

# Stronger together

# UNISON

*NHS Glasgow Clyde & CVS*

**Signs of a good night out?  
Or carbon monoxide poisoning?**



**HEADACHES**



**NAUSEA**



**BREATHLESSNESS**



**COLLAPSE**



**DIZZINESS**



**LOSS OF CONSCIOUSNESS**



**STAFF POISONED AT IRH**  
see inside for more details

**Stronger Together**  
is published by

UNISON  
NHS Glasgow Clyde and  
CVS Branch

Empire House  
4th Floor  
131 West Nile Street  
Glasgow  
G1 2RX

Telephone Number  
0141 331 4450

Thanks to:  
Everyone who contributed and  
all for their time and effort

Issue: Summer 2015

Design & Layout: The Mr Men &  
the Minions

Printed by:  
Hampden Advertising Ltd

## EDITORIAL

**Remember if you move, or if your personal/work circumstances change you should tell UNISON. You can do this by contacting the branch on 0141 331 4450.**

### Contents

#### LEAD STORY

- **IRH staff poisoned after maintenance fails to pick up damaged flue**

#### POLICY PIECE

- **Social Care – Give it the priority it deserves**

#### NEWS

- **UNISON delivering at Queen Elizabeth University Hospital**
- **Investment in Health Visitors could lead to more shortages**
- **Tablets make staff ill**
- **UNISON deal to tackle low pay**
- **UNISON calls for more money for student nurses**
- **News from Erskine**
- **Conference report**
- **HCPC members let down by Scottish Parliament and Regulator**
- **Update on Nurse and Midwife revalidation**
- **Young member remembers Cuban revolution**

## SEND US YOUR NEWS AND VIEWS

Stronger Together is your newsletter. To make it more representative of members, we need you to send us your views! Send us a letter, an article or just send us your views on any issues that you feel the branch should be addressing, alternatively have we printed something you disagree with then let us know!

EMAIL: [magazine@unisonglasgowclyde.com](mailto:magazine@unisonglasgowclyde.com)

Follow us on Twitter @NHSGCC\_UNISON\_cvs

Find us on

**FACEBOOK**

by searching for **NHS Glasgow and Clyde – UNISON Branch**

**[www.nhsglasgowclydecvs.com](http://www.nhsglasgowclydecvs.com)**

# Tablets make health visitors ill

As part of the ongoing drive to 'modernise' nursing, Health Visitors across NHS GGC are now being asked to use a 'tablet' (handheld device) to record patient contacts in real time in the community. Despite a 'trial period', the Board's Health and Safety Advisors, working with Occupational Health, have issued 'guidance' which has 22 points designed to ensure safe working practices.

The Branch Professional Nursing Officer and Health Visitor Team Leader, Una Provan, said, **"This guidance is welcome, however you have to ask just how practical it is to expect a Health Visitor on a home visit to stop inputting data after ten minutes and get up and move around."**

Problems with the tablets are further compounded by the fact that in some communities internet connections are hard to secure. This is a problem because registered staff should amend records promptly and are not

allowed to do it when they are in the car for Health and Safety reasons.

Regional Organiser Matt McLaughlin said, **"UNISON supports measures to help improve time management, record keeping and patient care. But you have to ask why this guidance has come forward after the pilot and there are major questions as to whether the various 'incidents' reported by staff are being dealt with properly. It seems that this is another example of high level NHS bosses pressing on regardless."**

In an incredible development it seems that, faced with a critical Health and Safety Report, NHS bosses have decided to withdraw the report because of its adverse effect on their plans. Matt added, **"If this is case, then it's incredible and places staff and NHS GGC at risk of damage and litigation. Who in their right mind ignores Health and Safety advice?"**

## Decades of cuts catches up with NHS

Plans by the Scottish Government to invest in School Nurses and Health Visitors have been welcomed by UNISON. The union has been fighting against plans to cut Health Visiting and School Nursing services for almost two decades.

Branch Professional Officer, Una Provan, said, **"Health Visiting services have been cut to the bone in recent years as Health Board bosses sought to move funding away from registered staff, increased caseloads and restructuring the whole service. School Nursing has fared even worse and has been slashed to ribbons so plans which will see millions of pounds being invested in these services are welcome."**

But the investment is linked to the controversial 'named person' legislation and many staff are concerned that the changes will put health visitors

at risk as they could be swamped due to becoming responsible for co-ordinating statutory services that are responsible for the safety of all pre-school children.

Whilst School Nurses will not be a named person, there is also an anticipated increase in their workload as a result of the Government GIRFEC agenda.

Una added, **"UNISON welcomes the investment that will come from these initiatives, but there is a real concern that even with extra staff (200 Health Visitors) that services will be overwhelmed as this initiative is implemented. There is also a concern that the training programme will see Health Boards robbing staff from each other and cutting back on band 5 Community Nurses to meet their staffing needs and cost requirements."**

# Giving social care the priority it deserves

With Health and Social Care Partnerships taking shape and Acute services being designed on the basis that the majority of patients will be in hospital no more than three days, we asked UNISON Policy Chief, Dave Watson (pictured right), what is needed to make social care work?

He told us, “The social care crisis in Scotland is not given the priority it deserves, but there is a growing consensus about what needs to be done.

“I was speaking at the Care Scotland, Care at Home Conference on recently. The panel was asked to set out what’s wrong with home care and how we would fix it.

“On a national and local level we need to fix the crazy commissioning system that isn’t working for anyone. It isn’t working for providers who are struggling to maintain a viable business model. It isn’t working for staff; or social workers that are trying to put packages of care together or home care staff that are the real victims of the race to the bottom in pay and conditions. Most importantly, it isn’t working for service users who suffer from the high turnover of staff with little continuity of care, or are stuck in a hospital bed because there are no staff to care for them at home.

“The solution primarily needs proper funding. It’s easy to blame politicians for obsessing about the NHS, but they are often just following public opinion that rarely understands that social and NHS care are interlinked. Personally, I am coming to the view that we need an agreed national rate for home care, as we have for residential care. This would be a rate that is dependent on providers paying the Scottish Living Wage and maintaining a range of other workforce standards. One of the merits of a national rate, as against a local top up, is that it

wouldn’t just reward the bad employers in the sector.

“That leads me to the second issue, employment standards. Any funding agreement has to include the key elements of UNISON’s Ethical Care Charter. The new procurement guidance rightly recognises that paying the Scottish Living Wage alone is not enough because some providers will simply cut other conditions. There needs to be action on zero and nominal hour contracts, sick pay and travel time. In addition, what comes through strongly in all our surveys is the importance of giving staff time to care and proper training linked to career progression. A

recent UNISON survey highlights frighteningly low levels of training. Caring should be a great job and many staff I meet recognise that. But the household bills have to be paid and so many end up stacking shelves in supermarkets instead.

“I am pleased to say that there was a broad consensus amongst the panel at the conference on what needs to be done. Scottish Care also launched their latest research report on this issue, which is well worth a read.

“The media headline was all about freezing health spending, but the key finding is that investment in better social care for older people would improve their lives and help to cut emergency hospital admissions. In 2012–13, the average emergency hospital admission for over-65s lasted for 11.8 days, at an average cost of £4,846. That amount could fund either care at home for a week for 27.7 older people or 9.28 weeks in a residential care home for one pensioner.”



“I am pleased to say that there was a broad consensus amongst the panel at the conference on what needs to be done.”

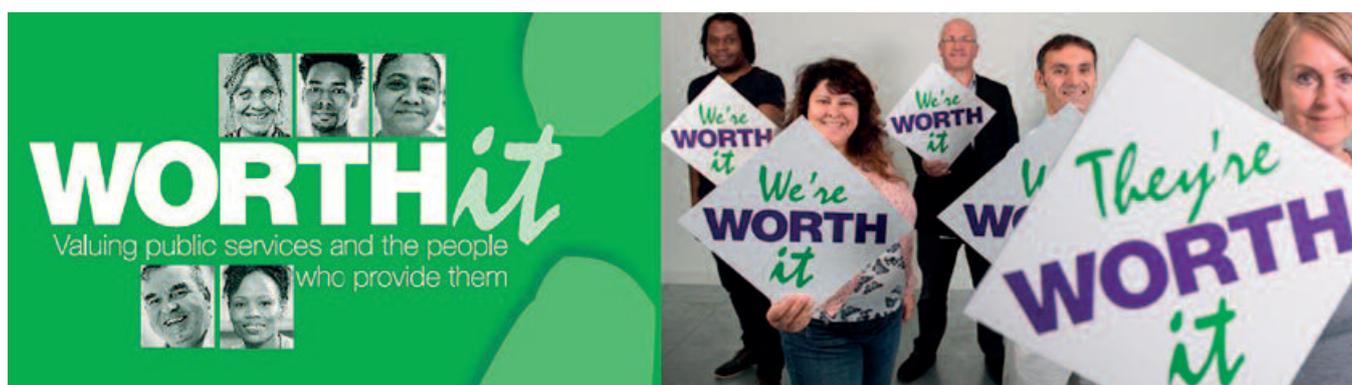
Ranald Mair, Chief Executive of Scottish Care, said: "If we're going to manage to keep more people out of hospital, to maintain them in their own homes and also to prevent them going into long term care at an early stage, then we actually have to invest in home care.



be clear. If people need to go to hospital then that's where they should be. But what we know is that over 20% of admissions of older people to hospital are 'unnecessary' admissions. They're not going in because of their clinical needs; they're going in because of their circumstances and because of the lack of alternatives."

"The danger at the moment is that we're continuing to invest in hospitals and as you know, all politicians want to be the defenders of the NHS. This isn't an attack on the NHS, let me

It's hard to disagree with that. Investment in social care and in particular the staff who deliver care, needs to be one of our highest priorities.



# Retired members report

by Morag Houston

Colleagues, in January 2015 a Retired Members meeting was held at the Branch offices in West Nile Street and again it was well attended. There was a clear message from our members that they would like to be more involved with the working of the branch. A number of the members volunteered to help with preparing for the Branch AGM which was most welcomed. A big thank you from Cathy Miller your Branch Secretary.

## Retired Members knit and crochet for Glasgow & Clyde premature baby units.

At the last Retired Members meeting, a suggestion was made that the members could contribute to the maternity hospitals by knitting much needed hats, cardigans and booties for the premature babies. We expected a few dozen of each but have been amazed at the response – over 100 hats and dozens of cardigans and booties with more on the way. This first batch



of woollies will be distributed between the maternity units. Many people donated wool and we will welcome all donation – so keep the balls coming. The items will be displayed at our next meeting on Thursday 13TH August at 11pm at the Branch office 131 West Nile Street.

## Did you retire this year and were you a member of Nalgo, NUPE or COHSE?

If so, you will be entitled to a retired member payment but you only have one year from retirement to claim – contact the Branch office at 0141 331 4450 for further information.

# Student nurses bursaries not fit for purpose, says UNISON report

UNISON is calling on the Scottish Government to urgently increase bursary rates for Student Nurses and Midwives in the next academic year. This recommendation is part of the UNISON's report *Caring, Learning and Worried about Money* which was published recently.

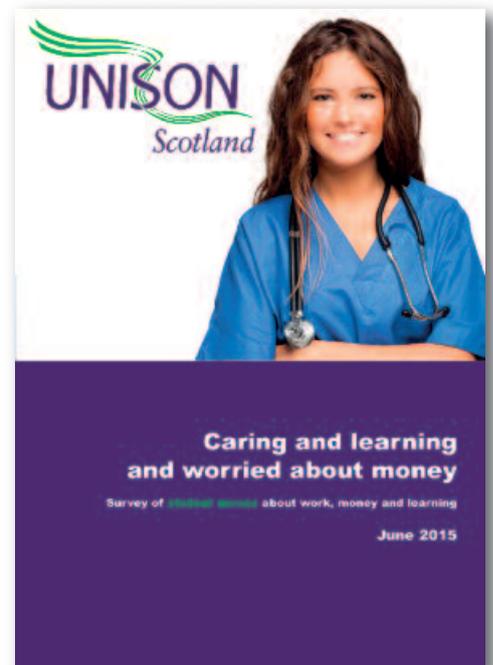
<http://www.unison-scotland.org.uk/news/2015/mayjun/0602.htm>

The survey of student nurses across Scotland found that 85% of student nurses relied on financial support from family and 83% say they have been in debt in the last year. Around half (42%) were running up credit card debts, 14% took out a loan and 6% had turned to high street loan companies.

Matt McLaughlin, UNISON's regional organiser for the NHS, said:

**"The present system of funding student nurses and midwives is clearly unfit for purpose. We need a system which is based on a fundamental principle of fairness; which delivers a long lasting commitment to a Living Bursary and is unafraid of committing public money to doing so."**

Matt added, **"Two thirds of student nurses and midwives are working part-time, some doing more than one job to make ends meet, many working up to 25hrs or more per week. As students make very clear in our report they find juggling work placements, part-time jobs, and studying very stressful."**



## UNISON in discussions over Scottish deals on NHS pay

Over 60 senior stewards and regional staff from UNISON met recently in Ayr today to plan the union's future strategy on pay in NHS Scotland.

UNISON Scotland has consistently argued that the Pay Review Body is no longer fit for purpose after a series of 1% pay awards, which mean that, in real terms, NHS pay has reduced in the last five years or more.

Speaking at the annual policy event Tam Waterson, Chairperson of the Scottish Health Committee, said:

**"UNISON believes in the NHS and UK bargaining on pay and conditions, however our members across the UK have experienced different pay deals, determined simply by which nation they live in, the time is now right for**



**Branch Secretary Cathy Miller**

**Scottish unions to negotiate with our government on pay."**

Pay for NHS workers is determined by an independent pay review body (PRB). In recent years only the Scottish Government has honoured the recommendations, however the union remains critical over the level of pay awards which

amount to a real terms cut in NHS workers' wages.

Branch Secretary Cathy Miller said,

**"We need to tread cautiously on this one, Scottish pay bargaining will not automatically lead to better pay deals, just look at our council colleagues. But it is clear that the PRB has failed and we have to seriously consider what the best options are for our members regarding pay."**

# Poor maintenance leads to staff being gassed at work

UNISON is calling on members to be vigilant after a number of members were exposed to harmful carbon monoxide fumes at Inverclyde Royal Hospital.

The exposure occurred because a flue from the boiler system was allowed to fall into a bad state of repair and leaked the deadly fumes into a store room area that staff were working in.

Clyde Divisional Convenor, Raymond O'Donoghue, said, **"Staff raised concerns with me that they were feeling unwell at work with symptoms which are consistent with CO2 poisoning. UNISON immediately contacted NHS bosses, which resulted in the boilers being switched off. It was clear to me at the time that the flue was leaking fumes and that staff were at risk."**

A report from management confirmed that staff had been exposed to the harmful fumes and that,

despite regular servicing, the fault had not been picked up. The boiler flue system is to be replaced and in doing so it will no longer run through this work area.



But UNISON is still angry, UNISON Health and Safety Officer Tommy McWilliams said, **"Setting to one side the issue that the fault should have been picked up during routine maintenance, UNISON is concerned that there seems to have been knowledge of the problem since early 2015 and it took UNISON involvement for it to be reacted to. CO2 is a deadly product of combustion and exposure can have catastrophic side effects that is why there are such tight rules and standards around servicing and installation of gas appliances. We want to know why this was missed and who is to blame."**

## Erskine pay up for holidays

UNISON has secured an agreement with Erskine Hospital that staff will receive pay as if at work when they take annual leave.

The deal comes on the back of the UNISON case *Locke vs British Gas* which has been to the European Courts.

The UNISON lead steward at Erskine said, **"The majority of staff across Erskine receives annualised pay so this ruling did not affect them, but there was a small group of long serving staff who still receive enhanced payments for nights and weekends. These staff were only paid a basic wage when on leave, so it was important to UNISON that they were paid properly."**

**"I am delighted that our members accepted the offer that UNISON negotiated which is actually better than the minimum legal entitlement. Once again UNISON delivers for our members."**

## Erskine pay 2015

**The majority of members at Erskine are in the final year of a multiyear pay deal which will see them receive a 2% uplift.**

**However, UNISON recently led talks with Erskine to explore the possibility of the organisation becoming a Living Wage employer.**

**UNISON Steward, Michael Betan, said, "It's too early to say for certain that this will happen, but it is a real possibility with both UNISON and the employers keen to find a way to make it happen."**

# UNISON delivering at Queen Elizabeth University Hospital

The opening of a new hospital can be a very daunting and stressful experience for staff. Changes to working environments and adapting to new team structures can be a very unsettling experience and GGCs Flagship Queen Elizabeth University Hospital is no exception to the rule. The biggest reorganisation of staff and facilities in Scottish NHS history has brought its own problems and challenges.

Given the size of this venture, UNISON NHS Greater Glasgow and Clyde Branch has been involved from the outset. Your UNISON stewards have overseen the process to ensure fairness and worked in partnership to ensure job security for all staff. We have been consistently poised to address

“Our main aim at the new site is to ensure that potential problems are resolved quickly and effectively.”

issues as they arise and your stewards have been out and about the new site with high presence on a daily basis since its opening.

James Kirkpatrick, Recruitment Officer said, **“A regular recruitment and information stall has been set up outside the canteen on the first floor where members can raise concerns. We have been feeding these issues back to management for their immediate attention. Highlighting staff issues is always a UNISON NHS Glasgow Clyde & CVS Branch priority. Our main aim on the new site is to ensure that potential problems are resolved quickly and effectively.”**



UNISON has already secured the release of new jobs within the facilities department, and will continue to ensure that the workforce is boosted in areas where care and safety are being compromised.

Watty Gaffney, Communication Officer stated, **“Communication is the key and our Branch Secretary and Assistant Secretary, supported by other stewards and UNISON staff, are in regular discussion with management. Our members need to know we are there for them and that they can approach us at any time to help resolve their issues. UNISON are constantly addressing staffing and facility issues to ensure safe working practices and the provision of high quality patient care.”**

A new building is always likely to have issues with maintenance and teething problems which arise on a daily basis. Some of these issues impact heavily on the staff and patients. Our Health and Safety team are addressing concerns around safe working practices and highlighting potential risks and a programme of inspections is planned on the new site.

Tommy McWilliams, Health and Safety Officer said, **“The stewards and members in the new hospital are already flagging up many safety issues. Our main priority is working with management to ensure safe and effective working environments for our members.”**

# Young activist experiences May Day – Cuban style

**Local Branch Activist and Young Member, Ryan Boyle, was recently given the opportunity of a lifetime to be in Cuba as part of a 240 strong trade union delegation for the annual May Day Celebrations.**

The Cuba Solidarity Campaign (CSC) is the British campaign against the illegal US blockade of Cuba and for the defence of its people's right to self-determination and national sovereignty. 24 National trade unions – representing over 90% of the British trade union movement – are affiliated to CSC, alongside 500 branches and over 3,000 members.

One of the main purposes of the brigade is to see Cuba first hand and to show solidarity with the Cuban people. It gives you a brief insight into life under an illegal and inhumane blockade which denies ordinary people access to basic resources.

Whilst there are 'resort' style hotels for tourists, conditions on the brigade camp were very basic – at times there were power and water cuts – and accommodation was in bunk bed dormitories.

We enjoyed a prime position at the extraordinary May Day Rally Celebrations in Havana, where we were just rows away from Cuban President, Raul Castro, Venezuelan President, Nicolas Maduro and all five of the Miami Five heroes, recently released after 16 unjust years in prison, who waved onto cheering crowds of nearly 1,000,000 people.

We undertook agricultural work with our Cuban comrades, transported at sunrise in the back of open trucks, through towns and the countryside to citrus tree nurseries. The work was mostly manual including, weeding, lifting and cleaning, sweeping and shovelling and we experienced first-hand the struggle of life under the US blockade, which denies the Cubans access to basic machinery and goods.

On May 2 we attended the "International Meeting of Solidarity with Cuba" conference at the Conventions Palace in Havana. As international guests of the Confederación de Trabajadores de

Cuba (CTC, the Cuban TUC) – the brigade gained valuable insight into Cuban trade unionism and their crucial role in the government and economic management of the country. We took part in lectures and discussions on the Cuban political systems, the US and its policy towards Cuba and importance of international solidarity. The camp, which had 240 activists and trade unionists from 24 countries, provided an excellent space for political discussions and exchanges throughout the brigade.

On behalf of UNISON and the NHS Glasgow, Clyde & CVS Branch, we took material aid to Cuba including toiletries, stationary, medicines and first aid items. This was distributed by ICAP (Cuban Institute for Friendship with the Peoples), CDRs (Committees for the Defence of the Revolution) and local schools, who allocate the aid to where it is best needed. The blockade

prevents Cubans from accessing many basic goods, so taking the material aid is a small way of 'beating the blockade', and provides Cubans with basic goods such as stationary and toiletries which are ordinarily difficult to get hold of.

Despite being a developing country, under blockade for over half a century, its social achievements, health and education systems are remarkable. Cubans will admit that, like every country, they are far from perfect, but they are very proud of the Revolution's achievements. We look forward to continuing to campaign with CSC and to work towards ending the blockade once and for all, returning the illegally occupied Guantanamo Bay to Cuba, defending the achievements of the revolution and Cuba's right to sovereignty and independence.

You can find out more about the people of Cuba, the blockage and CSC at:  
<http://cubasolidaritycampaign.blogspot.co.uk/>



# Staff benefits scheme

If you're new to the NHS or it's been a while since you discovered what discounts are available to you, it could be time to check in with NHS Staff benefits.

Our biggest priority is ensuring that NHS Staff within the Central Belt of Scotland have access to useful discounts and benefits from some of the most renowned businesses in the area. We update our website with new offers on a regular basis and are constantly approaching local businesses and encouraging them to offer better value to NHS Staff.



By simply showing your Staff ID in hundreds of venues, you can save money on meals out with

friends, fun activities with the family, much needed home improvements, a dream holiday or most importantly – a bit of pamper time for yourself!

Our role is not only seeking out new discounts for staff, we also provide financial advice to NHS Staff within the Central Belt of Scotland. We have trained advisers on hand to advise and recommend on mortgages and related insurances.

This year we're undertaking an exciting new project to help make NHS Staff Benefits more accessible to staff. In addition to constantly improving the discounts and benefits which we offer, we will be working towards creating a more user friendly website which will allow staff to find what they are looking for with ease. To keep up to date with what we have going on as well as our

latest offers and events please register at [www.nhsstaffbenefits.co.uk](http://www.nhsstaffbenefits.co.uk) or follow us @nhsstaffbenefit.

To view the complete range of discounts and benefits available to you, find us via firstport or online at [www.nhsstaffbenefits.co.uk](http://www.nhsstaffbenefits.co.uk)

**EXCLUSIVE UNISON MEMBER BENEFITS**

find out how you could **save on** Home, Travel and Pet **insurance**

click or call for latest offers

As a valued UNISON member we can offer you competitive rates on your insurance policies

Call for a quote **0800 66 88 55**

(Mobile users can call 01438 761790)  
Lines are open 8.30am-8pm Mon-Fri, 9am-1pm Sat. Please quote ref POS.

See our latest offers online at [www.unisoninsurance.co.uk](http://www.unisoninsurance.co.uk)

FOLLOW US ON:

UNISON is an Introducing Appointed Representative of UIA Insurance Ltd and UIA Insurance Services Ltd. UIA Travel and Pet Insurance are provided by third parties, see [www.uia.co.uk/terms-conditions](http://www.uia.co.uk/terms-conditions) for details. UIA Insurance Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. UIA Insurance Services Ltd is authorised and regulated by the Financial Conduct Authority.

Love your breasts  
Be breast aware

**TLC**  
TOUCH  
LOOK  
CHECK

breast cancer  
**now**  
[breastcancer.org/tlc](http://breastcancer.org/tlc)

Being breast aware simply means knowing what your breasts look and feel like normally, being on the lookout for any unusual changes and getting them checked out by your doctor. No one knows your body better than you and everyone will have their own way of touching and looking for changes – there's no special technique and you don't need any training. For more information on how to Touch Look Check and the changes to look out for, visit <http://bit.ly/1J0qXa5>

# National Delegate Conference report

For the vast majority of members union conferences come and go with little more than a passing interest. But Annual Conference has an important role to play in the management and governance of your union. National Conference can set policies on issues like subscriptions, strike pay and how your subs are spent by the union; there is also lots of discussion on the strategic bargaining issues that affect members politically and at work.



UNISON steward **Margaret McCarthy**, who works at Eastbank Centre, was a first time delegate to Conference – this is her report.

I have been a qualified rep for two years but had never attended conference, so I wasn't quite sure what to expect. On the first morning I arrived early to look for the one person from the branch I knew well. My plan was to tag along with him, until I realised he was a visitor and not a delegate.

Eventually, I found the area allocated to our Branch and met others activists. I was made welcome and a mentor was identified for me, who could show me the ropes. Most of the first morning was spent figuring out processes and procedures, procedures for moving and amending motions and how procedural motions could be moved.

By the afternoon as I settled in I was reminded that as a trade union member I was part of a wider world wide movement. This and the relationships I developed throughout the week were the most important things I took from conference. General Secretary, Dave Prentis addressed conference in the afternoon speaking about the post election political environment in the UK and of how Tory policy was already threatening our public services and trade union rights. He also highlighted the case of a sacked UNISON Activist Rab O'Donnell, sending a clear message to all employers, **"I say to any employer. If you come for our activist, we will take you on. An injury to one is an injury to all."**

The debate throughout the week was wide ranging, covering the need to build activism within our union, justice for Bhopal workers and support for the European Human Rights Act. Speakers came from all over the UK and from all sections of UNISON, Young Workers, Section, Women's Section, Disabled Workers Section, Retired Members Sections etc. People who had never spoken at conference generally stated this and were applauded for finding the courage to speak from the rostrum. The one thing that was common to every speaker was the respect and patience shown by other delegates. This contributed to the feeling of solidarity I experienced throughout the week.

On Thursday Paul Moist, President of the Canadian Union of Public Employees, spoke of the common challenges faced internationally by public sector workers and how the international movement must unite to protect workers' rights. He showed his commitment to solidarity by presenting a cheque for £5000 to the striking Glasgow Homeless Workers.

By Friday afternoon I left conference feeling rejuvenated as a member and an activist, wondering where the week had gone and excited by the possibility of returning. Who knows maybe I'll be a second time delegate and first time speaker.

# Inflation busting registration fees for health workers

**“At a time of pay restraint it is not acceptable for regulators to impose inflation busting fee increases on health and care workers”** was the message that UNISON delivered to the Scottish Parliament in an evidence session in June before the Health Committee.

The opportunity arose after the requirement for secondary legislation that increases registration fees for a range of health and care professions UNISON represents. The Health and Care Professions Council (HCPC) increased fees by 5% last year and indicated that they would not increase them again for two years. However, they have now come back for a further 12.5% increase after a perfunctory consultation while Westminster was in election purdah.

They claim this is because of a levy from the regulatory overview body, the PCA. However, only 30% of the increase relates to that with the balance reflecting new accommodation and IT systems. This looks opportunistic, particularly when there was no detailed costing was provided. The HCPC also generated a big operating surplus last year and is substantially increasing its reserves.

Needless to say health and care workers are not getting a 12.5% pay rise! The HCPC argue that they are the lowest cost regulator, but comparing paramedics, OTs and ODPs to doctors and dentists was, to put it mildly, insensitive. A recent UNISON survey of registrants indicates that many staff do not think they get value for money and that the HCPC could do more to reduce unnecessary hearing costs.

Scottish Labour MSP, Richard Simpson, moved a motion of annulment, a very rare procedure in the Scottish Parliament. He made a very strong case pointing to the absence of an Equality Impact Assessment on what is a predominately female workforce. He also drew attention to the huge increase in the Chief Executive’s pay, up by £26,000, more than the annual pay of many registrants. Also that the fee for Scottish social workers, regulated in Scotland, is only a third of the cost of their English counterparts who are regulated by the HCPC.

Predictably, SNP MSPs voted against the annulment as this increase is supported by the Scottish Government.

In fairness MSPs did so with no great enthusiasm, they welcomed the fact that this debate took place and that the regulator was put under scrutiny for probably the first time. There is a case for wider reform of UK regulatory bodies and they might find it more difficult if they return for another increase next year.

Putting the increase under the spotlight was probably the best we could have achieved this year. Health and care workers have no choice but to pay these increases, so they look to their MSPs and MPs to scrutinise these costs vigorously.

## **MOVED WORKPLACE? MARRIED OR DIVORCED? NEW HOME?**

Every year thousands of UNISON members move home, get married or change their job or workplace.

As a UNISON member it’s your responsibility to tell us if your circumstances have changed.

You can do this on line  
<https://registration.unison.org.uk/registrationstep1.aspx>

Phone us on **0141 331 4450** for your membership number.

Or you can complete and return the Freepost ‘Update your details’ form included with this magazine and your Branch Admin. staff will do it for you.

# Partnership working delivers for lowest paid

UNISON Scotland's Health Committee has welcomed the most recent breakthrough in the fight against poverty pay after the Scottish Government agreed to a review of the lowest pay band within Agenda for Change.

This development highlights the benefits of Partnership working which has been the basis of industrial relations in NHS Scotland since 1999 and further enshrines the commitment of successive Scottish Governments and UNISON to eradicating low pay in the NHS.

Tom Waterson, Chair of UNISON Health Committee, said **"This initiative with the Scottish Government is a major step forward to fulfilling our commitment and indeed Scottish Government's commitment to improving the lives of our dedicated NHS staff. Further, to have done so without any disruption to our Health Service and our membership again shows what can be achieved when all the parties engage in partnership working."**

NHS Scotland already pays the living wage (£7.85 per hour). Increasing all staff to band 2 would allow low paid workers the opportunity to earn an extra £420 in the first year with the opportunity to increase earnings via annual increments to £17,803 per year.

Whilst recently published Scottish Government workforce statistics confirm that there are around 19,000 support staff in NHS Scotland the majority of which are domestics, catering assistants and porters. Most of these staff are already on Band 2, due to job redesigns achieved locally.



There are 5,500 that are paid the lowest



pay band (1) with 91% of these workers being at the top of their salary scale.

Regional Organiser for NHS Glasgow and Clyde, Matt McLaughlin, said, **"Scotland's biggest Health Board worked actively with UNISON to invest in support staff, the result provided a higher salary for low paid workers, but it also ensured that the skills, flexibility, range of duties and of course recruitment and retention were significantly enhanced, providing many benefits for the health board and a direct benefit to patients."**

The union anticipates that that there are around 325 workers on Band 1 across NHSGGC many of them are domestics and laundry workers.

He added, **"Whilst this agreement will only benefit a few members in Glasgow and Clyde it will have a positive impact on our members at Golden Jubilee National Hospital where the majority of support staff are stuck in band 1. We will be writing to the employers at the Board (and NHSGGC) to bring the Cabinet Secretaries commitment to their attention and in doing so we will be seeking urgent talks."**

# Revalidation of your NMC registration

The way that Nurses and Midwives renew their registration is changing very soon. The NMC have just concluded a series of pilots on revalidation across the UK. The pilots were implemented in a variety of employers including the NHS, independent sector, armed services, universities and care homes. The programme included testing that employers are ready/able to support revalidation and also that staff are able to comply with the new requirements.

The NMC are expected to take a final decision on the new scheme in October 2015.

Every nurse and midwife has a renewal date which is detailed in their pin number, each contains numbers which relate to the year you qualified and registered for the first time. But the easiest way for you or a colleague to find out when your renewal date is due is to go onto the NMC website and register for online registration <http://www.nmc.org.uk/registration/nmc-online/>

The New Code of Conduct which came into effect 31 March 2015 will be essential to the process as nurses and midwives will be expected to relate the code to their practice.

Revalidation is being introduced for a number of reasons. Firstly, the current system of PREP has proven to be ineffective. Secondly, it's also fair to say that the public enquiry into care failings at Mid Staffordshire also found weaknesses in evidence about how nurses match their practice against the code of conduct. Finally, the NMC has in the past come in for heavy criticism by the UK Government Health Select Committee in light of the outdated methodology of PREP.

UNISON has always argued that any system of revalidation must be risk-based and proportionate and cannot lead to any fee increase. We have participated with the NMC in discussions throughout this period and have constantly repeated this.

All nurses and midwives will need to demonstrate at the point they renew their registration through revalidation that they have:



- Undertaken 450 hours of practice – 900 if they have a dual qualification e.g. you are a nurse and a midwife
- 40 hours of continuous professional development
- 5 pieces of practice-related feedback
- 5 pieces of reflection
- Confirmation of health and good character
- Confirmation that they have indemnity insurance in place (UNISON members have indemnity as part of their membership)

Members will also need to detail the organisations where they have worked this is most relevant if they are working full-time bank or agency to ensure that the hours worked relate to practice. For those working full-time in the NHS you simply need to describe the type of organisation you work in and the environment practices.

UNISON Head of Nursing, Gail Adams, said, **“There are a range of activities that can make up your practice hours if you do not work clinically this does not mean that you cannot maintain your NMC registration you simply need to define your role as your scope practice.”**

Non clinical members could demonstrate that they have:

- Undertaken 40 hours of continuing professional development.

This could include:



**UNISON Head  
of Nursing,  
Gail Adams**

- A study day
- Short-course
- A conference you attended by describing its nature and what you gain from it
- Participating or leading a workshop
- Peer review
- Evidence of mentoring, supporting learning or coaching individuals
- Evidence of clinical audits and reviewing resolving patient complaint practice meetings departmental group meetings where you are discussing service of patient care

Gail added, **“Reflective practice is not new and there are many articles you can read on the best current methods of undertaking it. It also doesn’t have to be a major significance area of care it can be something that is relatively simple. The most important thing is you need to relate it to practice, for example, if you’re working a shift and you do not believe that there are adequate staff in place to deliver safe care raising concern how you went about this, documented it and why you did it could be something that you could document as a reflection.**

**“It could also be how you met a particular person’s need for example at end stage of life, or during delivery of a baby how you met the women’s particular requests and what you gained as a professional from cheekiness.”**

Registrants will not have to provide actual evidence of their health in their portfolio but they will have to confirm that nothing in their health precludes them from practicing safely. For example, they could have a back injury which precludes them from undertaking certain nursing duties and have reasonable adjustments in place by the employer this does not mean that they cannot revalidate.

You could have a long-term condition that again this does not mean that you cannot validate.

## **You can find out more information on revalidation:**

<http://www.nmc.org.uk/standards/revalidation/>

Sign up for NMC online

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

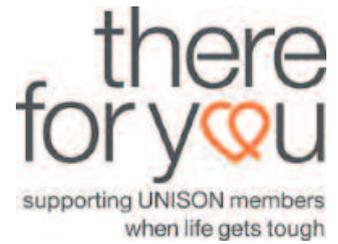
UNISON

<http://www.unison.org.uk/at-work/health-care/>

# Wellbeing breaks – there for you

Wellbeing breaks can provide welcome relief from stress and respite from difficult circumstances. UNISON can help you towards the costs of a break, depending on your financial situation.

For more information contact us on 020 7121 5620 or email [thereforyou@unison.co.uk](mailto:thereforyou@unison.co.uk) or contact your Branch Welfare Officer on 0141 331 4450.



## What is a wellbeing break?

The wellbeing break is organised by There for You in partnership with the Family Holiday Association. It includes:

- get well breaks;
- breaks following bereavement or for carers.

Members can arrange a stay in self-catering accommodation, in a chalet or a caravan, at selected UK holiday centres. Holidays are mainly self-catering, but we may also provide a small allowance for food and entertainment.

Destinations include UNISON's award-winning Croyde Bay holiday village in Devon.

