



## **Health Sector Representatives Handbook**

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

2008

# **Contents**<sup>1</sup>

1. Introduction
2. Who's who in the Unite Health Sector
3. Who's who in your workplace
4. Who's who in the Health Sector
5. Your role as a representative
6. Time off and facilities to do the job of a representative
7. Training
8. National and Organisational Frameworks
9. Tackling particular issues
10. Organising members
11. Unite as a campaigning health sector Union
12. Advice on how to write letters/emails on behalf of members
13. Other Trade Unions in the health sector

## **Appendices**

- A. Ground rules for members and representatives in the health sector
- B. Useful websites<sup>2</sup>
- C. Useful Unite (Amicus Section) Guides
- D. Representatives travel expenses claim
- E. Professional groups in the Unite health sector
- F. Copy of contents page from NHS Terms and Conditions of Service Handbook
- G. Example letters

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 If you become aware of any information that you feel is out of date, please send comments to [dave.munday@unitetheunion.com](mailto:dave.munday@unitetheunion.com).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

<sup>2</sup> All weblinks contained in this document were correct as of 18/10/07. If you become aware of any inaccuracies, please email them to [dave.munday@unitetheunion.com](mailto:dave.munday@unitetheunion.com).

## **A Message from Kevin Coyne; Head of Health, Unite**

On 1<sup>st</sup> May 2007 Amicus and the Transport and General Workers Union joined to form Unite, the largest trade union in the UK with 2 million members. With this huge membership there is the ability to influence decisions at the highest level, and by becoming a representative, you become a central part of that important work.



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

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

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

Kevin Coyne,  
Head of Health  
3<sup>rd</sup> Edition January 2008

# 1. Introduction

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

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

## 1.1 In the first few weeks...

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

## 1.2 Getting Started

- Introduce yourself to your manager, explaining why you have become a representative, and reach agreement as to how you will notify them when you are on trade union activities. It may be useful to sit down informally with the manager on a regular basis (at least once a month) to flag up potential problems and brief each other. You will need to clarify matters such as the use of a phone and computer for trade union activities, the use of a photocopier and fax, having a filing cabinet and other items summarised in Section 1.3 of this handbook.
- Introduce yourself to the personnel officer or human resources manager. It may be useful to do this with an existing representative.
- Make sure the members know who you are. The meeting where you were elected will not have had all the members present, so it's important to make them all aware of who you are which can be done by letter or email. It will be useful to include in the letter (on union headed note paper):
  - Your title as a work place representative of Unite
  - Where you work and how you can be contacted

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

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

- What areas of work you will cover and, if you know at that stage, which committees you will be a member of
- Meet up with the other Unite representatives in your trust, if done socially in the first instance, this may help to build good working relationships. It is also wise as a new representative to get support of colleagues who are more experienced. All representatives will have started by knowing very little but with the support of others the speed of picking new things up can be quick. It is also important that if you don't sit on the main consultation/negotiating committee in the trust, that you know what's going on and that you have the ability to feed in your member's issues. There may be a senior Unite representative who will help to coordinate the team.
- Once you have met your colleagues from Unite, meet with the representatives from the other unions. You may do this formally through the Staff Side Committee, or again, informally.

### 1.3 Basic Material You Will Need

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

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

### 1.4 What you will receive regularly from Unite

- Reps Direct – It is important to ensure that you are on the Reps Direct mailing list which can be arranged with your regional office (previous Reps Direct can be accessed from the internet at: <http://www.amicustheunion.org/Default.aspx?page=1387>)
- Unite Health – the Unite journal for Unite members in the health sector.
- Amicus Activist – the Unite (Amicus Section) magazine about Activist issues across the Union.
- Relevant mail outs from the regional office, e.g. details of any appropriate training, information on upcoming regional and national activities etc.

### 1.5 Unite on the Web

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

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

One of the main resources as a representative is **Reps Direct**, the regular newsletter that is emailed to all reps in the health sector. This will keep you up-to-date with all the key information you need. You can also view all copies of Reps Direct on the health sector web pages.

The Unite-Amicus health sector webpage also direct you through to the websites ran by our **professional groups**, see Appendix E.

A list of useful websites are listed in Appendix B.

## 1.6 Important Documents

**Unite (Amicus section) Rule Book, 2006:** This details the rules that govern membership of the union, and can be a useful document to refer members to if they have any questions about their membership.

<http://www.amicustheunion.org/PDF/2006%20jan%20rulebook.pdf>

**NHS Terms and Conditions of Service, NHS Employers, 2007:** The terms and conditions of service set out in this Handbook apply in full to all staff directly employed by NHS organisations, except very senior managers and staff within the remit of the Doctors' and Dentists' Review Body.

[https://www.nhsemployers.org/restricted/downloads/download.asp?ref=323&hash=a6608930068182ff4b3087508c2dda24&itemplate=e\\_pay\\_conditions\\_3col\\_agenda-for-change](https://www.nhsemployers.org/restricted/downloads/download.asp?ref=323&hash=a6608930068182ff4b3087508c2dda24&itemplate=e_pay_conditions_3col_agenda-for-change)

**NHS Job Evaluation Handbook Second Edition, Department of Health, 2004:** The handbook sets out the job evaluation scheme for the NHS. The scheme will determine a point score which will be used to match jobs to paybands and thereby determine levels of basic salary. The handbook includes sections on: Factor Plan, Weighting and Scoring, Guide to Use of Profiles, Matching Procedure, Hybrid Matching/Evaluation Procedure, Local Evaluation, and Consistency Checking.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4090845](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090845)

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

The NHS KSF and the accompanying process have been developed through a partnership approach between management and staff side representatives. This partnership approach is intended to continue as the NHS KSF is used in development review, with managers working with individual members of staff to plan their training and development and review their work.

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

**Time off for trade union duties and activities, 2003:** This guide is written by ACAS and covers the Trade Union and Labour Relations (Consolidation) Act, 1992, which gives details regarding the statutory responsibility employers have to give trade union officials time off to cover certain duties.

[http://www.acas.org.uk/media/pdf/l/q/CP03\\_1.pdf](http://www.acas.org.uk/media/pdf/l/q/CP03_1.pdf)

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

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

Further useful guides from Unite (Amicus Section) are highlighted in Appendix C

## **1.7 Expenses**

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

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

**2.1 Members:** There are Unite members amongst most professional and skilled groups in the health sector. A list of the main occupational groups that Unite currently represents is in Appendix E of this Handbook.

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

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

**2.4 Health and safety representatives:** We have a large number of health and safety reps in the health sector. There is a special Health and Safety Handbook for them.

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

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

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

**2.8 Regional Health Sector Conference:** every health sector representative has a right and a duty to attend this conference, which is held once every two years. The Regional Health Sector Conference elects delegates to the National Health Sector Conference and proposes motions for that conference. The Regional Health Sector Conference also elects the members of the **Regional Health Sector Industrial Committee** which organises training days for Reps and campaigning within the Region. The Regional Health Sector Conference also elects a delegate to the Regional Council.

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

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

**2.11 Regional Health Coordinators;** are Regional Officers who specialise in the health sector and coordinate activity within that region.

**2.12 Professional officers:** provide professional advice and take the lead on major professional issues, up to Governmental level.

The professional officers should be accessed through your regional officer.

**2.13 Lead officers for staff groups;** take responsibility for the occupational advisory committees. Allied Health Professional (Speech and Language Therapists)

Estates

Dental Care Professionals

Family of Psychology

Healthcare Science

Maintenance

Nursing

Details of these officers can be found on the website.

**2.14 National Health Sector;** provides support to officers and staff, produces publications, has an information database and library, has a press officer and researcher, and ensures that Unite is properly represented at a national level. The national office will normally only respond directly to enquiries from officers and staff, due to the volume of work that would otherwise be involved.

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

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

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

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

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

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

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

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

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

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

### 4.1 England

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

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

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

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

### 4.2 Northern Ireland

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

The Department's **Health and Social Care (HSC)** responsibility is delivered through 4 **Health and Social Service Boards** which are responsible for planning, commissioning and purchasing services for their locality.

There are 6 **Health and Social Care Trusts** (previous to 1<sup>st</sup> April 2007 there had been 19) which manage staff and services. The monitoring of health and social care services is the responsibility of 4 **Health and Social Service Councils** (one following each Board).

### 4.3 Scotland

The Scottish Executive sets national objectives and the financial framework for NHS Scotland. NHS Scotland is organised through 14 regional **NHS Health Boards** who have responsibility for all the health services in their locality, with legislation being passed in 2004 to abolish NHS Trusts.

There are also **Special Health Boards** which have responsibility for particular policy initiatives rather than geographical areas. For example, NHS Quality Improvement Scotland (NHS QIS) is responsible for improving the quality of care and treatment delivered by NHS Scotland, Health Scotland is responsible for improving health and reducing health inequalities.

There are also **Scottish Health Councils** which exist in each region are supposed to ensure that the public are involved in decisions about health services.

### 4.4 Wales

The Welsh Assembly Government sets national objectives for health policy and provides the financial framework for NHS Wales. There are then 22 **Local Health Boards (LHBs)** which are mapped against the geographical boundaries of local authorities. LHBs are responsible for determining what services are needed for their local population, and then commissioning services from NHS Trusts. There is also **Health Commission Wales** which is an agency of the Welsh Assembly Government which commissions specialist services across Wales.

There are 14 **NHS Trusts** in Wales which provide health services, including 1 **Ambulance Trust** which covers the whole of Wales.

The Healthcare Commission, as well as being the body responsible for quality monitoring in England has some duties in respect to Wales, for example in national reviews. Local inspection and investigation of NHS bodies in Wales lies with **Healthcare Inspectorate Wales**.

**Community Health Councils (CHC)** are statutory lay organisations with rights to information about, access to, and consultation with all health sector organisations, and are supposed to provide an independent voice, raising concerns of the public and patients.

### 4.5 Other Health Sector Employers

We have membership in the Medical Research Council and private companies responsible for Private Finance Initiatives (PFI) including Skanska, Carillion and Capio.

## 5. Your role as a representative

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

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

You are not expected to:

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

You are expected to:

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

### 5.2 The role of the representative

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

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

### 5.3 A Basic Check List

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

- Is the person you are asked to help actually a Unite member?
- Is this something the member should raise directly with management first before you get involved? (*e.g. a mistake by the payroll department, a complaint about the holiday rota, a pay band review etc.*) If so, encourage the member to do so.
- Is this really a union matter at all?

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

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

#### **5.4 Being Assertive**

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

"Can you put that in writing please"

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

"I will need to check this with the Regional Officer

"Can I get back to you on that"

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

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

"I need to think about that"

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

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

#### **5.6 The representative, the members and the Regional Office**

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

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

Except in cases like this, all members' enquiries to the Regional Office will normally be referred to the local Unite representative as the first point of contact with problems. Only if the local representative wants to have advice and support, or the member complains, will the Regional Office be involved,

If the member wishes to complain, they should do so in writing either to the Senior representative within the work place or to the Regional Officer.

### **5.7 Time management**

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

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

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

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

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

The Agenda for Change Handbook (Section 25) should be consulted. Another useful document to look at is the booklet ‘Time off for trade union duties and activities’ (ACAS, 2003) which can be downloaded at: [http://www.acas.org.uk/media/pdf/1/q/CP03\\_1.pdf](http://www.acas.org.uk/media/pdf/1/q/CP03_1.pdf)

## 7. Training

“The training of workplace representatives is a key function of the union in order to provide the support that the membership needs and expects. The Education and Training Department provides focused training to ensure that representatives have the required confidence, attitude and skill set to deal with workplace issues” (Derek Simpson, Joint General Secretary, Education & Training Prospectus 2007/08)

The union has four residential venues across England, but also delivers courses at regional offices across the United Kingdom. The first course that should be completed is the ‘Workplace representatives – stage 1’ course. If representatives are finding it difficult to attend this within the first 6 months, they should contact their regional officer to discuss.

The Education & Training Prospectus can be requested from the training department on 020 8462 7755, f:020 8315 8524, [education@amicustheunion.org](mailto:education@amicustheunion.org) or can be downloaded from the Education & Training web pages at: <http://www.amicustheunion.org/Default.aspx?page=25>

## 8. National and Organisational Frameworks

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

### 8.1 Local Agreements:

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

**‘Partnership Agreements’:** partnership working has supported key developments in the NHS including Agenda for Change. Partnership working should continue by ensuring there are local agreements which reflect the principles at national level by the Social Partnership Forum. Guidance can be obtained from the following website: <http://www.nhsemployers.org/workforce/workforce-2320.cfm>.

**‘Facilities Agreement’** (this may be part of the recognition agreement): this will summarise what time off and facilities representatives can expect and what the functions of any joint committee are.

**‘Grievance Procedure’:** the formally agreed mechanism for dealing with individual and collective complaints (this is usually a different procedure to the Statutory Grievance Procedure – see notes on this below).

**‘Disciplinary Procedure’:** which explains the formal system for considering possible disciplinary action.

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

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

### 8.2 National Agreements – Agenda for Change:

In the NHS the terms and conditions of most staff are covered by the ‘Agenda for Change’ pay scheme. Doctors, Dentists and Hospital Consultants are on separate contracts.

Agenda for Change is a Job Evaluation scheme, where work roles, and the profile of how work roles can develop are mapped onto a single pay spine. Career and pay progression is achieved through attaining particular defined skills and responsibilities at fixed points along the pay spine.

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

You can find out more about the NHS Pay Review Body, and get access to all the latest information on Agenda for Change by visiting the 'Agenda for Change and Pay Review Body' section of the Unite-Amicus Health sector web pages. (See Appendix B).

## 9. Tackling particular issues

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

### 9.1 Individual Issues:

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

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

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

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

### 9.2 Collective Issues:

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

### 9.3 Examples of individual and collective problems

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

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

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

**9.3.2 Failure to be short listed for a job:** This may involve complex equal opportunities issues. First Step: get the member to ask in writing why they were not short listed. This should be used in conjunction with the trust's policy on appointment procedures. The Unite Negotiators Handbook "Negotiating for Equality" may be helpful (<http://www.amicustheunion.org/pdf/Negotiating%20for%20equality%20guidelines.pdf>). See notes below in relation to time limits.

**9.3.3 Complaints about the quality of work:** These can be very distressing, especially if they involve outside agencies. First step: ask the member to write to management asking to clarify whether a formal complaint has been made, who by, what about, and how it is proposed to deal with it. It may be appropriate for you to contact the manager direct to clarify this. Follow this with a request from your Regional Officer for advice. It may also be appropriate to talk to other reps from the same profession to check what they would do, and to talk to national professional officers where appropriate.

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

**9.3.5 Agenda for Change re-banding or appeals:** These will be common where there has been a re-organisation, or where there is a substantial change in the work done by the member. First step: refresh your knowledge of the NHS Job Evaluation Handbook Second Edition (Department of Health, 2004) along with the local guidance on the format of the reviews. Also ensure you have kept up to date with guidance issued by the National Job Evaluation Group (JEG) (through Reps Direct). Ask the member to write down why they think they should be re-graded. It should also be reflected in the KSF outline. Comprehensive guidance is available on Agenda for Change second matching appeals on the Unite Health Sector website ([Amicus guidance on undergoing a review of your matching outcome](#)).

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

**9.3.7 Redundancy and re-organisation:** This is both stressful for individuals and a challenge to Unite collectively. First step: inform the Regional Officer there are potential redundancies, as there may be legal aspects to this issue. Ask management to clarify, in writing, what is proposed, what the timescale is, and what process for consultation will be set. Get hold of the Trust agreement on these issues. Encourage members not to apply for redundancy hastily. You may be able to stop the redundancy or re-

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

organisation, or at least negotiate a reasonable agreement. The Unite guide on redundancy may provide further information (<http://www.amicustheunion.org/pdf/RedundancyOct2006.pdf>).

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

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

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

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

First Step: If a member approaches you with a problem, the most important thing to do is to listen to them. It may take great courage to flag issues up. There is a Unite booklet available on the website which goes in to detail about this issue

(<http://www.amicustheunion.org/pdf/ResearchGuideBullying.pdf>).

**9.3.11 Changes to contracts of employment:** Changes in contracts are likely to arise in re-structuring of organisations and organisations merging.

First step: ask management to put in writing what is proposed and what is the time frame. There are legal rights which restrict the right of employers to change contracts. The most important thing is that members do not do anything which means they have agreed a new contract before you have had the opportunity to check it, and see if it needs to be halted or amended. Detailed advice regarding changes to contracts can be found in the booklet on the Unite website

<http://www.amicustheunion.org/pdf/Contracts%20of%20Employment.pdf>)

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

## 9.4 Important notes

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

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

**9.4.2 Pensions:** If members request advice on pensions the representative must ask the regional officer to get advice from the union's pensions officer. Representatives should not offer any advice on pensions as this is a highly specialised field. However members can obtain information directly from the NHS Pensions Division website at <http://www.pensions.nhsbsa.gov.uk>

**9.4.3 Personal Injury Claims against the employer:** Unite works with a panel of specialist personal injury law firms to provide free legal assistance to any Unite member who wants to bring a personal injury claim against an employer or third party. This assistance covers accidents at work, occupational diseases, occupational deafness, road traffic or street accidents. Members and their immediate family are covered (for any accidents you may have on the road or pavement, either as a driver, passenger, cyclist or pedestrian)

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

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

**9.4.4. Time Limits and Statutory Dispute Resolution Regulations:** If a matter might end up in Tribunal or Court you should bear in mind that time limits are very strictly applied. For most Tribunal claims (for example discrimination, unfair dismissal, unlawful deduction from wages) the time limit for issue of proceedings is 3 months less 1 day from the date of the act complained of, e.g. the date of the act of discrimination. In light of this it is important to deal with matters promptly and seek guidance from a Regional Officer at an early stage if Tribunal proceedings might be appropriate.

For some types of claim (for example most discrimination claims) it is necessary to lodge a grievance and wait at least 28 days before a claim can be issued at Tribunal. If this applies then the grievance must be sent within 3 months less 1 day from the date of the act complained of. This then triggers an extension of 3 months to the normal time limit. The rules are complex and this time extension relates only to some types of claim. Do not rely on the extension; seek assistance from a Regional Officer at an early stage.

Please note that at the Time of writing (late 2007) the Government is proposing to abolish the Statutory Dispute Resolution Regulations and replace them with a new Code of Guidance.

In relation to claims for personal injury, the usual time limit is 3 years from the date of the injury.

For claims for breach of contract in the County Court or High Court the limitation period is 6 years.

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

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

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

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

Information regarding the regulatory bodies is given in Appendix E.

## 10. Organising Members

### 10.1 What members want from Unite:

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

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

and other benefits, for example **Professional Liability Insurance**, or the **free will writing service**.

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

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

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

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

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

- representatives are trained - and they have strong support networks
- there is an effective Unite representatives’ team in every organisation
- the Unite team doesn’t just react to management pressures but takes initiatives (for example by being involved in joint committees or other organisational structures)
- the members — and potential members — know what the representatives are doing, and support them

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

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

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

**The Team – different roles for different reps**

<b>Position</b>	<b>Role</b>
Lead or Senior workplace representative Senior or Lead Steward	Provides leadership within the team of reps, often takes the chair or secretary position on a negotiating team for the joint unions within an organisation.  More knowledge and experience, so can support other team members  May take the lead in negotiations on local terms and conditions
Health and Safety representative	Trained to challenge the organisation where there are health and safety issues for staff  May hold the staff position on a joint health and safety committee for the organisation
Learning representative	Trained to support members with individual learning needs, and signpost them to learning opportunities – for their personal development within role or outside work.  May take a position on learning steering groups, KSF teams within the organisation
Other Representatives’ roles	There may be several workplace representatives, health and safety representatives and learning representatives within one organization, covering their own departments - as a network.  Some representatives take on particular responsibility around an issue, such as Equality and Diversity, although they are given time off through their accreditation only as one of the above ‘formal’ or agreed representatives’ roles.  It may be that less experienced representatives receive and distribute information to members, but do not represent individuals in grievance, disciplinary or capability cases, nor take an active part in negotiations. These

	are skills that develop over time, or with specific training, often available through the Unite education and training department.
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### **10.3 Involving the members**

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

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

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

### **10.4 Identifying our goals as a union**

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

In the health sector that includes:

- highlighting the issues members think are important such as excessive workloads, low wages, unfair promotions and transfers, unsafe practices,
- campaigning to improve staffing levels, to prevent down-gradings and redundancies, to improve pay banding, terms and conditions
- showing we are effective at representing individual members and at preventing unfair bullying, harassment, disciplinary action
- preventing management imposing new contracts, or terms and conditions.
- ensuring that your professional environment is a supportive one that encourages best practice around training. This means following the principles of the NHS Knowledge and Skills Framework, and other related learning opportunities around continuing professional development (CPD), updating, innovative practice, and requirements around registration

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

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

The issues you choose as priorities could be:

- issues arising from national campaigns by Unite, or one of the constituent occupational or professional groups

- issues you identify locally — perhaps from a survey of members
- issues that arise suddenly that need to be tackled together

### 10.5 Changing roles

In the past, in some organisations, members have not played a very active part in union activity, except when an individual issue has arisen, or when there is a dramatic change that affects everyone, such as a new pay structure. For example, there have been many different issues under ‘Agenda for Change’ and modernisation of services.

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

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

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

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

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

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

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

The table below illustrates the possible changing roles:

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

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

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

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

**Representatives** have to develop skills and become more involved in collective bargaining and in representing individual members on issues such as pay banding, grievances and disciplinary cases. They have to work more as teams and rely less on the official as the hero(ine).

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

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

### 10.6 First steps in organising

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

- knowing where the actual and potential membership is
- getting training as a representative
- networking with other Unite representatives in your Trust and in neighboring Trusts
- making sure you are getting the information from Unite you should be getting
- keeping the members informed on key issues
- setting up networks of members as “telephone trees” who will keep you informed and make sure members are informed
- finding the right issues to campaign on

- recruiting more members

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

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

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

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

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

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

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

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

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

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

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

Throughout Agenda for Change, Unite representatives and officials have been involved, and working very hard in partnership with each other, joint unions and the organisations to ensure that job descriptions, job evaluation, matching and pay banding has been done fairly – this work is still ongoing. At the time of writing, the NHS Knowledge and Skills Framework has still not been implemented fully.

However, Unite members working in the health sector are not just interested in decent pay, terms, and conditions, and job security.

Our members care passionately about the services they provide. Unite believes it is a central part of our role as a trade union to campaign in defence of services and standards.

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

Many issues affecting pay, terms, conditions and jobs also affect the range and quality of services.

Skill mix, contracting out, erosion of clinical management, performance related pay, excessive workloads and frozen posts are all examples of issues affecting our members both as trade unionists and professionals.

Nationally, Unite has campaigned on issues such as training cuts, (which affect support for staff by the organisation, required under the KSF in the National Agreement), Performance Related Pay (PRP), stress, and excessive workloads, whistle-blowing, Private Finance Initiatives (PFI), Public/Private Partnerships (PPP) and Social Enterprises, and on health and safety issues such as unsafe working environments. Locally, Unite has led successful campaigns on skill mix, job cuts, unsafe practice, and many other issues.

### **11.3 Campaigning on equity and fairness**

Unite believes that central to the values of the health sector should be equity and fairness in the treatment of patients, and of staff. Equal opportunities and fair treatment of staff go hand in hand with access to treatment on the basis of need, not wallet.

Under the National Agreement, and Agenda for Change, the KSF includes ‘Equality and Diversity’ as one of the 6 core dimensions applicable to, and a requirement of, everyone’s role.

That is why Unite has made issues of race and faith, sex and sexual orientation, and age discrimination, bullying and harassment, all campaign priorities. It is important that all policies and procedures are checked to see that they do not directly or indirectly discriminate against any group on any grounds.

### **11.4 Politics and Unite in the health sector**

An essential part of campaigning is lobbying Ministers and Parliament seeking to influence Government policy. Unite has a large group of members who are Members of Parliament, and also,

Members of the European Parliament, and through them is able to gain much useful information and raise important issues.

Many hundreds of local councilors and employees of campaigning voluntary organisations interested in health issues are Unite members. Use all these allies.

Unite is affiliated to the Labour Party. The union's Political Fund, to which many Unite members contribute, is used to fund much of our campaigning work.

Some of the campaigns in recent years have been:

- Recent health sector reforms have been underpinned by a process of transferring assets and services to the private sector, with the agenda becoming more aggressive. Primary Care Trusts are being encouraged to 'commission' other organisations to provide health services rather than providing them themselves. This is likely to lead to a large number of services being handed to the private sector.
- The creation of a financial crisis by using inappropriate financial mechanisms and measures has led to widespread service cuts, post deletions and vacancy freezes. The deficit figure of £500 million is 1% of the total NHS budget. Financial resources have also been diverted to the private sector, eg through PFI contracts, and the use of ISTCs (Independent Sector Treatment Centres) for some elective surgery and diagnostics.
- Some services have been disproportionately hit by cuts, being seen as 'soft targets', such as mental health and health visitor services.
- Staff education and training budgets have also been severely cut – despite the commitment under the KSF strand of the national agreement of Agenda for Change, for organisations to support staff with the learning they need for carrying out their roles competently and confidently. This may also impact on the requirements for registration of non-professional groups and the re-registration of professionals. Unite has specialised professional officers who lead on these issues.
- The initial implementation of Agenda for Change – the new pay structure introduced to combat unequal pay, is nearly complete in England, with Wales, Scotland and Northern Ireland in the earlier stages of implementation. Unite will continue to work with members to ensure that Agenda for Change continues to be implemented fairly and properly.
- A two-tier workforce still exists in hard facilities management, despite Government pledges in the Warwick Agreement of 2006.
- The health sector is part of Unite 'Valuing Public Services' campaign, and is fully involved in *NHS Together* – the unprecedented coming together of all health sector unions – we also support *Keep our NHS Public* to build the broadest possible alliance to defend a publicly funded and provided NHS, and the *Who Cares?* Campaign, which has seen successfully reported lobbying over the last year or so.

### **11.5 Use campaigning skills**

Campaigning outside the workplace can be invaluable in clinching negotiations inside the workplace. Many Unite members have campaigning skills. Make sure you use them. Regional Offices and the national Unite Health Sector office may be able to assist, especially with the media, as we have communications experts who do this work specifically and regularly for Unite.

Within the NHS, a small number of staff roles have the KSF specific dimension 'publicity and marketing' (G8) in their outlines. This is probably only likely to be those who speak to the media or

the public, on behalf of the Trust or Health Authority, or professional group. However, in your personal portfolio of skills, you may have some examples of application that demonstrate a level of competence in this dimension – you should make sure that you record these, however informally.

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

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

These courses are all accredited by the Open College Network.

Some sections of the union have already produced their own campaign guides — such as the Unite/CPHVA's Who Cares Campaign. More are in preparation.

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

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

The key uses of letters in negotiations and representation include:

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

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

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

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

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

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

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

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

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

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

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

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

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

Headed notepaper is available from your regional office. One sheet is contained in this handbook

which you can copy.

### **12.5 Are letters/emails confidential?**

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

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

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

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

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

### **12.6 Some points on style and format**

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

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

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

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

The information you need may be:

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

These letters may be adapted to suit each particular situation.

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

### **12.8 Legal rights to information**

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

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

## 12.9 Letters responding to management proposals

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

- the nature of the proposals
- how good your relationships with local management are
- whether you think the proposals are likely to be the subject of formal grievance or even legal action

You should bear in mind, however, that:

- one to one informal conversations are poor evidence
- good written letters (and replies) are excellent evidence
- the standard letters in this section address stages of negotiations with management
- trying to establish what management are doing
- placing your concerns about the issues on record
- seeking to influence the procedure and timetable of negotiations
- preparing for meetings
- following meetings up
- taking an issue through procedure

## 13. Other Trade Unions in the health sector

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

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

### 13.1 Other unions and trade union recognition

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

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

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

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

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

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

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

**The Royal College of Nursing (RCN):** The Royal College of Nursing is the second largest health sector union. It represents mainly hospital nurses, and some community nurses. It does not recruit non-nurses. The RCN is not a part of the TUC. [www.rcn.org.uk](http://www.rcn.org.uk)

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

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

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

## **Appendix B: Useful Websites**

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

**Unite website:** <http://www.unitetheunion.com>

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

**Unite Reps Direct:** <http://www.amicustheunion.org/Default.aspx?page=1387>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Appendix C: Useful Unite (Amicus Section) Guides:**

**C.1** There are several useful guides on the Unite website that may give further information that you may find useful. There is a list of some currently available guides that can be downloaded from the Unite website or copies requested from the research department (see details below):

### **C.2 Legal guides**

[Contracts of employment](#)

[Data Protection Act](#)

[Employment status and related rights](#)

[Human rights in the workplace](#)

[Information and Consultation Regulations \(updated July 2007\)](#)

[Privacy at work](#)

[Redundancy](#)

[TUPE - Transfer of Undertakings \(Protection of Employment\) Regulations 2006](#)

### **C.3 Other topics**

[Annualised hours](#)

[Bonus schemes](#)

[Bullying](#)

[Corporate Social Responsibility](#)

[Energy Review response 2002](#)

[Equality - negotiators' guides](#)

[Exchange rates and manufacturing](#)

[Good Work - An Amicus Agenda for Better Jobs](#)

[International Amicus work](#)

[Job evaluation guide](#)

[NHS PFI schemes and the TUPE Regulations](#)

[Operating and Financial Review](#)

[Public procurement guide](#)

[Shift working patterns and premia](#)

[Sick pay and sickness absence](#)

[Standby and call out pay](#)

[The Warwick agreement](#)

[Trade unions](#)

[The environment and climate change](#)

[Using your own vehicle for work](#)

[Workplace reps guide to the web](#)

[Workplace representatives' quick-start guide 2005](#)

### **C.4 Health and safety guides**

[Asbestos fact sheet](#)

[Asbestos - legal news for mesothelioma compensation claims](#)

[Asthma fact sheet](#)

[Asthma \(occupational\)](#)

[Call centre health and safety](#)

[Corporate Accountability: Making Companies Safe](#)

[Fire extinguishers](#)

[Migrant Worker Safety: A practical guide for safety representatives](#)

[Safety reps and inspections resources](#)

[Silica dust](#)

[Stress in the workplace](#)

[Working Time Regulations in brief](#)

[Working Time Regulations in detail](#)

### **C.5 More general health & safety resources can be found below**

[Health & Safety](#)

**C.6** If you require any information on a specific topic or would like printed copies of any of these publications please contact:

Ray Cawley

Unite

Research Department

33-37 Moreland Street

London

EC1V 8HA

[ray.cawley@unitetheunion.org](mailto:ray.cawley@unitetheunion.org)

Tel: 020 7780 4014

Fax: 020 7780 4040

## Appendix D: Lay Member Expense Form

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

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

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

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

Travel Costs	Amount
<b>By Car</b> <b>No of miles</b> @ 32 p / mile	
<b>By Rail ( 2<sup>nd</sup> class fare)</b>	
<b>By Air ( only if authorised in advance)</b>	
<b>Other Travel (Bus / Tube / Taxi ( only if essential)</b>	

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

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

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

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

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

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

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

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

This includes allied health and health care science professions, pharmacists, optometrists, applied psychologists and psychotherapists, clinical support workers and technicians supporting these groups, ancillary, maintenance and estates staff (e.g. cleaners, porters, catering, domestics, electricians, plumbers, builders); administrative and clerical (e.g. medical secretaries, ward clerks, library services staff); administrative managers; and other groups such as IM&T (e.g. analysts, technicians); HR (e.g. assistants, advisors); finance (e.g. accountants, invoice clerks, salaries and wages staff), chaplains, research assistants and animal technicians.

The professional groups are:

### **College of Healthcare Chaplains**

**Community Practitioners' & Health Visitors' Association:** <http://www.amicus-cphva.org>

### **Guild of Healthcare Pharmacists**

### **Hospital Physicists' Association**

### **Mental Health Nurses' Association**

### **Medical Practitioners' Union**

**Society of Sexual Health Advisors:** <http://www.ssha.info/>

The regulatory bodies are:

**Nursing and Midwifery Council (NMC)** <http://www.nmc-uk.org>

Unite nursing members such as health visitors, district nurses, school nurses, mental health nurses, theatre nurses and practice nurses are regulated by the NMC. These members are within the Unite/CPHVA (Community Practitioners' and Health Visitors' Association), Unite/MHNA (Mental Health Nursing Association) and the AfPP (Association for Peri-operative Practitioners).

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

**Health Professions Council (HPC)** <http://www.hpc-uk.org>

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

operating department practitioners. Unite has members in all of these categories, although amongst some groups numbers are low.

**Royal Pharmaceutical Society of Great Britain (RPSoGB)** <http://www.rpsgb.org.uk/> and  
**Pharmaceutical Society of Northern Ireland (PSNI)** <http://www.psni.org.uk/>

The RPSoGB and the PSNI registers and regulates our pharmacist members and, recently, pharmacy technician members. All pharmacy technicians will be registered by 2008. Pharmacist members in the NHS, other public bodies, and some private hospitals are members of Unite GHP (Guild of Healthcare Pharmacists) section.

The GHP also produces a Code of Ethics to which pharmacists and Pharmacy technicians are expected to adhere.

**General Chiropractic Council (GCC)**

Chiropractors

Phone: 020 7713 5155 or [www.gcc-uk.org](http://www.gcc-uk.org)

**General Dental Council (GDC)**

Dentists, dental therapists, dental hygienists.

From 31 July 2006 – dental nurses, dental technicians, clinical dental technicians and orthodontic therapists

Phone: 020 7887 3800 or [www.gdc-uk.org](http://www.gdc-uk.org)

**General Medical Council (GMC)**

Doctors

Phone: 0845 357 8001 or [www.gmc-uk.org](http://www.gmc-uk.org)

**General Optical Council (GOC)**

Opticians

Phone: 020 7580 3898 or [www.optical.org](http://www.optical.org)

**General Osteopathic Council (GOsC)**

Osteopaths

Phone: 020 7357 6655 or [www.osteopathy.org.uk](http://www.osteopathy.org.uk)

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

Pharmacists and pharmacy premises in Northern Ireland

Phone: 02890 326927 or [www.psni.org.uk](http://www.psni.org.uk)

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

<b>Part 1 Principles and partnership</b>	8
<b>Part 2 Pay</b>	
Section 1 Pay structure	12
Section 2 Working or providing emergency cover outside normal hours	14
Section 3 Overtime payments	18
Section 4 Pay in high-cost areas	18
Section 5 Recruitment and retention premia	19
Section 6 Career and pay progression	21
Section 7 Payment of annual salaries	26
Sections 8–9 (Unallocated)	
<b>Part 3 Terms and conditions of service</b>	
Section 10 Hours of the working week	30
Section 11 Part-time employees and employees on fixed-term contracts	30
Section 12 Contractual continuity of service	31
Section 13 Annual leave and general public holidays	31
Section 14 Sickness absence	32
Section 15 Maternity leave and pay	34
Section 16 Redundancy pay	41
Section 17 Mileage allowances	44
Section 18 Subsistence allowances	48
Section 19 Other terms and conditions	50
Sections 20–24 (Unallocated)	
<b>Part 4 Employee relations</b>	
Section 25 Facilities for staff organisations	52
Section 26 Joint consultation machinery	53
Section 27 Working Time Regulations	54
Sections 28–29 (Unallocated)	
<b>Part 5 Equal opportunities</b>	
Section 30 General statement on equality and diversity	60
Section 31 Recruitment, promotion and staff development	62
Section 32 Dignity at work	65
Section 33 Caring for children and adults	67
Section 34 Flexible working arrangements	68
Section 35 Balancing work and personal life	69
Section 36 Employment break scheme	72
Sections 37–39 (Unallocated)	
<b>Part 6 Operating the system</b>	
Section 40 New bodies and procedures	76
Sections 41–45 (Unallocated)	
<b>Part 7 Transitional arrangements</b>	
Section 46 Assimilation and protection	84
Section 47 Monitoring, reviews and appeals	93
<b>Annexes</b>	
Annex A NHS employers	96
Annex B Pay bands and pay points 2004	97
Annex C Pay bands and pay points 2005	98

Annex D Working or providing emergency cover outside normal hours	99
Annex E Provisions for unsocial hours payments for ambulance staff and available to early implementer sites	100
Annex F Examples of special cases under the provisions for work outside normal hours	103
Annex G Good practice guidance on managing working patterns	105
Annex H High-cost area payment zones	105
Annex I High-cost area supplements	108
Annex J Local recruitment and retention premium criteria	109
Annex K Additional freedoms for trusts with earned autonomy	110
Annex L Mileage allowances	111
Annex M Lease car policies	112
Annex N Subsistence allowances	112
Annex O Other terms and conditions	113
Annex P Coverage of nurses and other health professions review body	114
<b>Implementation annexes</b>	
Annex Q Classification of leads and allowances (listed by staff group)	118
Annex R Guidance on the application of national recruitment and retention premia	120
Annex S Local appeals procedures	123
Annex T Development of professional roles	125
Annex U Arrangements for pay and banding of trainees	125
Annex V NHS Scotland: Partnership Information Network guidelines	126

Website link:

[https://www.nhsemployers.org/restricted/downloads/download.asp?ref=323&hash=a6608930068182ff4b3087508c2dda24&itemplate=e\\_pay\\_conditions\\_3col\\_agenda-for-change](https://www.nhsemployers.org/restricted/downloads/download.asp?ref=323&hash=a6608930068182ff4b3087508c2dda24&itemplate=e_pay_conditions_3col_agenda-for-change)

## **APPENDIX G – Example letters**

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

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



Address  
Telephone  
Email  
Date

## G.1. Seeking information following management action

Manager's Name  
Address

Dear.....

**Re:** .....

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

Could you please let me know the following:

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

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

Yours sincerely,

(Name)  
(Status)

Cc (Members)



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

Manager's Name  
Address

Dear (Manager or Director of HR)

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

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

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

1 .....

2 .....

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

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

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)



Address  
Telephone  
Email  
Date

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

Manager's Name  
Address

Dear (Manager or Director of HR)

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

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

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

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

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)



Address  
Telephone  
Email  
Date

#### G.4 Seeking information using legal rights

Manager's Name  
Address

Dear (Manager or Director of HR)

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

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

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

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

- 1)
- 2) etc.

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

I look forward to your early reply.

Yours sincerely,

(Name)  
(Status)

Cc (Member)



Address  
Telephone  
Email  
Date

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

Manager's Name  
Address

Dear (Manager or Director of HR)

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

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

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

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)



Address  
Telephone  
Email  
Date

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

Manager's Name  
Address

Dear (Manager or Director of HR)

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

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

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

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## G.7 Seeking an informal meeting

Manager's Name  
Address

Dear (Manager or Director of HR)

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

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

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

- 1)
- 2) (etc)

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

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

- 1)
- 2) (etc)

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)



Address  
Telephone  
Email  
Date

## G.8 Lodging a grievance

Manager's Name  
Address

Dear (Manager or Director of HR)

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

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

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

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

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

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

- 1)
- 2) (etc)

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

I/we look forward to your early reply.

Yours sincerely,

(Name)  
(Status)

Cc (Member)



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

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

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

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

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

I look forward to your early reply.

Yours sincerely,

(Name)  
(Status)

Cc (Member)



Address  
Telephone  
Email  
Date

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

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

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

I understand that management have (Details of action).

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

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

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

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

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

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)



Address  
Telephone  
Email  
Date

## G.11 Commenting on a management document

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)

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

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

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

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

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

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

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

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

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

Yours sincerely,

(Name)  
(Status)  
Cc (Member)



Address  
Telephone  
Email  
Date

**G.13 Management action in breach of agreement (1)**

Manager's Name  
Address

Dear (Manager or Director of HR)

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

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

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

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)



Address  
Telephone  
Email  
Date

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

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

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

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

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

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## G.15 Clarifying a possible disciplinary meeting

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue) – Proposed meeting

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

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

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

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

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

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

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

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

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

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

Yours sincerely,

(Name)  
(Status)  
Cc (Member)

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

Address  
Telephone  
Email  
Date

Manager's Name  
Address

Dear (Manager or Director of HR)

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

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

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

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

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)

## G.17 Confirming the outcome of a meeting

Manager's Name  
Address

Dear (Manager or Director of HR)

**Re:** (Issue)

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

At that meeting the following points were agreed:

- 1)
- 2) (etc)

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

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)



Address  
Telephone  
Email  
Date

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

Manager's Name  
Address

Dear (Manager or Director of HR)

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

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

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

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

Yours sincerely,

(Name)  
(Status)

Cc (Member)

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

Manager's Name  
Address

Dear (Manager or Director of HR)

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

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

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

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

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

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

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

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

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

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

Yours sincerely,

(Name)

(Status)

cc (Members/Unite Regional Officer)