



Unite in Health

Health Sector Representatives' Handbook

Sixth Edition (July 2017)

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¹ 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 If you become aware of any information that you feel is out of date, please send comments to amanda.cass@unitetheunion.org.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>

² All website links contained in this document were correct as of July 2017. If you become aware of any inaccuracies, please email them to amanda.cass@unitetheunion.org.

A message from Sarah Carpenter & Colenzo Jarrett-Thorpe, National officers

Welcome to the sixth 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.

Sarah Carpenter
National officer, Unite in Health

Colenzo Jarrett-Thorpe
National officer, Unite in Health

1. Introduction

When you start out as a representative (rep), you may feel there's a lot to learn, however this handbook contains just about all you'll ever need to know!

As a rep you'll have access to lots of resources, information and training to help you in your role, and also in your career. You'll also have support from our team of specialists based in our regional and national offices.

First some basics about Unite, and Unite in Health:

Unite is the largest trade union in the UK, with over 1.4 million members and it's the third largest union in the National Health Service (NHS). Unite in Health is one of the largest sectors in our union with around 100,000 members, and over 150 different job roles between them. Many members who work in health are not employed by the NHS. They work for private employers, statutory or local authorities, veterinary, dental or general practitioners.

Unite the union has nearly 32,000 local workplace, health and safety, learning, and equality reps, and over 2,100 of them work in our health sector. Our reps 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.

1.1 In the first few weeks...

- To become a rep you need to be elected by Unite members in your local workplace. Once you're elected, your regional officer (RO) should be informed and our membership system will be updated accordingly.
- Unite will then write formally to your employer (the personnel or human resources (HR) department) notifying them that you're now an accredited rep of Unite for a particular department or group of members.
- You should receive a copy of this 'accreditation' letter, together with contact details for your regional officer, the local Unite office and information about reps' training courses. These are held in lots of venues around the country, so there will be one near to you.
- It's important to give a copy of the letter from your regional officer to your line manager. If you then have any issues carrying out your rep's role, contact your regional officer who will be able to provide support³.
- If you haven't already done so, register/login under 'Member Login' on the Unite website⁴ so that you'll receive information from Unite (see section 1.4). You can also

³ <http://www.unitetheunion.org/regions>

⁴ <http://www.unitetheunion.org>

sign up to receive news from Unite in Health⁵, under the 'resources' tab, then 'e-bulletins'.

- If you're taking over from a previous rep, arrange a handover meeting so you can get any relevant files and paperwork. It will also be useful to discuss how things work within your employing organisation. Ask them to 'mentor' you if you'd benefit from that.
- Arrange to talk to, or meet up with your regional officer as soon as possible – they're there to support you.

1.2 Getting Started

- Make time to discuss your new role as a rep with your line manager or supervisor. You'll need to reach agreement about what should happen when you have to undertake trade union activities - like giving them notice of meetings or training. It may be useful to sit down informally with your manager regularly to discuss issues and brief each other.
- You'll need 'facilities' in order to carry out your union activities which should include access to a phone and computer, and a lockable filing cabinet - there's a more comprehensive list in Section 1.3 below.
- Introduce yourself to the personnel officer or HR manager. If you can, go with an existing rep or the one you're taking over from.
- Make sure the members know who you are. Not all members will have been at the meeting when you were elected. Let them know by letter or email, and include:
 - Your Unite rep's title (workplace, health and safety, learning or equalities rep etc)
 - Where you work, contact details like email, desk phone or mobile
 - What you'll cover in terms of union work, and, if you know at that stage, whether you'll be a member of any committees
- Add your name to any posters or intranet pages for the Unite reps' team
- Meet up with the other Unite reps in your organisation - socially if you can in the first instance as it may help to build good working relationships. Most reps start out by knowing very little, and with the support of others, who may be more experienced, you'll soon pick things up.
- When you start out, it's unlikely that you'll sit on the main union/employer consultation/negotiating committee. However, it's important that you know what's going on, and can feed in your members' issues. There may be a senior Unite rep who'll help to coordinate the reps' team.
- If you're employed by the NHS, or an organisation where other unions are recognised, try to meet the reps from the other unions, either at joint union meetings or socially.

⁵ <http://www.unitetheunion.org/health>

1.3 Basic Facilities and time off – What every rep needs

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).

Reps 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 NHS terms and conditions handbook (Section 25) should be consulted.

There are two excellent publications from ACAS which provide comprehensive guidance on time off and facilities for union reps

1. Code of Practice 3: time off for trade union duties and activities⁶
2. Advisory booklet: trade union representation in the workplace⁷

As a rep, you have a right to materials, equipment and also information in order to carry out your role effectively. Your employer should provide these for you. A 'good practice' checklist will include:

- All paper or electronic case files built up by any previous Unite reps
- Key Unite documents from the regional office or online⁸.
- Unite headed note paper and/or electronic Unite in Health logo on your computer
- Details of Unite training courses for reps and members
- Ideally a union office space
- A lockable filing cabinet for confidential notes and documents
- Phone: either a dedicated line or mobile are most useful for the reps' team
- Access to printing, photocopying and scanning equipment
- Stationery
- Lists of new and existing employees, staff directory and structure

⁶ <http://www.acas.org.uk/CHttpHandler.ashx?id=274>

⁷ <http://www.acas.org.uk/media/pdf/4/8/Trade-Union-Representation-in-the-Workplace-accessible-version.pdf>

⁸ <http://www.unitetheunion.org> and <http://www.unitetheunion.org/health>

- Computer access (password-protected with internet, intranet and e-learning tools) which is essential, and you may need to ask for an ‘unblocked’ access if your organisation’s systems are very restrictive. A list of important web sites is given in Appendix B, and each relevant section of the handbook.
- Access to a private room or area for meeting individual or groups of members
- Somewhere to store recruitment materials such as application forms and leaflets aimed at different staff groups, as well as any Unite in Health merchandise your branch has bought.

1.4 Communication with members

There are many ways to get information to your members and get their feedback on what is happening to them. Unite in Health sends out news and updates to all members who have ‘signed up’ on the website to receive them.

Encourage your members to sign up on Member Login themselves and set up your own distribution network to send information around quickly and easily.

This is some of the information you can expect to receive:

- Health Sector e-bulletin: it is important to ensure that we hold a valid email address for you, and you allow us to contact you by email. As a health rep, you’ll get a monthly resources e-bulletin on the first Friday of every month, which will include lots of useful links and information. If you become a branch secretary, treasurer, chair or equality officer, you’ll receive a branch e-bulletin on the third Friday each month in addition to the resources bulletin, if we hold a valid email address for you, and we know you’re a branch officer.
- Invitations to regional events (in health or for all Unite members) and regional e-bulletins (which include updates of what’s happening in your Unite region, sent from your regional secretary). Contact your regional office admin team to add you to their mailing lists⁹.
- Unite in Health newsletter which is usually emailed, posted or handed to reps, three to four times a year, by their regional officer.
- Sometimes our research colleagues send out questionnaires to get members’ experiences and feedback to help respond to national consultations, for example on pay or other terms and conditions or professional issues.
- Keep useful phone numbers and email addresses handy, so that you can contact members, other reps or your officer quickly.

Make sure that you always use the most up-to-date staff lists or directories and, most importantly, encourage your members to either update their own information on ‘Member

⁹ <http://www.unitetheunion.org/regions>

Login' or 'Contact Unite' or phone to let their Unite local office know as soon as they move house, job, change their name, bank or any other personal details.

1.5 Unite on the Web

The Unite website¹⁰ is the best source of information for reps. You'll find pages on legal advice, health and safety, campaigns, equalities, lifelong learning, the Reps Zone and @ctivist e-bulletin, with plenty of information and resources to help you in your role as rep. You can direct members to this site if they need information too.

The health sector has its own pages on the Unite website¹¹. There you'll find the latest health sector-specific information, news and resources for you and your members.

At times additional e-bulletins with more urgent updates are circulated by Unite in Health. You can view copies of previous e-bulletins on the health sector website pages.

On the Unite in Health website pages you'll also be able to access websites run by our professional groups (see Appendix D). A list of useful websites is listed in Appendix B.

1.6 Important Documents

The Unite Rule Book (2015)¹²: this details the rules that govern membership of the union. It can be a useful document to refer members to if they have any questions about their membership.

NHS Terms and Conditions of Service, NHS Employers¹³: Terms and conditions of service are set out in the NHS Agenda for Change (AfC) handbook. They 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. You should always ensure you are using the most current version which is available from the NHS Employers website).

NHS Job Evaluation Handbook Fourth Edition, NHS Staff Council (2013)¹⁴: 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 pay bands 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.

¹⁰ <http://www.unitetheunion.org>

¹¹ <http://www.unitetheunion.org/health>

¹² <http://www.unitetheunion.org/growing-our-union/about-us/structure/>

¹³ <http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhs-terms-and-conditions-of-service-handbook>

¹⁴ <http://www.nhsemployers.org/case-studies-and-resources/2016/10/job-evaluation-handbook>

NHS Knowledge and Skills Framework (KSF) and the Development Review Process

(2004)¹⁵: The NHS KSF and the accompanying process were developed through a partnership approach between management and staff side reps. 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. A simplified KSF and review process can be found on the NHS Employers' website¹⁴

Trade Union Representation in the Workplace, ACAS, 2014¹⁶: This guide is an update of the Code of Practice, Time off for trade union duties and activities, 2009 and covers the Trade Union and Labour Relations (Consolidation) Act, 1992, which gives details regarding the statutory responsibility of employers.

ACAS¹⁷ publishes a number of other useful advisory booklets and codes of practice for trade unions and employers.

NB: **Northern Ireland** see Labour Relations Agency Guidance¹⁸ for more information.

Further useful guides from Unite are highlighted in Appendix C.

1.7 Expenses

Being a Unite in Health rep is a voluntary role, however you shouldn't be out of pocket undertaking your union duties.

All costs you incur as a rep, in travelling and related expenses, attending courses (eg residential training) and in buying relevant publications, should be claimed. If the expenses involved are substantial, eg to attend a conference, please check first that costs will be covered, either with your branch secretary or a regional officer. If you are not sure how to claim, ask your regional officer.

Please keep all receipts.

Some childcare costs incurred whilst on Unite business can also be claimed for.

1.8 Training

As a rep, it is important that you are trained in what to do, and how to do it. On becoming a rep we advise that you book yourself onto a new reps' course.

¹⁵ <http://www.nhsemployers.org/your-workforce/retain-and-improve/managing-your-workforce/appraisals/simplified-ksf>

¹⁶ <http://www.acas.org.uk/CHttpHandler.ashx?id=2307&p=0>

¹⁷ <http://www.acas.org.uk>

¹⁸ <http://www.lra.org.uk>

Union reps should get paid time-off from their employer for any training that enables them to undertake their role as a rep. (If you have any difficulty securing paid time-off from your employer, please contact your regional officer).

You can download the latest programme showing regional and national training courses for reps and members¹⁸.

Unite will pay for travel and out-of-pocket expenses incurred by reps during training.

Over time, you can take more advanced courses such as employment law, equalities, pensions or negotiating skills. There are also weekend schools and residential week-long courses on a variety of subjects and interests.

For more information on training, see the education section of our website¹⁹.

You should make sure that you attend the Unite regional health study days, which take place throughout the year. Getting involved with Unite in your region means you get regular updates on important issues in health, training to support your role, and a chance to network with other health reps.

¹⁹ <http://www.unitetheunion.org/growing-our-union/education>

2. Who's who in Unite in Health

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 D of this handbook. Unite members *are* the union.

2.2 Representatives

Unite's goal is to have at least one rep in every area, and certainly where we have more than a dozen or so members. Reps have extensive legal rights for time off to be trained and to do the rep's job. Reps are bound by Unite's rules and policy which regional officers can advise you on. Reps 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 reps.

2.3 Senior reps

In many organisations there will be one or more senior Unite reps who coordinate the work of all the Unite reps in any one employer. This is an elected post from amongst all the Unite reps.

2.4 Health and safety reps

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'.

We would recommend that our health and safety reps in the NHS refer to NHS Employers 'Wellbeing Team'²⁰.

The 'Health, Safety and Wellbeing Partnership Group'²¹ also provides a number of resources that members will find useful including the Workplace Health and Safety Standards (2013)²².

²⁰ <http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing>

²¹ <http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/protecting-staff-and-preventing-ill-health/partnership-working-across-your-organisation/partnership-working-on-health-safety-and-wellbeing/health-safety-wellbeing-partnership-group>

²² <http://www.nhsemployers.org/~media/Employers/Documents/Retain%20and%20improve/workplace-health-safety-standards%20Final%20Web%20Version.pdf>

2.5 Unite workplace branches

Unite health sector members are normally organised together in local workplace ‘branches’. If you don’t already know who your branch secretary is, find out from your regional office. Workplace branches 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 Committees²³

The occupational/professional groups form a crucial part of the work across Unite in Health, meeting 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 in Appendix D.

2.7 Regional health study days

Regional health study days provide an opportunity for reps to meet, receive training, share experiences, and form a vital support network.

2.8 Health Regional Sector Conference

Every health sector rep should make every effort to attend this conference, which is held every three years according to rule. The ‘health regional sector conference’ receives motions for the ‘health national sector conference’. It elects delegates to the ‘health regional sector committee’ which in turn elects delegates to the ‘health national industrial sector conference’ and adopts up to two motions on the health sector for consideration by the ‘health national industrial sector conference.’

2.9 Health Regional Industrial Sector Committee (RISC)

The ‘health regional sector conference’ elects delegates to the ‘regional industrial sector committee’.

2.10 The Health National Industrial Sector Committee (NISC)

The Health NISC is the national body that takes an overview of Unite’s national development and policies in the health sector. It is elected every three years according to rule from RISCs and NOPCs.

2.11 Regional officer and regional administrator

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<http://www.unitetheunion.org/uploaded/documents/OPC%20Information%20Document%206%206%201711-31300.pdf>

Your regional officer and their administrator are the people responsible for supporting you in your role as a rep. All reps 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.

2.12 Regional lead officers for health

Regional lead officers for health are regional officers who specialise in the health sector and co-ordinate activity within their respective region.

2.13 Professional officers

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 professional staff groups

Lead officers for professional staff groups are regional officers who take responsibility for the 'national organising professional committees'.

2.15 National Health Sector (also known as Unite in Health)

The national health sector provides support to officers and staff, produces publications, and has access to the Unite communications, research and political departments. It ensures that Unite is properly represented at a national level in consultations and negotiations on nationally determined terms and conditions. The national office receives enquiries referred by officers and staff on behalf of members and reps.

2.16 Regional Committees

Regional committees co-ordinate the overall work of the union in their region, across all sectors.

2.17 Unite Executive Council

The Unite Executive Council co-ordinates the overall work of the union, and members of the council are experienced reps, elected from each of Unite's sectors. Unite in Health currently has three seats on the Executive Council.

3. Who's who in your workplace, and other health trade unions in the health sector

3.1 The Human Resources (HR) department (or equivalent): is responsible for all personnel and industrial relations issues within your employer. It will have copies of all agreements, policies and minutes of all meetings of the Joint Negotiating Committee (see 3.3) and other committees there may be. It will also hold a range of information you may find useful in negotiations, such as your employer's equal opportunities policy, staffing levels / vacancies, training and other relevant staffing data.

3.2 The Joint Trade Union Committee (JTUC) This may have another name in your workplace – it is quite often known as 'staff side' or JSSC (joint staff side committee). 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 (see 3.3).

3.3 Joint Negotiating Committee (JNC) or Joint Negotiating & Consultative Committee (JCNC) (This may also have another name in your workplace), and is the body where management and staff side unions meet to negotiate on policies, and contractual issues such as recognition, terms & conditions (although there may be a separate sub-group for policy work). Unite reps will be eligible to sit on the JNC/JCNC, and we should take every opportunity to do so. It will also have a formal constitution and terms of reference.

In non-NHS employers there may be comparable arrangements and structures depending on the size and resources of the organisation.

3.4 Structures and management hierarchy

Reps are advised to make themselves familiar with the various structures and management hierarchy in place at their own employer.

3.5 Other trade unions in the health sector

Unite is the third biggest union in the NHS.

Wherever possible, at both a national and local level, we try to work with other unions. Prospective members should be supported with information regarding the benefits of being members of Unite.

3.5.1 Other unions and trade union recognition

Recognition of trade unions for collective bargaining is indispensable. It is the foundation upon which we have local reps, 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 organisations, 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 (Sections 25 & 40).

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

- The Chartered Society of Physiotherapy
- GMB
- The Royal College of Midwives
- The Royal College of Nursing
- UNISON

3.5.3 Other health unions include:

- The British Association of Occupational Therapists
- The British Orthoptic Society
- The British Dietetic Association
- The British Dental Association
- The British Medical Association
- The Federation of Clinical Scientists
- The Hospital Consultants' and Specialists' Association
- The Prison Officers' Association
- The Society of Chiropodists and Podiatrists
- The Society of Radiographers

4. Who's who in the health sector

Devolution in the UK has, unsurprisingly, led to divergences in the structure and delivery of health care in England, Scotland, Wales, and Northern Ireland. Health services in the Republic of Ireland are very different from the NHS. An overview of each is given below.

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 NHS Employers and the health departments, and cover the whole of the UK. The staff council has a number of sub-groups dealing with key areas of terms and conditions (including job evaluation, health and safety, equalities and pensions).

The Social Partnership Forum (SPF) brings the unions, NHS Employers, and Department of Health representatives together with the health minister. This body is England only, and is supported by regional SPFs. There are equivalent bodies in the devolved administrations.

4.1.1 England

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

NHS Trusts provide health services and they include Mental Health Trusts, Acute Trusts, Community Trusts, Ambulance Trusts and Foundation Trusts (FTs). FTs were established through legislation in 2003 and 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 the private sector.

Trusts are currently the main employers of health sector staff and have been the predominant providers of healthcare services, but other providers, such as private or 'third sector' organisations, have increasingly won contracts to provide NHS services.

The 2012 Health and Social Care Act established Clinical Commissioning Groups (CCGs) whose role is to commission health services from any NHS or non-NHS providers. In addition NHS England, which was established by the 2012 Act, is responsible for commissioning specialist and regional services. The internal market was opened up to 'any qualified providers' (AQPs) to create opportunities for the private sector and not-for-profit organisations to provide health services currently provided by the NHS.

Most recently, as a result of a document called the 'Five Year Forward View', we have seen the development of Sustainability and Transformation Partnerships (STPs), which are focused on delivering more integrated services and making savings. Unite has huge concerns about these plans as they fundamentally are looking to shift care from hospitals to primary care, at a time when there is not enough provision in primary care to provide a safe level of service. Unite refers to these plans as 'Slash, Trash and Privatise', and there are resources regarding this on our website²⁴.

4.1.2 Northern Ireland

The devolved Northern Ireland Assembly sets the policy for services through the Minister for Health and The Department of Health.

The department's Health and Social Care (HSC) responsibility is delivered through four bodies: the Health and Social Care Board, The Patient Client Council, The Public Health Agency and The Business Services Organisation. They have responsibility for planning, commissioning and purchasing services for the region of Northern Ireland. The monitoring of Health and Social Care Services is now the responsibility of the Health and Social Care Board.

There are five 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. There are also meetings with the Health Minister on a regular basis.

4.1.3 Scotland

Structure of NHSScotland

NHSScotland currently employs approximately 160,000 staff, these employees work across regional and special boards.

There are 14 regional NHS Boards, (11 mainland and three island). The specialist NHS Boards are:

- NHS Education for Scotland: Developing and delivering education and training for those who work in NHSScotland.
- NHS Health Scotland: Promoting ways to improve the health of the population and reduce health inequalities

²⁴ ¹ <http://www.unitetheunion.org/how-we-help/list-of-sectors/healthsector/healthsectorcampaigns/stop-stps---dont-slash-trash-and-privatise-our-nhs>

- NHS National Waiting Times Centre: Ensuring prompt access to first-class treatment
- NHS24: Providing health advice and information
- Scottish Ambulance Service
- The State Hospitals Board for Scotland: Providing assessment, treatment and care in conditions of special security for individuals with a mental disorder whom because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting
- NHS National Services Scotland: Supplying essential services including health protection, blood transfusion and information
- Healthcare Improvement Scotland: Delivering high quality, evidence-based, safe, effective and person-centred care, and scrutinising services to provide public assurance about the quality and safety of healthcare

Regional NHS Boards are responsible for the protection and the improvement of their population's health and for the delivery of frontline healthcare services. Special NHS Boards support the regional NHS Boards by providing a range of important specialist and national services.

Each NHS Board is accountable to Scottish Ministers, supported by the Scottish Government Health and Social Care Directorates.

There is a Director-General Health and Social Care and Chief Executive of NHSScotland.

NHS Trusts were abolished in Scotland in 2004.

All NHS Boards work together for the benefit of the people of Scotland. They also work closely with partners in other parts of the public sector to fulfil the Scottish Government's Purpose and National Outcomes.

Health and social care integrated partnerships are being established across NHS board areas in Scotland. These integrated joint boards allow Health Boards and Local Authorities to integrate health and social care services in two ways. It is up to Health Boards and Local Authorities to agree which approach/model is best for their local needs.

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 through 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

Health is a devolved matter in Wales. This means that the Welsh Government has autonomy over the NHS in Wales. However, the Welsh Government has no tax raising powers and as a result, funding is determined by the UK government using the Barnett Formula. Since the start of devolution in 1999 Labour has always formed the Welsh Government (between 2007 and 2011 Labour were in coalition with Plaid Cymru). As a consequence, the Welsh NHS has since devolution introduced a number of progressive measures which have been welcomed by Unite and the other trade unions. There are two key examples of this: one is that no services can be outsourced, unlike in England, where outsourcing of departments is a major issue to Unite members of all professions. The other is the introduction in 2014 of the Living Wage Foundation's Living wage (ie not the lower statutory National Living Wage). Unite has developed a strong relationship with the Welsh Government and has been able to secure meetings with various assembly members and resolve a number of issues to the benefit of our membership.

There are 10 employers in the Welsh NHS:

- Abertawe Bro Morgannwg University Health Board (UHB)
- Aneurin Bevan UHB
- Betsi Cadwaladr UHB
- Cardiff and the Vale UHB
- Cwm Taf UHB
- Hywel Dda UHB
- Powys Teaching Trust
- Public Health Wales NHS Trust
- Velindre NHS Trust (includes a specialist cancer centre, and the Welsh Blood Service)
- Welsh Ambulance Service Trust

Unite has members in all the employers and there are reps in almost all the employers.

NHS Organisations in Wales are a mixture of Trusts and Health Boards. Health Boards are different from Trusts; they are statutory health bodies which have authority as planner, commissioner and provider of primary, secondary and mental health services. Health Boards are not able to run a funding deficit over a three year cycle.

4.1.4.1 The Welsh Partnership Forum (WPF) and various subgroups

The Welsh Partnership Forum is the body that approves all the NHS Wales policies and other important decisions on issues such as terms and conditions.

The Partnership Forum is a tripartite agreement between the recognised trade unions, the Welsh employers and the Welsh Government. All the recognised trade unions have seats at

the WPF dependent on the number of members (Unite has two seats). There is no formally agreed mechanism on how a trade union side vote would work (ie based on number of seats or number of 'declared' members). The trade union side operates aims to reach a position of consensus. The employers are represented by managers from the individual employers and senior representatives from the Welsh NHS Employers' body (a body that coordinates all the NHS Wales policies and agreements on behalf of the 10 employers). Welsh government is represented by senior civil servants responsible for the NHS, and on occasions the Cabinet Secretary (formerly Health Minister) or the deputy Cabinet Secretary will address the forum.

The forum meets four times per year and is held in a variety of locations across Wales.

The WPF has a 'Business Committee' which is in effect an executive committee of the WPF. The Business Committee meets prior to each WPF and more frequently if required. Proposals are formulated and debated at this committee prior to be presented to the WPF for scrutiny and sign off.

Both the WPF and the Business Committee have set up a number of working groups, sub groups or task and finish groups. These have been set up to look at single issues such as pay, sickness, organisational change and so on. Subgroups are also set up to review existing policies on the required anniversary dates of those policies. Regional officers normally attend these groups and report back to the Regional Industrial Sector Committee (RISC) delegates on significant developments in order to get a mandate. Where a matter affects the contracts of employment of members, Unite would normally ballot the members with a recommendation on which way to vote.

4.1.4.2 Unite in Health (Wales)

The Regional Industrial Sector Committee (RISC) is the key decision making body with regards to health matters in the region. Due to the devolved nature of Health in Wales this means that the RISC in Wales has a different role to the RISCs in England. All of the matters discussed between the trade unions and Welsh government and Welsh Employers are referred to the RISC, which gives a mandate to the regional officer responsible for the negotiations. The RISC also works closely with the Welsh Political Officer.

There is a Lead Health Officer for Wales who reports to this committee and provides the secretariat. The Lead Health Officer is responsible for the numerous negotiations and consultations with Welsh Government and the employers. Within the 10 employers there are a varying number of reps many of whom have some form of facilities time. All 10 of the employers are subject to the recognition agreement as set out in the Agenda for Change handbook.

5. Your role as a rep

The most important thing to remember about being a Unite rep is that you are not alone, you are part of a family that is here to support you.

5.1 The role of the rep

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

- Keeping members informed
- Representing members and Unite on employer committees
- Representing individual members
- Representing groups of members
- Influencing your employer's policies by negotiation
- Recruiting and organising new members
- Liaising with other Unite reps in your work place and sector
- Campaigning to defend health sector services, terms and conditions
- Keeping the regional officer informed

5.2 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 a brilliant negotiator
- Be on-call anytime of the day and night
- Take up cases irrespective of your workload, or defend the indefensible.

You are expected to:

- Know who can support you, and tell members when you don't know the answer but will undertake to find out.
- Gradually become familiar with policies and agreements that build up your toolkit
- Be a contact point for members
- Engage with members, and inform them about important issues via meetings or circulars
- Participate in a reps' training course, ideally within the first six months of becoming a rep.

5.3 A Basic Check List

Appendix A contains a comprehensive (but not exhaustive!) list of ground rules for members and reps in Unite, which you should read in conjunction with the basic list below.

Other Unite guides and publications (see Appendix C) give detailed advice on many aspects of the rep's role. The following check list may be useful when you are 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? (eg 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 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 reps or your regional officer for information or advice.
- Is what you are being asked to do against union policy or unlawful?

5.4 Being Assertive

Never be afraid to say you do not know. There will be many times during your time as a rep when you say this. What you are expected to do as a rep 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, eg 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'll need to check with the member(s)'
- 'I shall 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 reps'
- 'Can I have a copy of the minutes/agreement/policy where this was agreed?'
- 'I need to think about that'

5.5 The members and the rep

You are only as strong as your members. The more members Unite has, the more influence we have (See Section 9). The better-informed the members are, the more likely it is that they will support you and put pressure on management, or at least prevent management undermining you.

5.6 The rep, the members and the regional office

Members are expected to ask their workplace rep about a problem before they contact the regional office.

In order for members to contact their own rep easily and quickly, they must know who the reps are! Why not put up a simple poster, or something on the intranet at work, to show who the reps are and how to contact them?

There may be exceptional cases where there is a good reason for a member not to approach the rep, for example: where there is a conflict of interest between the rep and member, or where the local rep is the member who needs support with their own issue.

Except in cases like these, all members' enquiries to the regional office will normally be referred to the local Unite rep, as the first point of contact for issues. Only if the local rep needs advice or support, or the member makes a complaint, will the regional office be involved. If a member wishes to complain, they should do so in writing, either to the senior rep within the work place or to the regional officer.

Members are supported by their rep, and the reps in turn are supported by their regional officer.

5.7 Time management

All Unite reps have a life outside the Union, and a day job in the workplace to do, as well as their rep's role. Talk to other reps, a senior rep, or to your regional officer, about how they manage to do both jobs, whilst surviving and thriving.

5.8 Website reps' zone

There's a dedicated section of the Unite website for our reps²⁵, (from all sectors), which includes the following resource pages and links:

- Reps in the workplace
- Bargaining Brief – update on all sectors' pay, terms and conditions for comparison
- Unite guides
- Recruitment and retention
 - Why should people join a trade union?
 - Why should people chose Unite?
 - Is there any point to me joining the union if I'm the only member in my workplace?
 - How do we go about getting the union recognised?
 - What is union recognition and what would it mean in my workplace?

²⁵ <http://www.unitetheunion.org/campaigning/repszone/>

- What would happen in circumstances where there is a conflict between two members?
- Health and safety – resources and information
- Action Alert newsletters – keeping you informed

6. National and Organisational Frameworks in the NHS

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

6.1 Local Agreements:

'Recognition Agreement': This is the most important local agreement. It identifies which trade unions are recognised by the employer for the purposes of representing and negotiating on behalf of members.

'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 promoted at national level by the Social Partnership Forum in England, and their counterparts in the devolved administrations and the ROI. Guidance can be obtained from the NHS Employers website²⁶.

'Facilities Agreement' This may be part of the recognition agreement and will summarise what time off and facilities reps can expect, and what the functions of any joint negotiating/consultative committee are. Further information for NHS staff can be accessed in Section 25 of the NHS terms and conditions of service handbook (*also known as Agenda for Change*)²⁷.

'Grievance Procedure': the formally agreed mechanism for dealing with individual and collective complaints in your organisation.

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

'Capability Procedure': which is designed to support staff who have work performance problems.

'Bullying and Harassment Procedure': which identifies how the employer 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 eg whistleblowing (raising concerns), 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 their policies are easily accessible by all their employees, and that they communicate their contents effectively.

²⁶ <http://www.nhsemployers.org/Aboutus/WorkingInPartnership/Pages/Home.aspx>

²⁷ <http://www.nhsemployers.org/tchandbook/part-4-employee-relations/section-25-time-off-and-facilities-for-trades-union-representatives>

6.2 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 agreement²⁸. The NHS staff council is responsible for negotiating changes to the national AfC agreement. Doctors, dentists and very senior managers are on different contracts.

There are 3 strands to Agenda for Change:

- Job evaluation
- Terms and conditions
- Knowledge and Skills Framework (KSF)

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

‘Uplifts’ in the value of the Agenda for Change pay spine are decided nationally by the Health Secretary or Minister in each of the four countries, following recommendations made by the NHS Pay Review Body (PRB) which is an independent body. The PRB takes evidence from health sector trade unions, NHS Employers and the Departments of Health for England, Wales, Scotland and Northern Ireland.

You can find out more about the NHS PRB, 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.

6.3 National Agreements – Medical and dental staff:

National terms and conditions for medical and dental staff are available on NHS Employers’ website²⁹.

²⁸ <http://www.nhsemployers.org/tchandbook>

²⁹ <http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/Pages/Medicalpay.aspx>

7. Tackling workplace issues

As a Unite rep you may face a range of problems in the workplace. These generally fall in to two categories, individual, or collective issues:

7.1 Individual Issues:

- sorting out individual problems before they become a formal grievance or disciplinary matter
- complaints about issues by management, colleagues or patients/clients
- supporting members with disabilities to ensure that management make reasonable adjustments where necessary for them
- supporting members with protected characteristics who may experience discrimination
- supporting members who wish to raise whistleblowing issues
- actual or threatened disciplinary action
- job evaluation 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 services
- negotiating local agreements for the department or workplace

The first step 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 in 7.3 below give a hint of the first steps to make in tackling typical problems.

7.2 Collective Issues (for example in the NHS)

When dealing with collective issues that affect a group of members, you may find that many of the discussions will take place at your organisation's joint management and staff side meeting (sometimes known as the Joint Negotiating Committee (JNC)). It is essential when these discussions take place, that Unite reps as a group agree what Unite's position is, and that discussions are reported back, to the reps' team, and to the regional officer if necessary. It is equally vital that members are consulted on what is proposed. As a new rep, it may be possible to attend this meeting as an observer, simply to get the 'feel' of what goes on.

7.3 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.

Please always be aware that the majority of legal claims must be presented within three months less one day of the act or omission complained of, regardless of internal policies or procedures. Reps should refer such matters to their regional officer at the earliest opportunity.

7.3.1 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, eg when an increment is due.

First Step: encourage the member to ask 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.

7.3.2 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.

If you are concerned that a member may have been unfairly discriminated against, you can review Unite's guidance for reps on issues of equality on our website³⁰.

7.3.3 Complaints about the quality of work: 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 they propose to deal with it. It may be appropriate for you to contact the manager directly to clarify this. Follow this with a request to your regional officer for advice. It may also be appropriate to talk to other reps from the same profession as the member.

7.3.4 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 rep involved, ensuring all aspects of the handling of this case are arranged through you (eg 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 eg old job descriptions, protocols etc.

7.3.5 Agenda for Change job rematching or appeals: These will be common where there has been a reorganisation, a merger or where there is a substantial change in the work done by the member.

³⁰ <http://www.unitetheunion.org/equalities>

First step: ensure you have kept up to date with guidance issued by the National Job Evaluation Group (JEG), (through Unite in Health e-bulletins and the NHS Employers' website). Ask the member to write down why they think their banding should be reviewed. It should also be reflected in the KSF outline for the post. Comprehensive guidance is available on the Unite health sector website.

7.3.6 Excessive workloads and stress: 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 'Work-related Stress'³¹ 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. This is a requirement in some registered professionals' codes of conduct.

7.3.7 Redundancy and reorganisation: 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 reorganisation, or at least negotiate a reasonable agreement.

The Unite factsheet on redundancy may provide further information³². Unite in Health has also produced a factsheet on Reorganising and Downbanding³³, and one for Specialist Community Public Health Nurses, which highlights frequently asked questions (FAQs) on Reorganisation³⁴.

Avoid signing local redundancy policies without consulting your regional officer.

(For members in the NHS, redundancy provision is laid out in Section 16 of the NHS terms and conditions of service handbook).

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

Check if there is specific advice for your profession. Ask management to clarify what may be proposed, and what process is planned for consultation.

³¹ <http://www.unitetheunion.org/uploaded/documents/Guide%20to%20work-related%20stress%20%27Unite%20booklet%2911-5105.pdf>

³² <http://www.unitetheunion.org/uploaded/documents/Redundancy%202-12%20-%20Unite%20Guide11-4696.pdf>

³³ <http://www.unitetheunion.org/uploaded/documents/Unite%20in%20Health%20guidance%20-%20reorganisations%20and%20downbanding11-31085.pdf>

³⁴

[http://www.unitetheunion.org/uploaded/documents/CPHVA%20Specialist%20Community%20Public%20Health%20\(SCPHN\)%20registered%20members%20going%20through%20organisational%20change%20FAQs11-30328.pdf](http://www.unitetheunion.org/uploaded/documents/CPHVA%20Specialist%20Community%20Public%20Health%20(SCPHN)%20registered%20members%20going%20through%20organisational%20change%20FAQs11-30328.pdf)

7.3.9 Recognition agreements: Most health sector employers will have a recognition agreement. Ensure you have a copy of your own local 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.

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

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 discrimination issues up. Further information is available in the Unite 'Zero Tolerance' guide³⁵.

7.3.11 Changes to contracts of employment: Changes in contracts are likely to arise when organisations restructure or merge.

First step: ask management to put in writing what is proposed and what is the time frame. There are legal rights which restrict employers' ability 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 should be sought from your regional officer.

7.3.12 Supporting members with disabilities: 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 (has lasted or is 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, adapted software, reviewing job descriptions, being flexible around start/finish times, redeployment, provision of parking etc. These are examples only. 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.

7.4 Important notes

³⁵ <http://www.unitetheunion.org/uploaded/documents/ZeroToleranceGuide11-18154.pdf>

7.4.1 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 (see 7.4.5) as there are strict time limits and processes that must be followed.

Eligibility for legal services in respect of personal injury claims is immediate upon joining the union; for all other legal services, four weeks' full paying membership is required, and in any event, any issues that predate membership of the union cannot be supported.

The majority of employers will have their own agreed disciplinary and grievance procedures which should be compliant with the ACAS Code of Practice (LRA for Northern Ireland³⁶). You should familiarise yourself with the Code - further information is available on the ACAS website³⁷. 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 7.4.5).

7.4.2 Pensions: If members request financial advice on pensions the rep must ask the regional officer to get advice from the union's pensions officer. Reps should not offer any advice on pensions as this is a highly specialised field. However members can obtain information directly from the NHS Pensions website³⁸.

7.4.3 Personal injury claims: Unite works with a panel of specialist personal injury law firms to provide free legal assistance to any Unite member who may have 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 contact their regional office.

³⁶ www.lra.org.uk

³⁷ <http://www.acas.org.uk/>

³⁸ <http://www.nhsbsa.nhs.uk/pensions>

7.4.4 Injury Benefits: Staff in the NHS are also covered by the NHS injury benefit scheme, details of which can be accessed from the NHS Business Services Authority (NHSBSA) website³⁹

7.4.5. 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 – seek advice from your regional officer.

For most Tribunal claims (for example discrimination, unfair dismissal and unlawful deductions from wages) the time limit for the issue of proceedings is three months less one 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.

7.4.6. Management of individual health professional cases referred to regulatory bodies:

Please refer to Section 12 of this handbook

³⁹ <https://www.nhsbsa.nhs.uk/nhs-injury-benefits-scheme>

8. Organising Members

A well organised workplace has active union members, supported by their reps, who in turn are supported by their regional officers. A union is a group of people who work together to improve life at work (and at home) for its members.

8.1 What members want from Unite in Health

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, service users, and colleagues.
- **campaigning** for better terms and conditions, as well as an effective health service.
- **representation** when there's 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 collectively, 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 Contingent Medical Malpractice Cover (CMMC) (see the Unite in health website⁴⁰), 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 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, 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. Staff fear this affects patient care, as well as stress for colleagues. Pressure increases on already scarce funding and other resources, cutting services and jobs. Services are now increasingly outsourced to non-NHS organisations, which Unite believes affects both the quality of the services provided and the terms and conditions of staff who are transferred to work in the

⁴⁰ <http://www.unitetheunion.org/how-we-help/list-of-sectors/healthsector/healthsectorjoin/contingent-medical-malpractice-cover-cmm---formally-pli/>

new organisations. There have been significant changes in the retirement age and pension provision for staff.

- **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, all add to the pressure.
- **Technological:** Information and communications technology, automation of processes, new materials, outsourcing of services and departments, can all affect people, jobs and services.
- **Legal:** changes in the law affecting practice, registration, equality and diversity, health and safety, and trade union rights, all add to uncertainty for many staff.
- **Environmental:** targets for organisations around renewable resources, recycling, facilities, waste management, the global cost and source of products, fuel and power, inevitably put pressure on organisational targets, and hence, patient care.

8.2 Organising a Unite team to respond to issues

Well-organised union members and reps tackle issues and campaign together. They are supported by the regional and professional officers, and local Unite office staff.

Where there are already Unite members with a rep, it makes sense to encourage non-members to join too. As Unite membership in the health sector increases, your role will be more effective if you find ways of organising (ie involving everyone) to counter all the issues that arise in your workplace. This means that we all need to ensure:

- there is at least one rep in every department
- reps are trained - and they have strong support networks (for example by attending the regional health days)
- there is an effective Unite reps' 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 reps are doing locally, and support them
- active members and reps are linked into Unite's workplace and sector branch structures

If you need to build a team, your regional officer can help. Start by making some time to get the reps together, to try to look at

- where (and who) Unite's actual and potential membership is – this is often called 'mapping the workplace'
- what professional and workplace issues teams have in common – what might happen?

- how reps and members could respond to changes, and management plans
- can you encourage an active member to become a rep or contact in an area without one?
- will you work alongside the other health unions to tackle something that affects everyone?
- is there something happening (like attacks on staff pensions, changes to shift patterns or increased car parking charges) that Unite can take the lead on?

8.3 The team – different roles for different reps

Position	Role
Lead or senior workplace rep	Provides leadership within a team of reps, or group of active members at their workplace. Can take the chair or secretary position in their branch, or on a negotiating team for the joint unions at work. Has more knowledge and experience, so can support, encourage and mentor other reps and active members May take the lead in negotiations with management or employers on local, regional or national terms and conditions
Health and Safety rep	Well 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
Union learning rep (ULR)	Trained to support members with individual learning needs, and signpost them to learning opportunities – for their personal development within role, Continuing Personal and Professional Development (CPD), or outside work. Provides confidential support to those members who need it. May sit 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 projects around learning in the workplace.
Other Reps' roles: Equality reps	Ideally, there should be a network of Unite reps, with one in every department or each staff group. Occasionally, reps' roles may overlap, for example, around equality in access to learning for lower-paid staff. Only workplace reps, health and safety reps, and learning reps have statutory rights to time off and facilities to undertake their role. However, some reps take on particular responsibility around an issue, such as equality and diversity (equality reps). Some health organisations, and certainly the Trades Unions Congress

	<p>(TUC), encourage active members to take on issue-based rep roles.</p> <p>Representing members with a grievance, disciplinary or capability case, or taking part in negotiations, takes skills that develop over time. Unite's Education department offer reps' training courses throughout the year, in various locations and formats, to support active members to become reps, or to give existing reps more confidence and capability to deal with members' issues.</p>
Professional advocates	<p>Members belonging to specific staff groups can take the lead and organise around professional issues that affect them and their colleagues. Their experience is essential to tackle issues around patient or staff safety, like down-banding of roles, changes to particular services or structures, lack of clinical leadership, lone-working, frozen vacancies, change to education programmes, regulatory or professional standards and Codes of Practice.</p>
Contacts	<p>If a team or department has no rep, it's essential that at least one member there is a contact for the reps' team, and Unite in Health. Without a trained rep or a contact, members are less likely to receive information quickly, and unlikely to get their own issues raised or get involved in joint campaigns that affect them too – they aren't organised effectively.</p>

If you find it difficult to get anyone to volunteer to be a rep or contact, ask the members there who would make a good one!

8.4 Involving the members - Communication

It's essential that members, and potential members, know what's 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 etc), e-mail distribution lists, notice boards, and newsletters. If a key issue arises, regional officers may meet with members and reps directly.

With so many different methods of communicating with members, you should always consider how to involve or inform everyone. Some people still don't have access to a computer at work or at home, so ask a colleague with creative ICT 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'll be saving yourself a job in the process!)

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

Involving and informing members about issues is a good way to raise the profile of Unite, and making union membership more relevant to non-members. Many people join when there's 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 and in their profession or staff group?

8.5 Identifying campaigning issues

Most 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-banding, or deskilling, and 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 management who impose new contracts 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 reps' team, and how they can access it.

To be effective, Unite reps 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 rebanding for 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.

8.6 First steps in organising

It is important to update the list of members at your workplace regularly. As a team you could do this at your reps' meetings — so that you know who and where your members are, and which rep looks after each department or staff group.

As reps, 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 themselves via our website 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 reps' 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 Unite), 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 reps.
- networking with other Unite reps 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.

8.7 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 duties and activities. All our reps 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.

Reps 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 reps need to develop initially, and rely on most often. Unite reps' 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 reps to use to tackle most workplace issues.

Developing a network or team of reps 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.

8.8 Students in Unite

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 in 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.

8.9 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.

Reps 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. It might be that you attend this as a representative from all the trade unions. 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 reps. 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 reps' network and wider union effective.

9. Unite as a Campaigning Union

9.1 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 reps 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, as well as their profession or occupation, and trade unions have an important role to play in campaigning for equality and social justice in wider society.

9.2 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.

Downbanding, the privatisation, fragmentation or contraction of services, the erosion of clinical management, 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 privatisation of the NHS, the removal of the student bursary, and cuts to vital services, against excessive workloads for staff and the levels of stress many in the health service feel. 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 the Private Finance Initiatives (PFI), and Sustainability and Transformation Plans (STPs). Locally, Unite has led successful campaigns on skill mix, job cuts, unsafe practice, and many other issues.

On our health website pages, there are examples of the campaigns we're involved in, with resources and information to help reps get people involved in local, regional or national issues.⁴¹

9.3 Campaigning on equality, diversity and fairness at work

⁴¹ <http://www.unitetheunion.org/how-we-help/list-of-sectors/healthsector/healthsectorcampaigns/>

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 ability to pay. In the NHS these principles are recognised in the NHS Constitution, (which includes the staff pledges⁴², a framework around which organisations in the NHS should 'develop their approach to improving staff experience'. Research has shown that improved staff experience is closely linked to improved patient care), and in the Knowledge and Skills Framework, and in any health 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.

Race equality: From April 2015, all NHS organisations in England have to report on their compliance with the Workforce Race Equality Standards (WRES), to demonstrate their progress against a number of indicators of equality. Unite continues to work really hard to ensure that local Trusts are constantly reviewing these figures and committed to action to improve their situation. Information and actions for reps around the WRES can be found in our 'Race Ahead in Health' document⁴³

In Scotland, reps can refer to the web page called 'Embracing Equality, Diversity and Human Rights in NHS Scotland'⁴⁴. Welsh colleagues may want to check the NHS Wales Race Equality Scheme, and the NHS Centre for Equality and Human Rights⁴⁵. In Northern Ireland, good practice and legislation around race equality can be found in the Equalities Commission's 'Race Equality in Health and Social Care' document.

Dignity at work, bullying, harassment and stress: 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 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. There is now a resource pack that employers and unions can use to tackle

⁴² <http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/nhs-staff-pledges>

⁴³ <http://www.unitetheunion.org/uploaded/documents/Unite%20in%20health%20-%20Race%20ahead%20in%20health%20toolkit11-28676.pdf>

⁴⁴ <http://www.gov.scot/Publications/2013/12/3747>

⁴⁵ (<http://www.equalityhumanrights.wales.nhs.uk/home>)

this, from the Social Partnership Forum (SPF), 'Tackling bullying in the NHS - a collective call to action'⁴⁶.

Equality guides are available on www.unitetheunion.org/equalities that give reps more information to support a workplace or community campaign.

9.4 Campaigning with a political message

Many 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. 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 members of 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 to influence policy.

Members of Unite's health sector have been particularly active in recent years, in lobbying ministers, by e-mail, letters, petitions and marching over changes to the health service at Westminster and in the devolved administrations.

9.5 Develop and use your campaigning skills!

The 'Campaigning Union' document is available to download from the Unite website.⁴⁷ Although it is not specifically aimed at health sector 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 the 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 Department offer a wide range of courses to reps that may support your ability to campaign with members⁴⁸ - check the brochure for course topics, dates and venues.

⁴⁶ <http://www.socialpartnershipforum.org/priority-areas/tackling-bullying-in-the-nhs-a-collective-call-to-action/>

⁴⁷ <http://www.unitetheunion.org/uploaded/documents/GuideToCampaigningMay1311-10733.pdf>

⁴⁸ <http://www.unitetheunion.org/growing-our-union/education/>

10 Advice on how to write letters/emails on behalf of members

10.1 When should you write a letter or email?

The key uses of letters and emails in negotiations and representation include (but are not limited to):

- 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
- as a record of a meeting
- to provide evidence in support of a member

The letters which are referenced in Appendix F, are examples of the types above. 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. If you do have a conversation that you may later wish to rely upon, then send an e-mail thanking the manager (or whoever) for the chat, and what your recollection of the discussion was, and invite them to respond if they do not agree. That way you have a record of any such discussions.

Care! Any unchallenged management letters/documents/minutes may be regarded at a later date as an authoritative record of events.

10.2 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.

10.3 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 reps 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 reps' workplace group, it may be useful to copy the letter to fellow Unite reps, or at least to the senior Unite rep, 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 (use 'bcc' in an emailed letter).

10.4 From whom should it be sent?

In the first instance letters/emails 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 (eg breach of an agreement, or cuts in service), then the initial letter should come from the rep. 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 (See Section 3).

Where possible, letters from reps of a staff side committee should be on headed notepaper. Letters from an individual should be from their home or work address. Letters from Unite reps should be on Unite headed notepaper.

Batches of headed notepaper are available from your regional office, or they may be able to send you an electronic version.

10.5 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
- b) the management letter is not headed 'private and confidential', or
- c) there is no disclaimer at the end of the e-mail which determines it is confidential

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

If you have a union notice board (which you should have through your facilities agreement), then displaying 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.

10.6 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, and give an indicative time frame
- 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, eg 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' or 'it is my understanding that' when necessary.

10.7 Letters/emails seeking information

There are many sorts of information which are useful to Unite representatives. This Unite health sector reps' 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 (see ACAS guide on disclosure of information to trade unions for collective bargaining purposes – ACAS Code of Practice 2⁴⁹)
- 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.

You may also need to consider submitting a request for information under the Freedom of Information Act if you work for a public sector organisation. This is quite a simple process, and a guide can be found here⁵⁰.

⁴⁹ http://www.acas.org.uk/media/pdf/2/g/CP02_1.pdf

⁵⁰ www.gov.uk/make-a-freedom-of-information-request/

10.8 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 2 on Disclosure of Information. More detail on seeking information in pay bargaining is contained in the Unite guides⁵¹ 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 (as amended by the 'Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014') and a Unite booklet on TUPE is available on the website⁵². Some public sector transfers may be undertaken using the 'Cabinet Office Statement of Practice' (COSoP) which is sometimes referred to as a TUPE-like transfer.
- c) **Discrimination.** There is statutory protection against discrimination (including harassment) on the grounds of the 'protected characteristics' contained in the Equality Act 2010, and these are: race, disability, gender reassignment, sex, pregnancy/maternity, age, religion or belief, sexual orientation, and marriage or civil partnership. Gender based pay disparity is covered by the Equal Pay Act 1970. There are also Regulations to protect part-time workers, fixed term employees, and agency workers. Advice should be taken from a Regional Officer on these issues.
- d) **Health and safety.** Health and safety reps 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 website⁵³.

As well as the links here, see Appendix C for relevant guides and publications about the issues above.

10.9 Letters responding to management proposals

⁵¹ <http://www.unitetheunion.org/unite-at-work/informationresources/uniteguides/>

⁵² <https://www.unitelegalservices.org/legal-resources>

⁵³ <http://www.unitetheunion.org/unite-at-work/healthsafety/>

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 proposal
- 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

10.10 Raising concerns and whistleblowing

There may be occasions when members at work are concerned over certain practices and/or individual incidents. These may be related to the health and safety of staff colleagues, and/or related to standards of patient care (including their safety, clinical practice, clinical governance etc).

In the event of such an occurrence, the member should be supported (by you as the rep – and colleagues if applicable) to raise the matter using the employer's own policy for such matters. This may be called a 'whistleblowing' policy, 'raising concerns' policy, or a procedure for dealing with matter of 'public interest disclosure.'

This should guide the member to raise the matter with an appropriate manager, allow some time for the matter to be considered and remedied – which should hopefully be the end of the issue. However, if the member(s) remains dissatisfied, then the procedure should provide for escalation to a higher level of manager, and it may be that such policies are not exhausted until such time as the Trust board (or equivalent), or the chief executive have made a decision on the matter.

Only if the matter of concern cannot be resolved in a timely fashion, internally, by such processes, should the member then consider raising the issue outside of the organisation. If

this is the case, then a number of external bodies might be appropriate – for example, if the member is a member of a regulated profession, then the matter can be raised with that body; or if the issue relates to practice/concerns with another regulated professional(s), then the matter could be raised with his/her regulatory body. If this course of action is taken, then notification of the intention to do so should be made to the employer as a matter of courtesy, but also reminding them that this is necessary due to their failure to satisfactorily deal with the matter to date.

Such external referral might also include the media, but reps are advised to seek advice from their regional officer if matters reach this stage.

Any disclosure that is ‘in the public interest’ and is made ‘in good faith’ will afford the whistleblower protection from any detriment by the Public Interest Disclosure Act, and members must remain mindful that they have a duty of honesty, and so they should only raise concerns where they have a genuine belief that they are true.

NHS organisations are introducing ‘Freedom of Speech’ champions – and more information on this can be found here⁵⁴. The NHS guidance on whistleblowing, ‘Raising concerns at work’ can be downloaded from the NHS Employers website⁵⁵.

⁵⁴ <http://www.nhsemployers.org/news/2015/09/new-raising-concerns-website-section-and-shared-learning>

⁵⁵ <http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-and-whistleblowing>

11. Advice on Agenda for Change

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

The handbook is over 300 pages and can be downloaded from the NHS Employers⁵⁶ website or the Unite in Health⁵⁷ website. See Appendix E for the full contents table.

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

Section 1 – Pay structure

There are two sections: one for Scotland and Northern Ireland, and one for England and Wales. The two sections are the result of different decisions made by the governments on issues relating to pay progression in the pay bands.

Section 2 – Maintaining round the clock services

There are two sections: one for Scotland and Northern Ireland, and one for England and Wales. The two sections are the result of different agreements in the four countries. The sections cover 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 37½-hour standard working week. On call relates to additional hours worked on site or being available from home.

ii) The sections describe the unsocial hours regime which was implemented on 1st April 2008, and the provisions for local on-call agreements which are related to annex 29 of the handbook.

iii) Unite guidance for local on-call negotiations in England is provided on the health sector website. In Scotland, Wales and Northern Ireland country-wide agreements have been implemented.

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.

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 subject to the criteria outlined in the section.

⁵⁶ <http://www.nhsemployers.org>

⁵⁷ http://www.unitetheunion.org/sectors/health_sector/terms_and_conditions/afc_key_documents.aspx

Section 5, Annexes 10 & 18 – Recruitment and retention premia (RRP)

This had been a difficult part of the AfC agreement. Where the pay band outcome for a group of staff – or an individual – creates one of the following: pay protection, recruitment problems, or a shortfall in pay when measured against the private sector market rate, an 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.

Section 6 – Career and pay progression

There are two sections: one is for Scotland and Northern Ireland and another is for England and Wales. The two sections are the result of different agreements in the four countries. Staff should move through the incremental points of their pay band. This is supported by the knowledge and skills framework (KSF) which can be accessed on either the NHS Employers⁵⁸ website, or from the Unite in Health⁵⁹ website. NHS staff have a contractual right to support and development by their organisation, and to an annual development review. The KSF is mandatory in Scotland, and under AfC, in England, Wales and Northern Ireland it is ministerially endorsed. Where there are Unite learning reps or equality reps, 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

There are two sections: one is for Scotland and Northern Ireland and one is for England and Wales. The two sections are the result of different agreements in the four countries.

Section 15 – Maternity pay

This is kept under review to ensure it is compliant with statutory changes.

Section 16 – Redundancy pay

There are two sections: one applies to Scotland, Northern Ireland and Wales. The other applies to England. The provisions in each section give a maximum of two years' pay after 24 years' reckonable service in the NHS.

⁵⁸ <http://www.nhsemployers.org>

⁵⁹ http://www.unitetheunion.org/sectors/health_sector/terms_and_conditions/afc_key_documents.aspx

Section 17 – Mileage allowances

Annex 12 provides the current mileage allowances which are subject to six-monthly reviews using AA motoring costs.

Section 20 – Mutually agreed resignation scheme (MARS)

This section was introduced in October 2010 in 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. Now 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 47 and annex 19 – review and appeals

This section outlines the appeals arrangements which should be in place to allow staff to appeal against decisions on the main parts of the AfC agreement.

Annexes 2 and 3 - pay bands

All pay bands from 1st October 2004 are in these annexes.

Annex 11– 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 absolute freedom to move away from AfC.

Annex 28

This provides guidance on frequently asked questions (FAQs).

The FAQs are footnote-referenced throughout the NHS terms and conditions of service handbook.

12. Statutory registration and regulation of Unite in Health professionals

Most members of Unite in Health 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 protect the public. They do this by setting standards of education, training, conduct and performance for all practitioners who are required to be registered in order to carry out their job role.

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 practise. Therefore it is important when dealing with health professionals in cases related to their practice, that this should be considered.

You can view the relevant documents on the websites of each of the healthcare regulators.

12.1 Statutory Regulators

General Dental Council	http://www.gdc-uk.org
Protects patients and regulates dental teams	

General Medical Council	http://www.gmc-uk.org
Regulates doctors	

General Optical Council	https://www.optical.org/
Regulates the optical professions in the UK	

General Osteopathic Council	http://www.osteopathy.org.uk
Regulates the practice of osteopathy in the UK	

General Pharmaceutical Council	http://www.pharmacyregulation.org
Regulates pharmacists, pharmacy technicians and pharmacy premises in Great Britain.	

Health & Care Professions Council	http://www.hcpc-uk.org
Regulates a range of healthcare professionals in the UK and social work professionals in	

England.

Nursing & Midwifery Council

http://www.nmc-uk.org

Regulates nurses and midwives in the UK and Islands

Pharmaceutical Society of Northern Ireland

http://www.psnl.org.uk

The regulator and professional body for pharmacists in Northern Ireland

Royal College of Veterinary Surgeons

http://www.rcvs.org.uk

Regulates veterinary surgeons and veterinary nurses in the UK

Professional Standards Authority

http://www.professionalstandards.org.uk

Regulates the nine statutory health and social care regulators

12.2 Disclosure and Barring Service⁶⁰

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions, and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

DBS is an executive non-departmental public body, sponsored by the Home Office.

12.3 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 Unite in Health through your regional officer.

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.

⁶⁰ <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

- A biomedical scientist who failed to understand an aspect of British, European and International Standards that govern and affect pathology laboratory practice.
- A 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, or lack of provision for updating of knowledge. Regulators such as the GMC and NMC, have expert Employer Link Advice lines where employers can and should discuss whether to refer a case or not.

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. This would demonstrate the member was not showing professional insight, nor reflecting on (and learning from) past error.

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 adequately assess a patient with swallowing difficulty.
- 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

12.4 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, however, has made this route more likely in recent years.

A court of law: Courts, whether they are civil or criminal, are obliged to report healthcare professionals who are registered with a regulatory body, to that body, should they appear before them.

A colleague: In some instances, a colleague who is also subject to the authority of a regulatory body, is 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.

Self-referral

There are certain circumstances where registrants have a responsibility to self-refer to their regulator. Details of when and how to do this will be on the relevant regulators' website.

12.4 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'. Early engagement should be encouraged, and generally leads to a better outcome.

If it is found that there is a case to answer, it may 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, however reps can support the member, and should encourage them to fully engage with the process at the earliest opportunity. Information on the processes and what a registrant should do if referred is available on the regulators' websites.

Appendix A: Ground rules for members and reps in Unite in Health

Unite has developed procedures in the health sector to ensure members get the best possible service from the appropriate person within the union. This list 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 of Unite. 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, eg 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 let them know 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 could sell the member short.
- 10** Management does have the right to meet informally with a member of staff to discuss their work without a representative being present unless there are good reasons why the member should be accompanied (e.g. the member is being bullied or harassed). This does not mean the member cannot be accompanied if the manager agrees. If the member is worried that the proposed meeting may lead to disciplinary action, or may be an attempt to pre-empt a grievance, then they should talk to the representative first.
- 11** When a problem has been resolved, there may be an agreement with management. If so, both the representative and the member should have a copy of that agreement.
- 12** Members who contact the regional office direct will be asked if they have discussed the matter with their local representative first. Other than in exceptional circumstances, the officer will not discuss issues direct with a member without the involvement of the representative. Similarly, the Unite legal department will not correspond or talk directly to members except through regional officers.

Appendix B: Useful websites

B.1 Unite websites	Website address
Unite the union	http://www.unitetheunion.org
Unite in Health	http://www.unitetheunion.org/health
British Veterinary Union	http://www.bvu.org.uk/
College of Health Care Chaplains	https://www.healthcarechaplains.org/
Community Practitioners' & Health Visitors' Association	http://www.unitetheunion.org/cphva
Guild of Healthcare Pharmacists	http://www.ghp.org.uk
Mental Health Nurses' Association	http://www.unitetheunion.org/mhna
MPU/Doctors in Unite	http://www.unitetheunion.org/sectors/health_sector/professional_groups_assoc/medical_practitioners_union.aspx
Society of Sexual Health Advisers	http://www.ssha.info/

B.2 Government websites	Website address
Northern Ireland Executive	http://www.northernireland.gov.uk/
Scottish Government	www.scotland.gov.uk
UK Government	https://www.gov.uk/
Welsh Government	http://www.wales.gov.uk
Department of Health (England)	https://www.gov.uk/government/organisations/department-of-health

B.3 National NHS organisational websites	Website address
NHS England	http://www.england.nhs.uk/
NHS Northern Ireland	http://www.hscni.net/
NHS Scotland	http://www.show.scot.nhs.uk/
NHS Wales	http://www.wales.nhs.uk/
NHS Employers	http://www.nhsemployers.org/
NHS Employers – Pay & reward section	http://www.nhsemployers.org/your-workforce/pay-and-reward

B.4 Others	Website address
ACAS	http://www.acas.org.uk/
Labour Relations Agency (Northern Ireland)	http://www.lra.org.uk

Care Quality Commission	http://www.cqc.org.uk
Health and Safety Executive	http://www.hse.gov.uk
Keep Our NHS Public	http://www.keepournhspublic.com
NHS Support Federation	http://www.nhscampaign.org/
The Socialist Health Association	http://www.sochealth.co.uk/
Health Campaigns Together	http://healthcampaignstogether.com/
Trade Union Congress	http://www.tuc.org.uk/
They Work for You (list of MPs/Lords)	http://www.theyworkforyou.com
Disclosure and Barring Service	https://www.gov.uk/government/organisations/disclosure-and-barring-service
Information Commissioners Office	https://ico.org.uk/

Appendix C: Useful Unite Guides and resources

There are several guides amongst the resources on the Unite website which you may find useful.

You may want to start sign-posting your members to different parts of the website, so that they can find information for themselves, rather than you having to look things up for them. Printed copies of some resources can be useful to keep in your own reference library. You can refer members to specific parts of a document, without having to log on to a computer. However, make sure that you check paper documents as well as their web addresses regularly, as information can become out of date.

C.1 Useful guides on workplace issues can be found at

<http://www.unitetheunion.org/unite-at-work>

Workplace guides to download are also available on <http://www.unitetheunion.org/unite-at-work/informationresources/uniteguides/#>

C.2 Legal guides

Members, reps and officers can all log in to the relevant parts of the Unite Legal Services web pages on <https://www.unitelegalservices.org/legal-resources> and find information on a range of topics.

These include:

[Absence in the workplace](#)

[Age discrimination - employment rights](#)

[Annualised hours](#)

[Bullying and harassment at work \(ACAS guide\)](#)

[Data Protection and privacy at work](#)

[Disability discrimination - employment rights](#)

[Disciplinary and grievance \(ACAS guide\)](#)

[Discrimination in the workplace \(ACAS guide\)](#)

[Equal pay - employment rights](#)

[Information and consultation regulations](#)

[Redundancy factsheet](#)

[Redundancy guide](#)

[Time off for trade union duties and activities \(ACAS guide\)](#)

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

[Unfair dismissal and redundancy](#)

Other guides from various sources are also available on the Unite Legal Services website:

Clinical and medical negligence
Disclosure of information to trade unions
The Equality Act
Homeworking
Industrial action
Legal aid in personal injury claims
Parental leave
Personal injury
Statutory recognition of trade unions

C.3 Unite in Health resources

These are guides and factsheets to help you with specific health sector workplace and employment issues – you may have to log in to the resources area with your email address and member login password.

There are also Unite in Health association resources on our website pages relating to particular professional roles, see <http://www.unitetheunion.org/how-we-help/list-of-sectors/healthsector/healthsectoryourprofession>

[Agenda for change resources](#)

[Appraisals – Good appraisals](#)

[Consultations on changes to the service](#)

[Contingent Medical Malpractice \(CMM\) cover \(formerly Professional Liability Insurance \(PLI\)\)](#)

[Flexible working in the NHS](#)

[Guidance to assist local staff sides facing proposals to change pay terms and conditions](#)

[Investigations](#)

[Job evaluation: Unite guidance on undergoing a review of your matching outcome](#)

[Mileage allowances](#)

[NHS pensions](#)

[NHS privatisation guide](#)

[NHS staff transfers](#)

[On-call resources](#)

[Public procurement guide](#)

[Reorganisations and downbanding \(May 2017\)](#), and [Downbanding \(2015\)](#)

[Save our NHS – a guide to lobbying](#)

[Saying sorry](#)

[Sickness absence meeting – advice for members about to attend one](#)

[Social media – navigating and not getting into trouble](#)

[Specific public health issues and policy context for school nursing](#)

[STPs – don't slash, trash and privatise \(sustainability and transformation plans campaign\) – myth-busting booklet](#)
[Using your NMC Code to support practice](#) and [Using the NMC Code presentation \(standing up, speaking out\)](#)

C.4 Organising resources

These resources help you to organise at work, develop active members, and grow your union. Most resources can be accessed from <http://www.unitetheunion.org/growing-our-union/>

[Community membership](#)
[Education – training courses for reps and members](#)
[Unite guide to the internet](#)
[Join Unite](#)
[Join Unite – foreign language membership forms](#)
[Lifelong Learning](#)
[Organising and 100% Unite](#)
[Retired members](#)
[Ten good reasons to join Unite](#)
[Unite in Schools](#)
[Unite's Rule book](#)
[Young members](#)

C.5 Health and safety guides

These are available on <http://www.unitetheunion.org/unite-at-work/healthsafety>
and
Health and safety resources can be found on <http://www.unitetheunion.org/unite-at-work/informationresources/healthsafetyresources>

[Guide to work-related stress](#)
[Health and safety reps' guide](#)
[Lone working](#)
[Shift and night work](#)
[Working time regulations \(HSE\)](#)

C.6 Equalities guides

These can be accessed at <http://www.unitetheunion.org/unite-at-work/equalities>
[Branch equality officers' guide](#)
[Equalities sectors](#)

[Equalities training courses](#)

[Race Ahead in Health – Tackling discrimination in the workplace, reps' toolkit](#)

[Unite equalities strategy](#)

[Zero tolerance materials](#)

Appendix D: Organising professional committees (OPCs) and professional groups & associations in Unite in Health

D.1 Organising professional committees

- Ambulance
- Applied Psychology
- Art Therapists
- Community Nursery Nurses (CPHVA)
- Counsellors and Psychotherapists
- Dental Professionals
- Doctors in Unite (DiU, formerly Medical Practitioners' Union, MPU)
- Estates and Maintenance
- Healthcare Science (including Hospital Physicists (HPA))
- Health Care Chaplains (CHCC)
- Health Visitors (CPHVA)
- Mental Health Nurses (MHNA)
- NHS Blood and Transfusion
- Pharmacists (GHP)
- Public Health England
- Sexual Health Advisors (SSHA)
- School Nurses (CPHVA)
- Speech and Language Therapy
- Support Services
- Veterinary (BVU)

D.2 Professional groups & associations

- British Veterinary Union (BVU)
- College of Health Care Chaplains (CHCC)
- Community Practitioners' & Health Visitors' Association (CPHVA)
- Guild of Healthcare Pharmacists (GHP)
- Hospital Physicists' Association (HPA)
- Mental Health Nurses' Association (MHNA)
- Doctors in Unite (DiU, formerly Medical Practitioners' Union, MPU)
- Society of Sexual Health Advisors (SSHA)

Appendix E: Copy of contents page from NHS Terms and Conditions of Service handbook

Part 1 Principles and partnership	
Part 2 Pay	
Section 1	Pay structure (England & Wales) (Scotland & N Ireland)
Section 2	Maintaining round the clock services (England & Wales) (Scotland & N Ireland)
Section 3	Overtime payments
Section 4	Pay in high cost areas
Section 5	Recruitment and retention premia
Section 6	Career and pay progression (England & Wales) (Scotland & N Ireland)
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
Section 14	Sickness absence (England & Wales) (Scotland & N Ireland)
Section 15	Maternity leave and pay
Section 16	Redundancy pay (England) (Scotland, Wales & N Ireland)
Section 17	Reimbursement of travel costs
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)
Section 22	Injury allowance
Sections 23–24	(Unallocated)
Part 4 Employee relations	
Section 25	Time off and facilities for trades union representatives
Section 26	Joint consultation machinery
Section 27	Working time regulations
Sections 28 and 29	(Unallocated)
Part 5 Equal opportunities	
Section 30	General equality and diversity statement
Section 31	Recruitment, promotion and staff development
Section 32	Dignity at work
Section 33	Caring for children and adults
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	National bodies and procedures
Sections 41–46	(Unallocated)
Part 7 Maintenance	
Section 47	Reviews, appeals and job evaluations
Annexes	
Annex 1	NHS employers
Annex 2	Pay bands and pay points on the second pay spine in England from 2017
Annex 3	Latest pay bands and pay points in England
Annex 4	Working or providing emergency cover outside normal hours
Annex 5	Provisions for unsocial hours payments for ambulance staff
Annex 6	Provisions for unsocial hours payments for ambulance staff: examples of special cases
Annex 7	Good practice guidance on managing working patterns
Annex 8	High cost area payment zones
Annex 9	High cost area supplements
Annex 10	Local recruitment and retention premia criteria
Annex 11	Additional freedoms for NHS foundation trusts in England
Annex 12	Motoring costs
Annex 13	Lease vehicle policies
Annex 14	Subsistence allowances
Annex 15	Other terms and conditions
Annex 16	Coverage of NHS Pay Review Body (NHSPRB)
Annex 17	Classification of leads and allowances (listed by staff group)
Annex 18	Withdrawal of nationally agreed recruitment and retention premia and transitional arrangements
Annex 19	Local appeals procedures (England) (Scotland, Wales & N Ireland)
Annex 20	Development of professional roles
Annex 21	Arrangements for pay and banding of trainees
Annex 22	NHS Scotland: partnership information network (PIN) policies
Annex 23	Pay progression (England and Wales)
Annex 24	Guidance on workforce reprofiling (England and Wales)
Annex 25	Arrangements for general and public holidays over the Christmas and New Year holiday periods
Annex 26	Managing sickness absences – developing local policies and procedures
Annex 27	Principles and best practice of partnership working
Annex 28	Guidance on frequently asked questions (FAQs) (England & Wales) (Scotland & N Ireland)
Annex 29	Principles for harmonised on-call arrangements

APPENDIX F – Letters that get results

The following letters are provided as a guide that representatives may find useful.

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

1. Seeking information following management action

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear Manager or Director of HR

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 will be taken, pending the completion of discussions on this matter.

Yours sincerely

(Name)
(Status)

cc (Members)

2. Seeking information in preparation for a disciplinary case

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (name of Manager or Director of HR)

(member's 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*etc*

Should there be any problem in providing me with this information, I would appreciate you informing me so immediately, together with the reasons why. The information is requested in line with the organisation's / 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)

3. Seeking information using legal rights

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

Negotiations / cuts in service/redundancies (etc)

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

I write in accordance with S199 of the 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' (Paragraph 5), and falls within the list of issues identified as 'relevant' (Paragraph 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)

4. Lodging a grievance

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(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 of the action, etc).

In accordance with the grievance procedure, I note that the status quo will apply, ie that (state what it was prior to the 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 for the meeting.

I/we look forward to your early reply.

Yours sincerely

(Name)
(Status)

cc (Member)
(other person who may accompany you)

5. Letter from individual member expressing concerns-lodging a grievance

Member's address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(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 wish to be accompanied by my representative (name) at the meeting (if sought).

I look forward to your early reply.

Yours sincerely

(Name)
(Status)

cc (Rep(s))

6. Raising issues which affect the range and quality of services

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(Issue)

I write on behalf of Unite following the proposals to introduce (skill mix, removal of senior clinical staff, redundancies amongst professional staff *etc*) in (name of team, 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 is 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, which 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 in any such discussions from the start, 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)

7. Clarifying a possible disciplinary meeting

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(Issue) – Proposed meeting

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

I understand that the meeting is to discuss (member's name's) (outline 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 clarify:

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

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

If the meeting is a formal disciplinary meeting, ie from which any disciplinary action may result, please ensure that the precise allegations, together with supporting evidence, are provided to me no less than (five) working days in advance of the 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 / HR / another manager).

In order that I may respond fully, please ensure that 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)

8. Lodging an appeal against a disciplinary action or unsuccessful grievance hearing

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(member's name) – appeal against outcome of disciplinary / grievance hearing

I write to you following the disciplinary / grievance hearing on (date) at (place) which resulted in (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 the 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)
(any other person who will represent the member, eg a different rep)

9. Request for paid time off to attend a trade union course

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(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 employer's / trust's 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 (Your Unite regional officer's name, only if appropriate, ie if your line manager has previously verbally turned down your request to attend the course, and you are writing to someone higher in the organisation)

Enc (don't forget to enclose the course details as promised in the last paragraph!)

10. Raising professional concerns regarding unsafe practice/unsafe workloads (1)

Your address

Telephone

Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

Subject: Unsafe practice / excessive workload etc

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 / biomedical scientist etc) which has the following effects (state effects):

1

2etc

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 / are as follows: (State with relation to the appropriate paragraph of the code of conduct etc).

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

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

I believe that I have genuine difficulties in meeting health care needs / providing a safe service from limited resources. I find that in the current position the professional / safe practice requirements placed on (me / my colleagues) cannot be adequately met (within the current workload allocated to me / my colleague, without additional support and / or resources).

I therefore seek an urgent meeting with you as (line manager / senior manager), to discuss how this situation may be resolved. I would ask you to note 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 I 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)

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

11. Seeking information based on a 'tip off'

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(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 another 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(s))

12. Follow up to letter seeking information (1)

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(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)

Enc: *(don't forget to include a copy of your previous letter, as promised in the last paragraph!)*

13. Follow up to letter seeking information (2)

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(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)

14. Seeking an informal meeting

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(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 I look forward to your early reply.

Yours sincerely

(Name)
(Status)

cc (Member / rep)

15. Stating your concerns about a management proposal

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(Issue)

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

I understand that management have (details of action).

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

1. Apparent breach ofAgreement, notably section (quote)
 2. No formal consultations in breach of Agreement, section (quote)
 3. Implications for standard of service (give example)
 4. Implications for security of employment (give example)
 5. Implications for professional accountability (quote)
 6. Equality implications (give example)
- etc*

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

(a)..... (*etc*, 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, you, and me 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(s))

16. Commenting on a management document

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(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 (day / 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)

Enc: *(don't forget to enclose the details of your comments / amendments as promised!)*

17. Management action in breach of agreement

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(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 sectionof the (Agenda for Change National Terms and Conditions / organisation or 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(s))

18. Confirming the outcome of a meeting

Your address
Telephone
Email

Date

Manager or Director's Name
Address

Dear (Manager or Director of HR)

(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(s))

19. Raising professional concerns regarding unsafe practice / unsafe work loads (2)

Your address
Telephone
Email

Date, and possibly time

Manager's Name
Address

Dear (Manager)

(Statement of immediate concern: Staffing levels / standards of care / inappropriate skill mix levels / professional practice etc)

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 etc).

I have sought to have this issue addressed, through the allocation / employment of additional appropriately qualified/trained 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).

Yours sincerely

(name)
(status / job role)

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 copy the letter / form and send the original to the appropriate (nurse / lab etc) manager, retaining a copy for your own record.