

Questionnaire for Eiro sectoral representativeness study on the hospital sector

UK : The representativeness of trade unions and employer associations in the hospital sector’.

[Correspondent:] Length and format

The responses of the national centres should be no longer than 2,500 words.

Important: Please use this EIRO template questionnaire to respond, filling in the answer to each question underneath that question. Please also be reminded to fill in the metadata.

Please retain all headings in the document. Do not change the text of the headings. You may add sub-headings if necessary. Please retain any text appearing in blue, which uses the ‘Comment Text’ paragraph style, as this will be automatically removed prior to publication. All other text (not in headings or in comments) will be retained and published online, so please ensure that it is suitable for publication.

If you have any queries on administrative issues (deadlines, submission etc), please contact Alexandra Gryparis in the first instance. If you have any queries on the content of the information requested, please contact Franz Traxler (franz.traxler@univie.ac.at) and Georg Adam (georg.adam@univie.ac.at) who are coordinating the study.

[Correspondent:] Timing

The deadline for the submission of responses by national centres is **4 December 2007**.

In order to fill in this questionnaire it is absolutely necessary to carefully read the accompanying guidelines (i.e. briefing note).

*The **National Health Service (NHS)** is by far the largest employer in the sector though there is a small, number of private companies running hospitals in the UK (data on their employment is not available). Since 1950, the UK economy has grown around three-fold in real terms, NHS spending has grown by around seven-fold, and the NHS share of GDP more than doubled (to around 7 per cent). The NHS workforce is larger and more heterogeneous than that found elsewhere in the public services and this is reflected in a complex pattern of representation by professional associations and trade unions. The NHS has been undergoing rapid and fairly continuous change. Unions are critical of the pace of these reforms and complain of inadequate consultation.*

[Correspondent:] In the abstract, summarise the quantitative relevance of the hospital sector in your country’s economy and the sector’s characteristics with respect to collective bargaining and the national actors’ representativeness. The length should be no more than **100 words**.

1. Sectoral properties

Please provide the following data:

	1994+	2005**++
Number of employers (a) (Note: if the number of employers is not available, please indicate the form of the unit (e.g. companies, establishments, etc.) the number refers to	n/a	230

Aggregate employment*	n/a	n/a
Male employment*	n/a	n/a
Female employment*	n/a	n/a
Aggregate employees	911,390	1,233,363
Male employees	n/a	370,000*
Female employees	n/a	863,363*
Aggregate sectoral employment as a % of total employment in the economy	n/a	n/a
Aggregate sectoral employees as a % of the total number of employees in the economy	3.8%	4.5%

* employees plus self-employed persons and agency workers

** or most recent data

+ Data relates to 1996

++ Data relates to 2006

These figures are taken from the NHS Hospital and Community Health Service and General Practice Workforce, but have been amended to exclude General Practitioners, Practice Nurses, Ambulance Staff, Other Practice Staff and support to ambulance staff, which do not take place in hospital settings.

Source: The Information Centre: General and Personal Medical Services; Medical and Dental Workforce Census: Non-medical Workforce Census www.ic.nhs.uk/statistics-and-data-collections/workforce

* Source: Press release: NHS Employers' response to the Women and Work Commission report, Shaping a Fairer Future 27 Feb 2006 www.nhsemployers.org/aboutus/mediacentre-listing.cfm/pressrelease/82. Among non medical staff almost 82% are women.

Note (a) The 1990 NHS and Community Care Act introduced around 450 self-governing hospital, community care and ambulance 'trusts' that employed their staff directly. However many employment contracts remained standardised because of the provisions of the Transfer of Undertakings (TUPE) Regulations 1981. It is not possible to readily differentiate the number of hospital trusts and private hospitals for 1994. The 2005 figures are inclusive of both. The following companies currently provide private hospital care in the UK, but no data is available on employment figures: [Abbey Hospitals](#), [Aspen Healthcare Ltd](#), [BMI Healthcare](#), [Capio Healthcare UK Ltd](#), [Classic Hospitals](#), [HCA International Ltd](#), [Nuffield Hospitals](#), [The Hospital Management Trust](#), [Life Healthcare](#).

2. The sector's unions and employer associations

This section includes the following unions and employer associations:

1. unions which are party to sector-related collective bargaining (In line with the conceptual remarks outlined in the accompanying briefing note, we understand sector-related collective bargaining as any kind of collective bargaining within the sector, i.e. single-employer bargaining as well as multi-employer bargaining. For the definition of single- and multi-employer bargaining, see 4.2)

2. unions which are a member of the sector-related European Union Federation (i.e. EPSU – European Federation of Public Service Unions)
3. employer associations which are a party to sector-related collective bargaining
4. employer associations which are a member of the sector-related European Employer Federation (i.e. HOSPEEM – Hospital and Healthcare European Employers’ Association)

For the notion of ‘sector-related’, see the conceptual remarks in the accompanying background briefing note. Please be reminded that trade unions and employer associations should be excluded where their domain covers, for instance, only medical practice activities according to NACE 85.12, but not any part of hospital activities according to NACE 85.11!

2a Data on the unions

Traditionally, the NHS collective bargaining structure was divided along professional and occupational lines, leading to a profusion of trade unions and staff associations. The pay system itself was however reformed as ‘Agenda for Change’ in 2002, when the [Department of Health](#) devolved government health departments, and NHS employers reached agreement with the 17 recognised trade unions ([UK0501105](#)). There are a number of different types of trade union within the hospital sector. The first group consists of unions with relatively homogeneous memberships - employed almost exclusively in the health services - and with a strong commitment to the professional development of their members. The second group consists of the large ‘general unions’ with significant - but more heterogeneous - health service membership, as well as members across the public and private sectors..

2a.1 Type of membership (voluntary vs. compulsory)

Membership is voluntary in all cases.

2a.2 Formal demarcation of membership domain (e.g. blue-collar workers, private-sector workers, service sector employees, etc.)

[The British Dietetic Association \(BDA\)](#)

The BDA is the professional association and trade union representing dietetics.

[British Orthoptic Society \(BOS\)](#)

BOS is the professional association and trade union representing orthoptists.

[The Chartered Society of Physiotherapy \(CSP\)](#)

The CSP is the professional, educational and trade union body for the UK’s chartered physiotherapists, physiotherapy students and assistants.

[MiP \(Managers in Partnership\)](#)

This new trade union organisation represents the leaders and managers of the UK’s four health services (The NHS in England, NHS Scotland, NHS Wales and Health and Social Care in Northern Ireland) . [Unison](#), the largest public service union, and the [First Division Association \(FDA\)](#), the specialist management union, launched MiP in June 2005. MiP is a national branch of Unison and a section of the FDA. Members therefore belong to both unions. A management board of senior officers from Unison and FDA agrees MiP’s overall strategy.

GMB

This is one of the UK's large general unions with members in the NHS, local government, care and education. It also has members in a range of private-sector industries such as engineering, construction, shipbuilding, energy, catering, security, civil air transport, aerospace, defence, clothing, textiles, retail, hotel, chemicals, utilities, offshore, food production and distribution

The Hospital Consultants & Specialists Association (HCSA)

The HCSA is a professional association and trade union representing and advising senior medical and surgical staff in the UK.

Unison

Unison is a large general union based in the public and privatised sectors. It recruits members in local government, health care, the water, gas and electricity industries, further and higher education, schools, transport, voluntary sector, housing associations, police support staff. Within health care its main occupational base is ancillary staff.

Unite

Unite is the new general union, created in 2007 from the merger of the [TGWU](#) and [Amicus](#).

Royal College of Nursing (RCN)

The royal college of nursing is the largest professional association and trade union for nursing in the UK.

Royal College of Midwives (RCM)

The RCM is the professional association and trade union for midwives.

Society of Radiographers (SOR)

The Society of Radiographers represents more than 90 per cent of the diagnostic and therapeutic radiographers in the UK.

2a.3 Number of union members (i.e. the total number of members of the union as a whole)

BDA: male 178 female 5,590, total 5,768.

BOS: male 38, female 1,005, total 1,043.

CSP: male 4,030, female: 31,020, total 35,050.

MiP: More than 5000 members.

GMB: male 327,512, female 248,380, total 575,892.

HCSA: male 2,612 female 476, total 3,088.

Unite: Membership: male 1,508,318, female 433,292, total 1,941,610.

RCN: 380,000 members in total.

RCM: Around 23,000 members

SOR: male 2,553, female 14,285, total 16,838.

2a.4 Number of union members in the sector

Unfortunately data is limited for the hospital sector specifically. For example, the BDA represents dietetics working in both the public and private sectors, and there is no data available for the hospital sector alone; the majority of BIOS members are employed within the NHS, but they can work in community clinics as well as hospitals and there are no figures to reflect this breakdown; and increasingly, CSP members are working outside the hospital setting, with a growing number employed by General Practitioner (GP) fundholders or Primary Care trusts. Again, there is no ready data available on the number currently working within hospitals.

There is no specific data for the MiP. In the GMB there are 285,000 members in its Public Services section, which is 48% of the entire membership. There is no breakdown available for the hospital sector alone. Unison's health care service group represents more than 400,000 employees in the NHS and staff employed by private contractors, the voluntary sector and general practitioners. The Unite-Amicus section is the third largest trade union in the NHS and represents approximately 100,000 health sector workers. This includes seven professional associations - the [Community Practitioners and Health Visitors' Association \(CPHVA\)](#), [Guild of Healthcare Pharmacists \(GHP\)](#), [Medical Practitioners Union \(MPU\)](#), [Society of Sexual Health Advisors \(SSHA\)](#), [Hospital Physicists Association \(HPA\)](#), [College of Health Care Chaplains \(CHCC\)](#) and the [Mental Health Nurses Association \(MNHA\)](#). Its members range across occupations such as allied health professions, health care science, family of psychology, counsellors and psychotherapists, the family of dental professions, audiology, optometrists, opticians and building trades, estates, craft and maintenance. There are no figures available for the hospital sector.

The HCSA membership is also not differentiated between NHS Hospital and Community Health Services. Nor is the RCN. There are 398,335 qualified nurses working in the NHS as a whole and the RCN represents most of these. Similarly, the RCM represents the vast majority of midwives working in the NHS, but these are not confined to the hospital sector since midwives also work in the community. There are less than 200 independent midwives working outside the NHS. Finally, there are about 18,000 registered radiographers in the UK. The NHS employs 90% of all radiographers in the UK, the rest are employed in private clinics and industry. The SOR represents more than 90 per cent of all diagnostic and therapeutic radiographers in the UK.

2a.5 Female union members as a percentage of total union membership

BDA: 97%

BIOS: 96%.

CSP: 86%.

MiP: not available. FDA as a whole is 44%; Unison as a whole 70%.

GMB: 43%.

HCSA: 15%.

Unite: 22%.

RCN: Although no precise figures are available more than 90% of nurses are female and therefore this should be reflected in membership figures.

RCM: The vast majority of members (over 90%) are female.

SOR: 85%.

2a.6 Density with regard to the union domain (see 2a.2)

BDA: Dieticians can work in a variety of areas, many of these are in the NHS within hospitals but many are also in the community as dieticians, health educators or as managers. Although no specific figures are available, as the only professional association for dieticians, the BDA are likely to represent the vast majority of this group of employees whether located in hospitals or outside. (A)

BIOS: Although there are no specific figures available, as the only professional association for orthoptists, they are likely to represent the vast majority of this group of employees whether located in hospitals or outside (A)

CSP: As the only professional association for physiotherapists they are likely to represent the vast majority of this group of employees whether located in hospitals or outside (A)

MiP: No figures available.

GMB: No figures available.

HCSA: There are 32,874 consultants in the NHS which suggests that the union represents less than 10% of the employees within the health sector as a whole. Since all consultants working in private hospitals in the UK are also consultants within the NHS this means that the union also represents less than 10% of employees within its union domain. (A)

Unison: no figures available.

Unite: no figures available.

RCN: There are 398,335 qualified nurses working in the NHS. Even allowing for the number of student nurses, nurses and health care support workers in the private sector this figure suggests that the RCN is very dominant in terms of the both the sector and union domains. (A)

RCM: represents the vast majority of midwives.(A)

SOR: There is a significant overlap between the sector under discussion and the union domain. With 16, 838 members out of a possible total of around 18,000 members there is approximately 90% coverage within both the sector and the domain. (A)

2a.7 Density of the union with regard to the sector

BDA: Although no specific figures are available, as the only professional association for dieticians, the BDA are likely to represent the vast majority of this group of employees whether located in hospitals or outside (A)

BIOS: Although there are no specific figures available, as the only professional association for orthoptists, they are likely to represent the vast majority of this group of employees whether located in hospitals or outside (A)

CSP: As the only professional association for physiotherapists they are likely to represent the vast majority of this group of employees whether located in hospitals or outside.(A)

MiP: No figures available for the hospital sector.

GMB: No figures available.

HCSA: There are 32,874 consultants in the NHS which suggests that the union represents less than 10% of the employees within this sector. Since all consultants working in private hospitals in the UK are also consultants within the NHS this means that the union also represents less than 10% of employees. (A)

Unison: No figures available with regard to union density within the sector or within the domain.
Unite: No figures available with regard to union density within the sector or within the domain.
Royal College of Nursing RCN: There are approximately 398,335 qualified nurses working in the NHS. Even allowing for the number of student nurses, nurses and health care support workers in the private sector this figure suggests that the RCN is very dominant in terms of the both the sector and union domains. (A)

RCM: represents the vast majority of midwives working in the NHS and there are less than 200 independent midwives working outside the NHS.(A)

SOR: There is a significant overlap between the sector under discussion and the union domain. With 16, 838 members out of a possible total of around 18,000 members there is approximately 90% coverage within both the sector and the domain. (A)

2a.8 Does the union conclude collective agreements?

All the associations listed in this section provide evidence to the independent health pay review bodies at national level, although final decisions on pay awards are then made by the government. Through the NHS Staff Council the trade unions do negotiate any variations in core conditions; and interpretation of the national pay agreement. Collective bargaining might also occur locally at trust-level around issues such as working time.

2a.9 For each association, list their affiliation to higher-level national, European and international interest associations (including cross-sectoral associations)

BDA: [Trades Union Congress \(TUC\)](#).

BIOS: TUC.

CSP: TUC.

MiP: MiP is not affiliated separately to the TUC although both the FDA and Unison are.

GMB: [European Committee of Food, Catering & Allied Workers' Unions \(EFFAT\)](#); [European Federation for Retired and Elderly Pensioners \(FERPA\)](#); [European Federation of Building & Woodworkers \(EFBWW\)](#); [European Federation of Public Service Unions \(EPSU\)](#); [European Federation of Textiles, Clothing and Leather \(ETUF-TCL\)](#); [European Metalworkers' Federation \(EMF\)](#); [European Mine, Chemical and Energy Workers Federation \(EMCEF\)](#); TUC; [UNI-EUROPA](#)

HCSA: TUC.

Unison: [Union Network International](#); [International Metalworkers Federation](#); [International Textile, Garment, and Leather Workers Federation](#); [International Federation of Chemical, Energy, Mine and General Workers' Unions](#); [International Federation of Building and Woodworkers](#); [Public Services International](#); [International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers'](#); [International Transport Workers' Federation](#); [European Mine, Chemical and Energy Federation](#); [European Transport Workers Federation](#); [European Federation of Trade Unions in the Food, Agriculture and Tourism Sectors](#); [European Federation of Public Service Unions](#); [European Metal Workers Federation](#); [European Federation of Building and Woodworkers](#); [Union Network Europa](#); TUC.

Unite: [Union Network International](#); [International Metalworkers Federation](#); [International Textile, Garment, and Leather Workers Federation](#); [International Federation of Chemical, Energy, Mine and General Workers' Unions](#); [International Federation of Building and Woodworkers](#); [Public Services International](#); [International Union of Food, Agricultural, Hotel, Restaurant,](#)

Catering, Tobacco and Allied Workers'; International Transport Workers' Federation; European Mine, Chemical and Energy Federation; European Transport Workers Federation; European Federation of Trade Unions in the Food, Agriculture and Tourism Sectors; European Federation of Public Service Unions; European Metal Workers Federation; European Federation of Building and Woodworkers; Union Network Europa; TUC.

RCN: None.

RCM: None.

SOR: TUC.

2b Data on the employer associations

The Department of Health is responsible for setting health and social care policy at the national level, but at local level the NHS is run by health authorities and health trusts. England is split into 10 strategic health authorities (SHAs). Within each SHA, the NHS is split into various types of trusts that take responsibility for running different NHS services. [NHS Employers](#) is the body that represents employers on workforce issues particularly in relation to pay and negotiations, recruitment and planning the workforce, health and productivity and employment policy and practice. NHS Employers are a member of the NHS Confederation. [The NHS Confederation](#) brings together all the organisations that make up the modern NHS across the UK. It is the only membership body for all types of NHS organisations, with over 92 per cent membership.

Health provision in the NHS is split between primary care, the first point of professional contact (eg, general practitioners, dentists, opticians and support occupations; occupational health, health education and promotion) for patients in the community, and secondary care, specialised treatment, normally carried out in hospital. NHS hospital services are run and managed by acute and foundation trusts. There are more than 160 acute trusts employing a large part of the NHS workforce. Some acute trusts are regional or national centres for more specialised care. Others are attached to universities, but they can also provide services in the community, for example through health centres or clinics. Foundation trusts also run some hospitals. These have more financial and operational freedom than other NHS trusts but remain within the NHS and its performance inspection system. They were first introduced in April 2004, and there are now 67 foundation trusts in England.

2b.1 Type of membership (voluntary vs. compulsory)

Formally, membership is voluntary, but in practice all health trusts are members because it is in their interest to be so.

2b.2 Formal demarcation of membership domain (e.g. SMEs, small-scale crafts/industry, health services, etc.)

As set out above, NHS Employers' membership domain is limited to employers within the NHS. These take the form of either acute health trusts or foundation trusts.

2b.3 Number of member companies (i.e. the total number of members of the association as a whole)

There are more than 160 acute trusts and 67 foundation trusts.

2b.4 Number of member companies in the sector

N/A

2b.5 Number of employees working in member companies (i.e. the total number of the association as a whole)

The members of this organisation are the health trusts themselves, which means that the total number of employees is the same as the number of employees working in the hospital sector in the NHS.

2b.6 Number of employees working in member companies in the sector

N/A

2b.7 Density of the association in terms of companies with regard to their domain (see 2b.2)

NHS employers organise all potential members within their domain. (A)

2b.8 Density of the association in terms of companies with regard to the sector

NHS employers organise all the potential members within their sector. (A)

2b.9 Density in terms of employees represented with regard to their domain (see 2b.2)

N/A

2b.10 Density in terms of employees represented with regard to the sector

N/A

2b.11 Does the employer association conclude collective agreements?

N/A

2b.12 For each association, list their affiliation to higher-level national, European and international interest associations (including the cross-sectoral associations).

The NHS Confederation is affiliated to HOSPEEM – [Hospital and Healthcare European Employers' Association](#).

Please document these data employer association by employer association.

Employer density in terms of companies is defined as the ratio of member companies to the potential member companies, as demarcated by the employer associations' domain and by the sector.

Employer density in terms of employees is defined as the ratio of the number of employees working in the member companies to the number of employees working in the potential member companies, as demarcated by the employer associations' domain and by the sector.

If the domain of an employer association embraces only part of the sector, then the data on density should refer to this part.

3. Inter-associational relationships

3.1. Please list all unions covered by this study whose domains overlap.

Although several general unions do represent members within the NHS they tend to have their own distinctive membership base, for example, UNISON represents over 70,000 members working in ancillary and maintenance jobs within the UK. The largest group within this sector consists of cleaning staff. There is a small overlap between the domains of the general unions and the professional associations. For example, unison represents some nurses, midwives, health visitors and healthcare assistants as well as the groups listed above.

3.2. Do rivalries and competition exist among the unions, concerning the right to conclude collective agreements and to be consulted in public policy formulation and implementation?

All the unions have the right to present evidence to the pay review bodies and they tend to operate co-operatively as evidenced by their joint action in campaigning alliances.

3.3. If yes, are certain unions excluded from these rights?

No.

3.4. Same question for employer associations as 3.1.

Not applicable.

3.5. Same question for employer associations as 3.2.

Not applicable.

3.6. Same question for employer associations as 3.3.

Not applicable.

4. The system of collective bargaining

Collective agreements are defined in line with national labour law regardless of whether they are negotiated under a peace obligation.

National pay scales for medical staff employed within the NHS are determined by ministers in the light of recommendations of Review Bodies. Independent health pay review bodies (the NHS pay review body and the doctors' and dentists' review body) make recommendations to government on pay awards for doctors, dentists, nursing health professionals and support staff. A separate review body (the Senior Salaries Review Body) makes recommendations on the pay of very senior (board level) managers working for SHAs, PCTs and Ambulance Trusts. NHS Employers, unions and professional associations submit evidence to the review bodies. Final decisions on pay awards are then made by Government.

An [NHS Staff Council](#) oversees the operation of the pay system and has responsibility for NHS-wide terms and conditions of service. Its membership includes representatives of the health service, the UK health departments in each of the UK countries and representatives of the NHS

joint unions. The Council has overall responsibility for the Agenda for Change pay system. Its remit includes: maintenance of the new pay system; negotiations of any variations in core conditions; and interpretation of the national agreement.

4.1. Estimate the sector's rate of collective bargaining coverage (i.e. the ratio of the number of employees covered by any kind of collective agreement to the total number of employees in the sector).

The pay rates set by the review body do not apply to those working in the private sector, but will cover the vast majority of workers in this sector who are employed in the NHS. .

4.2. Estimate the relative importance of multi-employer agreements and of single-employer agreements as a percentage of the total number of employees covered. (Multi-employer bargaining is defined as being conducted by an employer association on behalf of the employer side. In the case of single-employer bargaining, it is the company or its subunit(s) which is the party to the agreement. This includes the cases where two or more companies jointly negotiate an agreement.)

Please see comments in relation to question 4 above and the centralised nature of the pay determination system.

4.2.1. Is there a practice of extending multi-employer agreements to employers who are not affiliated to the signatory employer associations?

No, the system already embraces all NHS employees, so this is unnecessary.

4.2.2. If there is a practice of extending collective agreements, is this practice pervasive or rather limited and exceptional?

Not applicable

4.3. List all sector-related multi-employer wage agreements* valid in 2005 (or most recent data), including for each agreement information on the signatory parties and the purview of the agreement in terms of branches, types of employees and territory covered

The Health Secretary has accepted the 2007 pay review body recommendations for NHS staff and GPs. The recommendations from the Pay Review Bodies were as follows: The Nurses and Other Health Professionals Review Body: 2.5 per cent on all pay points; The Doctors and Dentists Review Body: a flat rate increase of £1000 for all hospital consultants, Staff and Associate Specialists and salaried dentists; hospital doctors and dentists in training will receive £650pa. The Secretary of State also proposed increasing very senior managers pay in line with the average percentage increase given to consultants. To meet the Chancellor's public sector pay limit, pay rises for most NHS staff will be staged with 1.5 per cent being paid from 1 April and the remainder being paid from 1 November.

The staff organisations (unions and professional associations) with national recognition for the purposes of pay review are: Unison; RCN; RCM; Amicus including MSF, AEEU

and EESA; GMB; The [Transport and General Workers Union \(TGWU\)](#); The [Union of Shop, Allied and Distributive Workers \(USDAW\)](#); The [CSP](#); The [Community and District Nursing Association \(CDNA\)](#); The [SoR](#); The [Federation of Clinical Scientists \(FCS\)](#); The [British Association of Occupational Therapists \(BAOT\)](#); The [Union of Construction Allied Trades and Technicians \(UCATT\)](#); The [British Orthoptic Society \(BOS\)](#); The [Society of Chiropractors and Podiatrists \(SoCP\)](#); The [BDA](#). The employer representatives will include the employer representatives' chair and representatives of the UK Health Departments, the NHS Confederation, the [Ambulance Services Association](#), and other employer representatives including a primary care representative, a Health Authority or Health Board nominee and a representative of NHS Foundation Trusts. The pay review body recommendations cover more than 60 different groups of employees. In light of this amount of information it is not possible to complete the table as set out below.

* Only wage agreements which are (re)negotiated on a reiterated basis. For the notion of 'sector-related', see the conceptual remarks in the accompanying briefing note. Please be reminded that agreements should be excluded where their purview covers, for instance, only medical practice activities according to NACE 85.12, but not any part of hospital activities according to NACE 85.11. In case of regionally differentiated, parallel agreements, an aggregate answer explaining the pattern may be given.

Sector-related multi employer wage agreements

Bargaining parties	Purview of the sector-related multi-employer wage agreements		
	Sectoral	Type of employees	Territorial

5. Formulation and implementation of sector-specific public policies

5.1. Are the sector's employer associations and unions usually consulted by the authorities in sector-specific matters? If yes, which associations?

Only through the usual channels of public consultation. For example, the government aims to strengthen the ability of local communities to influence what health and social care services are provided and how they are run. To help achieve this aim, legislation is currently before Parliament to establish [Local Involvement Networks \(LINKs\)](#) across England. LINKs will be made up of individuals and groups from across the community. The government has invited views and comments on these regulations establishing these bodies. (Also see the comments on campaigning alliances in the final section of this report).

5.2. Do tripartite bodies dealing with sector-specific issues exist? If yes, please indicate their domain of activity (for instance, health and safety, equal opportunities, labour market, social security and pensions etc.), their origin (agreement/statutory) and the interest organisations having representatives in them:

No.

Sector-specific public policies*

Name of the body and scope of activity	Bipartite/tripartite	Origin: agreement/statutory	Unions having representatives (reps)	Employer associations having reps.

* Sector-specific policies specifically target and affect the sector under consideration.

6. Statutory regulations of representativeness

6.1. In the case of the unions, do statutory regulations exist which establish criteria of representativeness which a union must meet, so as to be entitled to conclude collective agreements? If yes, please briefly illustrate these rules and list the organisations which meet them.

No. However, statutory trade union recognition legislation passed in 1999 does refer to the definition of bargaining units in terms of employers' (de-) recognition decisions ([UK0007183F](#)).

6.2. In the case of the unions, do statutory regulations exist which establish criteria of representativeness which a union must meet, so as to be entitled to be consulted in matters of public policy and to participate in tripartite bodies? If yes, please briefly illustrate these rules and list the organisations which meet them.

No

6.3. Are elections for a certain representational body (e.g. works councils) established as criteria for union representativeness? If yes, please report the most recent electoral outcome for the sector.

No

6.4. Same question for employer associations as 6.1.

Not applicable

6.5. Same question for employer associations as 6.2.

Not applicable

6.6. Are elections for a certain representational body established as criteria for the representativeness of employer associations? If yes, please report the most recent outcome for the sector.

Not applicable.

7. Commentary

Please give your views on the issue of representativeness in the sector, especially on jurisdictional disputes and recognition problems, and indicate any specificities or other problems which refer to representativeness in this sector in your country.

Union density is high in the NHS, including the hospitals sector. There is also a large number of unions. However the unions tend to work cooperatively. One example is 'NHS Together', a campaigning alliance where 16 different NHS employee organisations and health service unions, and the TUC, have come together to lobby on NHS reform. The alliance argues that financial deficits in Health Trusts are resulting in job losses and cuts to health services. It is also critical of the pace of NHS reform and the imposition of change without adequate and meaningful consultation. They argue that the NHS is changing too quickly, with far too little involvement of staff and their representatives and with no real chance to assess the real impact of the changes.

Helen Newell, IRRU, University of Warwick