## TRADE UNION BILL BRIEFING – 10<sup>TH</sup> NOVEMBER 2015

## **Backgound**

To date, the RCN has not authorised industrial action on behalf of its members. We have in the past authorised ballots on industrial action but, as a result of strong cooperation and partnership working, resolved the issue before a formal balloting process commenced. This puts the RCN in a unique position in responding to the Trade Union Bill.

**RCN Position** 

We strongly oppose the Trade Union Bill. If enacted it would have serious consequences for productivity and staff morale in the NHS. The Department for Trade and Industry's 2007 review of union facility time echoed the findings of the RCN's research, based on analysis of the 2004 Workplace Employment Relations Survey, which found cost savings associated with union representation. It concluded that union activity is associated with:

lower voluntary exit rates, saving £72-£143 million annually in recruitment costs, and lower dismissal rates, saving £107-£213 million annually in recruitment costs

lower rates of employment tribunals, saving the Government £22-£43 million annually

lower rates of workplace related injuries, Facility time In Scot within t iess. Partner ly. (Scottis NHS S ked to or Clause current the Tra (Conso to the These cap on native union re the their duties. Provisions would also give the tax payer.

their duties. Provisions would also give the Minister power to require public sector employers to annually publish details of funds used for trade union facilities, including paid time off for union officials.

The RCN is calling for provisions in the Bill which enable the Minister to cap facility time to be rejected.

The underlying assumptions on which this Bill is based - that there are excessive numbers of trade union representatives in the public sector at great cost to the public purse, and that restricting trade union facility time will help to improve public sector finances - are mistaken. Independent research commissioned by the RCN into facility time in the NHS casts doubt on these assumptions, and shows that clauses 12 and 13 attempt to solve a problem that simply does not exist.

Current arrangements for facility time are beneficial to the safety of practice environments, staff welfare and, consequently, patients.

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