

NHS Pay Award 2017

Outcome of UNISON branch consultation

1. This report details the findings of the consultation on UNISON approach to NHS pay, conducted from the end of March until early May 2017.

The consultation was at the request of the Health Service Group Executive. The Executive was seeking to determine whether further work was needed in order to build capacity for successful future national action or whether there was broad and deep-rooted support and capacity for delivering industrial action on the national pay award in the immediate future. Branches were asked whether they wanted to focus on building capacity for national action in the future or whether a majority of their membership was ready and keen to vote for industrial action now.

2. **The majority of responding branches expressed a preference to focus efforts on building confidence and capacity, rather than move immediately to a national ballot.**

The overall response rate from branches in England was very low. Of 239 branches only 90 responded. 149 did not respond. That means nearly two-thirds of branches in England did not engage. In Scotland all branches were engaged. Taken together the branch results were:

- 61 branches in total (46 in England and 15 in Scotland) prioritised the earnings maximisation strategy.
- 44 branches in England prioritised an immediate ballot for national industrial action.

In addition, UNISON Cymru/Wales, had already decided to prioritise earnings maximisation alongside ongoing Welsh pay talks, following wider consultation in November and confirmed by Regional Health Committee AGM in January.

The Northern Ireland Health Committee also decided to prioritise the earnings maximisation strategy.

3. In every bargaining area (i.e. England, Wales, Scotland and Northern Ireland) there is clear support for prioritising earnings maximisation.

In only one region – North West – was there a majority of responding branches that supported an immediate move to ballot for national industrial action. However, there were still more branches that did not respond than did respond.

4. Branches were asked to give information on how members were consulted and, if the branch recommendation was to ballot for industrial action, to demonstrate the level of support for action. Some branches surveyed their members using different methods, e.g., email, survey monkey, paper ballot. Others held branch meetings.

It was clear that in most branches only a small proportion of members participated.

5. In light of the consultation outcome and decisions at health conference the SGE will progress the earnings maximisation strategy. We will be working with regions to identify priority branches and issues. In addition, we will:
 - a) Prioritise the earnings maximisation strategy across all four countries.
 - b) Work with all regions to identify target campaign issues.
 - c) Follow up branches where members were in favour of industrial action, to identify local campaigns which can focus the energy of those members
 - d) Keep the situation under review, in particular to consider the outcome of consultation by other unions.
 - e) Work towards implementing the emergency motion on pay passed at health conference.
6. The emergency motion submitted by the HSGE was a key debate at health conference and a clear priority for branches. Conference agreed to:
 1. Ramp up the campaign to challenge government pay policy with the aim of delivering our agreed objectives of a £10 per hour minimum wage and an increase of at least £1 per hour for all AfC staff.
 2. Oppose any potential breach of Agenda for Change through differential pay rates on the basis of age including the current situation in Northern Ireland.
 3. Work with the TUC and other NHS trade unions to explore all options for opposing and breaking the 1% pay policy, including:
 - i) Call on the Secretary of State for Health to convene urgent talks with the unions and devolved administrations about how the NHS can return to a 'sustainable position' on pay as recommended by the NHS PRB.
 - ii) Deliver a political strategy to lobby and influence MPs and policy-makers to change government pay policy for the NHS.
 - iii) Examine the impact of continued government pay restraint on the NHS Pay Review Body and the future viability and nature of staff side participation in PRB evidence rounds between now and 2020.
 - iv) Collaborate to generate capacity and confidence within all NHS Trade Unions such that together we can deliver an effective future challenge to pay policy including consideration of coordinated ballots for lawful industrial action.
7. The actions set out above, the earnings maximisation strategy, and continued engagement with the Agenda for Change refresh, will form the basis of the HSGE's future pay strategy. Further work on developing this work programme will be a priority issue at the HSGE AGM.