertain future. Much of the uncertainty has arisen because of the increase of patient choice. Patient choice and payment by results has created a situation whereby hospitals compete with each other for income. What has happened to local hospitals for local people? Public support has been shown by various petitions and rallies to be at the heart of each community. Unite should continue to lobby that all district hospitals be sustained and even expanded upon to again place people first. The demise of these vital hospitals needs to be stopped before any more patients are placed in danger through transferring to different areas when it has been proved that the first crucial minutes count, for example during a heart attack speedy diagnosis and treatment saves lives. As in the case of Bridlington and District this can be lost through patients having to travel up to an extra thirty to forty minutes away to Scarborough and in some cases an hour when travelling to Hull.

**MOVER: Franco Villani (delegate 30)**

**SECONDED: Derek Jones (delegate 39)**

**CARRIED**

## **9. NHS PENSIONS**

This Conference rejects the attacks on NHS and other public sector pension schemes made by the Tories and the right wing press. The NHS pension scheme was negotiated to provide a fair outcome for all NHS workers and ensure that those who have devoted a lifetime's work to the NHS with no lottery size annual bonuses are able to retire with a pension which is justified and gives well earned security. Conference therefore calls on Unite to continue its campaign to protect the pension scheme for NHS workers and to fight any attempts to dismantle it.

**MOVER: Nigel Gibbs (delegate 76)**

**SECONDED: Formally**

**CARRIED**

## **10. APPRENTICE TRAINING**

Continue to campaign for the health trusts to recruit, train, and employ apprentices in the estates departments, and to discourage privatisation of any description.

**MOVER: Franco Villani (delegate 30)**

**SECONDED: Dave Hutchinson (delegate 25)**

**CARRIED**

**NB It was agreed that this motion be deferred to the HSNIC**

## **11. BULLYING AND HARASSMENT IN THE NHS**

This Conference welcomes the fact that bullying and harassment has now been recognised as a major reason for experienced clinical staff leaving the NHS. It is evident that, in certain areas of the NHS, bullying and harassment is endemic.

Too many experienced staff have been the victims of a corporate culture of bullying and harassment. We should not forget that there is a shortage of experienced clinical staff who are often expected to meet unrealistic targets and, at the same time, do the work of colleagues who have left, as well as their own work.

All this does is increase the number of staff leaving, which will inevitably exacerbate the situation and impact on the quality of the service.

Please keep up the fight and continue the campaign against bullying and harassment in the NHS.

**MOVER: Joyce Still (delegate 64)**

**SECONDED: Formally**

**CARRIED**

## 6. Guest Speakers

### Dave Gordon and Carol Landry (USW)

#### Health Care in America

The health care system in the United States is broken. And being a Canadian, it has been very difficult to get my mind around how a country as great as the US, who boasts of being the world leader in so many arenas can not be ashamed of the lack of good quality and affordable health care for all of its citizens.

Now you may or may not know that in Canada, we have a national health insurance system or a single-payer system as it is mostly referred to. Medical services are publicly financed but not publicly provided. And our health care is taken care of from birth to death.

In the US today, there are 47 uninsured Americans. And who are they? Hard working Americans, workers and families just like you and I. In 2007 for example, eight out of ten of the uninsured came from working families where 70% of those families had one or more family members working full time. 80% of the uninsured are adults and two-thirds come from low-income families.

Now the US spends a lot of money on health care, actually in 2007, the numbers are about \$7,290 per person. To put that in perspective for us, the UK spends 59% less per person and Canada spends 47% less.

The US also spends the highest proportion of Gross Domestic Product (GDP) on health care. 16% in 2007 compared to 8.9% for OECD member nations.

There is a great economic cost to this lack of health insurance for Americans. It is estimated that it cost society between \$65 and \$130 billion per year. These figures take into account lost earnings from premature death among those without health insurance, lower worker productivity from untreated illnesses and the cost of paying for the increased use of emergency rooms.

Let's look at the impact of these high costs on American families. In 2005, for example, a study found that about half the people filing for bankruptcy cited medical causes. That would mean that between 1.9 and 2.2 million Americans experienced medical bankruptcy.

And 15% of all homeowners in 2001 had to take out a second or third mortgage to help cover medical expenses.

And what do the American people get in return for this high cost? Well, if you are rich or work for a good employer, you get a system that is ranked 37<sup>th</sup> out of 191 according to the World Health Organization's World Health Report. But if you are not one of those lucky few, you may be included in the stats that show that the US has the 7<sup>th</sup> highest infant mortality rate of the 30 OECD member countries or their ranking of 8<sup>th</sup> for lowest life expectancy.

And if you happen to be a woman, you are in for a double whammy. In most states, insurance companies are allowed to consider gender when setting premium rates and guess what, women get hit with higher premiums. As well, if you had the misfortune to have a pregnancy at some point in your life, it will now be considered a pre-existing condition which will also increase the premium costs and quite likely disqualify you for certain coverage. Probably one of the worst I have heard is in some eight states and in DC, it is still legal for insurers to reject a woman's health insurance application if she is a victim of domestic violence.

At one point in the campaign, some of the opposition to reform ran media ads that if government got involved in health care, Obama would have death panels to decide the fate of seniors. Well, let me tell you that there are death panels already in the US and they are called insurance companies.

And in case you feel a little left out of the debate in the US, here is what was said about your system in the UK:

- that older people do not receive treatment on the NHS;
- that government decides the worth of each person's life; death panels; denying treatment to those who are deemed worthless;
- rationing of health care services; surgery, screening, etc.

Fortunately, through the work of Workers Uniting, we were able to dispel those myths and downright lies and tell people the truth about your system.

The Steelworkers campaign for health care reform has focused on three areas:

- a public option that will lower costs by competing with the private sector and offer coverage for Americans who cannot afford alternatives;
- no taxation for employer-provided insurance and rules to ensure that big companies retain coverage;
- "pay or play" – if employers do not provide health care benefits to their employees, they will have to pay a penalty;

Even some of our members asked why the union was involved in this fight for health care reform. Some just did not connect the dots or see the big picture. My response was always the same: if the moral argument is not enough for us to fight for health care reform, let's look at it from a practical union perspective. In the US, everyone who has been involved in collective bargaining knows how much health care benefits cost the companies we negotiate with. With universal health care, there's one less item employers can threaten to take away from workers and one less item employers can use to push down or hold back, wage increases or pension benefits. And from my experience, while health care is usually incidental in labour negotiations in Canada, in contrast health care costs are a large and growing pitfall in contract negotiations in the US, being the key factor in over 50% of recent strikes and lockouts. And striking or locked out workers don't lose health care coverage in Canada. All told, decent, universal health care frees unions in our countries to concentrate their resources on other important fights. Don't US workers deserve the same?

## **Martin Sandoval Justice for Columbia**

Martin Sandoval is a human rights activist and regional leader of the Permanent Committee for Human Rights (CPDH) – the largest human rights group in Colombia. He has spent the majority of his life working to end human rights abuses in Colombia and has worked closely with Colombian trade unions and their leaders and members. Much of his work in the Colombian region of Arauca, where he is based, is aimed at bringing those responsible for murdering trade unionists to justice.

In November 2008, as a result of this work, the Colombian regime jailed Martin Sandoval. He was never put on trial, never convicted of any crime, nor told when he might be released. Shortly after his arrest, British trade unionists (including members of Unite, the GMB and the CWU), trade union lawyers (particularly the Dagenham and Congress House offices of Thompsons) and Labour MPs began campaigning for Martin to be freed. Letters were sent, meetings held with Colombian officials and a visit organised to Martin in prison in Colombia. In April this year Justice for Colombia took some Labour MPs to visit Martin in jail in Arauca. They subsequently brought his case up with senior Colombian officials and, in May, after six long months in jail, he was finally released – a clear example of international solidarity really making a difference.

## **Mike O'Brien, Minister of State – Department of Health**

Thank you so much for inviting me here today. I'm proud to be addressing some of the people who have made the NHS, Britain's greatest institution.

I am here, indeed all of us are here, because we share a set of common values. A belief in social justice. A desire to create a better and fairer world. And because we believe that together, we can achieve more than we can acting alone.

From the Tolpuddle Martyrs, banished to Australia for belonging to a trade union; through the Chartists and their demands for votes – slapped down with mass arrests; to the General Strike of 1926, demanding an end to swingeing cuts in wages and ever longer hours after Churchill, who was the then Tory Chancellor, put Britain on the Gold Standard. The trade union movement has been about fighting for justice for working people. And the Labour Party grew, as Ernest Bevin, the Transport and General leader and minister, put it so graphically, from the bowels of the trade union movement. It came from the understanding that to overcome injustice we needed to unite in common cause.

'Unite', now there's a good name for a union.

By the late 19th century, most men had the right to vote but no party to vote for. And no party to fight for them in Parliament or in the corridors of power.

And we all owe a debt of thanks to Thomas Steels of the Amalgamated Society of Railway Servants. Steels doesn't usually get any credit in the history books. But at a branch meeting in 1899, at the Good Woman pub in Doncaster, he proposed that the unions and the various left wing parties should join together under a single banner in Parliament for the benefit of the working class.

This resolution was sent to and passed by the TUC and they agreed it. That's real democracy straight from the branch to the TUC.

And banner would quickly evolve first into the Labour Representation Committee and then the Labour Party. Since then the unions and the Labour Party have been

involved in the great battle to slay what Beveridge would later describe as the five giants of squalor, want, ignorance, disease and idleness.

The clearest blow against those giants was struck on 5 July 1948. The day that Nye Bevan and the government of Clement Atlee created the National Health Service. What Donald Berwick, of Harvard Medical School, has called the 'bridge between the rhetoric of social justice, and the fact of it'. A radical idea born out of the chaos of the Second World War to bring an end to suffering and inequality in relation to health.

For many working people at the time it was very difficult for them and the NHS was a shining light and you can be proud to say it is a flame that burns brighter today than at any time in its 60-year history.

The union movement, the Labour movement and the NHS all exist in order to make our society a better and fairer place to be in. To bring rights to the workplace. To bring healthcare to everyone, regardless of their ability to pay.

Now the people of this country don't ask for too much from their Government. They want jobs – not lines outside unemployment offices. They want prices at the supermarket that their pockets can afford. They want decent education for their kids and they want a health service that doesn't provide a double standard of health, one for those who can afford it and another for those who cannot.

### **The last 12 years**

And 12 years ago, we saw just how unfair this country had become on health. People died waiting two years for an operation because they couldn't afford private healthcare.

This government was elected to make Britain fairer. To create jobs and to be on the side of workers who did not have the protection of the Social Chapter or the minimum wage. To rebuild our crumbling and overcrowded schools and to also breathe new life into the NHS in which you work.

At that time the government had a commitment for waits of no longer than 18 months and they could not even meet that. We had no real idea what the waiting time was. You didn't even get on a waiting list until after a consultant had seen you.

In the early years in particular, targets made a valuable contribution to directing minds and resources to the most pressing issues such as waiting times. And they still have a positive impact today. People are now typically waiting 8 weeks for an operation. The 2 week target for cancer care means patients see a specialist within a fortnight of being urgently referred by their GP.

And we want to go further. The Prime Minister has announced plans to offer all patients a one week wait for diagnostic tests. This is significant not just for the length of the wait, but for the fact that those tests will be ordered by the GP at that first appointment, not by the specialist 2 weeks later. In other words, for any of you with family members who are worried about potential cancer diagnosis, you can now get tests done before you see the consultant. This cuts down on waiting lists too. This will be a major step forward in cancer care. Helping patients in a practical way at a most difficult time in their lives.

Massive and sustained investment has seen 40,000 more doctors. Over 80,000 new nurses. All better trained and better paid. In 1997, the starting pay for a newly qualified nurse was £12,000. Today a newly qualified nurse starts on over twenty, nearly double what they got when we took office.

It's better, it's not perfect, I'm not claiming that but some things since 1997 are better and the NHS is one of them.

And for all those extra highly trained professionals we now have over a hundred new or refurbished hospitals and larger number of GP practices, filled with the latest equipment befitting the best health care organisation in the world. But when we see problems of Mid Staffordshire. Mid-Staffs showed there are still problems, today it has become clear there are problems in Basildon. But across the NHS things are getting better.

### **Commonwealth Fund**

And when we say the NHS is the best in the world, it's not the spin of a politician in the pre- election period. It is the cold judgement of the esteemed Washington-based

think-tank, the Commonwealth Fund who asked the clinicians of eleven countries to rate health performance.

Each year it compares healthcare systems of various developed countries. This year – 3 weeks ago - the focus was on Primary Care and, once again, the NHS has come out rather well.

Of the eleven countries – including Australia, Canada, France, Germany, The Netherlands, New Zealand and the United States – the United Kingdom was...  
Number one for low waiting times for specialist care,  
Number one for the use of multi-disciplinary teams,  
Number one for the use of financial incentives to reward patient experience,  
Number one for quality of clinical care,  
Number one for management of chronic diseases,  
Number one for the use of data on patient experience,  
Number one for reviewing doctors' clinical performance, and  
Number one for the benchmarking of clinical performance.

This is the NHS that Unite members have created and I want to thank you for your dedication and hard work in making sure we have a first class health service in this country.

I know it's been difficult. I know it's been hard at times to accept some of the things we have done. It's put pressure on people to hit targets But I also know it's been worth it. We believe the hard work has given the NHS back to the country.

The years of investment and reform have brought us a long way. But as far as we have come, we must always go further.

Last year, Ara Darzi's bottom up review of the Health Service asked over 60,000 staff, including probably many of you in this room, what they wanted the service to be like. The overwhelming response was a demand for a Health Service built around the principle of quality.

We have done so much to take the NHS from poor to good. Our ambition however must see no limit. Over the next decade, we intend to go from good to great if we are given that chance. A great service where care is of the highest quality where ever you are in the country and where the experience of every patient is universally excellent. We're not there yet. We need to get there.

## Preferred Provider

The patient must always come first. Always. Even when difficult decisions have to be made.

Sometimes, in the right circumstances, putting the patient first will mean that alternative providers will be used to improve quality. And I know that's difficult for some members of Unite.

But I do not believe – and want to make this very clear - in competition for competition's sake and nor does this government. So where do the private and voluntary sectors fit in?

We have always had input from the private sector – most obviously from GPs – but the vast majority of care and treatment is delivered by NHS providers.

The government's first duty is to its citizens and the first duty of the NHS is to its patients. The NHS is, and as long as Labour is in power, will remain our preferred provider.

But this does not mean 'the NHS regardless' of how good it is. If service is poor and does not improve, or if, despite repeated attempts to improve it, it remains merely adequate, then we must put patients first.

Independent and third sector organisations can and will continue therefore to make a contribution. Adding capacity, improving quality and driving innovation.

That said, there is no way that we can achieve our ambition for High Quality Care For All, especially as budgets come under increasing pressure, without the support of the 1.3 million people who work in the NHS. Without a highly trained, highly motivated and properly rewarded NHS staff, the coming years are going to be very difficult.

They are going to place huge demands on staff. Staff will be asked to do new things and work in different ways. In the context of these changes, I think it's right we give

the NHS the chance, the space and the time to rise to the challenge. If the NHS can provide it then we should say the NHS is the preferred provider.

### **Economic situation**

After a decade of massive and sustained investment, we have rebuilt the fabric of the Health Service from top to bottom. This year and next, budgets will increase by 11% and, as we have said to the independent NHS Pay Review Body, we remain as a Government, committed to paying the third year of the three-year pay deal in full.

But let me be candid. The days of big annual budget increases are drawing to an end. They will, to some extent at least, slow down. There's no pretending otherwise. Demand from patients will continue to rise and will squeeze budgets further.

Our historic goal was to increase the health budget to the European average. We have now, by-and-large, done that. The rates of increase could not last for ever and the current economic situation is clearly an added factor. We were always going to reach a point where we would have to instead look to do more with what we already have.

The question is how do you do that? To seek new and innovative ways of releasing funds for front line services. Well we have some time to plan. We have those 18 months of budget increases. To prepare staff and patients for big, locally-decided changes such as a move from secondary care to a greater emphasis on primary and community care, on treating people in the community, at the local GP level or even in their own home.

We will move forward by a resolute focus on quality and not through slash and burn cuts. We cannot allow the economic situation to be used as a justification for destroying what we have all worked so hard to build. It has happened in the past but it cannot happen again.

Now I came in for a lot of flack in the medical press recently for saying that I will not hesitate to name and shame those managers who view it otherwise. Who cut services rather than improve quality. Who slash budgets rather than finding creative ways of releasing funds for the front line.

And I spoke this week to NHS managers about it again and I was very clear on that. We are challenging the NHS to deliver on budgets but getting the right approach is

vital. Demands will rise, savings will have to be identified. It is not sensible to damage what we have created so far. Big changes will be needed.

However the NHS will be able to build upon what it already there. Difficult choices will have to be made but the NHS has a strong track record. Knee-jerk cuts in pay is not the answer. Let's be clear that we are not dealing in public service cuts. That's why we have created so many jobs in the first place.

Holding managers to account for their actions is appropriate. We need to prevent short term damaging cuts to the NHS. Quality is what is important.

### **Staff development**

Quality of staff and facilities, quality of treatment, quality of the patient experience. Our shared objective must never be anything less than to provide the best health service anywhere in the world and we can't do this without a highly trained, highly skilled and highly respected workforce.

Look, we don't want to spring any surprises on you. You know budgets are tight, we want to work with you as we develop policy together through things like the Social Partnership Forum. We want to support you in your careers.

Remember, the NHS Constitution pledges the Health Service to providing all staff with:

- Rewarding jobs with clear roles and responsibilities.
- The training, support and the personal development you need to do your jobs properly.
- The support and opportunities you need to maintain your own health and well-being.
- And to be a part of making the decisions that affect you, and be a part of making the NHS better.

It's in the Constitution.

In the past when budgets have been tight, the first thing to go has been training. Now the NHS Constitution pledges that each person will get the training and support they need to do their job. For how can we have a high quality NHS if we don't prize and invest in the people who make everything happen?

More than ever we are giving people on the front line the freedom and the support to do their jobs to the best of their ability. More encouragement to innovate, to reorganise and to be creative for the benefit of your patients.

And I do mean everyone, not just senior doctors or managers. I don't just mean senior doctors. I don't just mean nurses. Everyone has ideas and the NHS Constitution empowers you to be part of the process.

Like the Health Care Assistant in a hospital in Milton Keynes who came up with one that was both simple and pretty brilliant. That patients whose fluid intake needs close attention should get bright red water jugs. Giving ward staff a clear visual reminder of their specific needs.

Helping them to do better by way of their patients. Avoiding the need for drips. Reducing their risk of infection. Cutting the patient's stay in hospital. And, as a consequence, cutting the cost of care. All because of a bright red jug and one very bright idea.

Now it is the case that these are things that can be done. The reduction of both C-difficile and MRSA has both improved patient care and saved £240m for the NHS budget.

## **Conclusion**

Unite looks after the interests of its members. The NHS are looking after patients. The Labour Government must look after the interests of the country as a whole and there are tensions in that, it's inevitable. But ever since the unions and the Labour Party began, they have both been fighting for fairness.

Fairness for all. Fairness for the public, doing everything we can to give them the health service they deserve and fairness for the people who work within the NHS.

For the first time, the NHS Constitution sets out the principles that will guide the Health Service. It sets out the rights and responsibilities of patients, of the public and of you and those you represent, the 1.3m people that make the NHS what it is.

We are locking in the gains we have made together these last 12 years.

We are locking in the focus on local leadership, trusting you to lead on innovation and quality. We are locking in our commitment to treating staff fairly and as full and equal partners in the great process of change and reform.

This is the NHS we have created. The NHS we have brought back to life. The NHS that continues its historic battle against Beveridge's Giants. The NHS that is committed today to the values of equity, equality and social justice as it was in 1948. An NHS that you built and can all be proud of. An NHS too, with a clear set of values which you and I and the people of this country can believe in.

## **7. Elections**

Unite delegation to the 2010 TUC

(13<sup>th</sup>-16<sup>th</sup> September in Manchester) – two to be elected including at least one woman.

**Gill George (delegate 35) elected**

**Ian Evans (delegate 60) elected**

**Liz McInnes (delegate 44) substitute**

Unite delegation to the 2011 TUC (Brighton) – two to be elected including at least one woman.

One substitute delegate to be elected for TUC 2010/11

**Joyce Still (delegate 64) elected**

**Andy Ford (delegate 37) elected**

**Liz McInnes (delegate 44) substitute**

# Standing Orders 2011

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## STANDING ORDERS – NATIONAL INDUSTRIAL SECTOR (NIS) CONFERENCES

### 1) Purpose

The National Industrial Sector Conference has the following purposes:

- 1.1 to set industrial policy for the Sector provided that it is not inconsistent with the general policy and objectives of the union.
- 1.2 to consider emergency motions, on matters that are in accordance with 1.1, that could not have been considered by a RISC, which should be submitted in writing to the General Secretary for the attention of the Standing Orders Committee.
- 1.3 to elect representatives to attend the annual TUC Congress
- 1.4 to elect the Standing Orders Committee for the following NIS Conference

### 2) Composition and Size of NIS Conference

- 2.1 NIS conferences will be comprised of one delegate per 1,000 paying members in the Sector (subject to a minimum of 30 delegates). Regional allocations will be based on paying membership in the region in the sector.

### 3) Delegates and attendees

- 3.1 The NIS Conference will be open to all accountable representatives of workers elected by Regional and/or National Industrial Sector Committees.

- 3.2 All delegates will be allocated a numbered seat and will retain that for the duration of conference.
- 3.3 Executive Council members, working in or representing the sector but not elected as delegates shall be invited to attend on an *ex officio* basis.

#### **4) Chair**

- 4.1 The Conference plenary shall be chaired by the Chair of the Executive Council.
- 4.2 The Sector Conference shall be chaired by the chair of the National Industrial Sector Committee.
- 4.3 The Chair shall only have an ordinary vote on all matters if elected as a delegate.
- 4.4 The Chair shall not have a casting vote.

#### **5) Secretary**

- 5.1 The National Official or other employee shall act as Secretary to the conference – advising the chair as appropriate and, assisted by a member of the Research Dept, recording decisions taken and the outcome of the elections.

#### **6) Order of Business**

- 6.1 The Order of Business for the Conference shall include:
1. Plenary: General Secretary supported by the Assistant General Secretaries as appropriate
  2. Election of delegates to form the SOC for the following NIS Conference
  3. Political, international and other speakers
  4. National Officers' Introduction and Apologies
  5. National Officers Report including national strategy for the Sector
  6. Consideration of composites and motions approved by Standing Orders Committee.
  7. Election of delegates to the annual TUC Congress for the next two years

## **7) Conduct of elections**

- 7.1.1 All nominees in conference elections shall be individually nominated and seconded. Nominees who do not attend may be elected provided they have given an appropriate apology reported by the National Officer and accepted by conference.
- 7.3.1 Votes shall be cast by a ballot vote or by show of hands from amongst those delegates present at the Conference.
- 7.3.2 Any dispute about the conduct of an election should be settled by the Chair. If it is not possible to settle any dispute at the Conference, then an appeal should in the first be lodged with the Standing Orders Committee which has overall responsibility for the conduct of the elections.
- 7.3.3 In the unlikely event that any such dispute cannot be settled, an appeal against the decision of the Chair can be forwarded to the General Secretary, who may delegate handling the appeal to an appropriate senior official.

## **8) Conduct of Business**

- 8.1.1 The Chair shall be responsible for the conduct of the meeting. Delegates may only speak when called by the Chair. The Chair shall have discretion on whether to allow a delegate to speak more than once on a subject..
- 8.2 The mover of a motion shall be allowed five minutes and subsequent speakers three minutes each. No delegate shall be allowed to speak more than once on any motion except the mover who shall have the right of reply.
- 8.3 Next business, that the vote be taken or such other procedural motions may be moved and seconded by any delegate who has not previously spoken during the debate. There shall be no speeches on such motions.
- 8.4 Emergency motions shall be put if in writing to the General Secretary for the attention of the Standing Orders Committee. No such motion shall be deemed an 'emergency' that is connected with circumstances which could have been dealt with by conference/committee allowed to forward motions for the agenda.
- 8.5 The Chair shall have the same speaking rights as any other delegate. In addition, the Chair may intervene during or at the conclusion of any discussion, to clarify the issues decided and/or to sum up the discussion.

- 8.6 A delegate who wishes to raise a point of order (which must be confined to the manner in which the meeting is being conducted) should say “*point of order*” and hold his/her hand aloft until called by the Chair. Subject to that exception, delegates should not interrupt another speaker.
- 8.7 The ruling of the Chair on any question relating to the conduct of the meeting shall be final unless a challenge to the Chair is supported by at least two thirds of the delegates present..
- 8.8 Save as provided herein, the business of the Conference shall be conducted in accordance with the normal rules of debate as laid down by Walter Citrine in the ABC of Chairmanship.
- 8.9 In the event of an equality of votes, the proposition before the conference shall not be carried.

**9) Smoking/Alcohol/mobile phones**

- 9.1 There shall be no smoking or consumption of alcohol allowed at the Conference.
- 9.2 All mobile phones should be switched off at all times during conference.

# HILTON BRIGHTON METROPOLE FLOORPLAN

