

HEALTH pay matters

A FAIR DEAL FOR HEALTH WORKERS



NHS PAY – FACTS ABOUT THE PROPOSED AGREEMENT

Unite (the union) has issued a document entitled 'Facts about the NHS Pay Offer' which they are circulating in health workplaces. The Unite document is clearly aimed at UNISON and we believe it contains a number of inaccuracies which we aim to address in this briefing.

Unite says: *The proposed agreement was negotiated alone with UNISON and RCN.*

UNISON's response: The six unions of the staff side had previously agreed that a smaller informal reference group should meet between formal negotiating meetings to work up proposals. Unite had agreed that UNISON and RCN should represent all unions on this reference group. There was nothing unusual about this, UNISON and RCN represent 70% of the NHS workforce. It was logical that the two largest unions should be lead negotiators.

Throughout the multi-year talks, the other unions were kept fully informed of the content any discussions

One of the Unite negotiators was present at all formal negotiating meetings, although they made it clear they were only representing Amicus. A Unite negotiator fully participated in the negotiations on 4th April, including contributing to the re-opener clause and the section on more apprentices. The representative chose not to come into the final joint meeting at the end of a long day with UNISON and RCN but said they had no objection if those two unions concluded the 'deal' for consultation.

Unite says: *Unite reject the statement that we do not care about low paid staff in the NHS.*

UNISON's response: During the negotiating meeting on 4th April the Unite (Amicus) representative stated that the extra money for the low paid did nothing for their members - Amicus represents members primarily in Bands 6, 7 and 8). The representative went on to stress that this was only the view of Amicus members and not TGWU members – many of whom are of course low paid.

Unite (Amicus) did not argue for a flat rate increase for the low paid in their evidence to the NHS Pay Review Body (NHSPRB).

In Unite's 'Facts' document they state that . "...low pay should be dealt with head-on not by effectively redistributing money from one group of NHS staff to others."

This is misleading. If all the money available for pay is distributed

on a % basis to all groups then the low paid get the lowest increase. By slightly bottom-loading the pay increase through a flat rate payment to bands 1 to 3, the lowest paid get a little more. Unite opposed the flat rate payment and the raising of the NHS minimum wage being part of the proposed agreement.

Unite says: *Unite opposes the proposed agreement including 2.75% for 2008 because it is below inflation and is a 'pay cut'.*

UNISON's response: The Unite Head of Health wrote to the Employers on the 14th April 2008 saying his members would accept 2.75%. (UNISON has a copy of this letter)

Unite says: *The 're-opener clause' is too weak.*

UNISON's response: The NHSPRB is independent of the government. The current process of pay determination in the NHS requires unions to present evidence to the NHS Pay Review Body (NHSPRB) which then makes a recommendation to government. The re-opener clause is exactly the same process. If inflation goes up rather than down, then the unions will present new evidence to the NHSPRB.

There is a robust process for submitting evidence to the NHSPRB which all trade unions have successfully used in the past and there is no reason why it should not work in the future. In fact the NHSPRB have recommended increases that when aggregated are 50% above inflation over the last 20 years.

Unite says: *Incremental pay increases should not be taken into account.*

UNISON's response: We agree! UNISON has always argued that incremental increases should not be taken into account when deciding overall pay uplifts. The NHSPRB also agrees. However, when the vast majority of staff are getting incremental increases as well as the proposed 8.1% over three years, it is untrue to say that these staff are facing a 'pay cut'. UNISON's case studies (see www.unison.org.uk/health) show that many staff's earnings will increase by between 15% and 24% over the three years.

Unite says: *Any pay offer needs to be voted upon and agreed by a majority of trade unions on the NHS Staff Council.*

UNISON's response: UNISON will continue to work and strive for consensus with other trade unions, which we have a long history of doing. All trade unions need to respect that some unions are much larger than others, representing a higher proportion of the workforce. Six of the unions on the Staff Council have less than 10,000 members; Unite, after merger, has around 77,000 in health; UNISON has 470,000 members. It is worth noting that Unite (Amicus) hasn't balloted its members; UNISON is conducting a full member ballot; the RCN has conducted a consultative ballot. If UNISON and RCN members vote to accept then there will be a deal.