

ANNUAL REPRESENTATIVES CONFERENCE 2016

In total, 28 motions were debated (26 motions on the primary agenda plus two Emergency Motions) 24 were carried, four failed. 10 motions, two emergency motions and one motion (which had been moved to the Primary agenda from the Secondary agenda through suspending standing order) were remitted to Council due to insufficient debate time. Motions on the Secondary Agenda were not considered.

PRIMARY AGENDA

EQUALITY AND DIVERSITY

Motion 1

Abolition of the Human Rights Act

Conference is concerned to note that there is a very real threat to the Human Rights Act (HRA). There is a consensus in the new government structure and wider political discussions that the HRA could be abolished in the UK. This move would force the scrapping of European laws, including the right to life, the right to a fair trial, and the right not to be enslaved or tortured. Charities such as Freedom From Torture state that this move is not the answer and is 'intended to weaken protection of human rights'. There is an intention for the current government to replace the HRA with a British Bill of Rights which would have 'qualified rights' that are limited and could be overturned, such as the right to privacy.

As physiotherapists and as members of the CSP we call on conference to support the HRA and what it stands for: fairness, respect, equality, dignity and autonomy.

We ask the CSP to actively campaign along with other trade unions to raise awareness amongst the membership and the public to protect the Human Rights Act.

West Midlands stewards

RESPONSE

Prior to the EU referendum the Conservatives had been raising the prospect of the UK withdrawing from a pan-European approach to Human Rights. We now have a new Prime Minister who had previously raised the prospect of the UK changing its attitude to Human Rights.

Whilst the Prime Minister appears to have put the Human Rights Act on the back burner, there have been some key cabinet appointments of senior Tory politicians who are opposed to HRA and prefer instead a British bill of Human Rights

If this does re-appear as a policy issue then: -

- 1. We will use our affiliation with Amnesty International in any campaigns.*
- 2. Work with the TUC on whatever campaign they might mount.*

3. *CSP might consider its own specific campaign with a health and therapy focus*

The CSP is a member of the Amnesty International UK Trade Union Network Committee and regularly attends meetings with Amnesty where issues of joint concern are discussed and actions proposed.

Motion 2

Hidden disabilities

The disabled members' network recognises the excellent work being done by the CSP in relation to support for disabled members.

With the continuing reduction of National Health Service (NHS) budgets, rising caseloads, plus an increased use of technology, we are hearing more and more frequently from members who are struggling with dyslexia, autism, mental health issues and other 'hidden' disabilities.

With this in mind we would like to ask the CSP to

- prioritise the objectives in the work plan developed at the well-attended dyslexia study day held at the CSP in November 2014
- provide training, awareness raising and support for stewards, health and safety reps and the leaders and managers of physiotherapy services professional network (LAMPS) to support CSP members with 'hidden' disabilities

We understand that CSP resources are limited. The disabled members' network has a wide range of experience and an online network with secure access via iCSP. We ask the CSP to promote the disabled members network as a source of peer support for members with hidden disabilities via *Frontline*, the CSP website, Twitter and Facebook.

Disabled members network

RESPONSE

A further study day, hosted by the Disabled Member's Network, on reasonable adjustments for dyslexia was held at the CSP on 12th July and attendance was at full capacity. Working with P&D we employed a local company to video the speakers and will be making these videos, along with the other resources from the day, available to the wider membership, including stewards, safety reps and managers via the website and the new CSP Virtual Learning Environment. These resources will be launched via an article in Frontline at the end of October 2016.

Motion 3

Trans* individuals

This conference is concerned by the increasing statistics of the murder of Trans* individuals throughout the world.

There were 226 reported murders of Trans* individuals last year, despite this minority group making up less than 1 per cent of the world population. This figure is increasing year on year (compared to 160 reported murders in 2009). There is concern that the actual figures may be even higher, but not recorded due to the mis-gendering of victims by investigators. Despite the consistent work to raise awareness surrounding Trans* individuals and the issues they may face, the figures above show that awareness of transition alone is not making enough positive change.

In recent months, two female prisoners have been found dead within their cells while in male UK prisons; there is a lot of work still to be done to protect Trans* individuals.

Every year there is an international transgender day of remembrance to remember those killed due to anti-transgender hatred or prejudice.

We therefore call upon the CSP to work wherever possible with other unions, Stonewall and the TUC to raise awareness of the significant risks to Trans* people, and to visibly support the international transgender day of remembrance.

LGBT network

RESPONSE

The LGBT network submitted a motion on trans friendly workplaces to LGBT TUC in June 2016 and this was passed by the conference unanimously. Prominent trans activist Tara Hewitt attended the LGBT network meeting in May to assist us to develop our work on trans rights further. The network continues to share and circulate useful resources to support trans staff and patients from external organisations via their iCSP network and Facebook page and have developed training for stewards and managers to accompany the CSP "Physiotherapy Treatment of Transgender Patients" information paper. The network has developed a number of ideas to mark transgender day of remembrance in November and these will be publicised in due course.

Motion 4

People with Learning Disabilities

'People with a learning disability have a shorter life expectancy than the general population. This is avoidable.' (Emerson and Baines 2010).

The confidential inquiry into premature deaths of people with a learning disability (CIPOLD) (Heslop et al. 2013) highlighted that men and women with a learning

disability die on average 13 years and 20 years respectively earlier than the general population. Thirty-seven per cent of these premature deaths were considered avoidable. Increasingly the majority of people with a learning disability are accessing mainstream services and so do not come into contact with specialist services.

The CIPOLD findings reinforce the concerns of the CSP professional network of physiotherapists for people with learning difficulties (ACPPLD) that mainstream physiotherapy services are not equipped to identify and proactively reduce these inequalities.

Building the right support (NHS England 2015) outlines the vision for transformational change for inpatient learning disability services. This will result in an increased presence of people with a learning disability in local communities, leading to a consequent increase in demand for mainstream health services.

ACPPLD calls upon the CSP to work with existing agencies and higher education institutions (HEIs) to ensure that the current and future physiotherapy workforce recognise, and proactively engage in reducing, the health inequalities for this vulnerable group of people.

Association of Chartered Physiotherapists for People with a Learning Disability (ACPPLD)

RESPONSE

The Chartered Society of Physiotherapy (CSP) welcomes this motion and confirms that it remains committed to working with agencies and higher education institutions (HEIs) to ensure that the current and future physiotherapy workforce recognise, and proactively engage in reducing, the health inequalities for this vulnerable group of people. As set out within CSP Learning and development principles 2014 and CSP Framework of behaviours values knowledge and skills new graduate expectations 2011 students on all CSP accredited courses are expected to learn how to

- *Reflect on the needs of local, national and global populations*
- *Work flexibly across care contexts and be prepared to meet challenges associated with population trends and shifting demographics*
- *deliver effective services that are centred around whole-patient care across the lifespan and spectrum of health and well-being, illness/disability and end of life care*
- *Develop skills to identify and implement best practice*

All courses accredited by CSP are already required to demonstrate how module content, assessment, placement opportunities, and the course as a whole develops a graduate with the skills to support people with learning disabilities.

In terms of curriculum content, CSP supports programme teams within HEIs to embed good practice through a series of webinars and develops supporting guidance. CSP actively encourages HEIs to work with local providers to seek out suitable placements that will support students' consolidation of these skills within a practice setting. CSP practice education guidance is currently being rewritten, however it does already promote the value of placements where students will

actively engage with vulnerable adults in the acute and community settings but the next iteration will support this by providing exemplars for other teams to draw upon. CSP would welcome the opportunity to work with ACPPLD to develop these.

SOCIAL POLICY

Motion 5

Cycle safety

Physiotherapy has a role in the field of public health and physiotherapists should be leaders in promoting activities including cycling and rider safety.

Conference is aware of the untimely deaths reported in *Frontline* of CSP members in bicycle accidents. Every year in the UK around 19,000 cyclists are killed or injured in reported road accidents.

- Around 75 per cent of fatal or serious cyclist accidents occur in urban areas
- 80 per cent occur in daylight
- Almost one quarter of accidents to cyclists involved children
- Around three quarters of cyclists killed have major head injuries

The introduction of the helmet law in the UK in 1973 for motorcyclists established precedent for 'safety' legislation. Wearing helmets significantly reduces head injuries.

Bicycling at speeds greater than 15 mph increases the risk of severe injury by 40 per cent. Research shows wearing helmets decreases the risk of head injury by 69 per cent, brain injury by 65 per cent, and severe brain injury by 74 per cent.

Conference therefore calls on the CSP to

- promote the safety benefits of wearing cycle helmets to CSP members
- work with relevant stakeholders and community groups to lead a campaign for the mandatory wearing of safety helmets for all ages when bicycling
- campaign to increase safe cycling routes

Scottish board

RESPONSE

The CSP recognises the importance of improving cycle safety to both the safety of members who use bikes for work or leisure and in encouraging more active lifestyles.

The CSP has successfully taken this issue to the Scottish TUC Conference, where it was overwhelmingly endorsed.

There are a range of organisations with specialist expertise in cycling and road safety who are already promoting safer cycling. The CSP will therefore support these bodies to raise the profile of cycle safety and to promote public policy changes to improve cycle safety. We will also raise cycle safety with members via existing communication channels.

Motion 6

Credit unions

Conference recognises that continued austerity in the UK is presenting a real financial challenge to many low-paid and public sector workers.

Conference is extremely concerned that NHS employees are reported as the third highest users of pay day loan companies in the UK. Pay day loans are unsafe and expensive routes to tide over challenged budgets and are often unscrupulously run. Credit unions present a safe alternative for vulnerable workers in times of need. These are small, not for profit organisations set up to benefit a local community by providing finance.

Conference commends the establishment of an NHS credit union in Glasgow giving staff in that area a credible option for times of financial need.

Conference therefore calls on the CSP to highlight the role of credit unions to the CSP membership as an alternative to pay day lenders.

Scottish stewards

RESPONSE

The CSP recognises the beneficial role that credit unions can play in providing affordable loans. Plans are in place to publicise credit union via member communications during 2016.

Motion 7

NHS funding

Conference is very concerned about the increasing financial crisis facing the NHS. Despite apparent annual increases in funding, NHS finances are being drastically outstripped by demand. With an ageing population and linking of NHS and social care budgets, the demand is only going to rise. The situation is unsustainable.

The NHS requires additional funding, but how this should be obtained needs to be fully discussed and debated with all options on the table. There needs to be an open and frank discussion if the NHS as a publicly funded and provided service is to continue.

Conference calls on the CSP to work together with the TUC, other unions and stakeholders to co-host an event to start the conversation on the future funding of the NHS.

National group of regional stewards

RESPONSE

Council agrees that there is a need for a widespread debate on the level of funding for health and care. The CSP continues to make a vigorous case for a national health service which is adequately funded to meet its demands and free at the point of use, including pointing out the impact on patients and services when this fails to occur.

The CSP is taking an active part in the Challenge Alliance project to make the case that a higher level of health spending is needed for social and economic success. The Alliance includes patient organisations, NHS providers, commissioners, employers, professional bodies and trade unions. The approach proposed is to raise public awareness of the low proportion of UK GDP spent on health and social care across all sectors in order to influence political and official thinking.

We also continue to work closely with other health unions to campaign including:

- *TUC public sector pay campaign which includes a particular focus on NHS funding and quality care*
- *New TUC-sponsored website on the NHS, focused on highlighting funding needs and shortfalls, due to go live autumn 2016.*

WORKFORCE ISSUES

Motion 8

Job vacancies becoming service losses

Conference is concerned to note that there has been anecdotal evidence from across the UK around increasing difficulty with recruiting to some posts in physiotherapy services due to a lack of applicants. This is happening within a variety of different physiotherapy specialties due to an apparent lack of available physiotherapists. Alongside the concern that there are insufficient candidates or those with the wrong skills for the job, the other more pressing issue is that if the posts have not been filled after several rounds of advertising, the posts are then being lost altogether.

This is a major concern as specialised therapy skills are lost and teams are left with below ideal staffing numbers. Funding for the posts is then lost for the future; this therefore permanently reduces the workforce in that department and limits career progression once posts are permanently lost.

Conference calls upon the CSP to

- survey the extent of removal of vacant posts in physiotherapy services across all four UK countries
- support managers with business cases to retain their highly skilled posts in their teams

West Midlands stewards

RESPONSE

The CSP is continuing to monitor the number of physiotherapy posts at all grades across the UK analysing how the proportion of physiotherapists in each grade is changing using both our own and external workforce data. The CSP has repeated its survey of physiotherapy service managers in 2016. This included questions on recruitment and retention, freezing and deletion of vacant posts and impact of staff shortages. We will continue to monitor the situation and use this information in our lobbying and campaigning on workforce planning. CSP officers in Employment Relations and Practice and Development work closely together to advise members on action to take to protect jobs and services. The CSP has developed a number of tools to assist members to demonstrate the benefits and cost effectiveness of physiotherapy, available on the CSP website. These include:

- *Physiotherapy Works Programme*
- *Workforce Data model*
- *Physiotherapy cost calculator*
- *Cost of Falls Calculator*
- *CSP's Physiotherapy Framework*
- *Safe and effective staffing levels guidance is also being developed.*

Motion 9

Down-banding

In recent years the down-banding of physiotherapists has become a significant issue within the NHS. Anecdotal evidence suggests that when clinicians leave roles they are replaced with lower banded staff, for example, if a Band 8a leaves this becomes a Band 7 role and similarly when a Band 7 leaves it becomes Band 6. However, there is little objective evidence available to demonstrate this on-going trend and issue.

We call on the CSP to

- survey NHS physiotherapy services through stewards and managers to ascertain how widespread down-banding is across the UK
- review the briefing produced by CSP Employment Relations and Union Services (ERUS) on down-banding, including an explanation of the key differences

between Agenda for Change bandings, and produce an easy to understand guide to the job evaluation scheme and how jobs are banded

Welsh board

RESPONSE

The CSP has recently conducted a survey of managers which will assist in identifying particular problems on this issue. We will also look at the published workforce data across all 4 countries which shows the percentage of physiotherapy staff in each pay band. This should provide sufficient data to enable us to understand the extent of the problem. The issue is also raised in the context of maintaining adherence to the NHS Job Evaluation Scheme.

A training package has been developed for stewards regional training days, this covers checks on job descriptions and understanding the Job Evaluation Scheme process for banding posts. ERUS is presently reviewing and updating our briefings on job descriptions and down banding these should be completed in early 2017.

Motion 10

Generic roles

Conference is aware that some physiotherapists are increasingly being expected to work in inter-disciplinary and therefore generic roles. We believe some trusts are altering job descriptions (of new and current posts) to allow vacant nursing posts to be covered by therapy staff, leading to therapists carrying out some nursing duties. An additional driver for these roles can be to reduce staffing numbers to make financial savings.

Physiotherapists in such roles are often asked to work as generic staff, performing assessments and treatments outside their scope of practice, without additional training. These staff are therefore at risk of being subject to capability and competency issues. This is a concern for both qualified and support workers and has a potential impact on patient safety and care. Conference is also apprehensive regarding the risk for physiotherapy staff in such positions, losing their professional identity and hard won professional autonomy.

Conference therefore calls for the CSP to

- investigate the extent of the recruitment of physiotherapist staff to work in generic roles
- gather information as to whether these staff feel adequately supported and trained to perform these roles effectively
- raise awareness nationally and highlight potential concerns regarding these roles

Yorkshire and Humber stewards
London South stewards

RESPONSE

The Standards of Proficiency for Physiotherapists, set by the Health and Care Professions Council, establish the broad parameters of regulated physiotherapy practise. These recognise that the role and remit of a physiotherapist may evolve over time, and so it is not appropriate for the CSP to set out specific expectations as to the nature of the tasks that a physiotherapist can perform, nor the conditions that they may treat.

The essence of physiotherapy practice is that individual physiotherapist's use the information gathered from their assessment of a patient to make a professional judgment about the care and interventions required to address an individual patient's rehabilitation needs.

Physiotherapists use a range of cognitive and physical interventions to address problems affecting human performance, movement and function in its widest sense. Taking a patient-centered view to care in any setting, rather than a profession-centered view, this means that specific tasks and/or conditions are no longer considered in isolation nor are they solely addressed by one specific health professional group. To reflect this multidisciplinary approach to care, in England, The National Institute of Health and Care Excellence (NICE) provides guidelines for the expected standard of care to be provided for a range of conditions, and unless otherwise specified, these standards apply to all professionals treating a patient.

This means that the role of the physiotherapist needs to adapt to respond to both individual and population needs for rehabilitation as well as patterns of disease and morbidity. New and emerging physiotherapy roles, which have more an interdisciplinary focus on rehabilitation, rather than specific interventions, are a key aspect of keeping a patient mobile and independent, and we would expect a physiotherapist to make a key contribution to the overall care of the patient, and be at the forefront of these developing roles.

If an individual physiotherapist does not feel that they are educated, trained and competent to carry out their duties required by their employer in their role, then it is the responsibility of both the individual and employer to ensure that the situation is addressed to ensure the best interests of the service users are met.

If a service is expecting physiotherapy staff to undertake new work then it is responsible for providing a programme of training and /or supervision to ensure that all staff deliver a reasonable standard of care to the patient. This is because the Health and Care Professions Council sets an expectation that registered practitioners restrict their work to activities in which they are educated, trained and competent, and also because an organisation is accountable for the acts and omissions of its employees.

The CSP has not identified a specific need to commission specific research in to this area, and at the current time has no plans to do so.

Motion 11

Community services

Conference notes that the current drive from governments and the Department of Health for seven-day and hospital avoidance services means the way in which health care is delivered in the NHS is changing rapidly, focusing on provision of integrated health and social care outside of hospital, and encouraging multi-provider working in the community with an accompanying expanding scope of practice for physiotherapy.

However, across the UK, the lack of community services support negatively impacts on hospital bed availability and the ability to discharge patients in a timely manner. Due to insufficient staffing levels in care agencies and community therapy services patient discharges from hospitals are delayed, which has severe financial implications as acute hospitals are fined for cancelling elective surgeries.

Conference believes there are three significant issues that need to be addressed:

- Recruitment and retention difficulties in community physiotherapy result in workforce shortages. Community physiotherapy lacks the glamorous profile of acute areas such as ITU, neuro or MSK physiotherapy and is an area many are not keen to work in, so roles are difficult to recruit to. There are also insufficient student placements in this area, which contributes to the community physiotherapy workforce issues
- Unfavourable pay, terms and conditions of carers, lack of staff benefits and zero hour contracts do not reflect the level of work done
- The implications of these government and health policies on the future of our profession are unclear

Therefore, conference calls on the CSP to work strategically to meet the demand for physiotherapy in the community setting, to support the agenda and safeguard the profession's future.

South West North stewards
South West South stewards
London regional network

RESPONSE

There is increasing recognition that a sustainable NHS needs robust community and primary care at its heart. This is reflected in several of the new models of care seen across the UK and particularly in response to the Five Year Forward View in England. The CSP advocates the value physiotherapy roles in the community and primary care with decision makers and encourages members to identify where they could provide the most impact for sustainable, high quality and patient centred services. The CSP has provided tools to help make the economic case for physiotherapy including in community and primary care settings.

Through the development of Workforce Data Models and Safe and Effective Staffing tools, the CSP is in dialogue with national workforce planners and Higher Education Institutions to ensure there is a sufficient workforce to meet the demand. This includes in community settings. To gain a better understanding of this, the CSP is currently reviewing the outcome of a UK wider managers' survey to better understand the gaps in staff distribution across all four countries.

In addition, a key priority for CSP 2017 work plan is to engage with members to increase the availability of clinical placements particularly in community settings. The CSP will work closely in support of service managers to achieve this significant change and secure a strong community based physiotherapy service for the future.

EMERGENCY MOTION 1

Conference notes with concern the CSP Council policy, announced on 11th December 2015 to support the government's plan to withdraw NHS grants for Nursing, Midwifery and AHP Education from August 2017. This decision was reached with limited consultation with the membership.

Conference accepts other university courses already operate this model of paying £9,000 a year course fees on top of cost of living, usually funded by Student Loans. However, physiotherapy courses incur additional expenses including longer accommodation rental periods, placement expenses including double rent, travel and uniforms.

These new arrangements could adversely affect the future diversity of our profession, with excellent potential future physiotherapists not applying because of the financial burden, particularly those from poorer socioeconomic backgrounds and mature students looking to change career.

Therefore conference asks the CSP to have open meaningful debate within the CSP membership about its stance.

National group of regional stewards

RESPONSE

Student funding was debated at various CSP committees including the Student Executive Committee, Education Committee, the Equality and Diversity Group and Council and at an AHP round table event. A member survey on this issue was also conducted and sent to all members via the e-bulletin. Information and data gathered from these consultations was used to inform the CSP's response to the Department of Health on the planned changes. The Full response is on the website <http://www.csp.org.uk/documents/department-health-consultation-changing-how-healthcare-education-funded-csp-response>.

As a result of strong calls from the CSP and other professional bodies the government has made a number of key concessions. In particular; financial support for students in meeting the additional travel and accommodation costs that come

with placements and for those with dependents, confirmation that students undertaking a second undergraduate degree will be eligible for a second loan and the continuation of bursaries for postgraduate students entering training in 2017/18.

The CSP is committed to keeping a watchful eye on these reforms; and members will be fully consulted and involved in the progression of them. This includes the areas on which more detailed plans are due to be shared in the autumn, and the new funding arrangements to support universities' delivery of physiotherapy and other healthcare degrees.

EMERGENCY MOTION 2

Conference notes that during the Lords second reading of the Trade Union Bill on January 11, 2016, Peers declared their expectation that the bill would lead to poorer treatment of workers. Concerns were raised that the bill is likely to worsen and not improve industrial relations, due to its attacks on workers right to strike, balloting systems and payment of union subscriptions amongst other restrictions.

It is believed that this bill is the impetus for some employers already beginning attacks on union representatives' facilities time, with stewards finding it more difficult to attend training, Staff side and joint management meetings, as well as other commitments they have in their roles as CSP Stewards. This will have a detrimental effect on how CSP members' voices will be heard, their views represented both collectively and in individual cases and ultimately have a resulting negative impact on patient care.

Conference therefore calls on the CSP to:

- Assess and review the amount of facilities time CSP stewards and safety reps are currently receiving.
- Examine and develop ways in which this time may be protected in the long term.
- Promote the value of facilities time, and the benefit of true partnership working.

Yorkshire and Humber stewards

RESPONSE

The Trade Union Act became law in May 2016. During its passage through Parliament a number of significant concessions were achieved through trade union and other campaigning, although a range of damaging provisions do remain in the Act despite this. The original proposals to cap facility time have been favourably amended. The Government's power to impose a cap on facility time has been deferred and also involves the following of a lengthy procedure. A cap cannot be imposed for the three years after new reporting requirements come into effect. Public authorities will have an opportunity to explain their use of facility time and will also be given a minimum of 12 months to make adjustments to their use of facility time prior to the introduction of any cap.

In addition to the above, over coming months the CSP will be:

- Gathering up to date information on both formal and informal facility time as it applies to CSP accredited representatives through the 2016 stewards' survey*
- Continuing to develop and make the positive case for trade union facility time and its major contribution to positive partnership working at local level*
- Reviewing CSP resources on facility time and rights to time off to undertake trade union duties*
- Working with the TUC and across the health unions to make a positive case for facility time*
- Working with the TUC to shape the plans to implements the facility time provisions in the TU Act*

Motion 36

Professional lead roles

This conference is concerned that there is no nationally recognised guidance for the role of physiotherapy professional lead within any organisation.

As a result, members find it increasingly difficult to combat moves to undermine, down-band or remove this role, without national definitive and authoritative professional guidance to support their arguments.

Conference therefore calls upon the CSP to produce, in conjunction with the membership, authoritative professional guidance which is available for members to access in support of their discussions with employers and organisations.

Leaders and managers professional network

RESPONSE

The CSP would be happy to work with the Leaders and Managers professional network to produce advice that would consider both the professional and employment issues to be worked through when considering physiotherapy professional lead roles.

If Council agrees the recommendation it would involve identifying current resources, that provide advice in this area, and with officers from across P&D and ERUS bringing these together as a basis to develop new advice with the PN for Leaders and Mangers.

The estimated cost of this would include staff time only as the resource would be an e-resource. P&D and ERUS have already agreed that this work could be scheduled into the 2017 work plans.

CSP OPERATIONS

Motion 15

Physio Works leadership strand

Conference believes that developing the physiotherapy profession among the black and minority ethnic (BME) community is a real challenge. Recent evidence from Brunel University shows a lack of BME intake in physiotherapy graduate programmes and overall poorer results for BME students.

The BME network is also aware of evidence showing lack of BME staff progression to NHS executive levels and under representation at NHS board level. This was evident in the paper 'The "snowy white peaks" of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England' (Kline 2014) leading to the development of the NHS workforce race equality standard.

Conference would like to call upon the CSP to ensure that members from diverse backgrounds, including BME members, are participating in the Physio Works programme, particularly the leadership and mentoring strand, through

- maintaining strong links with the CSP diversity networks
- ensuring robust collection and analysis of equality data for participants in the Physio Works programme

BME network

RESPONSE

The Physiotherapy Works team have links with CSP diversity networks and will continue to utilise these to ensure projects are promoted, and applications and participation are actively encouraged from the BME physiotherapy community. The leadership projects listed below within the Physiotherapy Works programme will be open to all members of the CSP. Where possible, we will collect equality data for participants at the application and/or evaluation stage. Equality data will be monitored and if participation from BME community is not proportionate to membership, the programme executive will consider how to address this, seeking advice from CSP diversity networks.

- *Leadership Resources (website)*
- *Case Studies*
- *Business Skills Simulation*
- *Mentoring*
- *Leadership Training events*

Motion 16

ARC voting

Conference calls on the CSP to implement an electronic voting system for the next ARC. Currently all proposers, seconders and people speaking for and against motions have to do so within a specified time limit. However, on occasions the vote is too close to call by the chair so the conference is stopped and time is spent getting people to manually count the votes. Every year there are valuable motions which get lost or are moved to council without any input from ARC delegates. These motions are important to at least the group who wrote them and probably many others.

If we moved to an electronic mode of voting the results would be immediate, which would save time to allow for more motions to be discussed.

It would also eliminate the potential for delegates to be swayed by others around them to vote a particular way.

We therefore request that the CSP investigate the cost of renting or buying an electronic voting system at ARC in the future, with the aim of implementing such a system at ARC 2017.

Student executive committee

RESPONSE

The CSP will introduce electronic voting from next year at an additional cost of up to £4000.

Motion 17

Associates award

This conference calls upon the CSP to maintain the momentum of a successful 21st anniversary year of associate membership by maintaining the Associates award as a permanent feature. This would allow the CSP to recognise and celebrate support workers' achievements.

Doing so will build upon the success of the previous year by continuing to increase awareness of associate membership and helping to maintain, recognise and reward quality throughout the profession of physiotherapy.

Associates committee

RESPONSE

The Professional Awards Committee (PAC) considered the request to create an annual Associates award at its meeting in May 2016. The committee agreed that the award made in 2015 was specifically to recognise the 21st Anniversary of the Associate membership, and judged that there was no rationale to create an annual

award for one specific membership category at this time when the ethos of the service excellence awards and the Distinguished Service Award were based on inclusivity of all membership categories. Furthermore, it needs to be remembered that PAC makes recommendations to Council each year about the range of additional awards to the traditional Fellowship, Honorary Fellowship and Distinguished Service Award. The PAC has yet to make its recommendations to Council for additional awards for 2017. Recommendations will be brought to Council in March 2017.

The committee agreed that the awards need further promotion and for Associates that promotion needs to be targeted at managers so that more Associates' work can be duly recognised. This promotion has already commenced.

HEALTH, SAFETY AND WELL BEING

Motion 18

On call compensatory rest

This conference is aware that there are a number of NHS employers who do not have adequate guidance or policy to address how to manage appropriate compensatory rest for physiotherapists post on call 'call-outs'. This can lead to undue fatigue, stress and further potential hazards to member and patient safety.

This conference requests the CSP to review current guidance and to publish new resources to guide stewards and safety reps on how to address this issue with management teams and establish local agreements.

National group of regional safety representatives

RESPONSE

The CSP is participating as part of the NHS Staff Council Health, Safety and Wellbeing Group in a working group that has recently convened to explore shift patterns and the health, safety and wellbeing impact this has on the workforce. It is intended to produce national guidance, to be available in 2017 emphasising the importance of partnership working and good shift design to ensure staff health and wellbeing is maintained.

The ERUS information paper on the Working Time Regulations will be reviewed to ensure the key messages on maintaining safe on-call rostering and compensatory rest arrangements is incorporated as required.

At local level improving compensatory rest provisions can be pursued by members as part of the upcoming CSP campaign on stress "Pinpoint the pressure: taking control of workloads". A new resource pack for activists will be provided, containing information and templates on how to survey, collect evidence and take effective action to improve members' health and wellbeing in their workplace.

Motion 19

Sickness absence policies

Sickness absence in the health sector is being addressed nationally, highlighting the positives of the drive to reduce staff sickness. However, conference is aware that this has impacted at a local level, often with organisations adopting policies that impact negatively on staff including disciplinary actions. It can be appreciated this can lead to a culture of 'presenteeism' due to fear of sanctions, staff therefore placing themselves and others at risk.

Conference requests the CSP to actively promote the merits of supportive sickness absence policies that still provide managers with the authority to 'manage' members with the care and compassion which is the basis of the health sector.

National group of regional safety representatives

RESPONSE

The CSP National Health and Safety Officer, as a member of the NHS Staff Council's health, safety and wellbeing partnership group (HSWPG) is participating in a working group that has recently convened to explore shift patterns and the health, safety and wellbeing impact this has on the NHS workforce. It is intended to produce national guidance, to be available next year emphasising the importance of partnership working and good shift design to ensure staff's health and wellbeing is maintained.

The Officer will also review ERUS information paper on the Working Time Regulations on the back of this work to ensure key messages on maintaining safe on-call rostering and compensatory rest arrangements is incorporated as required.

At local level improving compensatory rest provisions can be pursued by members as part of the upcoming CSP campaign on stress titled Pinpoint the Pressure: Taking Control of Workloads. A new resource pack for our activists will be provided, to support members in this process. The pack contains information and templates on how to survey, collect evidence and take effective action which can improve members' health and wellbeing in their workplace.

Motion 20

New technology in schools

Conference is extremely concerned by the increasing numbers of young children experiencing back and neck pain since the rise in use of mobile technology in schools. This has been evidenced by an exponential growth in the number of referrals received for children with these symptoms.

There are now 840,000 laptops and 730,000 tablets in UK schools (British Educational Suppliers Association) and 71 per cent of 5-15-year-olds have their own tablet at home (BBC Education).

It is felt that children in schools need to be protected in the same way that adults are protected by work place regulations (Safety, health and welfare at work act 2005), which recommend an assessment of the risks arising from work activities which affect the health and safety of those in their employment.

Conference calls on the CSP to

- lead on encouraging development of advice/ guidelines/ regulation for the way children use this technology in school while reducing the risk of musculoskeletal problems
- scope the incidence of repetitive strain injuries, neck and back pain in children and young people

Association of paediatric chartered physiotherapists (APCP)

RESPONSE

The risks associated with overusing devices, such as mobile phones and tablets, is a topic the CSP is often asked to provide members as spokespeople for with national media. Terms such as “text neck” and “blackberry thumb” are given increasing recognition for adults. Whilst the extent of access to technology available to school pupils should be lauded, the CSP would be keen to endorse any guidance or advice which the Association of Paediatric Chartered Physiotherapists (APCP) may produce for children, as the clinical experts for this population group.

The CSP is not aware of any existing datasets reporting the incidence of occupational injuries from use of technology or devices for school pupils in the UK. This work does not address the Society’s current research priorities. However, the CSP would be keen to contribute to any national work looking to develop a suitable dataset for injuries to school pupils.

CLINICAL ISSUES

Motion 21

Cancer support

Cancer is predominantly a disease of age; half of people newly diagnosed in the UK are aged over 70, yet the UK has some of the worst survival rates in Europe. It is estimated that more than 14,000 cancer deaths in the over-75s could be avoided each year in the UK, if mortality rates were the same as those in the USA.

This conference is concerned that poor assessment methods, a lack of practical support and joined up working between specialists, primary and social care are leading to a huge age-based inequality in care.

This conference, therefore, calls upon the CSP to

- promote the use of *Achieving age equality in health and social care: NHS practice guide* (NHS South West, 2010) as a resource to ensure age equality in cancer services
- engage with Macmillan Cancer Support to promote the 'Live long, live well' healthy ageing campaign and link this with their work in assessing and improving health in older people with cancer
- challenge attitudes to age among physiotherapists by working with Age UK and Macmillan Cancer Support to produce an article on the topic in *Frontline*

LGBT network

RESPONSE

The NHS constitution states as its first principle that there should be a comprehensive service, available to all irrespective of patient background (including age). This principle is matched by expectations set for physiotherapists in the HCPC standards of conduct, performance and ethics. Therefore, CSP members are compelled to ensure equitable access to all services.

The CSP is a partner in Older People's day, alongside many groups including Age UK and MacMillan Cancer Support. This involves supporting members to promote mobility, activity and active living at events across the UK – in 2015 400 members signed up to participate and run events. In addition, the CSP has produced a range of resources in support of care for older people including the 'Get up and go' resource produced in conjunction with Public Health England and Saga (<http://www.csp.org.uk/news-events/events/older-peoples-day-2015>). This is in addition to numerous Frontline and website topics relating to clinicians working with older people. The CSP has also collaborated with MacMillan to produce advice for physiotherapy colleagues working in non-cancer specific roles so they can better engage with cancer patients (<http://www.csp.org.uk/publications/so-your-patient-has-cancer-guide-physiotherapists-not-specialising-cancer>).

The CSP will be supporting the launch of the Richmond Group of charities report, "Living Longer, Living Well" on the 7th June with officers looking at the best ways to make the most of this report once published.

Motion 22

Pressure ulcers – expectations on physiotherapists

This conference is concerned by increasing demands on community physiotherapists to be involved in pressure ulcer screening and skin assessments.

Due to the growing demands of the generic role for clinicians in the community, physiotherapists are at risk of losing elements of therapy time and being pressured to work outside of their scope of practice in order to fulfil the requirements.

While we are aware of the need to ensure every contact counts in pressure area care as much as other life threatening conditions, we ask the CSP to campaign for protected specialist physiotherapy focus in community visits to ensure physiotherapy goals are not lost amidst other important work, and that there are clear guidelines as to the physiotherapist's responsibilities within pressure care.

We appreciate that reducing the risk of pressure ulcers is important; but we do feel that there is a 'grey area' regarding the expectations on physiotherapists in pressure ulcer care.

This conference therefore calls on the CSP to

- investigate the extent of this problem immediately
- develop clear guidelines for community physiotherapists in relation to pressure ulcers

East Midlands regional network

RESPONSE

The Standards of Proficiency for Physiotherapists, set by the Health and Care Professions Council, establish the broad parameters of regulated physiotherapy practise. These recognise that the role and remit of a physiotherapist may evolve over time, and so it is not appropriate for the CSP to set out specific expectations as to the nature of the tasks that a physiotherapist can perform, nor the conditions that they may treat.

The essence of physiotherapy practice is that individual physiotherapist's use the information gathered from their assessment of a patient to make a professional judgment about the care and interventions required to address an individual patient's rehabilitation needs.

Physiotherapists use a range of cognitive and physical interventions to address problems affecting human performance, movement and function in its widest sense. Taking a patient-centered view to care in any setting, rather than a profession-centered view, this means that specific tasks and/or conditions are no longer considered in isolation nor are they solely addressed by one specific health professional group. To reflect this multidisciplinary approach to care, in England, The National Institute of Health and Care Excellence (NICE) provides guidelines for the expected standard of care to be provided for a range of conditions, and unless otherwise specified, these standards apply to all professionals treating a patient.

This means that the role of the community physiotherapist needs to adapt to respond to both individual and population needs for rehabilitation as well as patterns of disease and morbidity. Where pressure ulcer management may be a key aspect of

keeping a patient mobile and independent, we would expect a physiotherapist to make a key contribution to the overall care of the patient. It is likely that the complete management of pressure ulcers may be shared with, for example, nursing staff and support workers, and it should be a local decision as to how this is decided. This is because local staff will have the best knowledge of their patients and services to decide how care is arranged and delivered, and by whom.

If an individual physiotherapist does not feel that they are educated, trained and competent to carry out their duties required by their employer in their role, then it is the responsibility of both the individual and employer to ensure that the situation is addressed to ensure the best interests of the service users are met.

If a service is expecting physiotherapy staff to undertake new work then it is responsible for providing a programme of training and /or supervision to ensure that all staff deliver a reasonable standard of care to the patient. This is because the Health and Care Professions Council sets an expectation that registered practitioners restrict their work to activities in which they are educated, trained and competent, and also because an organisation is accountable for the acts and omissions of its employees.

Motion 23

Mental health

Conference is concerned about ongoing closure of mental health beds in order to deliver efficient cost savings whilst shifting the care of this vulnerable patient group into the community setting.

Due to council cuts there is a loss of day care centres and community staff, putting increasing pressure and excess demand on these valuable services to provide adequate care in the community. This is having an impact upon community physiotherapists, with increased demands due to patients' levels of cognitive difficulty and increase in numbers of patients, as well as the demand on acute services with an increasing number of delayed discharges because of the lack of mental health beds or appropriate services within the home setting to look after patients.

Conference therefore calls upon CSP to

- actively work with mental health leads and the newly appointed Labour mental health shadow minister to raise awareness of this situation
- monitor the risk to mainstream staff without the specialist skills to treat these patients

North East stewards

RESPONSE

The CSP recognises the need for parity in consideration between mental and physical health. Frontline has covered various aspects of mental health, ranging from the wellbeing of our members to the role our members play in delivering these services. The CSP recognises the systematic reductions in mental health funding with 40% of mental health trusts experiencing funding cuts between 2013 and 2015 (Kings Fund, 2015). With this in mind, the CSP has been in contact with the Labour shadow minister with responsibility for Mental Health and has been invited to submit a briefing to highlight the role of physiotherapy with these patients and the concerns we see with service provision. The CSP is also a member of the Coalition for Collaborative Care and intends to advocate for mental health parity during the upcoming coalition strategy development process.

The CSP's professional networks continue to provide training to members who provide treatment to patients with mental health conditions. These include AGILE's conference around AHP contributions to patients with dementia (<http://agile.csp.org.uk/>) and the various CPD events provided by the Chartered Physiotherapists in Mental Health (CPMH) (<http://cpmh.csp.org.uk/>).

The CSP monitors the wellbeing of members through surveys and activities undertaken by Health and Safety representatives within organisations as well as in response to specific issues raised by workplace stewards.

Motion 25

Obstetric physiotherapy

Conference is concerned that the scope of practice of the obstetric physiotherapist is being further undermined by the nationwide implementation of changes to the delivery of maternity services.

Advice and hands on treatment delivered by the specialist physiotherapist has been severely reduced, despite evidence that timely advice and appropriate treatment can reduce the short and long term consequences of conditions such as low back pain (LBP) and pelvic girdle pain (PGP).

Moreover, the epidemic of obesity in pregnancy with associated perinatal complications makes physiotherapy advice on promoting 'safe' exercise essential.

Relatively fit women free of conditions such as PGP tend to have reduced complications in childbirth, reduced chronicity of back pain, and are likely to return to normal exercise levels.

Conference calls on the CSP to

- collaborate with the pelvic, obstetric and gynaecological physiotherapy professional network (POGP) to create a publication targeting the pregnant population and promoting the obstetric physiotherapist. Advice must include pregnancy related LBP and PGP and safe exercise in pregnancy

- build on raising awareness by expanding the Royal College of Midwives/ CSP joint statement on pelvic floor muscle exercise 'Improving health outcomes for women following pregnancy and birth' to include information on musculoskeletal conditions which can be helped by specialist physiotherapy, preventative care, and exercise in the perinatal period

Pelvic, obstetric and gynaecological physiotherapy (POGP)

RESPONSE

The CSP acknowledges POGP as clinical experts in this area of physiotherapy, including awareness of the available evidence for physiotherapy in preventing and treating conditions such as low back pain, pelvic girdle pain and obesity associated with pregnancy.

The CSP, with the Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) professional network - formerly the Association of Chartered Physiotherapists in Women's Health (ACPWH) - worked closely with the Royal College of Midwives (RCM) and in July 2013 produced a joint statement that explained the role of preventative physiotherapy treatment (with particular reference to pelvic floor exercise) from a professional and patient perspective:

https://www.rcm.org.uk/sites/default/files/CSP-000924_RCM.PDF

Associated resources, including a CSP-produced video that explains the role of obstetric physiotherapy: <http://www.csp.org.uk/publications/pelvic-floor-muscles> and online learning to support and upskill nursing staff, were developed.

The CSP suggests that using the RCM / CSP joint statement and associated resources to inform the planned publication will be useful in producing a publication that will raise awareness of the benefits of obstetric and gynaecological physiotherapy.

POGP intend to include specialist physiotherapy, preventative care and safe exercise in the perinatal period in the new resource. The CSP will support PGOCP in their delivery of the suggested resource, and work with POGP to endorse and then promote the publication via CSP channels.

EMPLOYMENT ISSUES

EMERGENCY MOTION 3

Conference may be dismayed that on the 7th March the pay review body only recommended a 1% pay increase for NHS staff. However in Northern Ireland we were pleased that our minister actually said he would accept the recommendations in full.

However even if he follows through on what he has said it will still leave NHS staff in Northern Ireland paid less than staff in the rest of the UK

This is because in 2015/16 our minister refused the recommendations of the pay review body and refused to negotiate with the unions and instead enforced a pay award that was 1% non-consolidated for those at the top of the pay scale only.

To date those staff eligible for the 2015/16 pay award have yet to receive it, and the acceptance of the 2016/17 recommendations does nothing to address this pay gap that now exists

We urge the CSP to continue to work with other unions to highlight this issue to members and to politicians in NI who will be seeking election in May.

Northern Ireland stewards and safety representatives

RESPONSE

The CSP wrote directly to all the North Ireland main political parties prior to the election on this issue. We also encouraged members to do likewise to the candidates in their locality and provided a template letter for them to use. The CSP continues to argue for parity in pay across the UK as part of any review of the pay structure and in evidence to the PRB for the 2017/18 pay round.

Motion 27

Car park costs

Conference is aware that NHS staff have been under swingeing pay restraint for several years with little prospect of a reasonable pay rise for many years to come.

Members are struggling to make ends meet and in many areas this is exacerbated by car parking costs. These costs, borne by members, are often filling the pockets of private companies and are unacceptable.

Many members need to use their car for work or their workplace is so situated as to make public transport not viable.

Conference calls on the CSP to lobby the governments to ensure NHS staff are provided with free car parking at work.

South Central stewards

RESPONSE

With the exception of a small number of locations NHS staff in Wales and Scotland are provided with free parking. The CSP raised this issue at NHS trade union leads to ascertain what support there was for a joint approach to local employers in England, it was not felt (at this stage) to be a priority for the joint unions. We will however assist members who wish to campaign on this issue at local level.

Motion 28

Disclosure and barring service (DBS)

Conference has become aware anecdotally that some NHS trusts are now passing the costs of compulsory DBS checks on to staff when securing a new job role. This practice is of significant concern, placing yet another financial burden upon members in a time when take home pay is low.

Conference requests the CSP produce a statement to raise awareness to members of this issue and to discourage employers from adopting this unfair practice.

South Central stewards

The CSP recognises that the passing on of DBS costs to employees is becoming more prevalent, thus increasing the financial burden on staff already facing real term pay cuts. Current evidence suggests a mixed picture amongst those employers charging individual staff, with some seeking to pass on the costs only for new starters within the Trust, and some providing exemptions for lower band staff. The CSP will continue to support stewards and members locally to challenge employers who adopt this practice, working with other trade unions through the appropriate local partnership arrangements.

Motion 29

Travel costs

Conference is concerned that the changes to the NHS terms and conditions altering the reimbursement of business travel costs has resulted in staff subsidising the NHS.

Some staff spend a day treating patients without travelling to their designated base, incurring fewer miles than their commute would be, and therefore do not get reimbursed for using their car to visit patients. If they were working on site, they would have alternative options of getting to work e.g. sharing, cycling or public transport; but as they are required to use their car for work, they have to pay the costs.

Although community employment contracts advise that staff are required to use their car for work, it is not fair that some staff are not paid for mileage incurred at work and do not have the option of managing the cost of their commute by using other forms of transport.

Conference calls on the CSP to

- investigate the extent of this problem
- investigate whether agreements differ between trusts and countries

- make the NHS pay review body aware of this impact on staff and negotiate fairer terms or compulsory access to employer funded cars for those staff penalised by the current agreement

South East Coastal stewards

RESPONSE

Changes to the mileage arrangements were agreed and implemented in July 2013. The arrangements for the reimbursement of mileage rates including where members travel from home to first call is set out in the national terms and conditions of service (section 17). If we seek to make changes to this part of the agreement NHS employers will almost certainly seek other (likely to be detrimental) changes to this part of the handbook. The mileage rates are set by the AA and are set at a level which should ensure the allowance meets the cost of owning and running a car.

Motion 30

Pay protection

Conference believes that there is inequality in pay protection for CSP members in the NHS as this has been implemented under local agreement.

With trusts merging and contracts changing there is no fair pay protection for CSP members across the board.

The different systems used in the four countries and then within each region and trust offer a huge variety, from life-time to just a few months.

In order to support members whose trusts merge, whose jobs come under threat or who are subject to organisational change, we call upon the CSP to

- scope out what protection is offered and where, and share these results with members
- use this information where possible to support members who wish to campaign locally against changes to pay protection

South East Coastal stewards

This is not something covered by any national agreement and employers have resisted any attempt to agree, at a national level, something they insist is an issue requiring a local approach. Where problems arise the CSP will work with stewards and members and other staff side unions to support local campaigns and achieve a consistent approach to these issues.

EMERGENCY MOTION 4

Conference is deeply concerned about the Government's decision to impose a new contract on the Junior Doctors in the NHS in England. Conference firmly believes

that proper negotiation is the most appropriate method of making changes to workers' terms and conditions. Conference feels this sets an alarming precedent for future negotiations in the NHS, particularly in relation to the roll out of 7 day working.

Conference welcomes the CSP Chief Executive's statement on the issue released on 11th February, and calls on the CSP to consider the impact of this imposition and continue to work with other unions to lobby Government at the highest level to

- emphasise the importance of positive partnership working between NHS staff and Employers,
- reiterate the clear link between quality employment and quality patient care, and
- that any changes to make the NHS a true 7 day service should be fully funded.

National group of regional stewards

RESPONSE

The CSP continues to restate the points regarding the provision of 7 day services and the link between quality employment and patient care. In our statements we have also made clear our opposition to the imposition of changes to existing contracts of employment for any NHS staff. We have emphasised the importance of partnership working through our activity in the NHS Staff Council and Social Partnership Forum and in meetings with Government Ministers and officials.

Motion 31

Bank work

Conference notes that bank work is common in the NHS. However, CSP members are not being treated equitably regarding whether continuous bank work is acknowledged as reckonable NHS service. Where this is not seen as reckonable service, CSP members are not earning the benefits that should come with this service within the NHS, once a substantive post is secured.

The evidence for this is anecdotal and patchy, and with the NHS struggling to make savings, employing staff on bank contracts will remain appealing to employers. We need to understand the extent of the issue, how many members are employed on bank contracts, who is affected by this, and what long term effect this has on them. Reckonable service has an impact on annual leave and on redundancy payments, which could be crucial to members in the future.

Conference calls upon the CSP to undertake a scoping exercise into current policy variations amongst NHS trusts in England in acknowledging bank work as reckonable service.

If this shows to be a particular problem, the CSP should

- support members to campaign locally to have bank work considered as reckonable service, and/or
- start a national campaign to gain these rights for all CSP members

National group of regional stewards

RESPONSE

Where problems arise the CSP will work with stewards and members and other staff side unions to support local campaigns and achieve a consistent approach to these issues.