

**ANNUAL REPRESENTATIVE CONFERENCE 2018
COUNCIL RESPONSES TO 2018 ARC RESOLUTIONS**

STRATEGIC OBJECTIVE: REPRESENT THE INTEREST OF MEMBERS AT WORK

MOTION 1 NHS PAY – MOTION CARRIED

While conference welcomes the announcement of a fully funded pay award for staff in the NHS, it remains highly concerned about the strings attached to it.

At the time of writing this motion Northern Ireland (NI) still has no functioning executive and staff have yet to receive the one per cent pay uplift recommended by the pay review body for the 2017/18 pay period.

Jeremy Hunt stated that any pay award to the NHS in England would be dependent on improved productivity. Given that the NHS has increased its productivity by 1.7 per cent compared with that of the UK economy as a whole at 0.2 per cent, with less and less funding each year, this becomes a backdoor route to not giving staff the pay award they deserve.

From a recent statement it is clear Mr Hunt plans to further erode the Agenda for Change pay structure. Conference recognises the need for a modern, seven-day service; however, erosion of our terms and conditions threatens our ability to recruit and retain staff. Anecdotal evidence suggests up to 25 per cent of students are going straight into private work after graduating. As well as this, NHS physiotherapy jobs are being frozen across the country with difficulty in filling them even when out to advert.

However, conference is also concerned by the figures in the news that were published by the Nursing and Midwifery Council (NMC) showing 40,000 vacant nurses' jobs, and that there is an increase in the number of nurses leaving the register, while physiotherapists get no mention.

The physiotherapy profession is under huge staffing pressures, directly impacted by the ongoing lack of funding, financial cuts, and an income which is neither competitive nor in line with the current rise in inflation, with qualified physiotherapists now earning five to six thousand pounds a year less than they would be if pay had risen in line with inflation.

Conference recognises the high level of work that the CSP has been doing about the pay award for 2018/19 but we urge them not to lose sight of how far behind staff in NI have fallen with regard to pay.

Conference calls on the CSP to campaign with the Trades Union Congress (TUC) and other health service unions for:

- a fully funded, genuine pay award for NHS staff
- a pay award that reflects the issues of physiotherapy recruitment and retention in the NHS

and in addition, to continue to work with other health unions to push for an equalisation of pay for staff in NI to bring them in line with the rest of the UK.

National group of regional stewards, Northern Ireland stewards, East of England stewards and safety representatives and London region safety representatives

Council Response: The CSP has been working with the health unions nationally to deliver a three-year pay deal that will start to address some of the current problems with recruitment and retention in the health service.

It is clear that staff shortages, along with financial restraints, have exacerbated the current service pressures in the NHS.

The three-year pay deal has now been agreed in England, with a similar deal agreed in Scotland. These deals see the first meaningful rise for NHS staff in a decade and will also lead to significantly higher starting salaries and quicker progression to the top of bands, which will hopefully have a positive impact on the recruitment and retention issues.

The CSP recognises this is only a start in addressing the impact of below-inflation awards in recent years and remains committed to continuing to improve pay in the future.

The deals currently agreed are funded with additional money and so will not have an adverse impact on patient services, and are not linked to erosion of terms and conditions.

In Wales a similar proposal is currently out for consultation and it is expected the outcome will be known in mid-September. In Northern Ireland the situation remains difficult as the lack of functioning executive continues. However, the CSP is working alongside health unions in Northern Ireland to lobby for the same proposals to be offered, with pay to be brought into line with England as a minimum.

MOTION 2 VALUING OVERSEAS STAFF – MOTION CARRIED

The UK relies heavily on overseas nationals within the health workforce to maintain safe services. We face estimated physiotherapy vacancy rates of 4,000 across the UK and this could treble with the loss of many experienced and valued colleagues and friends.

Conference regrets that European healthcare staff are leaving the UK, while other colleagues face being told they are ineligible to remain here because they do not earn enough to qualify for a visa.

Conference notes:

- The Migration Advisory Committee has removed physiotherapists from the shortage occupation list
- The £35,000 minimum salary required for a visa extension is beyond most band 6s
- Arrangements for Europeans coming to the UK after Brexit are still uncertain.

Conference calls for the CSP to work through the TUC, Cavendish Coalition and others to lobby the UK government to recognise the value of the roles performed by overseas health and care staff, rather than using their incomes, when setting future immigration rules.

South Central stewards and safety representatives; South West South stewards

Council Response: Council will adopt this policy. Supporting recognising the value of the roles performed by overseas health and care staff, rather than using their incomes, when setting future immigration rules would be a helpful potential extension of existing policy.

EMERGENCY MOTION 2 RISES IN HEALTH SURCHARGES - MOTION CARRIED

Conference raises with concern the DOH plan released 5/2/18 to double the health surcharge for temporary migrants to £400 per year for people outside the European Economic Area (EEA). These charges are applied to migrants applying for tier 2 and 4 visas. These charges are in addition to national insurance and tax they pay as part of their employment in the UK. The charges have been suggested to provide an extra £220 million every year to spend on the NHS.

Whilst additional funding seems incredibly attractive, should we not consider the impact on Physiotherapists coming to work/ study in the UK and the wider NHS?

Many trusts have turned to overseas recruitment to ensure sufficient staffing, particularly nurses and medics, but also many Physiotherapists practise in the UK who are from outside EEA.

The BMA have already highlighted this as a potential problem for running an already understaffed NHS and are calling for exemptions to this increase.

Conference calls on the CSP to:

- Join BMA and other health unions to lobby for an exemption for staff working in the NHS

West Midlands stewards

Council Response: The health unions have had a position that NHS staff should be exempt from payment of a health surcharge for some time. In addition, they have argued that the case for collection of NHS charges for immigrants or visitors from outside the EU is not economically robust, with significant activity being required for relatively modest financial recovery.

The proposal to increase the surcharge provides an opportunity to raise this once again through the England Social Partnership Forum.

In addition, the CSP, both directly and through the Cavendish Coalition, has raised the issue of the costs associated with work visas as part of ongoing lobbying.

MOTION 3 CHILDCARE FOR NHS STAFF - MOTION CARRIED

As physiotherapy services move to become more responsive and flexible, working variable shift patterns and covering seven-day services, there emerges a very real issue with access to childcare.

Trying to source ad-hoc or irregular childcare provision which covers long days or weekends can be extremely challenging as well as costly. Among CSP members in our region this issue is adding to work related stress, increasing pressure on already stretched finances, and causing domestic stress too as family members are placed under pressure to support childcare. Many people are having to leave their job to work elsewhere, often within the private setting, moving away from 'less glamorous' but absolutely essential areas in medical, respiratory and surgical settings, to avoid working over seven days as they simply cannot source or fund the additional childcare provision they need.

We call on the CSP to campaign jointly with other health trade unions:

- for more available, flexible and reasonably costed weekend childcare provision for all NHS workers
- to highlight the need for childcare providers to consider offering childcare outside of the traditional 8am-6pm option

North East regional stewards and safety representatives

Council Response: The CSP will approach other health unions through the trade union leads to see if there is any appetite to raise this issue jointly at national level. We will also raise via the TUC, for example via motions to relevant conferences. It is difficult to identify a suitable forum to take action on this at national level because childcare provision is delivered locally, often by private providers.

We will also look into producing a short briefing paper for CSP stewards with key points to consider when negotiating improvements to local childcare provision and making the links between recruitment and retention difficulties. The CSP will raise awareness of the particular problems facing members having to work outside usual childcare provision times such as weekends and evenings who have little or no family or other support to assist them with caring for children at these times highlighting both the lack of available care provision and the high costs.

The CSP is an active member of the Alliance for Maternity Rights and has signed up to its action plan. This includes a call for the government to do more to support women's participation in the workforce during their childbearing years and we will continue to work with the Alliance to pursue this agenda.

Motion 4 HCPC appeals: *Remitted to Council by ARC and subsequently rejected.*

MOTION 5 FREEDOM TO SPEAK UP - MOTION CARRIED

Following the recommendations of the Francis inquiry and the subsequent 'Freedom to Speak Up' review, HCPC and the Nursing and Midwifery Council updated their professional standards to include reporting concerns about patient safety, malpractice or wrongdoing.

Speaking up about any concern is a fundamental professional duty. Therefore conference believes the CSP should include the duty to raise concerns about any aspect of patient safety, malpractice or wrongdoing in its Code of Professional Values and Behaviour.

This will encourage continued behaviour change, and showcase physiotherapy as a profession that leads in upholding professional values.

North West stewards and safety representatives

Council Response: We are developing a plan to review and update CSP guidance for members on raising concerns. This exercise will include simplifying our own guidance and exploring how we can best signpost members to external sources of expert advice and support in this complex and rapidly changing area. We expect the work to be completed early in 2019, and will engage members in this process.

We have progressed activity on the motion since ARC. This has been informed by direct contact with the member who led on the motion's submission, which clarified that raising concerns was more of a focus of members' interests, rather than duty to report or duty of candour. We have explored issues in light of this additional information.

This has included through gaining advice from a CSP member who acts as a Freedom to Speak Up Guardian for two NHS Trusts.

The CSP's Code of Professional Values and Behaviours indicates expectations of members' duty to report and for raising concerns, while the Health and Care Professions Council's Standards of Conduct, Performance and Ethics set out statutory responsibilities for reporting concerns for CSP members registered with the regulator.

As part of the review of CSP resources, we will consider how the Code needs updating to include specific reference to our updated guidance on raising concerns.

MOTION 6 MOVING TO PRIVATE PRACTICE - MOTION CARRIED

Conference acknowledges the CSP guidance 'Thinking of Private Practice' information paper. However, conference is concerned to hear of new graduates setting up in private practice as sole practitioners straight from university without peer support or mentoring systems in place. Anecdotally conference is aware of private practitioners approaching NHS staff for mentoring; this presents resource and logistical challenges.

Private practitioners working alone may experience isolation without regular peer support. Developing practice procedures and methods of working that relate to service delivery and personal professional development is therefore vital for meeting regulatory and professional body requirements, remaining up to date, and avoiding potential problems. A lack of governance can potentially lead to increased complaints and insurance claims.

These have a detrimental impact on the reputation of the physiotherapy profession and lead to an increase in membership subscriptions.

To ensure clinical & educational governance and patient safety, conference calls on the CSP to:

- update the CSP's 'Thinking of Private Practice' information to include guidance on mentoring/buddying/support for lone practitioners
- promote the use of the current CSP mentoring scheme for this group of members

Scottish Board

Council Response: Work commenced on updating the 'Thinking of Private Practice?' CSP Information paper in July 2018. Working title 'Moving into Private Practice'.

This work is being co-produced with the Physio First professional network, who are leading on it and will be hosting it on their website in the form of an online resource. The resource will be free to all CSP members to access.

The new resource is planned for launch at Physiotherapy UK 2018 in October and will be available to download from the CSP website / Physio First websites thereafter.

MOTION 7 NHS PROTECT - MOTION CARRIED

This conference is concerned at the cessation of the NHS Protect service without a clear focus on how this important work will be taken forward. NHS Protect have reported that violence in the NHS has increased by 25 per cent in the last year.

NHS Protect functions to capture and analyse national trends in physical assault rates, undertake private prosecutions if the Crown Prosecution Service or police do not proceed with a case, provide support and advice to local NHS trusts, and provide national security alerts. Without this vital support our members are more at risk of violence and aggression without ramifications or deterrents.

Conference calls on the CSP to:

- raise awareness of the implications to CSP members of the cessation of this project
- work with other trade unions to make sure that previous good work is not lost
- lobby employers to carry on prioritising this issue and continuing the work of the NHS Protect service.

National group of regional safety representatives

Council Response: The CSP, as an active member of the health, safety and wellbeing partnership group (HSWPG, sub-group of NHS Staff Council), has written to NHS England on this matter, expressing our concerns at the lack of a replacement body to take up the national function of NHS Protect.

Their work included:

- National data capture and analysis of trends and causes of physical assaults, which is vital to tackling the causes and reviewing impact.
- Loss of the Legal Protection Unit, that undertook private prosecutions on behalf of NHS staff (often successfully when police or CPS declined to act)
- Quality assurance of security standards in place for commissioned services. Currently it is unclear who will ensure providers fulfil their responsibilities to appoint security specialists and ensure deliverance of mandatory conflict resolution training to frontline staff.
- Provide national security alerts on known dangerous persons frequenting hospitals.
- Police liaison role both nationally and locally – including work on anti-terrorism and risks to NHS property, staff and public.

In the absence of NHS Protect, the Health and Safety Executive, (HSE, enforcer of health and safety law) have between July and November this year, undertaken 20 inspections of NHS workplaces identified in RIDDOR (Reporting Injuries, Diseases & Dangerous Occurrence Regulations) and NHS Resolution's data as sites requiring HSE attention due to manual handling issues and/or incidences of violence.

The key purpose of these visits is to determine the extent of the problem and ensure employers have suitable and sufficient systems installed to prevent similar incidences.

NHS Resolution (previously known as NHS Litigation – the body that indemnifies NHS organisations), currently is drafting a leaflet for trusts to raise awareness regarding the level of assaults in the NHS.

Based on information shared with the HSWPG, for the past 5 years there has been 2,726 claims for assaults costing approximately £50 million in claims.

They are also hosting an event for ambulance trusts who are particularly at risk in late September this year, to share best practice and create useful case studies to address the problem.

While there has been a lack of a proper response from NHS England to the HSWPG, we understand that with NHS Improvement they are undertaking some national strategic work to deal with violence in the NHS. Such action may be influenced by upcoming legislation – the *Assaults on Emergency Workers (Offences) Bill*, which is due to receive Royal Assent in the autumn and become law in England and Wales. Originally, the bill focussed on protection for police but has now widen to include NHS workers. A major stakeholder event has been organised by the Royal College of Nursing at end of October to explore how the legislation is to work in reality and what actions required for effective implementation and to offer practical support for those when they are assaulted.

HSWPG expects to review the status of activity to date when they next meet in September and have identified this matter as a key priority for their 2019 work plan.

With respect to raising awareness of CSP members, the National Group of Regional Safety Reps to review current resources and determine appropriate strategies as part of their 2019 work plan.

Motion 8 withdrawn

Motion 9 Fitness for on-call - Motion failed

MOTION 10 CLINICAL SUPERVISION - MOTION CARRIED

Conference welcomes the CSP guidelines on clinical supervision, and schemes such as the CSP mentoring programme. However, members are increasingly concerned that structured, meaningful, clinical and emotional supervision, tailored to the individual's needs, could become a thing of the past.

Anecdotal evidence from CSP members suggests there is less focus on quality clinical supervision between physiotherapists due to increased productivity demands on services. More and more physiotherapists are also becoming clinically isolated in integrated multidisciplinary teams, or in small practices, where they have little or no access to other physiotherapists. They are often managed by team leaders from other professions who cannot provide physiotherapy-specific clinical supervision or support.

Rotational staff also lose access to consistent supervision by one individual mentor as they move from team to team.

This lack of consistency makes it difficult to build mentor relationships and therefore difficult to provide emotional support for individuals; the 'Pinpoint the Pressure' campaign demonstrated that emotional stress is affecting physiotherapy staff.

The importance of meaningful supervision is also highlighted when considering the health and social care agenda. Clinicians will be expected to play a greater role in helping to ensure that all aspects of their patients' lives promote wellness, e.g. by the development of social prescribing. Caring for those with complex needs, especially with reduced healthcare resources, can have a negative effect on the clinician's emotional wellbeing. The CSP's current clinical supervision guidelines do not give recommendations about addressing supervisees' emotional needs.

We therefore ask the CSP to underline the importance of supervision to members and managers by developing and promoting the CSP's 'Overview on Clinical Supervision' using good practice supervision guidance such as that produced by the British Association for Counselling and Psychotherapy and the Social Care Institute of Excellence.

The resulting comprehensive document could then be used to launch a national campaign, via the Stewards network, to establish meaningful clinical development supervision time, which is separate to reviews of work practice, with greater emphasis on members receiving appropriate social and emotional support.

North West stewards and safety representatives;

West Midlands stewards

Council Response: The CSP's guidance on clinical supervision is being reviewed in light of the motion and debate. Consideration is being given to producing an updated, interactive online resource (within the CSP's ePortfolio and Learning Hub) that provides the following:

- Guidance on high-quality clinical supervision and how it can benefit physiotherapists, a physiotherapy service, and people using the service
- Advice on implementing and evaluating quality clinical supervision, with reference to other national policy documents and guidance
- Signposts and links to existing CSP resources that:
 - Support the clinical supervision process (including CPD templates in the CSP's ePortfolio, resources in CSP's Learning Hub, CSP Mentorship programme, and Frontline articles)
 - Support for tracking the development of the values, behaviours, knowledge and skills for providing effective clinical supervision ('Helping others learn & develop' workbook)
 - Advice on making the case for quality clinical supervision in practice (including links to CSP guidance around stress in the workplace and the CPD Habits 07: Making the case for CPD).

The resource will be generic, and therefore relevant to and supportive of members across employment sectors and practice setting.

It will also encourage members to share good practice in enacting clinical supervision arrangements and their value and impact (including via the CSP's case studies database).

Council were advised that the briefing would also include reference to the interaction between the supervisor and supervisee that could impact on the health and well-being of the student, as requested by the mover of the motion".

MOTION 11 NHS PENSIONS - MOTION CARRIED

Conference is aware that in these increasingly challenging financial times, both in an individual and a wider NHS setting, NHS pensions are increasingly being seen as an optional extra.

Conference is aware that some NHS trusts have been offering an opt-out of the NHS pension with the promise of greater take-home pay for new starters within the NHS.

While we are aware that the CSP has successfully campaigned at local trust levels to stop these schemes happening, we are also aware of increasing numbers of new starters within the NHS opting out of joining the NHS pension scheme.

Conference therefore calls on the CSP to produce an easy-read guide for members highlighting the benefits of the NHS pension scheme and promoting this to all members.

London North stewards

Council Response: The CSP has considered the problem with promoting the NHS scheme to all members as this could be seen as constituting financial advice, which the CSP is not legally allowed to give, so the motion needs to be addressed in another way.

The CSP will update the CSP website pensions section, to direct members to the relevant sections of the NHS business services authority pages on the NHS pension scheme and to highlight where information can be found to deal with some of the regularly occurring questions that crop up around the NHS pension scheme.

**STRATEGIC OBJECTIVE:
HELP PHYSIOTHERAPY NETWORKS AND COMMUNITIES ORGANISE**

MOTION 12 CSP REPRESENTATIVE ROLES - MOTION CARRIED

Conference notes the introduction of the Health and Safety Representatives and Safety Committees Regulations in 1977. Safety representatives make a huge difference. Workplaces that have trade union safety representatives and safety committees have half the serious injuries compared with those that are non-unionised and do not have representatives.

This conference notes a decrease in members actively taking up the role, and fluctuating retention rates in the first few years of performing the role. Conference believes there is a strong need to promote the impact and influence that a CSP safety rep can have on the workplace, department and organisation.

We need to be proud of our trade union strengths and each member needs to feel that their employer understands their rights to health and safety support in their workplace.

This conference calls on the CSP to:

- celebrate the safety rep's role; acknowledge current successes and developments to date
- campaign to promote the advantages and benefits of the role, which includes not only the CSP membership but also the wider workforce, with employers.

National group of regional safety representatives

Council Response: We note a reduction of the safety rep network numbers for 2018 from 399 (start of January 2017) to 384 (beginning of 2018). For the first six months of this year, those leaving are replaced. On the matter of meeting demand for induction training, we continue to run well-attended induction courses for 2017/18.

The CSP considers the number of induction courses, currently at four, is meeting our target to give new safety reps training into the role within six months from their date of accreditation.

The turnover of the safety rep network of 36% as of June this year is consistent with the last three years. The steward network has also experienced a higher turnover in comparison to the previous year and is currently at 32%. The prevailing reason for reps leaving continues to be that they resigned from their place of employment, rather than any issue or problems arising from taking on this role. This higher turnover (which in the past tended to be around 25 to 28%), also correlates with the recruitment and retention issues currently confronting health employers, as generally staff change workplaces more frequently.

It should be noted, that a key aim of our recent national campaign *Pinpoint the Pressure* was to promote and educate stewards and members of the role of the CSP safety rep, as we focused on a specific issue of members' over-work. Utilising our organising approach to workplace issues, two joint rep/steward regional training packages were developed for the campaign - each focused on key causes (how to tackle workplace stress and dealing with constant change) as identified as problems by our membership survey results.

This joint training was to encourage networking between stewards and safety reps at local level, and to build CSP activist networks with other members back in their workplace. The merits of this approach, based on feedback received, has encouraged the CSP to continue beyond the campaign to run this yearly standardised joint stewards and safety reps course in all the regions.

The primary aim of this mandatory course is develop quality training on key health and safety matters relevant to both networks that continues to promote the role of safety reps as well as educate stewards to understand the relevancy and importance of members' health and safety.

The findings from the Pinpoint the Pressure campaign to be utilised for promoting the successes achieved through our reps' efforts.

Work has already begun this year with two full CPD feature articles titled *Finding Solutions Together* about what was achieved by reps and members participating in the campaign set out in two issues (21 March and 11 April) of the CSP membership magazine *Frontline*.

CSP organising priorities for 2018/19 are to ensure for 90% workplaces that have more than 30 members that we recruit at least one steward and safety rep on the site. To meet this objective the CSP will undertake the following work:

- Mapping workplaces where our members work to identify gaps in the safety rep network and target sites for recruitment activity.
- Promote the safety rep role as part of CSP staff's ongoing work site visits. Target safety reps and those who have previously undertaken the role to share their experiences and highlight the benefits of taking on the role.
- Develop case studies of safety reps partnership working with stewards and their managers to improve members' health and wellbeing at work.

MOTION 13 DIVERSE LEADERS - MOTION CARRIED

Role models empower individuals to aspire and realise potential in a challenging world where inequalities do exist, impacting on opportunities. The CSP has publicly recognised the importance of strong leaders within the organisation.

The CSP is diverse. The LGBT+ diversity network is aware of leaders who identify as a member of the LGBT+ community, as well as allies, and believes that these individuals have inspirational stories to share.

Conference calls on the CSP to:

- support a project in which the LGBT+ network can engage with a diverse range of leaders and collate their stories as a resource for current and future members
- provide greater coverage in *Frontline* of leaders from diverse backgrounds
- include an 'inclusivity' programme of events at Physiotherapy UK showcasing the diverse face of physiotherapy.

LGBT+ diversity network

Council Response: The CSP is keen to promote the diversity of its membership and the valuable contributions that are made by members from diverse backgrounds. Recent examples have included: an article in *Frontline* by the LGBT+ network convenor on the importance of allies; reports of the TUC LGBT+ conference; and of attendance by network members at London Pride this summer, which was attended by the CSP CEO and Chair of Council.

Members of all three CSP diversity networks have been actively encouraged to put themselves forward for election to CSP Council and committees. CSP staff attended the July joint diversity network meeting to promote the CSP Leadership Programme and raise awareness among network members of what it entails and how to apply. The diversity networks will be holding an event at this year's PUK to explain the work they do and encourage CSP members to join - including as allies to support their work.

The CSP will continue to discuss with the network at their autumn 2018 meeting how we can further promote diverse leaders across CSP communications channels working with the support of colleagues in SPED.

MOTION 14 TRADE UNIONS DELIVERING FOR YOUNG WORKERS – MOTION CARRIED

Increasing numbers of young workers do not know what a union is or how it could be of use to them. One of the largest problems facing unions today is engaging in union activities to enhance workplace experience and environment.

The CSP does not always express itself in a way that feels relevant or accessible to young workers.

One concern is that as a trade union we are not very accessible on the digital platform or social media, which would increase young workers' interest and contact with us as a union. We need to get more effective at delivering for young workers.

This conference calls on the CSP to:

- pilot the young workers' innovation programme run by the TUC
- start a working group on how we can use organising strategies, including social media, to engage with our younger members to ensure membership and participation
- join, raise awareness of and promote the TUC Young Workers Month in November.

East of England stewards and safety representatives

Council Response: The CSP will work with the East of England reps' group to pilot the TUC young workers programme, beginning in 2018 and continuing into 2019 to raise the profile of young workers within the CSP, as well as raising the profile of the CSP amongst young workers.

If successful, we would look to replicate this in other employers across the UK, with support from local and regional rep groups. Through targeted young member meetings, CSP staff will run sessions on trade union education to include history of trade unions, trade unions today and the history of The CSP and the value it has had for members and within the profession.

The CSP is in the initial stages of engaging with a working group to address the need to use organising strategies, including social media for young members.

Participants within the group will include CSP young members, CSP staff from across directorates and east of England reps. The group will be key to understanding how the CSP can be more accessible to young workers.

Held in November each year, TUC Young Workers Month helps promote trade unions to young workers and highlights issues faced by young workers. We will use this month to reach out to our rep groups to gain their support on working with young workers within their workplace. For example, reps may engage with their young workers through a stall promoting the CSP, by discussing the benefits of the CSP within their team meetings or by running a workshop on trade union education. The CSP will support members throughout this month.

As well as the on the ground activity, the CSP will use social media including Twitter, Facebook and an online CSP blog to promote the experiences.

A Member suggested an amendment based on the need to emphasise the role of the trade unions to students, however this was not taken forward as it was noted that CSP student members were not workers.

STRATEGIC OBJECTIVE: BUILD LIFE-LONG RELATIONSHIPS WITH MEMBERS

MOTION 15 MEMBERS WITH DISABILITIES – MOTION CARRIED

Conference notes with alarm that only one per cent of members have declared a disability or long-term health condition on their profile data. This compares unfavourably with the government's figure of 16 per cent of working age adults.

Conference asks the CSP to:

- run a high profile campaign showcasing a diverse range of members working successfully within physiotherapy
- host a repository of best practice for managers and clinical educators to access when supporting a disabled student or member of staff

Disabled members' network

Council Response: The CSP has been working with the CSP disabled members' network to gather a number of case studies showing how members with a variety of disabilities and health conditions have pursued successful physiotherapy careers, explaining the impact on their working lives and providing advice for other members. These are being converted into eBites packages for the CSP virtual learning zone on the website and will be based around reflective learning questions to help raise member awareness of the issues and the support and adjustments that can be provided.

The CSP has produced a number of resources to support members with disabilities in the workplace including the Equality & Diversity Toolkit; a web page on dyslexia with resources, FAQs and videos of members from a student to a senior manager who spoke at our conference on dyslexia; an information paper on disability discrimination. We will be reviewing how we can best continue to publicise this information so members are aware of the support available.

The CSP worked with RNIB to produce guidance for managers and clinical educators on supporting students with disabilities and is planning to review and update this guidance in 2019. The CSP recognises the importance of having robust information about the diversity of its membership. We will be working with the disabled members' network to better understand the barriers that prevent members from providing information on their membership profile about any disability or long term health condition and how we can achieve more comprehensive data.

MOTION 16 MARRIAGE EQUALITY - MOTION CARRIED

Conference notes that, following the recent marriage equality vote in Australia, lesbian, gay and bisexual citizens in almost every English-speaking nation in the world can now marry the people they love, regardless of gender. One holdout in this progressive wave, however, is Northern Ireland. Today close to two million citizens of the UK are being denied the same rights as the rest of the UK, as conservative political representatives in the NI national assembly continue to veto progress.

Although we understand that the CSP supports marriage equality in Northern Ireland there is little to indicate this on the website or promotional materials. The last mention of this issue on the website occurs, in passing, in 2015.

We call on the CSP to support marriage equality in Northern Ireland by

- hosting a dedicated up-to-date web page stating their support for this issue
- providing links to the relevant 'Love Equality' campaign and encouraging participation
- actively promoting TUC campaigns on marriage equality to the wider membership.

LGBT+ diversity network

Council Response: Following the launch of the new CSP website, ERUS will be setting up a web page to raise awareness of the work being undertaken by a range of campaigning organisations, trade unions and the TUC on the Love Equality campaign calling for marriage equality in Northern Ireland. We will monitor developments with this campaign and take every opportunity to promote supporting activities and ensure that members are aware of the situation in Northern Ireland.

Unfortunately progress is currently stalled because the UK Government has said that this is a devolved matter but the Northern Ireland Executive has been suspended and has not met for more than 18 months. The CSP will be working closely with members of the CSP LGBT+ network to share ideas about how keep this issue alive and will also continue to work with the TUC on any campaigning work they undertake.

MOTION 17 FRONTLINE PODCASTS – MOTION CARRIED

Conference notes that *Frontline* is a fantastic resource for the CSP, delivering messages and information for members through hardcopy and on the website, and yet it remains under-utilised with members feeling that they struggle to find time to read a twice-monthly magazine. However, if *Frontline* could also be delivered in a podcast version this could potentially reach a whole new audience.

The ability to embed adverts within the program allows us to adapt to modern methods whilst still maintaining much needed revenue.

Furthermore, by offering an audio version of our magazine we can reach out to members who find a barrier in accessing information in the written form.

Therefore conference calls upon the CSP to investigate the feasibility of offering a podcast version of *Frontline*.

Yorkshire and Humber regional stewards

Council Response:

Existing strategic approach

Council agreed a digital engagement approach which seeks not to duplicate social media initiatives within the online physio community. If the CSP started regular official podcasting itself, it could compete with member-led podcasts.

The social media approach is due for review in late 2019. The wider use of podcasts will be considered as part of the review. The review is likely to include: levels of social media use and engagement - analysing the evidence on which channels different types of member prefer for different purposes; our use of social media for influencing, engagement and education - evaluating who is best placed to develop new digital content; and the impact on the relationship between the CSP and stakeholders of any changes. The review will inform Council's eventual development of a revised Communications and Engagement Strategy.

Pending the review, the option of repackaging some Frontline content, for podcasts, video or other formats is being kept open.

Financial impact

If we do produce CSP podcasts, this will need to be to a professional standard. There would be additional costs involved and advertising via podcasts is unlikely to cover these.

Precise costs would depend on the approach taken and frequency of podcast. Assuming a monthly podcast, the monthly costs could be around £225 with one-off costs for around £700¹. This excludes staff costs.

Given existing staffing commitments, we may need to bring in additional staffing or buy in freelance support. Typical charging rates per 1,000 listeners start from £2 with one report estimating average income of just £38 per broadcast.

Just to cover monthly direct costs could require us to achieve 112,500 listeners a month.

We would therefore only recommend doing this where there is a strong benefit in providing the specific content in a different format. Council should not expect podcasting to cover its costs.

Alternative formats

For members who require an audio copy of Frontline for accessibility reasons we do provide an audio version. We could make this more widely available if other members would also like it as an audio file. This is not the same, however, as providing Frontline as podcasts.

MOTION 18 AGM STREAMING – MOTION CARRIED

This conference is concerned by the low level of engagement of members in the governance processes of the CSP. For example, attendance of observers (members who are not attending as a representative) and attendance of members at the AGM have been historically low in number, considering there are over 56,000 members nationwide.

Conference therefore calls on the CSP to broadcast a live video feed of CSP governance events that would ordinarily be in the public forum for CSP members.

¹ <https://www.thepodcasthost.com/planning/cost-of-podcasting/>

Conference suggests that the CSP investigates avenues for live video broadcasting, such as Facebook Live and Periscope (free-to-use social media platforms via Facebook and Twitter), to increase engagement of the membership in CSP governance via remote access.

Student Executive Committee

Council Response*: Anecdotally, levels of member engagement in CSP governance processes, including attendance at the AGM, is comparable with similar organisations. There is no evidence that limited participation is a result of members being unable to attend or access events.

The CSP is legally bound to have an Annual General Meeting. The Bye Laws prescribe what issues members at the AGM must consider, including receiving the CSP accounts and the appointment of the auditors. The AGM is usually a fairly dry straightforward affair where the quorum is met (at least 50 members must be at the meeting) but member participation interest is very limited.

Occasionally, the AGM does feature issues, which more members are interested in, for example in 2017 when changes to the CSP governance structure and membership were agreed. This results in higher attendance (572 members voted).

Whilst the social media platforms mentioned in the motion are free, there will be costs associated with live broadcasting an AGM – staff resources required to film the meeting and support the broadcast and additional costs of hiring equipment to make sure the broadcast is of an adequate sound and picture quality.

Council needs to be satisfied that any expenditure to broadcast the AGM is a good use of resources to activate members and has a reasonable prospect of success.

Council voted on the Motion and **AGREED** to approve a pilot to broadcast the 2018 AGM, subject to this being possible within the existing governance budget and a full evaluation after the meeting.

***Council Response update:** After the response was agreed at the Council meeting on 26 September, an urgent decision was required on 9 October in order to finalise arrangements with the AGM venue.

After considering the cost, resources and impact of livestreaming the 2018 AGM, the Chair of Council, on behalf of Council, decided to defer the AGM livestreaming until 2019.

The Chair's decision acknowledged the costs incurred in professionally filming and transmitting the AGM and the limited time available to publicise the livestreaming in 2018. By waiting until the 2019 AGM, more time is available to promote the event and to encourage viewers, meaning costs represent better value for money.

MOTION 19 ARC REVIEW - MOTION CARRIED

Conference is aware of the importance of the Annual Representative Conference (ARC) in enabling members to discuss important issues for the profession and influence the direction of the CSP. However, we are also aware of the increasing difficulties that members are having in being allowed paid time off to attend ARC, and consequently attendance figures have been dropping.

This appears to be due to a lack of awareness in the wider CSP membership, particularly managers, as to the importance of ARC and the benefits of attending.

We therefore call on the CSP, as part of their planned review of ARC, to produce a promotional video for ARC outlining the benefits of attendance for both managers and members.

London North Stewards

Council Response: The ARC Review Group, met for the first time in August. Further meetings are planned over the autumn. It is made up of members from the representative constituencies of ARC and chaired by the Vice-Chair of Council, Claire Arditto. This group has a wide ranging remit to review the current structures and operation of ARC and considered by CSP Council and ARC Agenda Committee in advance of being voted on at ARC 2019.

The group discussed a number of wide-ranging issues including:

- feedback from 2017 ARC representatives
- barriers to members attendance.
- *reasons for the fall over time in the number of members attending ARC.
- Promotion and publicity of ARC
- Benefits to CSP members of attendance at ARC

*It was noted that falling attendance (between 7 to 10%) from 2014 (219 voting delegates) to 2017 (168 voting delegates) was not limited to awareness of ARC, some networks consider the event is not relevant to them and others are daunted by the structure and format of the event. However, attendance in 2018 had increased by 17% over the previous year (197 voting delegates).

Given this timeline and the potential for change, it would be wise to defer further consideration of a promotional video until after the 2019 ARC. This proposal along with other ideas, such as developing an eBite, will be considered by the ARC Review Group and form part of its recommendations Council and ARC in 2019.

Motion 20 Student representation – Motion failed

STRATEGIC OBJECTIVE 1: PUT PHYSIOTHERAPY AT THE LEADING EDGE OF TRANSFORMING HEALTH AND SOCIAL CARE

MOTION 21 AUSTERITY - MOTION CARRIED

Since the Western world plunged into economic chaos, we have been told that the only viable solution for the UK's economic recovery is the stringent austerity programme and its scathing public sector cuts.

The government and media seek to confuse the voting public with numbers such as the promise of a 1.7 to 2 per cent 'pay rise' to both the prison and police services, yet masking the 2.9 per cent rise in inflation which effectively nullifies the offer.

Years of mis-education on the economy have led to misconceptions, suggesting that public sector spending is only a cost burden to the country rather than celebrating the social and economic benefits attached to a well-funded public sector.

Conference is extremely concerned by the ongoing detrimental impact the severe financial constraints are having on the provision of already overwhelmed NHS services. Despite the promise of £2.8 billion of extra funding announced in the recent budget, there is wider criticism that this isn't anywhere near the amount needed to bridge the funding gap.

Members are reporting daily pressures to deliver quality and effective services with insufficient staff and resources.

There have been reports in some areas that it has become an everyday occurrence to treat people in store rooms and corridors because the demand for services is often outstripping capacity.

Conference calls upon the CSP to:

- work through the TUC to launch a wide-scale, direct and proactive media campaign to:
 - outline the financial viability of the alternative to austerity

- dispel the myths around the austerity programme, equipping members with tools to promote the alternatives
- re-educate the public on the economic and social benefits of a properly funded public sector
- continue to campaign with all the other health organisations for a properly fully funded health service
- continue to promote the importance of high quality services, the role that physiotherapy can play, and the benefits to patients
- utilise ARC as a debate forum to seek the views of members regarding the austerity programme and its impact on all physiotherapy services regardless of sector.

National group of regional stewards;

East Midland stewards and safety representatives

Council Response: Throughout 2018 the CSP has continued to work with other unions and through the TUC to counter the case for the Government's continuing austerity programme and to make the case for a financially viable alternative.

This work has included:

- Playing an active part in the TUC's campaign for a jobs-led economic recovery, including making the case for good quality jobs; better opportunities for young workers; and the contribution made to the UK economy by workers from across the EU
- Taking an active role in, and securing speaking slots at, large scale TUC-led events, including the march for good jobs and work on 12 May and the celebration of the NHS on 30 June
- Making a strong case, along with other unions, policy-makers and opinion-formers, for an increased funding settlement for the NHS
- Successfully launching and promoting a high-profile new CSP campaign 'Love Activity, Hate Exercise?'
- Ensuring a continued high profile for the contribution of physiotherapy in eg. Community rehabilitation and primary care

An increased funding settlement for the NHS was announced in June and a three-year pay award for the NHS in England funded with £4.2bn was agreed, also in June. Agreement on a funded award for the NHS in Scotland was reached in August and consultation on a similar award is expected to close in Wales in September.

The utilisation of ARC as a debate forum is an integral part of the ongoing review of ARC, due to be completed in early 2019.

EMERGENCY MOTION 1 - MOTION CARRIED

Conference we are all concerned by the failure of the conservative government to give a definitive answer of whether or not business to do with our NHS will be used as part of a trade agreement with the USA. At Prime minister's question time on 7th February Jeremy Corbyn asked Theresa May outright if the NHS would be part of a trade agreement with the USA. Once again she managed to avoid giving a direct answer which still means that it may be a potential part of an agreement.

We call on the CSP to work with the TUC to continue to try and ensure that health care is removed from any such trade agreement that is set up and that they continue to use all available routes to apply direct pressure on the government to do this.

National group of regional stewards

Council Response: For the last six months the UK has been involved in 'talks about talks' with US trade negotiators. There has been no indication these are anywhere close to discussing details of a future trade deal. The US has made it clear that they want to know what the UK's future relationship with the EU single market will be before committing to a trade deal.

The US Commerce Secretary has stated that any trade deal between the UK and US would need to bring down regulatory standards that they regard as 'barriers' to trade.

On behalf of the CSP and other affiliates, the TUC has been flagging up concerns to the government in regular stakeholder meetings that any trade deal with the US must completely exclude the NHS and other public services. The TUC highlighted these concerns in its submission to the international trade committee's inquiry into UK-US trade earlier this year. We will continue to work on this issue through the TUC.

MOTION 22 WELSH BURSARY - MOTION CARRIED

Conference notes that the NHS bursary has been retained in Wales and is being highlighted by the Welsh government as an important way of encouraging staff to 'Train, Work, Live' in Wales. Conference welcomes the CSP position on the NHS Wales bursary and the questions raised by the CSP with the Workforce Education Development Service (WEDS).

This conference has concerns about how the NHS Wales bursary will operate in practice, and therefore asks the CSP to develop guidance for members to support the successful implementation of the bursary in Wales.

Welsh Board

Council Response: Welsh Government's decision to retain the NHS Bursary for 2017/18 and 2018/19 was a political one that is aligned with its approach to workforce planning and coincides with its 'Train, Work, Live' campaign. The NHS Bursary is available to students on healthcare programmes funded by NHS Wales. The bursary covers the costs of tuition fees and provides students with a non-means tested grant of £1K and a means-tested bursary to cover living costs. Under the current arrangements, opting in to the bursary commits the student to working in the 'NHS Family' in Wales (organisations that deliver health and social care services on behalf of the State) for 2 years on graduation.

The two-year tie-in has significant practical implications for employers and for new graduates wanting to join the workforce in Wales. In the longer term, it may have a negative impact on the ongoing development of services and practice in Wales. Work is underway within WEDS (Workforce and Education Development Services) and NHS Wales Shared Services (the organisation responsible for administering the NHS bursary) to look at how the two-year tie-in will work in practice.

This includes the practical questions around the placement of graduates, maintenance of Band 5 posts and the best way to integrate the tie in of graduates with each individual Health Board's workforce plans. To date, this 'streamlining project' has focused on the nursing workforce.

CSP officers in Wales have been meeting with key staff from WEDS and NHS Shared Services. These meetings provide an opportunity to hear how the streamlining project is progressing for nursing, and to have critical conversations about whether the logic and processes developed through that work would apply to physiotherapy. We were advised that work to look at the implications of the two-year tie-in for the AHP workforce would begin towards the end of 2018, but this has not been confirmed.

Student funding arrangements in Wales are under review. This is a result of Government's decision to introduce a new 'Diamond' package of student funding for 2018/19 while retaining the NHS bursary. The Diamond package is open to all students studying in Wales. It consists of a series of means-tested grants and loans to meet living costs with the costs of tuition fees covered by a student loan.

Unlike the NHS Bursary, Diamond does not commit the healthcare student to working in Wales for two years on graduation. Financial calculations suggest that the Diamond package may be more attractive than the NHS Bursary in the short/medium-term.

Data about the uptake of NHS Bursary and Diamond Package are not yet available, but it is likely that running both packages in parallel will have implications for implementation of the two-year tie-in when the 2018/19 cohort of physiotherapy students graduate in 2021.

Once we have more information about the outcomes of the streamlining project in nursing and the Government's review of student funding, CSP will be in a better position to know whether the guidance called for in the motion is still needed.

In the meantime, CSP officers in Wales will continue to work with WEDS/NHS Central Services and member networks in Wales as a matter of urgency to ensure that processes are in place to minimise the risks associated with the two-year tie-in for the physiotherapy workforce.

MOTION 23 PHYSIOTHERAPY IN SOCIAL CARE – MOTION CARRIED

This conference is extremely concerned that people in care homes (residential and nursing) are not getting the same access to physiotherapy as other older people and there is variation in commissioning this across the country.

This conference therefore calls on the CSP to campaign immediately, targeting organisations such as NHS England, STPs and CCGs, to ensure that people in care homes are able to access physiotherapy services as required, and promote the value of physiotherapy in the care setting.

AGILE: Chartered physiotherapists working with older people

Council Response: Council endorses the right of care home residents to access physiotherapy in their homes.

The CSP can assist AGILE in promoting this issue:

- Locally we can help members to campaign and influence where there are specific problems with access to care homes
- We could assist AGILE in promoting national advice or standards they might develop on this topic

However, the CSP does not have the staff or budgets to deliver another national campaign. To deliver a national campaign as requested is therefore only feasible if we drop a major campaign such as; Love Activity, Hate Exercise?, Rehab Matters or work around first contact physiotherapy.

MOTION 24 SOCIAL CARE FUNDING - MOTION CARRIED

This conference was horrified by the lack of any additional funding for social care in the Autumn 2017 budget. Social care is currently facing a crisis from many angles – chronic underfunding, recruitment and retention issues, increased demand. We know that moving people out of hospital into the community is a very positive step, provided both that it is timely, and that the necessary social care support and rehabilitation is in place.

The CSP 'Rehab Matters' campaign is a key part of this as it highlights the value of ongoing rehabilitation in community settings. Ultimately the effective combination of rehab and social care will reduce the overall cost burden and improve quality of life. However, this will not be possible in many cases without appropriate social care in place.

In order to maximise the impact of the 'Rehab Matters' campaign, conference calls on the CSP to urgently join with other health unions and professional bodies, the TUC and other interested groups, to lobby the government to increase ring-fenced funding to councils for social care.

National group of regional stewards

Council Response: It is already CSP policy to support additional funding for social care. We lobby for more funding for the health and care system, both ourselves and through the TUC and other alliances.

Council is considering funding policy at its September meeting and will decide its policy then. The physio jury convened to advise Council did not support ring-fencing for social care.

It could have unintended consequences for public health, leisure, child protection or other areas of local authority spending which also contribute to health and wellbeing.

Motion 25 Local leadership

Remitted to Council by ARC and subsequently rejected.

MOTION 26 NHS OCCUPATIONAL HEALTH SERVICES - MOTION CARRIED

In 2009 Dr Boorman published a review which demonstrated how the NHS could save £555m a year through rapid access occupational health services for staff, including physiotherapy.

Following this report, in 2013 the CSP investigated what NHS trusts were doing to address the recommendations from the Boorman review in implementing these services. The audit by the CSP, 'Fit enough for patients?', demonstrated that more than a third of NHS trusts did not have a health and wellbeing strategy in place. The findings from the audit provided evidence to NHS commissioning boards and trusts about the need to develop these services to ensure NHS staff health and wellbeing was and still is a priority.

So what is the picture five years on? Have NHS trusts improved their health and wellbeing strategies, despite financial pressures and ongoing difficulties?

Conference calls on the CSP to re-audit NHS trusts on their provision of occupational health services for staff, and publish a follow-up report on these findings, to ensure NHS trusts are continuing to implement changes to improve staff health and wellbeing.

National group of regional safety representatives

Council Response: After consulting CSP staff who undertook the original research, we can advise that resources at this time are not readily available to repeat the work required.

However, we note the National NHS Staff Survey for England, conducted yearly, does provide relevant information. The survey contains a dedicated section of questions to ascertain the NHS's performance on staff's health and wellbeing. The survey findings include staff's perception on the performance of their employer to address their health and wellbeing, their experiences of incurring MSK-related injuries, stress and working when unwell.

The information provided is accessible either on a national level or by organisation. Scotland and Wales also run similar surveys for their NHS workforce.

Since the release of the CSP report, we are aware that NHS England developed national service specifications for procurement of occupational health (OH) services in order to raise the overall level of care provided by OH services.

The Faculty of Occupational Medicine produced standards known as SEQOHS (Safe Effective Quality Occupational Health Services). OH services are now accredited by the Royal College of Physicians on behalf of the Faculty.

We therefore refer the proposers of this motion to these alternative authoritative sources, which they could use to hold organisations to account at a local level.

MOTION 27 PROMOTING PHYSIOTHERAPY – MOTION CARRIED

Conference is aware of the excellent video produced by the CSP promoting community physiotherapy, alongside the 'Physio works' campaign for a range of physiotherapy specialisms. This work has been invaluable in promoting physiotherapy in an easily accessible format for a wide range of viewers, both professionals and the general public.

Conference calls on the CSP to combine these two work streams to create a promotional video highlighting the breadth of the physiotherapy profession, that can be used to influence commissioners as well as highlighting the value of the profession to the general public.

London North stewards

Council Response: Council rejected the motion on the basis that the CSP plans already in place provide the best opportunities to promote the profession to the audiences intended by the movers of the motion.

Our communications and influencing strategies are already focused on highlighting the case for physiotherapy.

Our rehab matters, workforce and FCP work programmes are all designed to promote the profession to decision makers. The CSPs professional communications and public affairs staff advise that a video of this sort would be ineffective with decision makers.

The evidence we have collected suggests that commissioners or planners need specific population, clinical and economic evidence to persuade them to commission services at a local level. Member engagement with local decision makers, rather than an additional generic video is needed to achieve this. Our existing campaigns are designed to create an environment supportive of this.

The love activity, hate exercise? campaign is designed to promote the profession to patients with long-term conditions and to the public.

We do not cover all areas of practice in our promotions. This is intentional. We focus our public relations work on those areas of physiotherapy where we can make the biggest and quickest impacts. By establishing the case in areas such as MSK or community rehabilitation, we believe it will be easier to then make the case to other specialisms.

HEIs have advised the CSP that they don't need us to promote the profession to potential students. There is no evidence of a shortage of applicants to training.

To do as the movers suggest, to the same standard as rehab matters film, would require staff time and funding at a level which would mean we would need to scale back the Love Activity, Hate Exercise? campaign.

STRATEGIC OBJECTIVE: CHAMPION THE DEVELOPMENT AND USE OF THE EVIDENCE THAT PHYSIOTHERAPY IS BOTH CLINICALLY AND COST EFFECTIVE

MOTION 28 PROTECTING CLINICAL BAND 7 ROLES – MOTION CARRIED

Conference is concerned that a number of band 7 clinical specialist physiotherapy posts in the NHS have been altered over recent years to include managerial aspects, and are now deemed as team leader posts rather than clinical experts within their clinical field.

This seems to be following a nursing model where ward nurses are primarily band 7s and are mainly managerial. Within the physiotherapy profession band 7s, who were deemed as clinical experts not responsible for the management of the service as a whole, are now losing the clinical expert component, and a pure clinical expert is now being banded as a band 6.

This is a two-fold problem, as we are losing the lead professional roles that will shape our profession in the future; but it is also hampering staff development, as to go further in their careers they have to take on more managerial duties or look to extended scope practitioner roles and gain extra qualifications such as prescribing.

These lead clinical roles are essential to our profession's future.

Conference asks the CSP to investigate the change/loss of clinical band 7 roles and to highlight evidence and good practice when clinical band 7 posts are retained.

Yorkshire and Humber regional stewards and safety representatives

Council Response: The CSP has investigated and analysed workforce data collected by the NHS via the electronic staff record from 2009-2017. This found:

- England - Band 6, 7 and 8a posts had increased during this period, with Band 6 and 8a seeing significant increases.
- Northern Ireland – Band 6, 7 & 8a had increased during this period.
- Scotland – Band 6 posts had increased. Band 8a had remained unchanged and there was a small decrease year on year in Band 7 posts over the period.
- Wales - Band 6 and 8a posts had both increased. Band 7 posts, although less than in 2009, have remained unchanged for the past 5 years.

The CSP will continue to support stewards locally to make the case for Band 7 roles to be maintained and will highlight successes through our multi-media channels.

MOTION 29 INTERNATIONAL AID - MOTION CARRIED

Conference is immensely proud that the CSP is both a strong and effective professional body and trade union. A key part of our role in both capacities is to look to support physiotherapy, healthcare and the people it serves across the world.

The international aid target set by the United Nations for all developed countries is 0.7 per cent of national income. While the UK is currently meeting this target, there are widespread calls for severe cuts to this budget. This could be disastrous to some key health programmes in the developing world and so threatens to negate the vital work to ensure a safer, healthier world.

Questions have been asked regarding the transparency of budget allocations and conference would always support a clear and robust process.

Conference calls on the CSP to:

- work with the TUC, health organisations and campaigning organisations we affiliate to, in order to lobby government to retain the international aid budget at 0.7 per cent of national income
- publicise the importance and value of international aid to members through Frontline

Stewards and safety representatives Scotland

Council Response: The CSP has a long and proud record of supporting measures to improve healthcare provision in general, and physiotherapy provision in particular, in developing countries and in those affected by war and economic and natural disaster.

The TUC has an active international programme of work which includes making the case for an increase in spending on international aid. We will continue to work actively in this area, through the TUC General Council and International Committee and Department.

We have covered a range of international aid issues in Frontline, including: the work to improve physiotherapy provision in Gaza; a profile of the work undertaken by Justice for Colombia; and Medical Aid for Greece. We will continue to profile similar issues as they arise, using Frontline, the CSP website, Physiotherapy News or other relevant media. In addition, issues in this area will be discussed from time to time by CSP committees and Council.

MOTION 30 YEMEN – MOTION CARRIED

Conference is horrified by the world's largest humanitarian crisis, with millions of children suffering after two years of brutal war has pushed Yemen to the brink of famine. According to the charity Save the Children, it is estimated that 130 children are dying each day due to extreme hunger and disease.

A continuing blockade by the Saudi Arabia-led coalition is likely to increase the death toll further, past the projected 50,000 children expected to die in 2017.

More than two million children are malnourished and thousands have died from preventable illnesses. In the country, which is in the grips of the largest cholera outbreak in modern history, one child is infected with cholera every minute.

In areas affected by fighting, children are being killed and maimed by air strikes and explosive weapons and many health services have completely collapsed with hospitals being bombed.

This cannot continue. Conference therefore calls upon the CSP to work with organisations like Save the Children and Unicef in their campaigning and lobbying of the government to protect children and suspend the sale of British weapons to Saudi Arabia.

North East stewards and safety representatives

Council Response: A state of civil war has existed in the Yemen since 2011. Both Saudi Arabia and Iran have intervened, supporting different sides in the conflict.

The reason there has been a focus on Saudi involvement is because the UK is a major arms supplier to Saudi Arabia. Exports have included jet fighter-bombers and bombs.

The Campaign Against the Arms Trade (CAAT) estimate the value of British weapons exports to Saudi Arabia from 2010 to 2106 was £5.6billion.

The motion refers to Save the Children and Unicef, both of whom are raising funds for humanitarian projects in the Yemen. Other NGOs are involved in campaigning relating to the UK supply of arms to Saudi Arabia.

Physiotherapy dimension

Not-for-profit organisations are active in the Yemen, assisting civilians who have been injured in the civil war. One organisation involved in rehabilitation is Handicap International. They have worked in the Yemen since 2014.

They are providing rehabilitation equipment and training physiotherapists and medical staff in rehabilitation.

Handicap International also runs a “Stop bombing civilians” campaign. This includes a public petition calling on the national governments to:

- commit to end the use of explosive weapons with wide-area effects in populated areas
- implement the treaties banning landmines and cluster munitions without delay and encourage non-signatory states to sign them
- assisting the victims and clearing weapons in affected zones.

Council agreed the motion should not be rejected or supported but instead should be looked at strategically, with Council considering the possible development of international and social policy at a future meeting.

Approved by Council: 26 September 2018