Contents

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
14. Advice on Agenda for Change
15. National and local recruitment and retention premia (RRP) under Agenda for Change
16. Statutory Registration and Regulation of Unite Health Professionals

Appendices

A. Ground rules for members and representatives in the health sector
B. Useful websites
C. Useful Unite Guides
D. Representatives travel expenses claim
E. Professional groups in the Unite health sector
F. Professional liability insurance
G. Copy of contents page from NHS Terms and Conditions of Service Handbook
H. Agenda for Change frequently asked questions
I. Example letters

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 If you become aware of any information that you feel is out of date, please send comments to dave.munday@unitetheunion.org.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

All weblinks contained in this document were correct as of 11/10/2011. If you become aware of any inaccuracies, please email them to dave.munday@unitetheunion.org.
A Message from
Rachael Maskell, Barrie Brown & Fiona Farmer

Welcome to the fifth edition of the Unite health sector representatives handbook. As a representative for Unite the largest trade union in the UK you are able to influence decisions at the highest level but also importantly support our members locally in the workplace contributing to a strong campaigning union which fights for its members’ rights. In the health sector you will also ensure that services are delivered in a safe and effective manner.

Every year Unite welcomes hundreds of new representatives and thousands of new members into the union. With this growth it is always important to remember that as representatives you can influence change and make a huge difference to the lives of our members. Whether this is organising, campaigning, representing members on an individual basis, consulting and negotiating with employers or feeding back through the union structures your role is vital to the voice and strength of Unite.

This handbook has been written to support you in your role as a representative in the health sector and will be an important information resource and tool to support you and the members in Unite. You can also access further information and resources on the Unite website and at your regional office.

Finally, we want to thank you for your dedication to supporting and representing our members, and to campaigning for a better health service in these challenging times.

Rachael Maskell
Head of Health

Barrie Brown
National Officer

Fiona Farmer
National Officer
1. Introduction

Unite is the third largest union in the National Health Service (NHS) and the health sector is one of the largest sectors in the union with over 100,000 members. Many members who work in health are not employed by the NHS but work for employers such as SERCO, Skanska, General Practitioners and Veterinary Practitioners. 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 you need to be elected by Unite members in your local workplace.
- Once elected, your workplace should inform your regional officer (RO) who in turn will write to your employer (the personnel or human resources department) notifying that you have been voted in as an accredited representative of Unite for a particular department or group of members.
- You should receive a copy of the letter along with a copy of this booklet together with contact details for the regional officer, the regional office and information regarding training courses that are running around the country.
- Your details will be placed on appropriate mailing lists (see section 1.4) along with information regarding being a representative.
- It is important to give a copy of the letter from the regional officer to your line manager. If there are any problems raised regarding this contact your regional officer who will be able to provide support.
- If you are taking over from a previous representative, arrange to have an orderly handover where you can get the relevant files and paperwork. It will also be useful to explain about the mechanisms in place in the employing organisation.
- Arrange to talk to, or meet up with your Regional Officer – they are there to support you as a representative.

---

3 Also called stewards in many organisations.
4 This may also include Professional forums which are identified in Appendix E
Getting Started

- Introduce yourself to your manager or supervisor, discuss your new role as a representative, and reach agreement as to how you will notify them when you are undertaking trade union activities. It may be useful to sit down informally with the manager on a regular basis to discuss issues 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 workplace representative of Unite
  - Where you work and how you can be contacted
  - What areas of work you will cover and, if you know at that stage, which committees you will be a member of
- Meet up with the other Unite representatives in your organisation. If done socially in the first instance, this may help to build good working relationships. It is also wise as a new representative to get support of colleagues who are more experienced. All representatives will have started by knowing very little but with the support of others the speed of picking new things up can be quick. It is also important that if you don’t sit on the main consultation/negotiating committee in the employing organisation that you know what’s going on and that you have the ability to feed in your members’ issues. There may be a senior Unite representative who will help to coordinate the team.
- If you are employed by the NHS or another employer where there are other recognised unions and you have met your colleagues from Unite, meet with the representatives from the other unions. You may do this formally through a joint union forum or staff side or informally.

1.2 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 from the internet. A list of important sites is given in Appendix B, but also in each relevant section of the handbook.
1.3 Communication with members

- Health Sector E Bulletin - it is important to ensure that you are on the e-bulletin mailing list which can be arranged by sending an email to Martin.Scanlon@unitetheunion.org.
- Regional e-bulletin which includes updates of what’s happening in your Unite region, sent from your regional secretary.

1.4 Unite on the Web

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

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

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

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

A list of useful websites is listed in Appendix B.

1.5 Important Documents

The Unite Rule Book, 2011: 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. The rule book can be accessed from the Unite website: http://www.unitetheunion.org/about_us/structure.aspx

NHS Terms and Conditions of Service, NHS Employers, 2011: The terms and conditions of service are set out in the NHS Agenda for Change (AfC) handbook and apply in full to all staff directly employed by NHS organisations, except very senior managers and staff within the remit of the Doctors’ and Dentists’ Review Body. (NB the handbook is regularly updated with the most current version available from the NHS Employers website). http://www.nhsemployers.org/SiteCollectionDocuments/AfC_tc_of_service_handbook_fb.pdf
NHS Job Evaluation Handbook Third Edition, NHS Staff Council, 2010: 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. It is available at: [http://www.nhsemployers.org/PayAndContracts/AgendaForChange/TermsAndConditionsOfServiceHandbook/Pages/Afc-Handbookrp.aspx](http://www.nhsemployers.org/PayAndContracts/AgendaForChange/TermsAndConditionsOfServiceHandbook/Pages/Afc-Handbookrp.aspx)

NHS Knowledge and Skills Framework and the Development Review Process, 2004
The NHS KSF and the accompanying process have been developed through a partnership approach between management and staff side representatives. This partnership approach is intended to continue as the NHS KSF is used in development review, with managers working with individual members of staff to plan their training and development and review their work. Further information on the NHS KSF can be found in section 6 of the AfC handbook and at the following website link: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843)

Trade Union Representation in the Workplace, a Guide to Managing Time off, Training and Facilities, 2009: This guide is written by ACAS and covers the Trade Union and Labour Relations (Consolidation) Act, 1992, which gives details regarding the statutory responsibility employers have to give trade union officials time off to cover certain duties. [http://www.acas.org.uk/CHttpHandler.ashx?id=2307&p=0](http://www.acas.org.uk/CHttpHandler.ashx?id=2307&p=0)

Further useful guides from Unite are highlighted in Appendix C

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

As a representative, it is important that you are trained to what to do, and how to do it. On becoming a representative we advise that you book yourself onto a New Times in the NHS Course or a New Reps’ course.

We would also advise that you prioritise attending the Regional Health Days, which take place 4 times a year, and provide updates on important issues in health.

For more information on training, see chapter 7.
2. Who’s who in the Unite Health Sector

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

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

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

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

2.5 Unite workplace Branches: Unite health sector members are organised together in workplace ‘branches’, and you probably know who your 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 Organising Professional Committees: The occupational/professional groups form a crucial part of the Health Sector work across Unite and representatives meet as Organising Professional Committees(OPCs). At a national level National Organising Professional Committees (NOPCs) and at regional level Regional Organising Professional Committees (ROPCs) set and deliver the organising strategy and identify issues impacting on members. A list of the OPCs is available at Appendix E.

2.7 Regional Health Days: these provide an opportunity for representatives to meet, receive some training, share experiences, and form a vital support role for all representatives.
2.8 **Regional Health Sector Conference and Committee:** every health sector representative has a right and a duty to attend this conference, which is held once every two years. The Regional Health Sector Conference receives motions for the National Health Sector Conference. It elects delegates to the **Regional Health Sector Committee** which in turn elects delegates to the National Industrial Sector Conference and adopts two motions on the health sector for consideration by the National Industrial Health Sector Conference. The Regional Health Sector Conference also elects delegate(s) to the Regional Council.

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

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

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

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

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

2.14 **Lead officers for staff groups:** take responsibility for the National Organising Professional Committees. Details of these officers can be found on the website. Information regarding the Professional Organising Committees in the Unite Health Sector can be found in Appendix E.

2.14 **National Health Sector:** provides support to officers and staff, produces publications, and has access to the Unite communications department and researcher department. It ensures that Unite is properly represented at a national level. The national office receives enquiries referred by officers and staff on behalf of members and representatives.

2.15 **Regional Councils and the Unite National Executive:** 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 workplace

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

3.2 The Joint Staff Side Committee (JSSC): (it may have another name in your workplace) it is the committee where all the unions meet to agree policies and exchange information. It will have an elected secretary and chair. In most employing organisations, members 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 may be comparable arrangements and structures depending on the size and resources of the organisation.
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, Northern Ireland and the Republic of Ireland. An overview of each is briefly given below. There are common themes and terms that underpin these structures though - the development of a purchaser-provider split, and the use of commissioning.

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

4.1 The National Health Service

Terms and conditions for the NHS in England Scotland, Wales and Northern Ireland, are covered by the Agenda for Change agreement, and are negotiated through the NHS Staff Council. Unite has seats on the Staff Council and Staff Council Executive. These bodies meet with the NHS Employers and government department representatives, and cover the whole of the UK. The Staff Council has a number of sub-groups dealing with key areas of terms and conditions.

The Social Partnership Forum (SPF) brings the unions, NHS Employers, Department of Health representatives together with the Health Minister. This body is England only.

4.1.1 England

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

There are 4 Strategic Health Authorities which will remain in place until 2013. They develop the overarching strategy to deliver health services in their locality, and overview the work of their NHS Trusts in this. This includes Primary Care Trusts (PCTs), Mental Health Trusts, Acute Trusts, Ambulance Trusts, Children’s Trusts and Foundation Trusts (FTs).

PCTs no longer provide services but are responsible for commissioning services and their provider functions have been merged with other trusts or led to social enterprises being established.

FTs were established through legislation in 2003, they are trusts which are designed to operate as businesses with greater freedoms from the Secretary of State than other Trusts – they can ‘trade’ in NHS and non-NHS services, have freedoms to buy and sell land and other assets, create commercial arms and borrow money from private lenders, for example.
Trusts are currently the main employers of health sector staff and have been the main providers of healthcare services, but there has been a drive to get Trusts to use their commissioning arm to purchase services from other providers, such as the private or ‘third’ sector. All trusts are required to become FTs by 2014.

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

In each locality there should soon be a Local Involvement Network (LINk) - changing from Patient and Public Involvement Forums - and they should involve local people in decisions about their health services. It is proposed that these bodies will change again to Health Watch under the government reforms.

The entire NHS structure in England will be changed by the Health and Social Care Bill which is expected to be enacted in 2012. If there are no fundamental changes to the Bill all PCTs and SHAs will disappear in 2013 to be replaced by clinical commissioning groups (also known as consortia), a NHS commissioning board and regional boards. The internal market will be opened up to “any qualified providers” (AQPs) and create opportunities for the private sector and not for profit organisations to provide health services currently provided by the NHS. Unite is campaigning against these changes and our website has the materials and documents related to the campaign.

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

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

There are 5 acute and community combined trusts and the Northern Ireland Ambulance Service Trust.

Negotiating structures in Northern Ireland exist at local trust and board level. A Regional Joint Negotiating forum deals with implementation of regional policies and terms and conditions across the region. A partnership forum including employers, Department representatives and trade unions has been constituted and meets on a regular basis. There are also meetings with the Health Minister. The Northern Ireland Assembly is opposed to privatisation of the NHS in Northern Ireland.
4.1.3 Scotland
The Scottish Government is responsible to the Scottish Parliament for NHS Scotland. The Government sets the national objectives and the financial framework and those are implemented through the Health Department and the Management Board. There is a cabinet secretary and a minister for health.

NHS Trusts were abolished in Scotland in 2004
NHS Scotland is organised through 14 territorial NHS Boards (11 mainland and 3 island). The Boards have responsibility for the delivery of acute, community and mental health services in their areas. All 14 Boards are divided into Community Health Partnerships involving local authorities.

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

The Scottish Parliament has incorporated Staff Governance and Workforce Planning into legislation. Those objectives are delivered through the Scottish Partnership Forum, a tripartite body of management, unions and the Department and though 22 Area Partnership Forums (APFs). The Staff Side Co-Chairs of the APFs are automatically appointed by the Cabinet Secretary for Health as Employee Directors and are full corporate members of the NHS Boards.

In addition to the Scottish Partnership Forum there is a Scottish Terms and Conditions Committee, a Workforce and Governance Group and a Pensions Committee
The Scottish Government is opposed to privatisation of the NHS in Scotland.
4.1.4 Wales

One Wales and NHS Reconfiguration
The plans announced in the ‘One Wales’ document came into effect on the 1st October 2009 with the abolition of the internal market.

There are 7 Local Health Boards delivering healthcare in geographical areas and 3 Trusts, the Wales Ambulance Trust, Cancer Care and Public Health Trusts.

Unite has been actively involved in the production of the ‘All Wales Contract’ the ‘All Wales Organisational Change Policy’ and the production of all Wales Policies on a range of employment issues such as Disciplinary and Grievance procedures and Sickness Absence.

Welsh Partnership Forum
The Welsh Partnership Forum is a tripartite group sponsored by the Welsh Government. The Forum consists of representatives from unions, senior management and the Welsh Government. The main purpose of the forum is the development, support and delivery of workforce policies at national, regional and local level. The forum provides strategy leadership on partnership working between employers and employee representatives and meets on a quarterly basis. The remit also includes all aspects of strategic implementation such as planning, education, recruitment and development.

The Welsh Government is opposed to privatisation of the NHS in Wales.

4.1.5 Republic of Ireland
Healthcare in ROI is governed by the Health Act 2004 which established the Health Service Executive (HSE) to provide health and personal social services. There are four geographical HSE administrative areas and three main organisational structures which include hospitals, community care and population health, support services and reform and innovation.

There is a Minster for Health and Children.

Many hospitals are operated directly by the HSE and some teaching hospitals are run in conjunction with universities.

There are hospitals run on a voluntary basis and many private hospitals.

4.2 Other Health Sector Employers

We have membership in the Medical Research Council, the Soldiers, Sailors and Air Force Families Association (SSAFA), the Health Protection Agency, the Care Quality Commission, General Practice and Veterinary Practice in addition to private employers such as 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 dos 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 initial representative 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 appendix 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 workplace 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 there is a conflict of interest between the representative and member; or 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 workplace 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).

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.

In the NHS, the Agenda for Change Handbook (Section 25) should be consulted.

Another useful document to look at is the booklet ‘Trade Union Representation in the Workplace, a Guide to Managing Time off, Training and Facilities, 2009’ (ACAS, 2009) which can be downloaded at: http://www.acas.org.uk/CHttpHandler.ashx?id=2307&p=0
7. Training

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

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

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

Details of training courses can either be accessed from your regional office or from the Unite website (http://www.unitetheunion.org/member_services/education.aspx).

Specific training can be arranged regionally for health sector reps through your Regional Officer and the Regional Education Officer. Throughout the year there is an ability for 1 day training courses and briefing sessions to take place organised by the NHS Lead (Regional Coordinating) Officer.

Unite also runs Regional Health Days, 4 times a year. These days provide training updates for representatives. These days enable representatives to meet and talk to representatives from other employers, discuss important information relevant to health or specific occupations, as well as meet up with the Regional lead officer for health.
8. National and Organisational Frameworks

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

8.1 Local Agreements:

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

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

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

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

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

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

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

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

There are 3 strands to Agenda for Change:
   - Job evaluation
   - Terms and conditions
   - The Knowledge and Skills Framework

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

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

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

8.2 National Agreements – Medical and dental staff:

National terms and conditions for medical and dental staff are available on the NHS Employers website at http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/Pages/Medicalpay.aspx
9. Tackling particular issues

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

9.1 Individual Issues:

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

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

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

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

9.2 Collective Issues (for example in the NHS)

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

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

9.3.1 A mistake in payment, made by the salary department: The member should attempt to resolve this issue unless the mistake is not one of fact but misinterpretation of an agreement, e.g. when an increment is due.
First Step: encourage the member to request payroll to clarify in writing the decision taken. If this is not a factual mistake but a disagreement about what an agreement means, ask the manager concerned to say in writing how they reached the decision, so you can respond.

9.3.2 Failure to be short listed for a job: This may involve complex equal opportunities issues.
First Step: get the member to ask in writing why they were not short listed. This should be used in conjunction with the organisation’s policy on recruitment and selection procedures. Please be aware of the three month time limit.
If you are concerned that a member may have been unfairly discriminated against, you can review Unite’s guidance for reps on issues of equalities at http://www.unitetheunion.org.uk > Resources > Equalities

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

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

9.3.5 Agenda for Change re-matching or appeals: These will be common where there has been a re-organisation, a merger 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 Third Edition (NHS Staff Council, 2010) along with the local guidance on the format of the reviews. Also ensure you have kept up to date with guidance issued by the National Job Evaluation Group (JEG) (through the health sector e-bulletin and the NHS Employers website). Ask the member to write down why they think they should be re-graded. It should also be reflected in the KSF outline. Comprehensive guidance is available on the Unite health sector website.
9.3.6 **Excessive workloads and stress:** This is a growing problem especially in the health sector.
First step: establish the scale of the problem. This can be via a survey of a group of members, or by getting individual members to write down exactly what their hours are, and what they are unable to do, or to do safely and effectively. The Unite booklet ‘Stress: A Unite Guide for Members’ ([http://www.unitetheunion.org/member_services/health_and_safety/health_and_safety_resources/stress.aspx](http://www.unitetheunion.org/member_services/health_and_safety/health_and_safety_resources/stress.aspx)) will be useful, as will sector specific guidance. Above all, individual members must be encouraged to put down in writing their concerns and send them to management (see Appendix G). Note that this is a requirement in some registered professionals’ codes of conduct.

9.3.7 **Redundancy and re-organisation:** This is both stressful for individuals and a challenge to Unite collectively.
First step: inform the regional officer there are potential redundancies, as there may be legal aspects to this issue. Ask management to clarify, in writing, what is proposed, what the timescale is, and what process for consultation will be set. Get hold of the organisation’s agreement on these issues. Encourage members not to apply for redundancy hastily. You may be able to stop the redundancy or re-organisation, or at least negotiate a reasonable agreement. The Unite guide on redundancy may provide further information ([http://www.unitetheunion.org/pdf/Redundancy%20%20pdf%20for%20web%20UN0106.pdf](http://www.unitetheunion.org/pdf/Redundancy%20%20pdf%20for%20web%20UN0106.pdf)).
(For members in the NHS, redundancy provision is laid out in Section 16 of the NHS terms and conditions of service handbook).

9.3.8 **Introduction of skill mix or multi-disciplinary teams:** This is a growing issue for many professions.
First step: check if there is specific advice for your profession. 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. Further information is available at [http://www.unitetheunion.org/resources/equalities/equalities_campaigns/dignity_at_work/advice/what_is_bullying.aspx](http://www.unitetheunion.org/resources/equalities/equalities_campaigns/dignity_at_work/advice/what_is_bullying.aspx).

---

5 e.g. Professional Briefing: Guidelines for Managing Vacant Caseloads, from the Unite/CPHVA
6 e.g. the Unite/CPHVA fact sheet on managing skill mix, available on the website
9.3.11 Changes to contracts of employment: Changes in contracts are likely to arise when organisations restructure or 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.unitetheunion.org/pdf/guide%20to%20contract%20employ%20UN0101%20(whole).pdf.

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

9.4.1 Employment Tribunals: Some of the issues you have to deal with might lead to an employment tribunal claim. This is particularly true around issues such as redundancy, dismissal, equal opportunities and cases of discrimination. In potential employment tribunal cases the regional officer should be alerted immediately since the officer will need to obtain a legal opinion on the merit of any case which the union is prepared to support (see 9.4.4).

Please remember that members need to have 13 weeks’ membership of Unite before they can benefit from the union’s employment law related legal services.

The majority of employers will have their own agreed disciplinary and grievance procedures which should be compliant with the ACAS Code of Practice. You should familiarise yourself with the Code - further information is available on the ACAS website: http://www.acas.org.uk/. Where a member has a complaint against his or her employer you should seek to encourage that member to lodge a grievance before seeking redress from the tribunal service, so that they are compliant with the ACAS Code. Please be aware however, that lodging a grievance does NOT extend the time in which an employment tribunal case must be lodged (as per 9.4.4 below).

9.4.2 Pensions: If members request advice on pensions the representative must ask the regional officer to get advice from the union’s pensions officer. Representatives should not offer any advice on pensions as this is a highly specialised field. However members can obtain information directly from the NHS Pensions Division website at http://www.nhsbsa.nhs.uk/pensions. There will be significant changes to the NHS pensions scheme from 2012 through to 2015. Current information can again be accessed from the website.

9.4.3 Personal injury claims against the employer: Unite works with a panel of specialist personal injury law firms to provide free legal assistance to any Unite member who wants to bring a personal injury claim against an employer or third party. This assistance covers accidents at work, occupational diseases, occupational deafness, road traffic or street accidents. Members and their immediate family are covered (for any accidents you may have on the road or pavement, either as a driver, passenger, cyclist or pedestrian) Claims are conducted free of charge and at no financial risk to the member, subject to the conditions of Unite Legal Aid. If the claim succeeds, members receive the full amount of damages without any deductions. If a member asks about this, advise them to either fill in an online form, or to contact their regional office and request a claim form be sent to them.

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

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

9.4.5. Management of individual health professional cases referred to regulatory bodies:
Please refer to Section 16 of this handbook

10. Organising Members

10.1 What members want from Unite:
People working in the health sector join Unite for 5 main reasons:

- **support** to ensure they can safely and effectively do the professional job they were trained to do, in the best interest of patients, clients and colleagues.

- **campaigning** for better terms and conditions, as well as an effective health service.

- **representation** when they need support with an issue at work

- **protection** against management or government actions affecting their pay, terms, conditions and security of employment

- **advice** on legal and professional issues

It makes sense for everyone in the same team or service to be able to tackle issues together, rather than individually. Unite members know they get the backing of the largest UK trades union, that still understands and values the diversity of roles in the health sector. There are many other benefits of membership, for example Professional Liability Insurance (see Annex F), or the free will writing service.

The impact of so much change within the health sector, and Agenda for Change in the NHS in recent years, has meant that local, national, and professional issues have become increasingly more important for our members.

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

- **Political** – changing government policies, how healthcare is delivered nationally, regionally and locally, differences between health bills passed in Westminster and the devolved administrations, separating commissioning of services and setting up consortia as fund-holding bodies, removing English Strategic Health Authorities, and primary care trusts, encouraging competition from private and independent providers, reforming NHS and other health organisation structures, and changing the way that they are regulated or held accountable
- **Economic** – every health organisation in the public sector has been forced to make drastic cuts in order to save money, increasing pressure on already scarce funding and other resources, cutting services and jobs, continuing to invest in private finance initiatives, despite many now losing money or in administration, and significant changes in the retirement age and pension provision.
- **Social** – increased demand from changing populations and communities, for example, care for the elderly, mentally ill, or in children’s services, where and how our health professionals are trained, and changes in education
- **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, waste management, the global cost and source of products, fuel and power

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

In a well-organised workplace, members and representatives work together to tackle issues and campaign around issues. They are supported by the regional and professional officers, and local Unite office staff.

Unite’s ‘100% Strategy’ for growing and strengthening membership involves making sure that everyone at the same workplace, or in the same team, is a member of Unite. (Officers sometimes refer to this as ‘in-fill’). Where there are already members and representatives, it makes sense to encourage non-members to join us. 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:

- there is at least 1 representative in every department
- representatives are trained - and they have strong support networks (for example by attending the regional quarterly health days)
- there is an effective Unite representatives’ team in every organisation
- the Unite team doesn’t just react to management pressures but takes the initiative (for example by being involved in joint committees or other organisational structures)
- the members — and potential members — know what the representatives are doing locally, and support them
- active members and representatives are linked into Unite’s workplace and sector branch structures

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

Try to take time out to look at:
- where Unite’s **actual** and **potential** membership is
- what **common professional and workplace 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 is moving on, or retiring – could we encourage an active ‘link’ or ‘contact’ member?

which initiatives or campaigns we might want to be involved in alongside the other health unions, or for Unite to take a lead on, for example the attack on public sector pensions.
The Team - different roles for different reps

<table>
<thead>
<tr>
<th>Position</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead or Senior workplace representative, Senior or Lead Steward</td>
<td>Provides leadership within a team of reps, or group of members at the same workplace, often takes the chair or secretary position in their branch, or on a negotiating team for the joint unions within an organisation. More knowledge and experience, so can support, encourage and mentor other representatives May take the lead in negotiations on local, regional or national terms and conditions</td>
</tr>
<tr>
<td>Health and Safety representative</td>
<td>Trained to challenge the organisation where there are health and safety issues for staff, patients, and the public May hold a position on a joint union and management health and safety committee for their organisation</td>
</tr>
<tr>
<td>Learning representative</td>
<td>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 a steering group around professional skills and knowledge, apprenticeships, or other learning and development, within the organisation, or work with the training department on partnership projects around learning in the workplace.</td>
</tr>
<tr>
<td>Other Representatives' roles</td>
<td>Ideally, there should be a network of Unite representatives, with one in every department or each staff group. Occasionally, representatives' roles may overlap, for example, around equality in access to learning for lower-paid staff. Only workplace representatives, health and safety representatives, and learning</td>
</tr>
</tbody>
</table>

Unite Health Sector Handbook  May 2012  31 | Page
**representatives** have statutory rights to time off and facilities to undertake their role. However, some representatives take on particular responsibility around an issue, such as equality and diversity, or environmental concerns. Some health organisations, and certainly the Trades Unions Congress (TUC), encourage active members to take on issue-based representative roles.

Representing members with a grievance, disciplinary or capability case, or taking part in negotiations, takes skills that develop over time. Unite Education and Training department offer representatives’ training courses throughout the year, in various locations and formats, to support active members to become representatives, or to give existing representatives more confidence and capability to deal with members’ issues.

**Contacts**

Where it has proved impossible to get a representative, a contact can act as an information point. This also applies to ‘link members’ in the Unite Mental Health Nurses’ Association, who undertake a role in cascading information to members in their area, or networking around professional practice issues.

<table>
<thead>
<tr>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where it has proved impossible to get a representative, a contact can act as an information point. This also applies to ‘link members’ in the Unite Mental Health Nurses’ Association, who undertake a role in cascading information to members in their area, or networking around professional practice issues.</td>
</tr>
</tbody>
</table>
10.3 Involving the members - Communication

It is essential that members, and potential members, know what is going on, and feel involved. This can be done through members’ workplace branch meetings, websites (Unite’s or your own), pages or links on an employer’s intranet, social networking (eg Twitter, Facebook), e-mail distribution lists, notice boards, and newsletters. If a key issue arises, regional officers may meet with members and representatives directly.

With so many different methods of communicating with members, you should always consider how to involve or inform everyone. Some people still do not have access to a computer at work or at home, so ask a colleague with IT skills to produce posters, flyers for events, or paper newsletters, as well as electronic copies. You’ll find it easier to share or delegate different union jobs to others if they have particular talents or interests, (and you will be saving yourself a job in the process!)

It is really important that members keep their own Unite membership details up to date, for example, if they move house, change their job, or change their bank details. Encourage colleagues who have an email address to make sure that it is correct on their Unite membership record, so that they can receive regular health sector e-bulletins, important information and campaign details from Unite. Members can update their own records online (using My Unite), or by phoning their regional office.

Involving and informing members about issues is a good way to raise the profile of Unite, and for making union membership more relevant to non-members. Many people join when there is something significant happening at work. Find the issue that members are really concerned about, and consider running a campaign around it – what are they all talking about at work? or in their profession or staff group?
10.4 Identifying campaigning issues

Unite has produced an excellent guide to planning, implementing and winning workplace campaigns for representatives and members in the health sector, ‘Unite Guide to Campaigning in the NHS’, available as a download (PDF) from the Health Sector pages of the Unite website under the ‘Unite 4 Our NHS’ resources. As well as protecting and defending the NHS and patient services from being fragmented or privatised, the resources are useful for many other campaigns within the wider health sector.

Many of your colleagues will tell you that they chose to work in health because they wanted to do a worthwhile job for patients. Many of the issues that people want to tackle together are based on their desire to put quality patient care first. 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 issues your members think are important: the quality of patient care and services, excessive workloads, low pay, cuts to terms and conditions, pensions, transfers to other employers, redundancy or redeployment, particularly through privatisation or fragmentation of health services, or unsafe practices
- campaigning to improve staffing levels, to prevent erosion of professional roles, down-gradings, or deskilling, to improve pay, terms and conditions
- showing we are effective at representing individual members and at preventing unfair bullying, harassment, disciplinary action, collective or individual grievances
- challenging managements who impose new contacts or terms and conditions, without consulting staff members, or not following their own policies and procedures.
- ensuring that your professional environment is a supportive one that encourages best practice around training. In the NHS, this means following the principles of the Knowledge and Skills Framework, and keeping up with continuing personal and professional development (CPD), innovative practice, and requirements around registration, regulation, or revalidation

Your organisation’s policies and procedures should refer to the support for union members from their representatives’ team, and how they can access it. To be effective, Unite representatives need to identify one or two of these issues and give them priority — 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 (for example: meal breaks, rotas, on-call in the Ambulance service, or recruitment and retention premia for chaplains and estates and maintenance staff)
- issues you identify locally — perhaps from a survey of members
- issues that arise suddenly that need to be tackled together at the workplace or in the wider community
10.5 First steps in organising

It is useful to update the list of members at your workplace regularly. As a team you could do this at your representatives’ meetings – just so that you do know who and where your members are, and which representative looks after each department or staff group.

As representatives, you are entitled to basic information about your members to help you organise and support them. You may be able to get staff lists from your intranet or email directories, organisation structure charts, departmental fire lists or clocking on machines, or from HR. You then need to cross-check the staff lists with a list of Unite members – contact your regional office to find out how to receive these regularly or when you need them.

People move on, change departments, job roles and sites, so it is important that you encourage them to change their membership details on ‘My Unite’ or let the regional office know. That way, you will only be doing a quick check of members if you need to send out a survey, give them information, or run a ballot around an issue.

Regularly updating your membership lists will help you identify which members are affected by particular issues, so as a representatives’ team you can work out the best approach to tackle these together.

You’ll be better organised if you include the following elements in your work as a team:

- Knowing who your members are and where they work, you can then go on to identify non-members (to ask them to join you), or members of other trades unions who might help with a joint campaign
- making sure that Unite’s membership records are kept up-to-date.
- getting training as a Unite representatives
- networking with other Unite representatives within your own organisation first, then locally, regionally (at health days), or even nationally within our health sector or wider union
- making sure you are getting the information from Unite you should be getting – for example, check the website regularly
- keeping the members informed on key issues
- setting up networks of active members who will keep you informed, and make sure other members in their areas are informed
- finding the right issues to campaign on
- recruiting more members to strengthen Unite within your workplace or staff group.
10.6 Pacing yourself – Work/Life Balance

Pressure at work – being expected to do more for less, productivity, fewer resources, and increasing casework, affects everyone. It is not possible (or healthy!) to spend unlimited time on union activity. All our representatives have other commitments, families, community and outside interests, and need time to relax, and have a substantive job to do too.

It is important to maintain a good balance between union work, your job role, and your life away from work. You will sometimes need to be assertive with members, as well as management. Don’t turn away a member with a legitimate concern, however, it is much more effective to support a member to tackle their own issues, rather than try to sort things out for everyone yourself.

Representatives are encouraged to do what they feel most comfortable doing, and have the energy and time to do. It is easy to get overwhelmed if you take on too much and end up exhausted or not able to do everything. However tempting it is to try to solve problems for people, you should never feel guilty if you find you can’t.
Remember the golden rule – never do something for someone that they can do for themselves!

Listening, building rapport, and signposting members to further information, are the skills that representatives need to develop initially, and rely on most often. Unite representatives’ training will give you confidence and ‘tools’ to help and support most members. However, should you need it, Unite officers and staff are there to give you advice, support and information. The Unite website also has a wealth of information, resources, and guidance for members and representatives to use to tackle most workplace issues.

Developing a network or team of representatives and active members ensures that union work is shared. There are very few people who can do everything well – use the skills and preferences of others to develop a team to tackle a wide range of issues – ie with members, not for them.
10.7 Unite Students

Many of our health workers join Unite as students. There are benefits such as a significantly reduced subscription rate, the opportunity to network with members in their own chosen profession, and get involved with global issues (equality, social or political campaigns in the UK or across the World).

Unite offers students the peace of mind that they can concentrate on developing their role and career once they are employed, as membership will give them protection and support in the workplace.

While they are studying, some students benefit from belonging to our professional associations because their lecturers, mentors or tutors are also Unite members. They are encouraged to participate in conferences or networks, broadening their contact with peers and professionals in their own chosen field. Many students become active on campaigns and issues that they see as important to them now, or in the future, when they are employed, or in the wider community. Students have been some of the most energetic and vocal campaigners over the last year, against cuts to patient services in health, as well as in education.

10.8 Encouraging new staff to join Unite

Keep a basic recruitment kit handy, you can order Unite health sector application forms, recruitment leaflets for different staff groups, information about the benefits etc from your branch or regional office. You can also download leaflets and posters from the website to keep your noticeboards up-to-date, keeping Unite’s profile high. But remember, non-members will often respond well to being asked to join personally. Talk to non-members about what Unite’s members are getting involved with locally, regionally or nationally, and encourage them to join you.

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

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

Unite recognises that being well-organised involves encouraging younger or less experienced colleagues, or those from different backgrounds and roles, to develop skills and activity, so there is natural succession, keeping our representatives’ network and wider union effective.
11 Unite as a Campaigning Union

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

Fighting for fair pay, terms and conditions for employees is central to Unite’s work. Locally, regionally and nationally, our representatives and active members, supported by our industrial and professional officers, staff and organisers, have been involved in consultations, partnerships, negotiations and organisational changes to ensure that jobs and terms and conditions are protected.

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

11.2 Campaigning on cuts and standards

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

Skill mix, the privatisation, fragmentation or contraction of services, the erosion of clinical management, performance related pay, increased productivity, excessive workloads and frozen posts, are all examples of issues affecting our health sector members as trade unionists and professionals, and everyone in Unite’s wider membership who uses the NHS.

Nationally, Unite has campaigned on issues such as opposing the Health and Social Care Bill, NHS Pension Reforms and Performance Related Pay (PRP). Stress and Bullying in the Workplace and excessive workloads for staff are ongoing campaigns. Unite has campaigned for a safe environment for staff to voice their concerns and for ‘whistle-blowing’ where needed and on health and safety issues such as unsafe working environments. Unite continues to defend the NHS as an integrated, comprehensive, universal, publicly owned and accountable health service and we have opposed initiatives that threaten this, such as Private Finance Initiatives (PFI), Public/Private Partnerships (PPP) and Social Enterprises. Locally, Unite has led successful campaigns on skill mix, job cuts, unsafe practice, and many other issues.
11.3 Campaigning on equality, diversity and fairness at work

Equality and fairness in the treatment of patients, service users and staff should be central to healthcare. Equal opportunities and fair treatment go hand in hand with access to treatment on the basis of need, not wallet. In the NHS these principles are recognised in the NHS Constitution, and in the Knowledge and Skills Framework, and in any organisation should be explicit throughout policies and procedures.

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

In the health service there is unfortunately a level of bullying, harassment and violence at work that is far too high. Stress, pressure of work, uncertainty about the future, and cutting costs all contribute to negative morale and culture for staff. Similar factors affect people outside the workplace. However, such behaviour and incidents are unacceptable, and have a detrimental impact on people’s lives. Ending this culture is an important step towards safe working environments and fairness at work.

11.4 Campaigning with a political message

Many of the problems faced in the workplace in the delivery of health services result from policies being implemented at national and international level, without mandate or consultation. Therefore an essential part of Unite’s campaigning is taking the message of its members to ministerial level, seeking to influence and change the policies of government and devolved administrations. Many members of parliament in the UK and Europe are sponsored through Unite, there is also a network of local councilors across the political spectrum. The union’s political fund is used to campaign and support members’ influence policy.

Members of Unite’s health sector have been particularly active this last year, in lobbying ministers, by e-mail, letters, petitions and marching over changes to health bills at Westminster and the devolved administrations.
11.5 Develop and use your campaigning skills!

The ‘Unite Guide to Campaigning in the NHS’ document is available to download from the health sector pages of the Unite website. Although it is aimed at NHS members, the skills and information are useful for any campaign.

If you are involved in your local community, or an interest group, campaigning outside the workplace can strengthen your negotiating and influencing skills. Many Unite members have useful campaigning skills – find out what your colleagues can do. Regional Offices and Unite Health Sector office may be able to assist your campaign, especially with the media. Colleagues in the Unite communications team are experts in drafting press releases, or can direct radio or television requests towards more experienced health sector members for news interviews. They can offer advice for producing campaign material, suggesting suitable ways for getting your message across.

The Unite Education and Training Department offer a wide range of courses to representatives that may support your ability to campaign with members, these include:

Get list from website/brochure

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

These courses are all accredited by the Open College Network, and you should visit the Unite website to get up-to-date details and training dates.
12 Advice on how to write letters/emails on behalf of members

12.1 When should you write a letter?

The key uses of letters in negotiations and representation include:

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

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

12.2 To whom should it go?

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

12.3 To whom should the letter be copied?

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

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

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

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

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

Where possible, letters from representatives of a Side Staff Committee should be on headed notepaper. Letters from an individual should be from their home or work address. Letters from Unite representatives should be on Unite headed notepaper. Headed notepaper is available from your regional office. One sheet is contained in this handbook which you can copy.

12.5 Are letters/emails confidential?

Letters/emails from you to management, or from management to you, are not confidential as long as:
(a) any member(s) represented agrees to any letter being circulated, and
(b) the management letter is not headed “private and confidential”.

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

If you have a union notice board (which you should have through your facilities agreement) putting up an exchange of correspondence may be an effective way to let members know what the issues are and what you are doing. Bear in mind that written documents including emails are liable to be disclosed to all parties in the event that a dispute ends up in an employment tribunal.

12.6 Some points on style and format

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

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

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

The information you need may be:

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

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

**12.8 Legal rights to information**

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

a. Collective bargaining. This includes pay, terms and conditions, reorganisation, payments systems etc. The information rights derive from the Trade Union and Labour Relations (Consolidation) Act 1992 and in the ACAS Code of Practice No. 2 on Disclosure of Information. More detail on seeking information in pay bargaining is contained in the Unite guides on local pay bargaining which are available on the union’s website. Further rights to information arise where a redundancy is declared. These are summarised in Unite’s guide to tackling redundancies which is also available on the website.

b. Transfer of employment. This would include any mergers, transfer or contracting out of services/staff. The information rights derive from the Transfer of Undertakings (Protection of Employment) Regulations 2006 and a Unite booklet on TUPE is available on the website.

c. Discrimination. There is statutory protection against discrimination (including harassment) on the grounds of race, disability, sex, pregnancy, age, religious belief or sexual orientation. Gender based pay disparity is covered by the Equal Pay Act 1970. There are Regulations to protect part-time workers and fixed term employees. Advice should be taken from a Regional Officer on these issues.

d. Health and safety. Health and safety representatives have substantial rights to information contained in various acts and regulations, most notably in the Management of Health and Safety at Work Regulations (1999) and its approved Code of Practice. More information is contained in the Unite Safety Representatives Handbook available on the union’s website.
12.9  Letters responding to management proposals

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

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

Unite is the third biggest union in the health NHS after Unison and RCN. Wherever possible at both a national and local level, we try to work with other unions. Sometimes members from other unions will want to join Unite. These prospective members should be supported with information regarding the benefits of being members of Unite.

13.1 Other unions and trade union recognition

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

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

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

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

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

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

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

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

The British Orthoptic Society (BOS)
The British Dietetic Association (BDA)
The British Dental Association (BDA)
The British Medical Association (BMA)
The Federation of Clinical Scientists (FCS)
The Society of Chiropodists and Podiatrists (SCP)
The Society of Radiographers (SoR)
Union of Construction, Allied Trades and Technicians (UCATT)
14. Advice on Agenda for Change

From 1st October 2004, NHS staff terms and conditions are provided under Agenda for Change (AfC). Under AfC all terms and conditions for NHS staff, with the exception of very senior managers, doctors and dentists, are contained within the AfC handbook.

The AfC handbook is over 200 pages and should be downloaded from [http://www.nhsemployers.org](http://www.nhsemployers.org) or [http://www.unitetheunion.org/sectors/health_sector/terms_and_conditions/afc_key_documents.aspx](http://www.unitetheunion.org/sectors/health_sector/terms_and_conditions/afc_key_documents.aspx)

There are key parts of the AfC agreement the following guidance identifies these.

Section 1 – Pay
Paragraph 1.8 provides for accelerated incremental pay progression for band 5 new entrants to the NHS. This allows these new entrants to progress in two six monthly steps instead of annual steps. For all staff, incremental pay progression within the payband is automatic provided their performance is satisfactory.

Section 2 – Maintaining round the clock services
i) This section covers unsocial hours arrangements and on call provisions. These terms “unsocial hours” and “on call” are not the same. The former relates to shift work patterns over a 37 ½ working week. On call relates to additional hours worked on site or being available from home.

ii) Paragraphs 2.4 to 2.31 describe the unsocial hours regime which was implemented on 1st April 2008.

iii) Paragraphs 2.32 to 2.56 and annex A3 cover the arrangements for on call. National and local pre-AFC on call agreements were protected until 31st March 2011 but since November 2010, employing organisations in England have been required to negotiate new harmonised local on-call agreements for implementation on 1st April 2011. However this timetable has been subject to very significant slippage. There have been major difficulties encountered in the local negotiations which have included the transition arrangements and the attempt by many employers not to negotiate a local agreement but to default to the interim regime as outlined in the AfC handbook. Unite guidance on on-call negotiations is provided on the health sector website. In Scotland and Wales country wide agreements are being negotiated. A Northern Ireland wide agreement has been reached for on call.

Section 3 – Overtime Payments
Staff in bands 1 to 7 are eligible for the harmonised overtime rate at time and a half with double time on bank holidays.
Staff in bands 8 and 9 are only eligible for overtime under the on call interim regime (paragraph 2.43 refers)
Section 4 – Pay in high cost areas (HCAs)
This is currently paid in London and fringe areas but employers and unions can seek to establish HCA pay in any geographical area.

Section 5, Annexes J & R – Recruitment and retention premia
I. This has been one of the most difficult and controversial parts of the AfC agreement. Where the pay band outcome for a group of staff – or an individual – creates either pay protection, recruitment problems or a shortfall in pay when measured against the private sector market rate, a RRP may be the appropriate response. However, this has to be justified in relation to the criteria established by the AfC agreement and by the legal framework for equal pay.

II. Annex R which provides guidance on nationally agreed RRP, has created the biggest problems and confusion. Table 19 in the annex lists those staff groups where there was prima facie evidence during the AfC negotiations that a RRP may be required. The list identifies those who potentially may require a RRP but it does not make this automatic.

III. Two groups had a nationally agreed RRP: chaplains and qualified maintenance craft persons and maintenance technicians. The chaplains’ RRP replaced the Whitley accommodation allowance since it cannot be evaluated under AfC.

IV. The RRP for craft workers and technicians applied to those “who require full electrical, plumbing or mechanical crafts qualifications”. It was a contractual right and applied regardless of matching to the appropriate band 3, band 4 or band 5 national profile. Estates officers were not eligible for this RRP but they could seek to negotiate a locally agreed RRP subject to the provisions in the AfC agreement. Any Unite members can submit a case for RRP whether or not they are listed in table 19 of annex R of the AfC handbook.

V. The RRP is a major issue in equal pay claims which have been submitted by claimants represented by “no win no fee” lawyers.

VI. As a result of the Hartley vs. Northumbria Healthcare NHS Trust and others employment tribunal judgement, an independent review of the national RRP was commissioned by the NHS staff council in 2010 and it concluded that there was no evidence to continue the payment of the national RRP. As a result, negotiations in the NHS staff council led to a transition period for the withdrawal of the national RRP for chaplains and maintenance craft workers implemented on 1st April 2011 which provides 100% payment of the RRP until 31st March 2012 and payment at 50% until 31st March 2013 when it ceases. The staff council agreement includes an independent review of the case for a national RRP for maintenance craft workers in 2012 and Unite will be submitting a claim for the chaplains RRP to be replaced by an accommodation allowanc.
Section 6 – Career and pay progression
There is an expectation that staff will move through the incremental points of their pay band and the two gateways in those bands. This is supported by the knowledge and skills framework (KSF) which can be accessed at http://www.nhsemployers.org or http://www.unitetheunion.org/sectors/health_sector/terms_and_conditions/afc_key_documents.aspx NHS staff have a contractual right to support and development by their organisation, and to at least an annual development review. The KSF is mandatory under AfC, and ministerially endorsed. Where there are Unite learning representatives or equality representatives, they can support workplace reps with issues that arise from lack of, or poor implementation of the KSF locally.

Section 13 – Annual leave and general public holidays.
The annual leave provisions are based on total aggregated NHS service and not just length of service with the current employer. When on annual leave staff must be paid on the basis of what they would have received if at work based on the previous three months or any other reference period which may be agreed locally –see paragraph 13.9 of the AfC handbook.

Section 14 – Sickness absence
Paragraph 14.4 provides for full pay when on sickness absence to be calculated on the basis of what an individual would have received had she/he been at work. This includes RRP, on call, unsocial hours and HCA payments. This section was revised under the NHS staff council’s ill health retirement review and a new extended section was implemented on 1st April 2008.

Section 15 – Maternity pay
This is kept under review to ensure it is compliant with statutory changes.

Section 16 – Redundancy pay
This section applied from 1st October 2006 and had been revised to ensure it was compliant with the age discrimination legislation. The provisions give a maximum of 2 years pay after 24 years service in the NHS (paragraph 16.8).

Section 17 – Mileage allowances
The NHS staff council established a mileage allowance sub group in 2007 and a final report with recommendations were made to the NHS staff council in July 2010. Annex L provides the current mileage allowances which will remain until June 2013 when a new mileage allowance scheme will replace the current scheme. It will end the regular and standard mileage rates and introduce a single rate for cars, motor cycles and bicycles. The vehicle mileage rates will then be subject to six monthly reviews using AA motoring costs.

Section 20 – Mutually agreed resignation scheme (MARS)
This section was introduced in October 2010 is response to a number of local initiatives by trusts seeking to reduce staff numbers as part of cost cutting requirements. There was a national agreement for England which expired at the end of November 2010 but section 20 allows local agreements for these schemes which do not replace the section 16 redundancy scheme but are intended to create job redeployment opportunities or suitable alternative employment for staff facing redundancy by staff who wish to leave the NHS whilst not facing redundancy themselves.
Section 46 – Assimilation and protection
There remain a number of issues and difficulties arising from the arrangements for the assimilation of staff to AfC.
   I. Paragraph 46.1 ensures that staff on Whitley or shadow Whitley contracts automatically transfer to AfC.
   II. Paragraph 46.2 enables staff on non Whitley (i.e. local) contracts to opt into AfC at any time by giving due notice.
   III. Paragraph 46.7 outlines arrangements for staff on secondment
   IV. Paragraph 46.19 and table 8 give the formula for calculating pay protection where this is required.

Section 47 and annex S – review and appeals
This section – in particular paragraphs 47.9 and 47.11 and annex S - outlines the appeals arrangements which should be in place to allow staff to appeal against decisions on the main parts of the AfC agreement which include matching, job evaluation, KSF, pay progression gateways and RRP.

Annexes B and C - pay bands
All pay bands from 1st October 2004 are in these Annexes.

Annex K – additional freedoms for NHS foundation trusts
The freedoms described in this annex are not as extensive as some foundations trusts claim and there is no freedom to move away from AfC.
Annex A2 – guidance on frequently asked questions (FAQs)
This annex updated and added to the FAQs previously posted on the NHS employers’ website and they are footnote referenced throughout the AfC terms and conditions handbook - see annex H in this handbook.
15. National and local recruitment and retention premia (RRP) under Agenda for Change

Agenda for Change makes provision for the payment of recruitment and retention premia, known as RRP. Annex R of the Agenda for Change NHS Terms and Conditions of Service Handbook (“the Handbook”) has previously provided for the payment of national RRP to Qualified Maintenance Craftpersons (“QMCs”) and Qualified Maintenance Technicians (“QMTs”) and Healthcare Chaplains. The RRP for QMCs, QMTs and Healthcare Chaplains will cease on the 31st March 2013. Annex R also contains a list of posts for which the Handbook states there is prima facie evidence that a premium is necessary. That list is contained in Table 19 in Annex R and includes posts such as estates officers/works officers, pharmacists and dental nurses. RRP can also be negotiated for any post using the procedure set out in section 5 and Annex J of the Handbook for agreeing local RRPs.
16. Statutory Registration and Regulation of Unite Health Professionals

Most members of the health sector are directly involved in patient care and are therefore accountable for delivering a quality standard of care. The role of the statutory regulators is to ensure standards and protect the public.

The three strands of the function of the regulators are –

- How to get on the Register,
- How to stay on the Register, and
- How to be removed from the register.

In every case the regulator produces a code of conduct or standards of proficiency for the professionals whom they regulate. It is by these standards that members are judged in cases of fitness to practice. Therefore it is important when dealing with health professionals in cases related to their practice, to be familiar with the codes.

The codes of conduct / standards of proficiency/ codes of ethics, may be found on the regulators web sites – see below.
16.1 Statutory Regulators

General Dental Council
http://www.gdc-uk.org
We have dentists and other dental staff in membership who are regulated by GDC.

General Medical Council
http://www.gmc-uk.org
Medical Practitioners’ Union members are regulated by the GMC.

General Optical Council
http://www.optical.org
We have members regulated by the GOC, including those members who are part of our agreement with the Association of Optometrists.

General Osteopathic Council
http://www.osteopathy.org.uk
We have a small number of osteopaths. They are part of the Independent Practitioners’ OAC.

General Pharmaceutical Council
www.pharmacyregulation.org

The General Pharmaceutical council regulates all our pharmacist members in Great Britain. These are members of the GHP section and also those pharmacists in our “EPIC – employed pharmacists in the community” section, who are those not employed in the NHS but might work for a “high street” pharmacist. The GPC also regulates pharmacy technicians.

GPC produces a Code of Ethics for Pharmacists and Pharmacy Technicians.  www.pharmacyregulation.org/standardsandquality/

General Social Care Council
www.gscc.org.uk/
The GSCC regulates social workers and we have these members in Unite.

Following this government’s “liberating the NHS” paper, the GSCC is due to become part of the Health Professions Council over the next two years. To reflect the fact that it will regulate social workers as well as health professionals, the HPC will be changing its name to recognise this.
Health Professions Council (HPC)
http://www.hpc-uk.org
The HPC is a statutory regulator that works to protect the health and wellbeing of people using the services of its registrants. The HPC currently registers over 180,000 professionals from 15 professions. The following professions are registered; arts therapists, biomedical scientists, chiropodists & podiatrists, clinical scientists, dieticians, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, prosthetists & orthotists, radiographers, speech & language therapists, hearing aid dispensers and clinical practitioner psychologists.

The Health Professions Council’s codes of conduct are produced in the form of “standards of proficiency”. There is one produced for each of the regulated professions, consisting of a generic element which is common to all, and then a profession specific element.

Nursing and Midwifery Council (NMC)
http://www.nmc-uk.org
Unite nursing members such as health visitors, district nurses, school nurses, mental health nurses, theatre nurses, practice nurses, nurse qualified sexual health advisers and midwives are regulated by the NMC. These members are within Unite/CPHVA (Community Practitioners’ and Health Visitors’ Association), Unite/MHNA (Mental Health Nursing Association), Unite/SSHA (Society of Sexual Health Advisers) and the wider Unite Health Sector.

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

Pharmaceutical Society of Northern Ireland (PSNI)
http://www.psni.org.uk
The PSNI registers and regulates our pharmacist members in Northern Ireland.

Royal College of Veterinary Surgeons (RCVS)
www.rcvs.org.uk
On 1st July 2011 the British Veterinary Union in Unite will be launched. We expect veterinary professionals to become members. The RCVS regulates veterinary surgeons and veterinary nurses.
An update on the statutory regulators

The annual report from the CHRE June 2011 heralds changes that we need to be aware of.

The CHRE (Council for Regulatory Healthcare Excellence) will be changing its name to reflect the fact that they are to encompass social workers also. The CHRE’s new name is to be the “Professional Standards Authority for Health and Social Care” (the “Authority”), (subject to parliamentary approval).

The HPC (Health Professions Council) will be changing its name to reflect the fact that they are to regulate social workers also – when the GSCC (General Social Care Council) is integrated into their organisation.

The framework of the PSNI (Pharmaceutical Society of Northern Ireland) will change to address the concerns previously highlighted about the current limitations on the PSNI’s ability to run an effective fitness to practise process. The Pharmacy (Northern Ireland) Order 1975 (Amendment) Order (Northern Ireland) 2011 will, for example. Empower the PSNI to impose interim orders and impose a full range of sanctions.

There will be a requirement for health professionals to have indemnity insurance in place as a condition of registration. Relevant legislation will harmonise practice across the regulators. Failure to be able to demonstrate indemnity insurance cover could result in registration being refused.

Article 53 of the Professional Qualifications Directive 2005/36/EC to be clarified to allow regulators to assess the language competence of applicants at the point of registration.

**Independent Safeguarding Authority**

The purpose of ISA is to preventing unsuitable people from working with children and vulnerable adults.

It has been subject to review by the coalition government by the merging of the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) to form a streamlined new body providing a proportionate barring and criminal records checking service.

Further details may be found in “A Common Sense Approach” by Sunita Mason

16.2 Advice and Representation

If there is a complaint to a regulatory body the member should be referred immediately to the Regional Officer. There is a legal protocol for Regional Officers to follow.

All the regulatory bodies mentioned above emphasise that wherever possible problems involving an issue of professional practice should be resolved locally and not immediately referred to them. Advice and support can be sought from the professional team in the health sector through your regional officer in cases of professional practice.

Examples of issues, which can be dealt with locally, include:

- A health visitor who did not make an accurate record of her contact with a family.
- A nurse who administered the wrong vaccination
- A district nurse who gave an incorrect dose of medication
- A speech therapist that used inappropriate terminology in client/patient notes.
- A clinical psychologist who used inappropriate language with a young patient/client.
- A biomedical scientist who failed to understand an aspect of British, European and International Standards that govern and affect pathology laboratory practice.
- The pharmacist who breaches patient/client confidentiality

These examples would warrant investigation at local employer level. It may well be possible to identify mitigating circumstances for the member’s actions, such as tiredness or stress, inefficient management processes, poor labelling of drugs, having to use old equipment, lack of provision for updating of knowledge.

However, if a member were to make judgement errors and mistakes on a repeated basis, then it may well be reasonable for their employer to report them to the appropriate regulatory body.

Examples of issues that would warrant referral to a regulatory body in the first instance:

- The nurse who persistently makes drug administration errors even after further training
- The health visitor who failed to identify that a child had been abused when all the signs should have been obvious to a competent practitioner
- The school nurse who hits a child with or without provocation
- The speech therapist that failed to record symptoms in an elderly, demented patient.
- The clinical psychologist who sexually abuses a patient
- The biomedical scientist who falsifies records having contaminated samples
- The veterinary surgeon who failed to provide adequate veterinary care and care facilities
Other routes of referral to regulatory bodies

**Patients / relatives**
A patient who feels they have been treated inappropriately, or a relative who suspects a reduced standard of care, might choose to report a member directly to their professional body. This route of referral is not high. Most complaints are channelled through employer organisations. Increased access to the Internet and heightened media interest in professional regulation may well cause this to change in the future.

**A court of law**
Courts, whether they are civil or criminal, are obliged to report healthcare professionals who are registered with a regulatory organisation to that body should they appear before them. This may include activities far removed from their actual practice, such as the health visitor who commits a motoring offence, or the school nurse prosecuted for shoplifting.

**A colleague**
In some instances a colleague who is also subject to the authority of a regulatory body may well be obliged to report any action they believe is detrimental to a quality standard of patient care. This would generally be done through local employer systems – such as making a report to a manager. However the individual would be free to make the complaint directly to the regulator.

Practitioners have been known to follow this cause of action for vindictive reasons, and should this be identified by the regulatory body that person too could become subject to the sanction of that body.

**A concerned member of the public**
Any individual is able to report a registered professional to their regulator should they believe that person is acting in a way which contravenes their professional standards. This could include an overheard conversation with a patient whilst they are awaiting treatment, or observation of what they consider to be poor practice.

As with the patient / relative scenario, this would be rare. Members of the public usually make complaints via employer organisations, although this might change in the future as awareness of regulatory bodies increases.
16.3 Referrals and Legal Assistance

Should a complaint be made about a practitioner to their regulator, the complaint will initially be examined by a case/investigating officer. The practitioner will have an opportunity to respond to the allegation. Following this the case could be passed to an Investigating Committee to decide whether there is a ‘case to answer’.

If it is found that there is a case to answer, it will proceed to a full hearing. A regulator will usually ask solicitors to act for them and they will take witness statements if needed. They will give the details of the solicitors who will act for them when they write to the member to tell them the outcome of the Investigating Committee’s meeting.

If there is a complaint to a regulatory body the member should be referred immediately to the Regional Officer. There is a legal protocol for Regional Officers to follow.
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.
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.

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.1. Unite Websites

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

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

B.2. External Organisation Websites

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

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


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

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

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


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

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

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

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

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

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

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

The Northern Ireland Executive: www.northernireland.gov.uk

The Scottish Executive: www.scotland.gov.uk

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

The Welsh Government: [www.wales.gov.uk](http://www.wales.gov.uk)
Appendix C: Useful Unite Guides

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

C.2 Legal guides

- Contracts of employment
- Employment status and related rights
- Information and Consultation Regulations (updated July 2007)
- Privacy at work
- Redundancy - Unite guide for members
- Transfer of Undertakings (Protection of Employment) Regulations 2006

C.3 Other topics

- 10 good reasons to join Unite the union
- Absence in the workplace
- Annualised hours
- Bargaining Pay Systems
- Company Accounts and how to use them
- Data Protection
- Diabetes and driving
- Good Work - A Unite Agenda for Better Jobs
- How to prepare and manage a pay claim
- Manufacturing into the Future
- NHS PFI schemes and the TUPE Regulations
- Public procurement guide
- Public Sector Environmental standards
- Redundancy fact sheet
- Unite Guide to the internet
- Using your own vehicle for work

C.4 Health and safety guides

- Asbestos fact sheet
- Asthma (occupational)
- Corporate Accountability: Making Companies Safe
- Fire extinguishers
- Graphical, paper and media sector
- Migrant Worker Safety: A practical guide for safety representatives
- Safety reps and inspections resources
- Shift work and night work
- Silica dust
- Stress in the workplace
More general health & safety resources can be found below

Health & Safety
If you require any information on a specific topic or would like printed copies of any of these publications please contact:

Ray Cawley, Research Department, ray.cawley@unitetheunion.org
Tel: 020 7611 2535
Appendix D: UNITE LAY MEMBER EXPENSE FORM (excluding Education)

Please complete this form in BLOCK CAPITALS in ink. For constitutional meetings, please sign and send to the addresses below. For all other meetings, please ensure that this form is signed (authorised) by the person organising the event you attended, as well as (Central or Regional) Administration and either hand it to them or send it (signed) to the addresses below.

For any claim related to an education course please use the Unite Education Expense Claim Form.

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Membership No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>(Has address changed since last expenses claim Yes / No)</td>
<td>Post code:</td>
</tr>
<tr>
<td>Bank Name:</td>
<td>Account No:</td>
</tr>
<tr>
<td>Account Name:</td>
<td>Sort Code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title of Meeting:</th>
<th>Venue:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of Meeting From:</td>
<td>To:</td>
</tr>
<tr>
<td>Date Leaving Home:</td>
<td>Date Returning Home:</td>
</tr>
</tbody>
</table>

**Travel Costs**

<table>
<thead>
<tr>
<th>Travel Costs</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Car No. of miles @ 40p / mile</td>
<td></td>
</tr>
<tr>
<td>By Rail (2nd class fare) – Receipted (If warrant used, specify warrant number)</td>
<td></td>
</tr>
<tr>
<td>By Air (only if authorised in advance) - Receipted</td>
<td></td>
</tr>
<tr>
<td>Taxi (only if essential) – Receipted</td>
<td></td>
</tr>
<tr>
<td>Other Travel (Bus / Tube / Parking) – Receipted</td>
<td></td>
</tr>
<tr>
<td>Non-Receipted Travel (Please list separately overleaf)</td>
<td></td>
</tr>
</tbody>
</table>

**Daily Allowances**

<table>
<thead>
<tr>
<th>Daily Allowances</th>
<th>No.</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Overnight</td>
<td></td>
<td>£16.00 (£8.00 where a meal is provided)</td>
</tr>
<tr>
<td>UK / RoI / Gibraltar Overnight</td>
<td></td>
<td>£35.00 (£27.00 where a meal is provided)</td>
</tr>
<tr>
<td>Overnight (Other than UK/RoI/Gibraltar)</td>
<td></td>
<td>£50.00</td>
</tr>
</tbody>
</table>

**Overnight Accommodation**

<table>
<thead>
<tr>
<th>Overnight Accommodation</th>
<th>No.</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed &amp; Breakfast cost only – Must be receipted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Loss of Pay Allowance** - (See guidance overleaf)

**Total Claim**

<table>
<thead>
<tr>
<th>Signature of Member:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorised by Event Organiser:</td>
<td>Name:</td>
</tr>
<tr>
<td>Authorised by Central / Regional Administration:</td>
<td>Name:</td>
</tr>
</tbody>
</table>

Where to send your form: All members for non-National meetings - to appropriate Regional Office. Executive Council members for National meetings - to Holborn. All members for international travel (non-UK, RoI, Gibraltar) – to Holborn
Guidance Notes - Loss of Pay

To be eligible for loss of pay, members need to meet the following three criteria:

1. Be in employment.
2. Would have worked on the day(s) claimed for.
3. Have not been given paid release by their employer to attend the Union activity.

It is the accepted practice that members (with the support, if necessary, of their local union official) will negotiate time off with pay from their employer for Union responsibilities. If the employer will not co-operate, the appropriate Regional Secretary/National Officer must be approached to attempt to resolve the problem.

In the circumstances where this is unsuccessful, loss of pay will be reimbursed as follows:

Loss up to £55.80 per day – loss to be calculated based upon actual gross pay lost including such things as shift premium, overtime, allowances, average earnings, etc. plus employer pension contributions. The loss will be calculated on the normal contractual hours lost or, if higher, the actual hours engaged in union activity at the rate the member would have been paid by their employer for the additional hours. If the loss calculated as per above is less than £55.80, then £55.80 will be paid but the member may be liable for tax on the difference between £55.80 and the loss calculated.

Loss above £55.80 per day – loss to be calculated based upon actual net basic pay lost excluding such things as shift premiums, overtime, allowances, average earnings, etc. and no makeup for lost employer pension contributions.

Claims for losses of at the minimum rate of £55.80 per day will be paid upon certification by the member that the claim is true.

Losses above £55.80 per day will only be paid upon the production by the member of evidence documenting the loss – e.g., payslip, confirmation from employer, etc. In order to avoid delay in payment, members intending to claim losses above £55.80 per day should speak to Regional/National Administration in advance so that they clearly understand how the loss will be calculated and what evidence they will be required to produce.

Self employed members shall be able to claim losses up to £55.80 per day which they must self certify (and which the Union shall retain the right to verify). In addition, where it can be fully substantiated, claims for losses above £55.80 per day will be allowed.

WRONG CLAIMS

Any member whose claim(s) are subsequently proven to be wrong must re-pay the Union any amounts overpaid and shall, where the claim(s) are found to be fraudulent (a proper investigation having been conducted), the member shall, as appropriate, be subject to disciplinary procedures of the Union. The Union shall likewise pay the member any amounts underpaid.
**UNITE LAY MEMBER EXPENSE FORM (excluding Education) - €uro**

Please complete this form in BLOCK CAPITALS in ink. For constitutional meetings, please sign and send to the addresses below. For all other meetings, please ensure that this form is signed (authorised) by the person organising the event you attended, as well as (Central or Regional) Administration and either hand it to them or send it (signed) to the addresses below.

For any claim related to an education course please use the Unite Education Expense Claim Form.

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Membership No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>(Has address changed since last expenses claim Yes / No )</td>
<td>Post code:</td>
</tr>
<tr>
<td>Bank Name:</td>
<td>Account No:</td>
</tr>
<tr>
<td>Account Name:</td>
<td>Sort Code:</td>
</tr>
</tbody>
</table>

If you are not informing us of new bank details, please leave blank.

<table>
<thead>
<tr>
<th>Title of Meeting:</th>
<th>Venue:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of Meeting</td>
<td>From:</td>
</tr>
<tr>
<td></td>
<td>To:</td>
</tr>
<tr>
<td>Date Leaving Home:</td>
<td>Date Returning Home:</td>
</tr>
</tbody>
</table>

**Travel Costs**

<table>
<thead>
<tr>
<th>Method</th>
<th>Cost Details</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Car</td>
<td>No. of miles @ 45¢ / mile</td>
<td></td>
</tr>
<tr>
<td>By Rail (2nd class fare)</td>
<td>Receipted (If warrant used, specify warrant number)</td>
<td></td>
</tr>
<tr>
<td>By Air (only if authorised in advance)</td>
<td>Receipted</td>
<td></td>
</tr>
<tr>
<td>Taxi (only if essential)</td>
<td>Receipted</td>
<td></td>
</tr>
<tr>
<td>Other Travel (Bus / Tube / Parking)</td>
<td>Receipted</td>
<td></td>
</tr>
<tr>
<td>Non-Receipted Travel (Please list separately overleaf)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Daily Allowances**

<table>
<thead>
<tr>
<th>Type</th>
<th>Rate</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Overnight</td>
<td>€18.00 (€9.00 where a meal is provided)</td>
<td></td>
</tr>
<tr>
<td>UK / RoI / Gibraltar Overnight</td>
<td>€40.00 (€31.00 where a meal is provided)</td>
<td></td>
</tr>
<tr>
<td>Overnight (Other than UK/RoI/Gibraltar)</td>
<td>€56.00</td>
<td></td>
</tr>
</tbody>
</table>

**Overnight Accommodation**

<table>
<thead>
<tr>
<th>Type</th>
<th>Rate</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed &amp; Breakfast cost only</td>
<td>Receipted</td>
<td></td>
</tr>
</tbody>
</table>

**Loss of Pay Allowance** - (See guidance overleaf)

**Total Claim**

| | |
| Signature of Member: | Date: |
| Authorised by Event Organiser: | Name: |
| | Signature: |
| | Date: |
| Authorised by Central / Regional Administration: | Name: |
| | Signature: |
| | Date: |

Where to send your form:
All members for non-National meetings - to appropriate Regional Office.
Executive Council members for National meetings - to Holborn.
All members for international travel (non-UK, RoI, Gibraltar) – to Holborn.

Unite Health Sector Handbook May 2012 66 | Page
Non-Receipted Travel

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Travel</th>
<th>To</th>
<th>From</th>
<th>Fare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

Guidance Notes - Loss of Pay

To be eligible for loss of pay, members need to meet the following three criteria:

1. Be in employment.
2. Would have worked on the day(s) claimed for.
3. Have not been given paid release by their employer to attend the Union activity.

It is the accepted practice that members (with the support, if necessary, of their local union official) will negotiate time off with pay from their employer for Union responsibilities. If the employer will not co-operate, the appropriate Regional Secretary/National Officer must be approached to attempt to resolve the problem.

In the circumstances where this is unsuccessful, loss of pay will be reimbursed as follows:

Loss up to €62.75 per day – loss to be calculated based upon actual gross pay lost including such things as shift premium, overtime, allowances, average earnings, etc. plus employer pension contributions. The loss will be calculated on the normal contractual hours lost or, if higher, the actual hours engaged in union activity at the rate the member would have been paid by their employer for the additional hours. If the loss calculated as per above is less than €62.75, then €62.75 will be paid but the member may be liable for tax on the difference between €62.75 and the loss calculated.

Loss above €62.75 per day – loss to be calculated based upon actual net basic pay lost excluding such things as shift premiums, overtime, allowances, average earnings, etc. and no makeup for lost employer pension contributions.

Claims for losses of at the minimum rate of €62.75 per day will be paid upon certification by the member that the claim is true.

Losses above €62.75 per day will only be paid upon the production by the member of evidence documenting the loss – e.g., payslip, confirmation from employer, etc. In order to avoid delay in payment, members intending to claim losses above €62.75 per day should speak to Regional/National Administration in advance so that they clearly understand how the loss will be calculated and what evidence they will be required to produce.

Self employed members shall be able to claim losses up to €62.75 per day which they must self certify (and which the Union shall retain the right to verify). In addition, where it can be fully substantiated, claims for losses above €62.75 per day will be allowed.

WRONG CLAIMS

Any member whose claim(s) are subsequently proven to be wrong must re-pay the Union any amounts overpaid and shall, where the claim(s) are found to be fraudulent (a proper investigation having been conducted), the member shall, as appropriate, be subject to disciplinary procedures of the Union. The Union shall likewise pay the member any amounts underpaid.

Office Use only

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

The occupational/professional groups in the Unite health sector are organised as Organising Professional Committees

Organising Professional Committees (OPCs)

Healthcare Science
Speech and Language Therapy
Family of Psychology
Dental Professions
Health Visitors (CPHVA)
School Nurses (CPHVA)
Community Nursery Nurses (CPHVA)
Mental Health Nurses (MHNA)
Estates and Maintenance
Support Services
Ambulance
Veterinary (BVU)
Health Care Chaplains (CHCC)
Pharmacists (GHP)
Doctors (MPU)
Sexual Health Advisors (SSHA)
Hospital Physicists (HPA)
Councillors and Psychotherapists
Art Therapists
NHS Blood and Transfusion
Public Health England

Groups and Associations

College of Health Care Chaplains
http://www.healthcarechaplains.org

Community Practitioners’ & Health Visitors’ Association
http://www.unitetheunion.org/cphva

Guild of Healthcare Pharmacists
Hospital Physicists’ Association
http://www.hospitalphysics.org.uk

Mental Health Nurses’ Association
http://www.unitetheunion.org/mhna

Medical Practitioners’ Union
http://www.unitetheunion.org/sectors/health_sector/professional_groups_assoc/medical_practitioners_union.aspx
Others

British Veterinary Union in Unite
http://www.bvu.org.uk

Optometrists, through our agreement with the Association of Optometrists. Salaried/Sessional GPs, through our emerging agreement with the NASGP - National Association of Salaried/Sessional GPs.

Occupational health nurses, through our emerging agreement with the AOHNP - Association of Occupational Health Nurse Practitioners.
Appendix F: Professional Liability Insurance (PLI)

1. Professional Liability Insurance (PLI) is becoming increasingly important to all health professionals. Some regulators through their codes of conduct contain a requirement to hold PLI, as do some employers.

And soon (CHRE annual report 2010/11) there will be a requirement for health professionals to have indemnity insurance in place as a condition of registration. Relevant legislation will harmonise practice across the regulators. Failure to be able to demonstrate indemnity insurance cover could result in registration being refused.

2. While all health professionals who are employed (as opposed to self-employed) are covered by their employer’s vicarious liability insurance, the demand for an extra layer of cover is considerable.

3. The employer’s insurance will not cover a practitioner for voluntary or charitable work. And, on occasions, an employer might try to recover damages and costs related to a successful claim against a practitioner as the result of negligence.

4. Historically, this union has provided PLI for certain professions within the health sector at no extra cost and as part of ordinary membership subscriptions. The following membership groups that receive this benefit are - all registered nurses, nursery nurses, all members of the College of Health Care Chaplains, all members of the Society of Sexual Health Advisers, all counsellors and psychotherapists.

5. To meet the demand from other professional groups Unite has now extended the scheme to any health professional who wishes to access it. It is available for an extra £15 per annum which may be paid through an enhanced union subscription. For direct debit or check-off members, this means that an extra £1.25 per month will be taken as part of the union subscription. An explanatory letter has recently been sent to members. See below –

“June 2011

“To all members of the Unite Professional Liability Insurance (PLI) Scheme

“Dear Member,

“Unite is changing and simplifying the way it administers the PLI scheme for members. From 1st July 2011 your subscriptions to the scheme will be collected as an additional amount to your usual union subscription, rather than as a separate payment, as it is now.

• If you pay your Unite subscription by Direct Debit – from 1st July 2011 your PLI subscription will be taken in the same way as your union subscription. £1.25 will be added to the amount we take on your direct debit. You will not need to take any action (unless you wish to advise us that you will no longer contribute).

• If you pay your Unite subscription by Check-off (i.e. via your employer) – your PLI subscription can be collected in the same way as your union subscription, but you
will need to advise your employer that an extra £1.25 per month should be deducted as part of your check-off payment.

- If you have already sent us your renewal cheque for £15 for the year from 1st July, that amount will be returned or refunded to you and instead, the money will be collected monthly with your union subscription, as described above.

“Details about these new arrangements are also available on the Health Sector part of the Unite web site – www.unitetheunion.org/sectors/health_sector/pli “

Details of health sector job titles and job codes may be found on the health sector generic recruitment leaflet http://www.unitetheunion.org/pdf/Job%203606-0%20Holborn%20Health%20Sector%20Membership%20Form%202012v3%20.pdf

The administration of the scheme for those who pay extra is changing from 1st July 2011. Payment to the scheme will be collected as part of the collection of union contributions via check-off or direct debit. Further information for members and colleagues appears on the health sector part of the Unite web site – www.unitetheunion.org/sectors/health_sector/pli

- To be covered members must be competent, qualified and contracted to do the work they do.
- The PLI does not cover self-employed work.
- It does not apply in the USA or Canada
- It does apply to Good Samaritan acts and voluntary work.
- Cover will fail if union contributions are not up-to-date
- Should retrospective action be brought against a member after they have left the union, in retirement for example, that member will be covered so long as the incident occurred while they were full members of the union and therefore covered at the time.
APPENDIX G: Copy of contents page from NHS Terms and Conditions of Service Handbook

Part 1 Principles and partnership

Part 2 Pay
Section 1 Pay structure
Section 2 Maintaining round the clock services
Section 3 Overtime payments
Section 4 Pay in high cost areas
Section 5 Recruitment and retention premia
Section 6 Career and pay progression
Section 7 Payment of annual salaries
Sections 8–9 (Unallocated)

Part 3 Terms and conditions of service
Section 10 Hours of the working week
Section 11 Part-time employees and employees on fixed-term contracts
Section 12 Contractual continuity of service
Section 13 Annual leave and general public holidays NHS terms and conditions of service handbook Pay circular (AforC) 3/2011: amendment number 24
Section 14 Sickness absence
Section 15 Maternity leave and pay
Section 16 Redundancy pay
Section 17 Mileage allowances
Section 18 Subsistence allowances
Section 19 Other terms and conditions Section 20 Mutually agreed resignation schemes: Principles Section 21 Right to raise concerns in the public interest (whistleblowing)
Sections 22–24 (Unallocated)

Part 4 Employee relations
Section 25 Facilities for staff organisations
Section 26 Joint consultation machinery
Section 27 Working time regulations
Sections 28–29 (Unallocated)

Part 5 Equal opportunities
Section 30 General statement on equality and diversity
Section 31 Recruitment, promotion and staff development
Section 32 Dignity at work
Section 33 Caring for children and adults NHS terms and conditions of service handbook Pay circular (AforC) 3/2011: amendment number 24
Section 34 Flexible working arrangements
Section 35 Balancing work and personal life
Section 36 Employment break scheme
Sections 37–39 (Unallocated)

Part 6 Operating the system
Section 40 New bodies and procedures
Sections 41–45 (Unallocated)

Part 7 Transitional arrangements
Section 46 Assimilation and protection
Section 47 Monitoring, reviews and appeals

Annexes
Annex A NHS employers
Annex B Pay bands and pay points from 2004
Annex C Latest pay bands and pay points
Annex D Working or providing emergency cover outside normal hours
Annex E Provisions for unsocial hours payments for ambulance staff and available to early implementer sites
Annex F Examples of special cases under the provisions for work outside normal hours
NHS terms and conditions of service handbook Pay circular (AforC) 3/2011: amendment number 24
Annex G Good practice guidance on managing working patterns
Annex H High cost area payment zones
Annex I High cost area supplements
Annex J Local recruitment and retention premium criteria
Annex K Additional freedoms for trusts with earned autonomy
Annex L Mileage allowances
Annex M Lease car policies
Annex N Subsistence allowances
Annex O Other terms and conditions
Annex P Coverage of NHS Pay Review Body (NHSPRB)
Implementation annexes
Annex Q Classification of leads and allowances (listed by staff group)
Annex R Withdrawal of nationally agreed recruitment and retention premia and transitional arrangements
Annex S Local appeals procedures
Annex T Development of professional roles
Annex U Arrangements for pay and banding of trainees
Annex V NHSScotland: Partnership Information Network guidelines
Annex W (Unallocated) NHS terms and conditions of service handbook Pay circular (AforC) 3/2011: amendment number 24
Annex X Working or providing emergency cover outside normal hours
Annex Y Arrangements for general and public holidays over the Christmas and New Year holiday periods
Annex Z Managing sickness absences – developing local policies and procedures
Annex A1 Principles and Best Practice of Partnership Working
Annex A2 Guidance on frequently asked questions
Annex A3 Principles for harmonised on-call arrangements
APPENDIX H: Agenda for Change frequently asked questions
(copied from Annex A2 from NHS Terms & Conditions of Service Handbook)

1. The Agenda for Change partners will make every effort to continue to support, encourage and promote a partnership approach to the operation of the pay system at local level.

2. The agreement to work in partnership to deliver an NHS pay system which supports NHS service modernisation and meets the reasonable aspirations of staff should, therefore, be replicated at local level.

3. This guidance has been jointly agreed in partnership by the NHS Staff Council Executive and is intended to help in situations where, locally, the joint partners have not so far been able to agree a suitable way forward. These answers reflect the final Agenda for Change agreement. They were previously published on the Agenda for Change website.


Footnote number 2

Where a post holder’s role has been determined (based on one contract of employment) and it includes specialist responsibilities – is it permissible for an employee to be paid at the specialist pay band on days when they do specialist duties and at a lower pay band when they do not?
No, the higher specialist pay band applies for all of their service. Part 2: Section 1: Pay Structure Paragraph 7 Footnote number 3

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

Part 2: Section 2: Maintaining round the clock services Paragraph 3 Footnote number 1

What happens for staff who, before the implementation of Agenda for Change, did not receive unsocial hours payments (USH) for work in standard hours that fell within an USH period?
Under Agenda for Change all staff who work unsocial hours within their standard working week will receive unsocial hours payments under the provisions in paragraph 2.2 to 2.31. Part 2: Section 2: Maintaining round the clock services Paragraph 6 Footnote number 2

Do the provisions for unsocial hours payments in Annex E apply just to staff working on ambulances or to all staff?
Paragraph 2.6 makes clear that the arrangements in Annex E should apply to ambulance staff (i.e. those who would have been subject to the provisions of the
Ambulance Whitley Council had they been on national contracts). Paragraph 2.5 describes arrangements for transferring staff in former EI sites from the Annex E payments to the new payments in Section 2. Part 2: Section 2: Maintaining round the clock services Paragraphs 8, 33 and 48 Footnotes number 3, 7 and 8

Does the protection for on-call arrangements include protection for the “rate of pay”. For example, if the local protected agreement says that Sunday is double time is this protected under 2.8.
Yes, all current on-call arrangements may be protected for groups of employees irrespective of whether they were nationally or locally agreed (paragraphs 2.8 and 2.48). It is the totality of the local national on-call agreement that is protected. Pay circular (AforC) 1/2009 announced that where flat rate on-call allowances continue to be paid in accordance with Section 2, these should be increased by 2.4%. This protection does not prevent local agreements on alterations to working patterns to meet changing service needs. Part 2: Section 2: Maintaining round the clock services Paragraph 8 Footnote number 4

Are other groups of staff who might have had similar on-call arrangements to pathology covered by the protection offered in 2.8?
In paragraph 2.8 the protection of on-call arrangements during the “interim regime” are described as “a particular feature of NHS pathology departments.” All out of hours working in pathology is defined as “on-call”. However, other staff groups (including radiographers, physiotherapists and clinical scientists) who may also work similar “out of hours” arrangements are protected until new Agenda for Change on-call arrangements are negotiated.

Part 2: Section 2: Maintaining round the clock services Paragraphs 8, 33 and 48 Footnotes number 5, 6 and 8

On what date does the period of protection of current on-call arrangements start?
It starts from 1 October 2004 – the effective date for new pay and conditions, except hours of work (see paragraph 46.6). Part 2: Section 3: Overtime payments Paragraph 2 Footnote number 1

How is overtime pay calculated for staff on “protected pay”? As an example: if staff are on Agenda for Change pay point £18,000 but the protected level of pay is £20,000, is overtime paid on £20,000?
Yes, overtime is not off-set against protected pay. Overtime payments are calculated by taking the annual rate of basic pay and working out the rate of pay per hour. In this case the annual rate of pay used will be £20,000. All overtime is payable at one and a half times the hourly rate, except overtime worked on general public holidays which is payable at twice the hourly rate (paragraph 3.1). Part 2: Section 3: Overtime payments Paragraph 3 Footnote number 2

Under Agenda for Change when does overtime start for a part-time member of staff?
For staff working a portion of the standard 37½ hours, overtime starts when these staff work over 37½ hours (paragraph 3.3). Where standard hours are as in Tables 9 and 10 in Section 46 overtime starts when the hours in the right-hand column in each table are exceeded. Part 2: Section 4: Pay in high cost areas Paragraph 7 (see also paragraph 46.5) Footnote number 1
Where a member of staff is in receipt of a COLs based RRP (4.7 and 46.5) and is promoted within the same Trust does he or she retain the RRP? Yes, providing the person is still in a staff group meeting the eligibility criteria. Part 3: Terms and conditions Part 3: Section 12: Contractual continuity of service Paragraph 4 Footnote number 1

When calculating entitlements to annual leave should I take account of a single period of previous service or should I aggregate several periods? An employer must include all reckonable service when calculating annual leave entitlement (12.3). 12.2 gives discretion to employers to decide what previous (non-NHS) employment can count towards annual leave entitlement. Implementation annexes

Part 3: Section 13: Annual leave and general public holidays Paragraph 1, Table 7: Leave entitlements Footnote number 1

What happens to my two public holiday days when Easter is in March and when, therefore, if Easter was in April the previous year, I have already had two days for Easter in the current twelve-month period? The Agenda for Change annual leave and general public holiday entitlements are set out in Section 13. In normal circumstances all staff are entitled to 8 general public holidays in a twelve-month period. Sometimes Easter will fall in March. This may mean that in some organisations there will, in effect, be two Easter holidays in the same twelve-month period. In such circumstances the local partners will need to decide on the appropriate action to take. Pragmatically, this might mean anticipating the two public holidays falling in the next twelve-month period. Part 3: Section 13: Annual leave and general public holidays Paragraph 4 Footnote number 2

Does paragraph 13.4 provide an entitlement to equivalent time off at plain time rates, plus the appropriate payment, on top of the standard entitlement to 8 general and public holidays (see table 7)? No – paragraph 13.4 preserves the right to 8 general public holidays. It does not provide additional entitlements. Part 3: Section 13: Annual leave and general public holidays Paragraph 4 Footnote number 2

How is pay and time off in lieu (TOIL) calculated when staff work on general public holidays? Staff required to work or to be on-call on a general public holiday are entitled to time off in lieu at plain time rate in addition to the appropriate payment for the duties undertaken (paragraph 13.4). Staff who are required to work more than 60 hours (8x7½ hours) on general public holidays, in their personal leave year, will receive TOIL at plain time rate for all of the hours worked and the appropriate payment for all of the hours worked. The 60 hour threshold will be set on a pro-rata basis for part-time staff. E.g. if staff were required to work 70 hours per year on public holidays they would receive 70 hours TOIL, plus the appropriate payment. Staff who volunteer to work more than 60 hours in their personal leave year will receive TOIL at plain time rate up to the 60 hour threshold and the appropriate payment for the duties they undertake. For any time worked over the 60 hour threshold they will receive payment only. Implementation annexes Annex A2: Guidance on frequently asked questions NHS terms and conditions of service handbook The NHS Staff Council Pay circular (AforC) 3/2011: amendment number 24 Guidance on what to do when Easter falls in March and entitlements to
public holiday leave exceed 8 days in a leave year is in another Q and A. Part 3: Section 13: Annual leave and general public holidays Paragraph 5 Footnote number 3

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

“Where staff work standard shifts other than 7½ hours excluding meal breaks, annual leave and general public holiday entitlements should be calculated on an hourly basis to prevent staff on these shifts receiving more or less leave than colleagues on standard shifts.” This applies to all staff working standard shifts other than 7½ hours, excluding meal breaks. Part 3: Section 14: Sickness absence Paragraph 4 Footnote number 1

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

Paragraph 14.4 allows regularly paid supplements to be included in pay during sickness absence. This will include on-call allowances and on-call payments where these are normally paid at regular intervals. An allowance which is paid only occasionally will not count. Part 3: Section 14: Sickness absence Paragraph 4 Footnote number 2

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

This is the average pay for the three month period ending on the day before an employee commences sick leave – or any other locally agreed reference period. Part 3: Section 19: Other terms and conditions Paragraph 1 Footnote number 1

What happens to “MUFTI” allowances in Agenda for Change?

There is no national provision for this within Agenda for Change. MUFTI is not part of the evaluation scheme and is, therefore, not an allowance replaced by the scheme. It is our view that any discussion on the provisions of MUFTI allowances are for local partnerships. The partners to any such discussion should give careful consideration to the equal pay implications of any MUFTI provisions that they might contemplate. Implementation annexes Annex A2: Guidance on frequently asked questions NHS terms and conditions of service handbook The NHS Staff Council Pay circular (AforC) 3/2011: amendment number 24 Part 3: Section 19: Other terms and conditions Paragraph 1 Footnote number 1

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

Paragraph 19.1 of the Handbook states “Other terms and conditions not covered in this Handbook will be determined locally following consultation with staff representatives with a view to reaching agreement on such terms and conditions or any changes to them (see Annex O).” In the absence of a local agreement the previous contractual arrangements for those on national contracts will apply. Part 7: Transitional arrangements Part 7: Section 46: Assimilation and protection Paragraph 2 Footnote number 1

Paragraph 46.2 provides for staff on local contracts, not incorporating national agreements on pay and conditions of service the opportunity to assimilate to Agenda for Change. Can staff whose NHS contract of
employment arises from a TUPE transfer into the NHS prior to 1 October 2004 exercise the right to assimilate or not to assimilate to Agenda for Change terms and conditions?
Yes, staff who have transferred into the NHS who are not on Whitley or shadow Whitley contracts will be deemed to be NHS employees for the purposes of Agenda for Change implementation. For the purposes of paragraph 46.2 staff on local contracts will have the right to opt for Agenda for Change assimilation or remain on their existing terms and conditions. Part 7: Section 46: Assimilation and protection Paragraph 2 Footnote number 1

If a member of staff on a local contract is offered assimilation to a pay band where the matching or evaluation outcome is subject to review, can the post holder defer a decision until the outcome of the review is known, but still maintain the original effective date of assimilation?
Yes. Part 7: Section 46: Assimilation and protection Paragraph 2: second bullet Footnote number 2

Is the effect of the second sub-clause in paragraph 46.2 to give staff who defer their decision until the outcome of the review, the right to backdating to 1 October 2004?
Implementation annexes Annex A2: Guidance on frequently asked questions NHS terms and conditions of service handbook The NHS Staff Council Pay circular (AforC) 3/2011: amendment number 24 No – providing these staff give their employer reasonable notice their effective date of assimilation and the effective date for Agenda for Change pay and conditions will be the effective date of the new unsocial hours arrangements. Part 7: Section 46: Assimilation and protection Paragraph 5 Footnote number 3

Are new staff to be recruited to the new conditions, including new standard hours of 37½, from 1 December 2004?
Yes – subject to the provision in paragraph 46.5 allowing recruitment on pre-Agenda for Change terms. In accordance with this paragraph the protection provisions apply, including those on hours of work, Tables 9 and 10. Where a staff group is increasing hours under Agenda for Change (e.g. radiographers) if recruiting new starters at 37½ hours causes problems the local parties would have to agree in partnership how to proceed. Part 7: Section 46: Assimilation and protection Paragraph 6 Footnote number 4

Do we recover money overpaid as a result of a gap between implementing specific parts of Agenda for Change and the final assimilation to the whole package?
Where partners agree locally to implement the new Agenda for Change overtime rates at the same time as assimilation the following method should be applied:
- a calculation commencing October 1 should take the total earnings for an individual under the original conditions and a similar calculation for total earnings that would have applied had Agenda for Change been operational;
- (a) total earnings from 1 October 2004 to personal assimilation date under original conditions;
- (b) total earnings under Agenda for Change conditions from 1 October 2004;
- (c) (b) minus (a) = positive or negative figure.
Subject to this calculation a positive figure would not be recovered (unless it is as a result of any cause other than the implementation of Agenda for Change). Part 7: Section 46: Assimilation and protection Paragraph 9 Footnote number 5

Do staff continue to receive pay increments on their Whitley basic pay past 1 October and 1 December 2004 and until they are assimilated to Agenda for Change pay?
Yes – and the basic pay on the effective assimilation date is to be calculated as in paragraph 46.9. Implementation annexes Annex A2: Guidance on frequently asked questions NHS terms and conditions of service handbook The NHS Staff Council Pay circular (AforC) 3/2011: amendment number 24 Part 7: Section 46: Assimilation and protection Paragraph 12 second bullet point Footnote number 6

What is meant by, “. . . . significantly below the minimum . . . .” in relation to assimilation to transitional points on the pay scale (para 46.12, second bullet point)?
This was not specified in the agreement and was left for those assimilating to conclude for themselves. We are aware that in many cases local partnerships have already reached agreements on how to apply this clause and we have no wish to disturb these arrangements. However, those local partnerships still interpreting this clause should be aware that the intention of the Agenda for Change negotiators was that transitional points would apply where salary before assimilation was below both the minimum of the new pay band and one of the transitional points. In these circumstances the normal rules for assimilation should apply and assimilation would be made to the next highest point. This is demonstrated by the following examples, using band 3: - an individual matched to Band 3 on a pre-assimilation salary of £12,000 would assimilate to the first Band 3 transitional point i.e. £12,044; - while an individual on a pre-assimilation salary of £12,050 would assimilate to the second Band 3 transitional point i.e. £12,539.

Part 7: Section 46: Assimilation and protection Paragraph 15 Footnote number 7
Can a new appointee be placed on a transitional point when there are no other members of their job/professional group in that unit (or equivalent work area) on a transitional point in their pay band?
Paragraph 46.15 is clear on this point. Staff can only be appointed to a transitional point where there are already other staff in their job/professional group in that unit (or equivalent work area) on a transitional point. Part 7: Section 46: Assimilation and protection Paragraph 17 Footnote number 8

Are there any special arrangements for the assimilation of staff who are approaching retirement age?
Paragraph 46.17 provides rules for staff whose basic pay before assimilation is below their new minimum. There are no other special provisions for staff approaching retirement age, who assimilate according to the provisions in Section 46, including the provisions for protection. Part 7: Section 46: Assimilation and protection Paragraph 19 and Table 8. Footnote number 9

Will student training allowance be taken into account when assimilating staff onto Agenda for Change?
Implementation annexes Annex A2: Guidance on frequently asked questions NHS terms and conditions of service handbook The NHS Staff Council Pay circular (AforC) 3/2011: amendment number 24 For assimilation purposes the value of any
student training allowance (STA) received by staff in the year prior to the effective date of the agreement will be the amount taken into account for assimilation purposes. There may be cases where staff have previously regularly taken students but during the year prior to the effective date of the agreement were prevented from doing so. Such circumstances may include absence due to maternity or carer leave, career break, secondments, union representatives preparing for Agenda for Change implementation, or where the individual agreed, at the request of their employer, to undertake other duties which did not attract a STA. In such cases the intention is not to penalise staff on assimilation and staff in the circumstances above should therefore have the values of any allowance received, in any one year, during the period 1 October 2001 to 30 September 2003, included for assimilation purposes. Finally, when assimilating part-time staff who received STA, the whole-time value of the allowance should be added to the whole-time value of the basic pay and other relevant payments and then pro-rated. Part 7: Section 46: Assimilation and protection Paragraph 19 and Table 8 Footnote number 9

How are arrears of pay to be calculated when someone “acts up” and works in a role at a higher level of responsibility for a period between 1 October 2004 and their date of assimilation to Agenda for Change?
Two pay histories need to be constructed. Each will start on 1 October 2004 and finish on the day before assimilation. Table 8 in Section 46 of the Handbook sets out what items should be included in each pay history. One history details actual pay and all changes to pay under Whitley “before assimilation” and will include details of any changes to pay reflecting the period of “acting up.” The second pay history details what would have been paid if the employee had been receiving Agenda for Change pay on 1 October 2004 and throughout the rest of the period. In this pay history Agenda for Change pay for the period of the “acting up” needs to be determined using paragraphs 6.30 to 6.32 in the Handbook. Paragraph 31 says that when the person acting up is not required to carry out the full responsibilities of the post, pay will be determined by job evaluation. Both parties will need to agree the two pay histories. A comparison of the two totals produced when all the calculations in each pay history have been done will show if arrears of pay, including any arrears of pay attributable to the period of “acting up”, are due. Paragraph 3.6 in the NHS job evaluation Handbook describes the jointly agreed procedures when jobs change. Implementation annexes Annex A2: Guidance on frequently asked questions NHS terms and conditions of service handbook The NHS Staff Council Pay circular (AforC) 3/2011: amendment number 24 Part 7: Transitional arrangements Part 7: Section 46: Assimilation and protection Pay protection arrangements Paragraph 22 Footnote number 10

How does pension protection work for employees whose pay is subject to the Agenda for Change pay protection provisions in Section 46?
Individual members of staff will not be required to make applications for the protection of their pensions. Employers will identify staff whose pay is protected and provide the relevant details to the NHSBSA Pensions Division. The NHSBSA will provide the employee with a letter confirming that pension benefits have been protected. Part 7: Section 46: Assimilation and protection Paragraphs 30 and Table 9. Footnote number 11

When does overtime start for staff moving down from their current contracted hours to the new standard hours in Agenda for Change?
Overtime starts when staff begin working more than their new standard hours set out in Table 9 in Section 46. For example, for someone working more than 41 hours before Agenda for Change overtime would start when, after 1 December 2004, they work more than 40½ hours in a week. Part 7: Section 46: Assimilation and protection Paragraphs 31 and Table 10. Footnote number 12

When does overtime start for staff moving up from their current contracted hours to the new standard hours in Agenda for Change?
Overtime starts when staff begin working more than their standard hours set out in Table 10 in Section 46. For example, for someone working more than 33 hours before Agenda for Change this would be when they work more than 33 hours from 1 December 2004. Part 7: Section 46: Assimilation and protection Paragraph 31 and Table 10. Footnote number 12

When does protection of hours apply?
Paragraph 46.31 of the NHS Terms and Conditions of Service Handbook states “staff currently working less than 37½ hours, excluding meal breaks, will have their hours protected for a phased protection period as set out in Table 10. These protection arrangements will continue to apply where staff move to a post with the same hours under the old pay system during the protection period.” The following examples provide advice on when protection does and does not apply. An employee remaining in the same post will keep their protected hours for the period set out in Table 10. An employee who moves to a new post, within the same job family, on the same pay band, either within the same Implementation annexes Annex A2: Guidance on frequently asked questions NHS terms and conditions of service handbook The NHS Staff Council Pay circular (AforC) 3/2011: amendment number 24 organisation or to another NHS employer, continues to receive protection for the period set out in Table 10. An employee who is recruited into another post prior to assimilation within the same job family, on a higher pay band, continues to receive protection for the period set out in Table 10. Protection will be lost if an employee moves to a new post within the same job family, on a higher pay band, after assimilation to Agenda for Change. Protection will be lost if an employee either moves to a new post outside their job family or leaves the NHS. The Executive does not intend that this guidance should disturb any local agreements on protection of hours reached on a partnership basis. Part 7: Section 46: Assimilation and protection Paragraph 34. Footnote number 13

How is the leave entitlement pre-assimilation determined to establish whether protection is required?
Where an entitlement to annual leave is reduced under Agenda for Change paragraph 46.34 provides that the previous entitlement can be protected for five years from the date of assimilation. Leave pre-assimilation is the total of Whitley or locally agreed leave plus the two statutory leave days, if they have not already been converted into annual leave. Part 7: Section 46: Assimilation and protection Paragraph 34. Footnote number 13

What happens when an employee, who has their annual leave entitlement protected moves employer/post? Do they retain the protection?
Paragraph 46.34 applies. “Any member of staff whose leave entitlement is reduced under Agenda for Change will have their existing entitlement protected for five years from the date of assimilation onto the new system.” Individuals would
retain their protection, subject to continuity of service. Where there is a break in service, however, protection no longer applies. Part 7: Section 46: Assimilation and protection Paragraph 42. Footnote number 14

**Do PRP payments continue under Agenda for Change?**
Such schemes cease at the date of implementation. Any new scheme must be such that all staff in the organisation, or unit or work area concerned have fair access to it.
Implementation annexes: Annex T: Development of professional roles Paragraph 3 Footnote number 1

**Does the provision for movement into pay band 6 apply to staff groups other than midwives?**
Implementation annexes Annex A2: Guidance on frequently asked questions NHS terms and conditions of service handbook The NHS Staff Council Pay circular (AforC) 3/2011: amendment number 24 This provision is not restricted to midwives. Annex T applies to all staff groups meeting the criteria in paragraph 3. In the circumstances described, job size should be reviewed no earlier than one year and no later than two years from the date of qualification, using the NHS Job Evaluation Scheme. Implementation annexes: Annex T: Development of professional roles Paragraph 3 Footnote number 1

**Will guidance be provided (in partnership) in respect of the application of paragraph 3 other than that which is already described?**
There are no plans for further guidance on Annex T. Implementation annexes: Annex U: Arrangements for pay and banding of trainees Paragraph 2 (iii) Footnote number 1

**Are trainees who are covered by Annex U (paragraph 2 (iii) subject to the foundation and second gateway?**
There are no agreed pay bands or pay scales for trainees under 2 (iii). It follows that there is no point identified in their pay where there is an agreed second gateway. All staff who have served less than one year in their post are subject to the foundation gateway. Implementation annexes: Annex A3: Principles for harmonised on-call arrangements Interim regime Paragraph 48 Footnote number 1 Does the protection for on-call arrangements include protection for the “rate of pay”. For example, if the local protected agreement says that Sunday is double time is this protected under 2.8. Yes, all current on-call arrangements may be protected for groups of employees irrespective of whether they were nationally or locally agreed (paragraphs 2.8 and 2.48). It is the totality of the local national on-call agreement that is protected. Pay circular (AforC) 1/2009 announced that where flat rate on-call allowances continue to be paid in accordance with Section 2, these should be increased by 2.4%. This protection does not prevent local agreements on alterations to working patterns to meet changing service needs. Implementation annexes: Annex A3: Principles for harmonised on-call arrangements Interim regime Paragraph 48 Footnote number 1

**On what date does the period of protection of current on-call arrangements start?**
Implementation annexes Annex A2: Guidance on frequently asked questions NHS terms and conditions of service handbook The NHS Staff Council Pay circular (AforC) 3/2011: amendment number 24
It starts from 1 October 2004 – the effective date for new pay and conditions, except hours of work (see paragraph 46.6).
APPENDIX I – Example letters

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

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

Dear........

Re: ............... 

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

Could you please let me know the following:

1) The reason for such action

2) Who is affected?

3) Whether a policy decision has been taken and, if so, by whom?

4) Which section of which agreement/policy/procedure gives management the authority to take such action?

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

Yours sincerely

(Name)
(-status)

cc (Members)
I.2 Seeking information in preparation for a disciplinary case

Manager’s Name  
Address

Dear (Manager or Director of HR)

Re: (name) – proposed disciplinary action

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

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

1 ………..

2 ………..

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

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

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

Yours sincerely

(Name)  
(Status)

cc (Member)
I.3 Seeking information based on a ‘tip off’

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)
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)
Dear (Manager or Director of HR)

Re: (Issue) – request for information

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

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

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

Yours sincerely

(Name)
(Status)

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

Dear (Manager or Director of HR)

Re: (Issue) – request for information

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

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

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

Yours sincerely

(Name)
(Status)

cc (Member)
I.7 Seeking an informal meeting

Dear (Manager or Director of HR)

Re: (Issue) – request for informal meeting

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

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

1)
2) (etc)

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

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

1)
2) (etc)

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

Yours sincerely

(Name)
(Status)

cc (Member)
I.8 Lodging a grievance

Dear (Manager or Director of HR)

Re: (Issue) - Formal Grievance

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

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

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

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

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

1) 
2) (etc)

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

I/we look forward to your early reply.

Yours sincerely

(Name)
(Status)

cc (Member)
I.9 Letter from individual member expressing concerns-lodging a grievance

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)
Dear (Manager or Director of HR)

Re: (Issue)

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

I understand that management have (Details of action).

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

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

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

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

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

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

Yours sincerely

(Name)
(Status)

cc (Member)
I.11 Commenting on a management document

Manager’s Name
Address

Dear (Manager or Director of HR)

Re: (Issue)

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

Yours sincerely

(Name)
(Status)

cc (Member)
I.12 Raising issues which affect the range and quality of services

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)
Dear (Manager or Director of HR)

Re: (Issue) – Clarification of agreement

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

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

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

Yours sincerely

(Name)
(Status)

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

Dear (Manager or Director of HR)

Re: (Issue)

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

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

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

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

Yours sincerely

(Name)
(STATUS)

cc (Member)
I.15 Clarifying a possible disciplinary meeting

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

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

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

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

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

Yours sincerely

(Name)
(Status)

cc (Member)
I.17 Confirming the outcome of a meeting

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)
Dear (Manager or Director of HR)

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

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

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

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

Yours sincerely

(Name)
(Status)

cc (Member)
I.19 Raising professional concerns regarding unsafe practice/unsafe work loads

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/practice teacher/speech and language therapist) which has the following effects (state effects):  

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

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

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

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

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

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

Yours sincerely

(Name)
(Status)

cc (Members/Unite Regional Officer)
I.20 Raising professional concerns regarding unsafe practice/unsafe workloads (2)

Statement of Immediate Concern

Staffing levels / standards of care / inappropriate skill mix levels / professional practice

Managers Name
Address

Dear (Manager)

I am currently on duty on [name] ward/clinic/base and the number of staff/skill mix on duty is in my professional opinion inadequate/inappropriate to provide safe standards of care (or I am being asked to work outside my scope of practice/range of competence).

I have sought to have this issue addressed, through the allocation/employment of addition appropriate staff and/or the reduction of workload/activity.

(Add additional comments over and above those raised above).

Health and safety statement: The health and safety of employees is paramount to the effective delivery of service and standard of care. Any circumstances that would place patients or staff in an unsafe environment should be brought to the attention of the appropriate authority or organisation without undue delay (this will include raising concern to any regulator or external body).

Sign, dated (and possibly timed)

Guidelines to healthcare workers

1. Inform your immediate manager of the situation, requesting advice and guidance on the matter immediately.
2. Also seek an immediate risk assessment of the situation.
3. Finally compare the form and send the original to the appropriate (nurse) manager, retaining a copy.