SOR POLICY

COMPOSITED MOTION 1

Subject: Government Proposal to Cut Student Bursaries

Conference notes that the Government’s 2015 Autumn Statement announced ‘Grants for health students will be replaced by loans.’ This has been met with anger and fear that those from lower economic backgrounds, mature students, those with children, other caring responsibilities or debt from a first loan will be deterred from training as allied health professionals.

Healthcare workers, students and the public must unite to resist yet another attack on the NHS. This is coming at the same time as other austerity measures, privatisation and the junior doctors’ contract dispute. The poor conditions of many clinical placement sites accommodation, the limited pay increases in recent years and now the proposed increased debt for training could make radiography students and others question the benefits of training.

The current Government has acted to remove access to higher education for all but the very well off or to those who are prepared to experience a lifetime of debt for loans which it now appears can be retrospectively amended at the whim of the Exchequer.

Without the bursary many potential radiography students will either be unable to afford to train or be put off by the prospect of large debts, especially as NHS salaries remain capped and have in essence dropped in value. The nature of health courses is fundamentally different from other degree courses, with a longer academic year and extra costs incurred by placements. Replacing the bursaries with loans will see a drop in recruitment at a time when there is already a shortage of radiographers.

Conference calls upon UK Council to:

1. campaign for protection of our student bursaries, therefore maintaining prospective student interest and ultimate completion of graduate courses, and
2. liaise with health service unions to discuss co-ordinated action, protests and campaigns to defend the opportunities of future students and health care practitioners.

**Joint opposition with other health unions was not successful in reversing the government decision on changes to funding. However, SoR continues to support efforts through TUC and wherever appropriate to oppose the change and highlight the risk to the workforce supply.**

Motion 1

Subject: Bursary

Conference believes that the existing arrangements of NHS bursaries for student nurses, midwives and AHPs should be continued with. Conference is concerned over the recent Government proposals to move to loans from August 2017. Conference is further concerned over the complete lack of any evidence base to support these proposed changes, or risk assessment. Conference does not believe that these changes will ensure an adequate supply of radiographic staff into the workforce.

Conference calls on UK Council to work with NHS Trades Unions and other bodies who oppose these changes to lobby the Government to withdraw these proposals.
If it becomes clear that the Government is intent on pursuing this course of action then Conference further calls on UK Council to lobby the Government to exempt radiographers from the changes.

**Motion 2**

**Subject: NHS Bursary**

This Conference notes that the present system of student bursaries for nursing, midwifery and allied health professions is due to change from the university intake in autumn 2017 and is concerned that this will have a detrimental effect on student numbers, especially amongst mature students.

Conference calls on UK Council to lobby Government to exempt radiographers from the changes.

**MOTION 3**

**Subject: Student Bursaries**

The proposed changes to NHS student funding will mean students could be burdened with up to £65,000 of debt. Under the present system, a bursary allows those without financial means to go on to study and thrive as nurses, midwives and allied health professionals.

Many students already struggle to make ends meet and have part time jobs to support themselves, and in some instance they have to rely on financial support from their families.

There are already difficulties recruiting and retaining staff in the NHS and cutting bursaries will not help attract students.

Conference calls upon UK Council to lobby the UK Government to preserve the present system so that student numbers do not decrease.

*Composited Motion 1 and Motions one to three are being overseen by the Professional and Education team. A detailed response was compiled and submitted to Government, with input from the wide membership of the SoR. Our response to the consultation is published on the SoR website. [http://www.sor.org/news/student-funding-proposals-puts-radiography-programmes-risk](http://www.sor.org/news/student-funding-proposals-puts-radiography-programmes-risk)*

*We also worked closely with other AHP groups during the consultation period.*

The government published their response in July 2016 and a further report is promised from the government in autumn 2016. We were pleased that some points that the Society, and other AHP groups made to the consultation were acknowledged and this included

- **Support for childcare costs** – there will be a payment of £1000 each year for students with child dependents to “reflect that students undertaking clinical placements may have higher childcare costs than the wider student population”.
- **Travel and dual accommodation** – The first £303 that students would have to pay for travel to placements will be covered. The government will also cover the cost of students who have to pay for secondary accommodation whilst attending clinical placements IF the case for “educational provision and value for money is demonstrated”.
• **Postgraduate students** – a bursary for tuition and maintenance will meet the full costs of the course for postgraduate students starting in 2017/18. This will be a transitional arrangement.

• **Hardship** – bursary payments in cases of “exceptional hardship” will be provided

However, we continue to have concerns which we are raising through national meetings with HEFCE, CoDfH, and HEE.


We raised a specific concern about the vulnerability of radiography both diagnostic and therapeutic radiography. Therapeutic Radiography has been acknowledged as a vulnerable profession by HEE and HEFCE and a project has been defined to support work relating to this. We are contributing funding to this work which is in the main funded by HEE and HEFCE.

We continue to work with the Council of Deans of health, and the other AHP groups via the Education Leads group, in relation to the ongoing matters relating to the loss of the bursary and implications of future management of clinical placement capacity and have contributed to a national meeting held in September 2016. We are awaiting the outcomes from this.

Members are being kept updated via the SoR website.

**MOTION 5**  
**Subject: Doctors’ Strike**  
The recent junior doctors’ campaign against the Government’s proposed changes to contracts has been well publicised and supported thanks to the press and social media.

Conferece calls upon UK Council to examine and evaluate the influence and effectiveness of this recent campaign with regard to our own profession. We ask the Council to consider the impact of this social media campaign with regard to any future successful negotiations with the Government.

**Evaluation and learning from industrial action campaigns by healthcare unions in relation to the Radiography profession is already UK Council policy. The junior doctors’ dispute has now all but ground to a halt and is a good example of a campaign that lacked direction and objective from the outset. All SOR campaigns have clear objectives and are constantly monitored and modified to ensure success.**

**MOTION 6**  
**Subject: Promoting Diagnostic and Therapeutic Radiography**  
Members of the Society have been involved in a number of effective initiatives to promote diagnostic and therapeutic radiography. Campaigns such as “hellomynameis” and “no raise, no rays” have served to highlight our professions to patients, other health professionals and the public. Unfortunately, David Cameron’s recent mix-up of diagnostic and therapeutic radiographers in Prime Minister’s Questions as well as a recent report on Sky News on outdated equipment have emphasised the need for the Society to renew focus on promotion.

With even the head of our Government, someone who should be advocating for radiographer funding places and new equipment, confusing our professions, the most recent press release
issued by the Society of Radiographers is from September 2015. Similarly, when Sky News reported on a national platform that radiotherapy is the “poor second cousin of chemotherapy,” the voice of the Society of Radiographers was nowhere to be heard.

Conference calls on UK Council to appropriately respond to inaccurate and negative views related to the profession so that members are properly represented in the media. The Communications Advisory Group is considering this matter throughout the year. World Radiography Day materials as always provide an opportunity for members to raise the profile of the profession and social media is proving to be a useful way for the SoR and all members rapidly to respond to TV and radio producers when radiography is misrepresented or omitted.

The Professional and Education team are contributing to national work relating to the profile of therapeutic radiography with work sponsored by HEE and HEFCE. SoR has contributed funding to this work and is represented on the steering group.

SoR officers have contributed to the AHP document ‘Mandate for Change’ which will be published in the autumn, led by the Chief AHP officer, NHS England. Case studies from radiographers profiling their work will form part of this work.

MOTION 10
Subject: Supporting those Diagnosed with Cancer in the Workplace
This Conference notes that there is no dedicated guidance on the SOR website for supporting staff with cancer at work.

This Conference therefore calls upon UK Council to work to produce guidance and up to date relevant information for reps to assist them in supporting staff that are diagnosed with cancer and publish this on the SOR website.

We have been involved with Macmillan Cancer Care in forming consultation documents aimed at trade union representatives supporting staff with cancer return to work. The results are currently being finalised and will be published on the SoR website.

We are currently awaiting confirmation from MacMillan that we can use or signpost or distribute a number of their documents such as:

- Their handbook in PDF form, (a small number of hard copies will be available)
- Information for family and carers,
- Local/national support centres,
- Information for reps (Including learning document and when to ask for help/ knowing their own limitations),
- Links to finance pages
- Talking to children

MOTION 11
Subject: Workplace Member List
The Society of Radiographers’ Rep Site was set up with the purpose of reps being able to view an up to date workplace member list and to have the ability to email them directly.

Unfortunately, since its inception the workplace member list has failed to produce an accurate list of members and continues to contain members from different hospital sites and the email
facility has failed to work. Partnership reps also require access to all SOR reps in their Area Partnership Forum

Conference calls on UK Council to resolve these issues and ensure that the Rep site is fit for purpose to ensure that reps can serve their members effectively. The SoR Knowledge Manager and Membership team will take this up with the providers of the membership database. The Communications Advisory Group will be kept informed and reps will be updated when there is progress to report.

MOTION 12
Subject: SOR Campaigning Hub
The current political climate is giving rise to a number of demonstrations and campaign groups operating throughout the UK. Often these campaigns are directly in line with current SoR campaigns but the action is operating on a local as well as national scale. Members may not be aware of such activities that they may wish to participate in.

Therefore, Conference calls on UK Council to create a central information point to allow members to publicise any action or campaign that is aligned with SoR campaigning activity, thereby enabling regional and national committees, as well as individual members, to participate in this activity should they wish to do so. The Industrial Relations team will lead on this work, seeking input from the Professional and Education Team, and the Communications Management group.

MOTION 13
Subject: The Four Tier Structure
Conference notes that the four tier structure has been SCoR policy for almost 2 decades. Conference also notes that in general there has been poor uptake in recruitment and retention of assistant practitioners. Similarly at the top of the four tier structure there is little support for transitioning from advanced practice to consultant practice. As financial pressures continue to increase within the NHS real cost saving could be achieved with genuine commitment from radiology and radiotherapy departments in applying the four tier structure.

Conference calls on Council to revisit SCoR guidance on the four tier structure and if necessary update it to align with the current NHS practice. This work will be carried out by the Professional and Education team with input from the Industrial Relations team.

The 4 tier structure remains relevant to clinical practice for the AHPs in the NHS. DPP is co-chairing a steering group examining standardisation of advanced clinical practice definitions and underpinning competency frameworks, being sponsored by HEE. It is anticipated this project will report by 2018, and will provide a clear framework across the non-medical workforce. We have recently completed a Scope of Practice survey showing the growth in practitioners at all levels of the 4 tier structure.

The SoR continue to promote the career progression policy with clinical leaders, and are working nationally on an integrated work stream within HEE, and also across the devolved nations presenting the opportunities for changing skills mix to enable more efficient and effective delivery of services to patients. In addition there is local engagement across England in some local geographies with officers from the SoR.
We continue to lobby for funds to support both the development of assistant practitioner training and for post registration training to support higher levels of practice.

MOTION 14
Subject: Campaign to Recruit an SOR Rep in every Workplace
If a full complement of reps is in place in every workplace in the UK, it will give much greater opportunity for radiographers' voices to be heard, and for the staff to be fully supported in all areas of their working life in line with the guidance provided by the SoR.

This motion calls on UK Council to set up a campaign to actively recruit reps, especially in workplaces that currently do not have any SoR representation at all, thereby ensuring that every workplace in the UK is represented by at least one SoR rep - be they an Industrial Relations (IR), Health and Safety (H&S) or Learning rep. Regular monitoring of rep concentration takes place in accordance with the SoR strategic plan. There are very few workplaces with more than 20 members that do not have a local rep. Where appropriate letters are sent to members by the National or regional Committee encouraging involvement. Current information is that there are fewer than 20 workplaces in the NHS in the UK without a rep.

MOTION 15
Subject: Social Media
Whilst there is a large wealth of guidance on the use of social media available to members from the SOR this Conference notes that there is a lack of advice available to members who are cyber bullied/abused by another member from a different trust/health board.

Conference calls upon UK Council to produce guidance to cover this scenario. This work will be carried out by the Communications Management group, with input from the Industrial Relations and Professional and Education teams.

MOTION 16
Subject: Clinical Mentor of the Year
Conference notes the recent publicity on the issue of student bullying. Last year we heard a successful motion calling upon UK Council to investigate the true extent of bullying and evaluate what further action can be taken to break this cycle. Whilst this work needs to continue we ask that the positive work that many radiographers undertake as clinical mentors and assessors should be acknowledged and commended. There have been highly successful campaigns which recognise the hard work and dedication of radiographers, reps & radiography teams across the UK under the banner of “Radiographer and Radiography Team Team of the year” and “Rep of the Year”.

Conference calls on UK Council to consider a “Radiographer Clinical Mentor of the Year” award to promote this important role, and the positive impact it can have on student learning and development. The Awards Committee does not feel that there is capacity to include a separate category for “Clinical Mentor of the Year” within the current structure of Radiographer of the Year awards. All specialities and roles can be celebrated within the current awards and there is concern that a proliferation would detract from the value of the awards and make the adjudication and presentations unmanageable. The Committee will recommend some new
marketing of the awards next year to emphasise that all good practice, from whatever area of the workforce or specialist interest can and should be celebrated. The idea to promote clinical mentorship through other means than a specific award will be passed on within the P&E team.

MOTION 17
Subject: SOR Recruitment and Recognition in the Private Sector
Conference recognises the hard work and sincere efforts made by Reps and Officers of the Union in the private sector. Conference also acknowledges that more needs to be done to recruit members in the private sector and to secure union recognition across all private sector providers in which we have 50% density or more.

Conference notes that unionising the private sector will help prevent the use of private sector radiographers to undercut staff in the NHS, and keep secure the better pay and terms and conditions which unionised workforces routinely enjoy.

Conference therefore calls on Council:

1. To increase efforts to recruit members in the private sector and to move to statutory ballot for recognition in any company where we estimate over 50% of relevant staff are in the union.
2. To work with reps in the private sector, whether those companies recognise the union or not, to design the campaigns that could recruit both more members and new reps.

The Industrial Relations team will consider the best approach for this and identify initial concerns, options, range of employers and barriers to progress with the Professional Education and membership teams. It will be necessary to identify the main providers who employ our membership and map membership concentrations. [When identifying the key players it may be useful to interrogate the member database and exclude independent and stand alone providers]. We are currently engaging with specific companies to establish a dialogue before giving notice to them of us using the statutory process to gain recognition.

PUBLIC POLICY

COMPOSITE MOTION 2
Subject: Organ Donation
It is well known that, in the UK, there is a shortage of donated organs. NHS Blood and Transplant revealed that nearly 49,000 people in the UK have had to wait for a transplant in the last decade, 6,000 of which died before receiving a transplant. The release of these latest figures coincided with the launch of a new organ donation campaign, ‘The Wait’ used to highlight the true scale of organ donor shortage.

The recent legislative changes regarding organ donation in Wales to one of ‘deemed consent’ are unlikely to affect public opinion on this highly emotive subject. It just makes it more difficult to say no. However, if these changes make a difference to more people on transplant waiting lists, and only time will tell, it will surely be seen as a positive change.
In addition to this, there is much talk around changes to the organ donation laws in many of the UK countries. In Northern Ireland, the second stage of the Human Transplant Bill has been passed which would implement a soft ‘opt-out’ system for organ donation. In Wales a similar change to the law has been made and was implemented on 1st December 2015, whereas Scotland are currently debating changes to the Transplantation Bill that could permit people to nominate a proxy to confirm their desire to donate.

Conference notes that, since 2010 more than 500 families have refused consent to donate their loved ones’ organs, even though they were on the organ donation register, and despite 90% of the public saying they support organ donation, only 32% of people are on the register in the UK. This, as well as many other statistics, highlights the great need for something to be done to recruit organ donors throughout the UK.

In light of legislative changes in Wales, Conference calls upon UK Council to

1. lobby the Department of Health to urgently reconsider all options that may improve the transplant changes of those waiting for organ donations, and
2. to work with NHS Blood and Transplant to support the campaign ‘The Wait’ and any subsequent campaigns in an attempt to increase organ donor numbers.

This issue was taken by SoR to the TUC conference in September 2016 resulting in a high profile debate. The TUC is now committed to working with NHS Blood and Transplant to promote awareness of the issues and to lobby for changes in legislation that will meet the objectives of the motion.

MOTION 18
Subject: Filibustering in the House of Commons
Filibustering is prolonged speaking to obstruct or entirely prevent legislative change in a way which does not technically contravene the required proceedings. In October 2015 one MP spoke for 93 minutes using up the time allocated for debate preventing progression of a Bill proposing exemption to hospital parking charges for carers. In November 2015 two MPs spoke at great length to block amendments to the Housing Act. They took up all the allotted time preventing debate or voting.

This Conference believes that action of this nature is fundamentally undemocratic, that filibustering MPs are in breach of several of Lord Nolan’s principles of public life and that they should be held to account for filibustering Bills.

Conference calls upon Council to work with other unions to lobby Government to make changes to prevent MPs from filibustering in the House of Commons. SOR will monitor the recently suggested revised guidance on the use of private members’ Bills and how this may improve or hinder debates.

MOTION 19
Subject: Female Genital Mutilation (FGM)
Conference acknowledges and welcomes the Society’s move to raise the awareness of FGM and comply with Home Office regulations to report cases in females under 18 years old. FGM is acknowledged as an extremely harmful practice with devastating health consequences for girls and women. Women who have undergone FGM may suffer from pre and post natal complications. As sonographers have regular contact with women during pregnancy Conference calls on UK Council to:
1. Develop a system for recording the numbers of women affected for statistical purposes
2. Support organisations that campaign against FGM, such as the Dignity Alert Research Forum (DARF)

This was discussed at the last Equalise meeting. The group agreed to contact The Dignity Alert Research Forum to ask for information about useful data and guidance for SOR members. They will also check the Crown Prosecution Service site for relevant information. It was also agreed to contact the NW region for the specific issues that led to this motion being raised, and to explore the guidance supplied to midwives and nurses in some departments in England, for possible use by the SOR to form its own FGM reporting policy and links to web resources.

MOTION 20
Subject: Human Papilloma Virus (HPV) Vaccination for Men who have Sex with Men
In 2015 the Joint Committee for Vaccination and Immunisation (JCVI) recommended that the HPV vaccination program currently available to girls aged 12-15 should be available to men who have sex with men up to the age of 45. However, the statement suggests offering the vaccine to sexually active men who will already have a high risk of being exposed to HPV. The HPV vaccination is not effective for a person whose immune system has already been exposed to the strains of HPV included in the vaccination. Furthermore, the JCVI has stated that it will not investigate extending vaccination to adolescent boys until 2017.

Conference calls on UK Council to:

- Condemn the suggestion from the JCVI of extending to sexually active men as a waste of funding
- Push that the scheme be abandoned in favour of moving forward investigation of extending the vaccination to adolescent boys.

This was discussed at the recent Equalise meeting. A letter is to be sent from the group to the Joint Committee for Vaccination and Immunisation.

MOTION 21
Subject: Trident
The case for renewing the UK’s Trident nuclear deterrent is questionable and the cost estimated at £100 billion could fund the NHS and conventional armed services to a high standard that would make both fit for purpose in this day and age. The savings made by not renewing could be used to re-train those affected by its cancellation to mitigate any job losses.

Conference calls on Council to lobby Parliament and the devolved parliaments/assemblies to not renew Trident and to use the money to fund the NHS and better equip our other armed services. Also to plan for the re-training of those affected by any job losses in to peaceful use of their skills that would serve the economy better than nuclear weapons.

The SOR will support national debates and input the SOR position.

MOTION 24
Subject: Impaired Hearing
Conference calls on UK Council to engage with the British Deaf Association, Royal Association for the Deaf etc. to discuss and form a better pathway for communication with hearing impaired patients.

The aim would be to improve the patient experience and streamline access for allied health professionals, doctors, nurses etc. to tools required for communication with patients e.g. via the internet.

Conference also calls on UK Council to encourage health service providers and universities to train staff and radiography students to improve the communication for this section of the public. *The Professional and Education team are following this up.*

**MOTION 25**

**Subject: Action for Rail**

‘Action for Rail’ is the TUC and Rail industry trade union led campaign that fights cuts to jobs and services and campaigns for a national integrated railway under public ownership.

The Action for Rail website says the following:

We believe that the UK Government should replace the current fragmented system with a publicly owned railway that makes sure that the system operates as a coherent whole, including:

- Bringing train operating companies back into the public sector (which can be done at no cost as franchises expire or fail)
- Bringing Network Rail into public ownership, thereby significantly reducing debt servicing costs.
- Shifting from the expensive and wasteful rolling stock leasing system to buying trains outright and using government purchasing to support UK train building.

Conference calls upon UK Council to actively support this campaign through Synergy News and social media in order to fight for a decent rail network for the future. *The SoR will work with TUC affiliates and political parties to support the aims of this motion. Motions calling for public ownership of rail freight and other operators were supported by the SoR at the TUC conference in September 2016.*

**MOTION 26**

**Subject: Victims of Forced Labour/Human Trafficking**

It has been documented that medical professionals are likely to come into contact with victims of human trafficking and modern slavery. Kings College London conducted some research, Provider Responses, Treatment, and care for Trafficked people (PROTECT) to gather evidence on the number of trafficked adults and children identified using NHS services in England. Their aim is to become a strategic partner with the National Referral Mechanism which is a Government scheme which identifies and supports victims.

Conference calls on UK Council to work with these agencies and issue guidance to its members on this matter. *The SoR will support national campaigns and work with TUC affiliates across the UK.*
MOTION 27
Subject: Child Obesity
In the UK it is known that around one in ten children in Reception classes and a fifth of children leaving school are obese. A recent Royal Society for Public Health (RSPH) report has suggested that there may be many answers and ways in which to tackle it.

There are currently advice schemes in place and this has been the UK governments’ main way of tackling this issue since 2009. However, despite some evidence to prove this is working, the advice schemes only work if people take the initiative to sign themselves up, therefore more needs to be done.

It is suggested in the RSPH report that food vouchers, cookery skills workshops and exercise schemes could help tackle this situation. Therefore Conference calls on UK Council to work with the UK governments and the RSPH to help in any way they can in order to see these schemes implemented.

SoR supported a resolution on this matter proposed by the British Dietetic Association at TUC 2015 and this continued with further support at congress this year. Attempts by the BDA to raise as an emergency motion were not successful. SoR work in promoting healthier lifestyles and health promotion activities by members is increasing. We will continue to work with BDA and will make contact with RSPH to make more materials available to members.

The Government finally published the childhood obesity plan for action in August 2016 https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action ‘We aim to significantly reduce England’s rate of childhood obesity within the next ten years. We are confident that our approach will reduce childhood obesity while respecting consumer choice, economic realities and, ultimately, our need to eat. Although we are clear in our goals and firm in the action we will take, the launch of this plan represents the start of a conversation, rather than the final word.’

MOTION 28
Subject: Travel Costs
Conference notes the signing of the encouraging Paris Climate Agreement and the Government’s commitment to reduce the effect of climate change and the reliance on fossil fuels. In light of this Conference calls on Council to work with other unions to lobby central Government and regional devolved parliaments/assemblies to encourage NHS staff to use public transport whenever possible for travel to and from work and socially. To facilitate this, provision for free or subsidised travel on public transport should be negotiated for NHS staff.

A London Trust has investigated trends in postcodes in staff over the last 5 years and reports that NHS workers are commuting further distances that any time before. In addition transport has increased far more that salaries of key NHS staff.

Conference calls on UK Council to lobby all Mayoral candidates alongside NHS Employers and other health unions to review options to reduce transport costs for key NHS workers in London (and to set a precedent and roll out for the rest of the UK).
With the Mayoral elections now completed this motion is unfortunately out of date, but has a general principle that can be considered in the future. The SOR will encourage the elected Mayor to consider this motion alongside his policy to freeze transport costs.

MOTION 29
Subject: Proportional Representation
The proportion of MPs in the House of Commons today bears little resemblance to the number of people who voted for them. The current first past the post system allows MPs to speak for many with the support of few. There are numerous statistical examples from the 2015 General Election that support these assertions, such as the contrast between the Liberal Democrats, who despite receiving almost a million votes more than The Scottish National Party, came out of the election with 8 seats compared to the SNP's 56.

This Conference believes that millions of voters have been cheated out of fair representation by a system that is no longer fit for purpose in the 21st century. This Conference believes that the principle of fair electoral reform is vitally important regardless of who the winners or losers of such a reform would be.

Conference calls upon UK Council to add its voice to the growing call for reform and to support the Electoral Reform Society’s campaign to make votes match seats.

UK Council will consider this issue further.

TERMS AND CONDITIONS

MOTION 30
Subject: Sessional Payments for Band 7 Reporting Radiographers
Conference believes that Band 7 reporting radiographers should be paid for all hours worked regardless of sessions undertaken as these advanced practitioners use their expertise at all times and not simply when reporting.

We call upon Council to recommend this to radiology managers as this will also have a positive effect on career progression and retention.

The Industrial Relations team will lead on this, possibly involving the Social Partnership Forum and the Staff Council. Appropriate advice will also be sent to local reps for raising at local Trust level.

MOTION 31
Subject: Out of Hours and Agenda for Change (AFC)
Some NHS trusts in England are removing AFC terms when dealing with “overtime” pay and extra duty out of hours payments.

This Conference calls upon Council to work with NHS Employers to aim to ensure that AFC conditions are kept.

The Industrial Relations team will lead on this, possibly involving the Social Partnership Forum, the Staff Council and the National Health Service Employers. To date there has been no proposals to change Agenda for Change
MOTION 32  
Subject: Accrual of Statutory Holidays whilst on Maternity Leave  
Since October 2008, employees are entitled to all their terms and conditions of employment, apart from remuneration, during ordinary and additional maternity leave. After a landmark victory at tribunal in 2015 by a Chartered Society of Physiotherapy member the Department of Health, Social Services and Public Safety in Northern Ireland have recognised that Health and Social Care employees in Northern Ireland on maternity leave will now receive an additional allocation of up to 10 public holidays. However this has only been applied to employees who commence maternity leave from 1st April 2015 or who were already on maternity leave on this date.

Conference calls upon UK Council to campaign that this allocation be backdated to 2008 when the law changed as has already occurred for NHS employees in Scotland when they won their case in 2013.

Agenda for Change has now been amended to ensure that in future Bank Holidays will accrue when on maternity leave. However the SoR has received detailed legal advice indicating that it would not be possible to force the backdating of this as required by the motion. Strict legal time limits for lodging Employment Tribunal claims mean that claims that could apply are out of time.

MOTION 33  
Subject: Pay and Conditions  
Conference notes with dismay the decline in living standards of SoR members during the period of austerity. In particular it notes a period of many years when there have been pay freezes below inflation increases and unconsolidated awards.

Conference calls on UK Council to work with NHS trades unions to make the case to NHS Employers, the Pay Review Body, political parties and governments across the UK for future pay awards to take into account previous losses as measured by inflation, and to restore pay in real terms to its 2008 level.

The Industrial Relations team will lead on this, involving the Trade Union leads, and the Pay Review Body. The strategy of ensuring future increases are higher than inflation has now been adopted by the NHS Staff Side and an appropriate argument has been submitted to the 2016/17 Pay Review Body.

MOTION 34  
Subject: Compensatory Rest  
The control on working hours should be regarded as an integral element of managing health and safety at work and most managers do their utmost to comply with the principle of ‘adapting the work to the workforce’.

However, the prevalence of staff shortages means this principle is often not achievable, increasing pressure on staff to do more.

Changed rotas, or more frequent on-calls, can impinge on their statutory 11hrs rest period between shifts, contrary to the European Working Time Directive (EWTD). Should they need to take the full 11 hours rest period some radiographers have to work back those ‘recovery’ hours to fulfil their contractual obligation because the compensatory rest period is
not paid by all employers.

In order to protect the health and well-being of employees, UK Council seeks support from this Conference to lobby NHS Staff Council to amend the AfC Terms and Conditions Handbook to ensure employees are paid compensatory rest. *This issue will be included in the forthcoming review of AfC.*

**MOTION 35**

**Subject: Agenda for Change Salaries for Skilled Healthcare Staff**

In the Autumn budget 2015, this Government proposed that the minimum wage would be raised gradually, reaching a level of £9.00 per hour by 2019/2020, or an annual fulltime salary of £17,550. We applaud the positive impact this will have on lower paid workers in the UK workforce.

However, the Government has capped NHS pay rises to 1% per year in their current term, meaning that the starting salary of a newly-qualified Band 5 Radiographer for 2019/20 will be just £22,573.

We do not believe this difference in salary reflects the skills, training, dedication and commitment required to become a healthcare professional compared to those required for doing unskilled work.

Students are required to undertake onerous levels of study just to qualify; once working, the work is stressful, emotional, entails numerous legal responsibilities, whilst working unsocial hours. This poses the question: how many people are going to be attracted to undertake a career in healthcare in the future?

The proposal of an increase to the general minimum wage is welcomed. However, this Government is insulting skilled, dedicated healthcare professionals by limiting AfC increases to 1%.

This Conference calls upon UK Council to work with other unions to renegotiate AfC salaries to be raised and thereby reflect the skill and dedication required for professional healthcare roles, so as to attract the brightest and the best for our NHS now and for the future. *The Industrial Relations team will lead on this, but it needs to be recognised at the outset that there is no means to negotiate this nationally. The Staff Side has submitted evidence to the PRB calling for an increase of higher than 1% to address the concerns expressed in the motion.*

**PAY**

**MOTION 36**

**Subject: Support Northern Ireland in their Campaign for Equality**

Following the recent announcement of the disappointing pay award for 2015/16 for all Health and Social Care employees in Northern Ireland our members are now still earning less than their colleagues in the rest of the UK for doing the same work.
Conference calls upon UK Council to continue to provide support for our National Officer in our Campaign for equality.

*The SOR was instrumental in ensuring the Staff Side submission to the PRB included a detailed and strong argument for the return to UK wide pay rates by realigning pay rates in Northern Ireland and elsewhere with those in Scotland. The SoR will also be meeting the new Health Minister in Northern Ireland to press home this point.*

**NHS**

**MOTION 38**

**Subject: Radiotherapy Staff and Proton Beam Centres**

Conference notes with dismay the Health Education England (HEE) Commissioning and Investment Plan 2016/17 in which it is announced that therapeutic radiography commissions will be subject to a 4.3% reduction from 414 down to 396 places.

With two NHS proton beam therapy centres due to come on stream soon, with the addition of a number in the private sector, the continued lack of trained staff is of real concern due to lack of workforce planning and commitment to properly fund adequate numbers in training.

It is believed the proton beam centres are to be staffed from within the existing workforce, with possible assistance from overseas radiographers with no extra money earmarked from the commissioning groups to fulfil the extra staff needed.

Conference calls on UK Council to work with other trades unions, the Royal College of Radiologists and commissioning groups to identify the shortfall in staff in this area.

Conference further calls on UK Council to lobby HEE, the Department of Health and the Government to ensure and to provide the adequate funding to ensure that training places are increased to fill the gaps in the workforce now and in the future.

*This is already part of the Professional and Education Team’s agenda; we continue to work with the Governments’ National Proton Special Interest group to ensure the investment in workforce development to meet the service need. We understand that the local commissioning plans have taken account of the wider workforce requirements. The wider workforce challenge continues to being raised through the HEE Radiography workforce integrated programme.*

**MOTION 39**

**Subject: Myth Busting**

This Conference notes the current Government’s attempt to discredit the NHS in the media by using out of date and inaccurate statistics relating to death rates and stroke survival outcomes at weekends.

Conference calls upon UK Council to work with other unions to refute these inaccuracies with a myth busting campaign.

*The Communications Advisory Group will consider this further. Head office responses will continue to be made whenever the NHS is misrepresented. Action by members is also encouraged and social media is proving to be a useful way for the SoR and all members rapidly to respond to government, TV and radio companies.*
MOTION 40
Subject: Health and Wellbeing
In view of the NHS Employers’ responsibility for the health and welfare of their staff, Conference calls upon Council to work with NHS Employers to arrange for discounted membership for gym/health clubs for all NHS staff.
This will be passed to the Health and Safety Forum for advice.

MOTION 41
Subject: NHS Access to Free Wi-Fi
Around the country free Wi-Fi is everywhere; on our trains, in cafes and hotels. It is considered a standard in many aspects of our lives, except in our hospitals. Some Trusts will already have it, or a limited variant for staff only, but what about the patients? This motion isn’t about enabling patients to view trivial internet activity, it is for them to feel connected to their families, their friends and bring a little bit of normality into, what is often, a very difficult emotional time. Currently there are just short of 100 hospitals that have free patient and visitor Wi-Fi, a further 25 who provide limited ward specific coverage and around the same number who charge for the service. We acknowledge there is always a cost, however the benefits to bringing ‘a little bit of home’, into hospitals, as a standard, will emotionally exceed any financial outlay.

Baroness Martha Lane Fox has been commissioned by the Government, along with £1Billion pounds, to fund new technology across the NHS

Conference calls for UK Council to lobby the Department of Health for the immediate release of funds to implement free Wi-Fi facilities for patients, visitors and staff in all UK wide NHS Hospitals.
The Industrial Relations team will lead on this work, with input from the Professional and Education team. It will possibly be useful to involve the Social Partnership Forum and/or NHS Employers. There are current debates and concerns about the lack of free WiFi and internet access for patients, which impacts on their wellbeing and recuperation.

MOTION 42
Subject: NHS Funding
In light of the worsening financial situation across the NHS this Conference believes that it is important for the SoR to continue to make the argument for a fully funded NHS and Social Care system, free at the point of delivery for all users. Conference further affirms that this should be fully funded through general taxation.

Conference therefore calls on UK Council to set out a detailed argument in support of a fully funded NHS and Social Care system.

Conference further calls on UK Council to work with other like minded organisations to secure this objective.
The Industrial Relations team will lead on this work, involving the Pay Review Body, NHS Employers, and the Social Partnership Forum.

MOTION 43
Subject: Operating Safety and Capacity
Capacity, effective working, and 7 day working are phrases we hear daily but what is their impact on staff and patient safety? We hear of incidences of double booked lists and patients almost swapping over in the doorway. Is there an accident waiting to happen, despite staff flagging the potential issues and with the recommendations of the Francis Report in mind?

Conference calls upon UK Council to highlight to our NHS Employers throughout the UK the need to ensure that every aspect is taken into account when workforce planning, to ensure NHS staff are able to adhere to the recommendations of the Francis Report.

*The Industrial Relations team will lead on this work, involving the Social Partnership Forum and NHS Employers and the Health and Safety Forum.*

**MOTION 44**

**Subject: NHS Procurement**

The NHS is under extreme financial pressures currently and it is acknowledged that all hospitals need to be seen to be getting value for money in any transaction.

Conference calls on UK Council to enter into discussions with NHS bodies, CCGs and any other relevant parties to promote and encourage combining procurement strategies across regions or nations, to deliver the best possible prices on goods and equipment being purchased.

*The Industrial Relations team will lead on this work, involving NHS Confederation, NHS Employers, and Social Partnership Forum and the TUC.*

**MOTION 45**

**Subject: Encouragement of Good Waste Management within the NHS**

It is well known that all NHS hospitals produce a lot of waste. However, a lot of the household/non-clinical waste could well be recycled in a similar way to that which many of us do at home. Also, when suppliers deliver stock, there is often a lot of packaging that is associated with it and often left for the hospital to dispose of.

Conference calls upon UK Council to encourage the reduction of waste in all NHS sites, by highlighting the waste issue and suggesting that hospitals follow local Council guidelines on providing different containers for different types of waste.

*The Industrial Relations team will establish current waste management policy for the public sector, and lead on this work.*

**MOTION 46**

**Subject: Privatisation**

The Health and Social Care Act allows former NHS services which are run by private companies to still use the NHS branding, thereby hiding their private health status from the public.

Conference calls on Council to lobby the Government to remove this use of NHS logos, and to ensure services run by private services are clearly advertised as doing so, including the name of the company and not the NHS branding.

*The Industrial Relations team will lead on this work and consider a course of action.*

**MOTION 47**

**Subject: Outdated IT**
Conference calls upon UK Council to encourage NHS Employers to update IT resources in order to allow learning opportunities to be fully utilised to the benefit of staff and service users. 

*IT procurement is for central and local management. To be considered by the Professional Education and Membership teams.*

**MOTION 48**

**Subject: Cost of Treatment**

Free at the point of delivery is one of the cornerstones of the NHS and must be preserved. However there is waste within the NHS caused by patients/service users not turning up for appointments.

In order to highlight this to the public, Conference calls on Council to work with other unions, the Government and NHS Employers to highlight the average cost of a range of appointments, for example, a blood test, an MRI scan, a course of radiotherapy treatment and an appointment with a specialist. Patients could be made aware of the cost when they are sent appointment letters or texts. A national campaign could save the NHS millions of pounds by reducing the amount of DNAs. 

*UK Council will consider this motion. Council needs to be aware however, that to highlight the cost of treatments may pave the way for discussions on rationing, access and charging*

**EDUCATION**

**MOTION 49**

**Subject: Graduate Entry (Accelerated) Pre-Registration Courses**

For several years there have been therapy and diagnostic pre-registration courses, allowing existing suitable graduates access to HCPC registration and a career in radiography. These courses take advantage of the graduate’s existing academic skills and accelerate learning, typically leading to entry into the profession within 18 months of enrolment. The recent announcement that course fees will no longer be paid by the Department of Health puts the survival of these courses in doubt. An exception for graduates applying for a second loan for a BSc Radiography course has already been announced by the Department of Health. But no such announcement has been made concerning these accelerated courses. There is a risk that recruitment to 2017 cohorts will be badly affected by a lack of certainty over funding.

Council asks Conference to support a lobby of Government for exception to student loan restrictions for graduates enrolling on second courses to apply to all pre-registration courses, and not just BSc courses, allowing access to fee and maintenance loans at the same levels for all students studying pre-registration courses. 

*Please refer to point after motion 3*

**MOTION 51**

**Subject: Research**

The SCoR has published its new Research Strategy covering the five year period 2016-2021. One of the aims of the Strategy is to raise the profile and impact of the radiography
profession through high quality research focused on improving patient care and/or service delivery.

UK Council calls upon Conference to support this ambitious Strategy by promoting research in departments through learning reps, to encourage managers to ensure all job descriptions include research activities at all levels and the development of research radiographer posts. **UK Council and the Professional and Education team will consider this issue to be discussed at the Research group meeting 15th October 2016.**

**MOTION 52**

**Subject: General Radiography Clinical Specialists**

In an increasingly pressured working environment, plain film radiography is integral to successful diagnosis and treatment of patients across the spectrum of health service provision. The clinical skills of general radiographers are often overlooked and unrecognised for providing a specialty service. Often the only career progression is into specialty areas and reporting, and this is not always desirable or appropriate.

This leaves the area of general radiography with little long term clinical expertise and a lack of motivation to remain within the general department. An official accreditation programme could be used as a formal route of career progression to increase staff engagement and lower recruitment and retention costs.

Band 5 staff too often provide services at Band 6 level due to their experience in their role but do not receive sufficient recompense for this expertise.

We call on UK Council to work with institutions and employers to develop an accreditation programme such as that developed for Assistant Practitioners and Advanced Practitioners. This would enable Radiographers who wish to achieve the role of General Radiography Clinical Specialist to be recognised as such.

**An accreditation scheme exists to support the radiography career progression framework. General radiography is one of the key areas in radiography where higher level practice roles are in place with roles at both advanced and consultant levels. The SoR scope of practice survey 2015 provides evidence of this with expert radiographers at advanced and consultant levels of practice leading reporting of the appendicular and axial skeleton with the appropriate Masters level education, training, and within the radiology team, with radiographers taking responsibility for clinical audit of practice and research. The SoR continue to promote the benefit of these roles to national stakeholders and clinical leaders in delivering timely care to patients.**

**National work is underway through HEE in relation to definitions of advanced clinical practice which includes harmonisation of terminology including that of specialist, generalist and advanced practice. SoR officers are engaged in this 2 year project.**

**MOTION 53**

**Subject: Practice Educators in Student Placements**

The SoR has recently undertaken a survey of student radiographers, gathering information about students’ experience of bullying and harassment in clinical placement.

The preliminary results of this survey demonstrate that despite the work and campaigning of
the SoR and HEIs students still report bullying within clinical departments. An identified theme of the survey results seem to suggest a disconnect with a formal established link between the HEI and the clinical placement, such as practice educator radiographers, and also a variation in the perceived efficacy of such positions. Council believes that to strengthen the links between clinical departments, access to an accredited practice educator should be a requirement when undertaking training.

Council asks for the support of Conference in that when universities are applying for re-accreditation they should be able demonstrate that each clinical department or placement has at least one member of staff that has undergone or is working towards the practice educators training and accreditation. *The Professional and Education team will consider this issue.*

**HEALTH AND SAFETY**

**MOTION 56**

**Subject: Lone Working and Violence**

Information from the HSE states that violent and aggressive incidents are the third biggest cause of injuries reported under Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) from the health and social care sector.

HSE defines work-related violence as ‘*Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.*’ and notes that employees involved in the following activities are at increased risk of violence and aggressive behaviour:

- working alone
- working after normal working hours
- working and travelling in the community
- handling valuables or medication
- providing or withholding a service
- exercising authority
- working with people who are emotionally or mentally unstable
- working with people who are under the influence of drink or drug
- working with people under stress.

Conference calls upon UK Council to launch a campaign to raise the awareness of members to the risks of lone working, working outside normal working hours, and to working with people under stress. *To date:*

- **Regional training has been delivered on lone working to all regions**
- **We have worked with ‘NHS Protect’ with individual cases,**
- **We have engaged with regional reps to ascertain the true extent of the problem within their department**
- **We have encouraged employers and members to re-visit Lone Working risk assessments and policies,**
We are considering the publication of Violence and Aggression Posters for display on dept noticeboards and will have an associated Violence and Aggression section of the webpage with articles and commentary.

Information on NHS Protect
NHS Protect has extended the NHS Lone Worker Framework Agreement with the accredited supplier Reliance High-Tech Ltd for a further year, until April 2017. The framework provides a complete end-to-end solution for lone workers to help identify vulnerable situations, signal discreetly for help using a lone worker device or a smartphone, when faced with potentially violent or intimidating encounters. Reliance High-Tech has a state of the art monitoring centre with highly trained operators taking in the alarms raised from lone worker devices.

The NHS Lone Worker Framework Agreement is used by over 30,000 subscribers in over 450 organisations in England. In addition to the framework agreement, the NHS Lone Worker Protection Service promotes the framework through national campaigns, following up on prosecutions, producing guidance and support, and building a national database of lone worker assaults.

MOTION 57
Subject: Patient ID Responsibility – Radiologists
Radiographers are fully aware of the implications of incorrectly identifying patients in line with the Ionising Radiation (Medical Exposure) Regulations [IR(ME)R].

With the increase in workload and resultant pressures being experienced within Imaging departments, the need for all staff, including Radiologists, to take responsibility to correctly identify the patient is paramount.

Conference calls upon UK Council to work with the Royal College of Radiologists to improve awareness of the important issue of patient identification with its members. The Clinical Imaging Board (RCR, CoR and IPEM) has published and publicized guidance in relation to Patient Identification for the use of ionising and non-ionising radiation. The concern raised at ADC was also discussed at an RCR CoR liaison meeting this year. We will continue to publicize the CIB guidance.

MOTION 58
Subject: The Asbestos Crisis
The All-Party Parliamentary Group on Occupational Safety and Health believes the time has come to put in place a new law requiring the safe removal of all remaining asbestos in Britain.

The dangers of asbestos are well known; lung cancer, mesothelioma, and asbestosis. There are around 2000 people a year dying from lung cancer caused by asbestos exposure. (Caused by high exposure from activities such as asbestos spraying which was stopped in the 1980s).

The TUC is campaigning for a law to eradicate asbestos from the UK.
Conference calls upon UK Council to provide information for reps which should include advice on asbestos surveys and negotiating safe removal of asbestos and to give visible support for the TUC campaign via Synergy News and the website. 

_The Society has investigated this issue and continues to support other unions and health and safety specialists. We have also established that only specialist firms should be used to make the workplace safe where asbestos is present. We will advise members of current campaigns and provide members with advice on the SOR website._

**MOTION 59**

**Subject: Maintenance Contracts**

Some financially challenged radiology departments are choosing not to take out maintenance contracts on their equipment. This is contrary to the _Health and Safety at Work Act_, the _Management of Health and Safety at Work Regulations 1999_ to reduce risk, the _Manual Handling Operations Regulations 1992_ and more specifically the _Provision and Use of Work Equipment Regulations 1998 (PUWER)_; that requires maintenance and inspection of all equipment used in the workplace.

Conference calls upon UK Council to instigate a national survey of all UK radiology departments to establish the level of compliance with respect to statutory Health and Safety legislation for the planned maintenance of all relevant equipment.

_The SOR will remind members of their right to refuse to operate unsafe or sub standard equipment._

**MOTION 60**

**Subject: Improving Security in Hospitals**

Conference calls on UK Council to undertake a survey of security measures in place across the UK in places where radiographers are likely to be lone working. This must include an evaluation of the security measures available to support vulnerable, lone workers such as radiographers working at nights and weekends.

_The ability of the SOR to undertake a comprehensive survey is limited. However a survey will be conducted by the end of the year by the Health and Safety Officer. The results of this survey will be published on the website and will be consulted on with Regional and National Committees._

**MOTION 61**

**Subject: Where does Constructive Criticism End and Bullying Begin?**

It is important that feedback is constructive/useful to help maintain or improve standards in the profession. It is important that people do not feel bullied, but equally we need to prevent bullying being used as a defence against competency issues

Conference calls on UK Council to provide more robust training/guidelines around giving feedback to students and colleagues.

_An SOR document is currently in production on this subject and will be available by the end of the year. In addition Student web pages will be updated. To date all H&S reps have received “It’s not what you say, but how you say it” which demonstrates how feedback can be misinterpreted._

**MOTION 62**
Subject: Gender Based Risk Assessment
In order to control the risks in the workplace, employers are required to perform risk assessments in order to comply with health and safety regulations.

Work, its organisation and the equipment used should be designed to match people, not the other way around.

The European Agency for Safety and Health at Work has developed suggestions for making this process more gender sensitive. The TUC agrees with this approach.

As there are gender differences in a variety of broader issues relating to work circumstances - such as sexual harassment, discrimination, involvement in decision making and conflicts between work and home life - a holistic approach to risk prevention is needed.

Gender –sensitive risk assessments require a different approach, the key to which is:

- Having a positive commitment and taking gender issues seriously
- Looking at the real working situation
- Involving all workers, male and female
- Avoiding making prior assumptions about what the hazards are and who is at risk.

Conference calls upon UK Council to highlight this issue to managers and to support and educate reps about the use of gender based risk assessment.

All H&S reps have received training on gender sensitive issues (Menopause, ageing workforce, equipment being fit for purpose (Height etc for men and women). In addition a training document has been written and will be made available once training has been completed.

MOTION 63
Subject: IR(ME)R Training for Doctors
It is not uncommon for SOR members to discover junior doctors have inadequate knowledge about radiation protection safety and the laws that govern radiographers.

Conference calls on UK Council to collaborate with universities to improve the radiation protection training doctors receive during their undergraduate studies.

To be raised at the RCR CoR liaison meeting.

HCPC

MOTION 64
Subject: HCPC Registration
The Registration Council for Clinical Physiologists has held a voluntary register for practitioners in six disciplines of Clinical Physiology since 2001. These are audiology, cardiac physiology, gastro-intestinal physiology, neurophysiology, respiratory physiology & sleep physiology.
In the interests of public safety Conference calls upon UK Council to lobby the Department of Health to ensure all Heath Professionals within the Clinical Physiologists group move from voluntary to statutory registration. 

*This issue will be raised at the next HCPC liaison committee meeting.*

**Motions remitted to UK Council**

**MOTION 9**  
**Subject: Terrorism**  
In light of recent large scale terrorist attacks across Europe healthcare staff have expressed concerns about the robustness of local Major Incident and Service Continuity Plans (Majax) if faced with a large-scale terrorist attack in the UK. It is not implausible that a large-scale attack could result in the substantial unavailability of staff in a particular locality, which could cause local Majax plans to fail.  

Conference calls upon Council to establish a national database of SOR members, allowing willing radiographers from all specialities, across the UK, to be called upon to assist in a Majax scenario in the event that a hospital is affected by a terrorist attack.  

*UK Council will have to consider if this motion is achievable or has merit and provide a statement for publication.*