

## **NOTICE OF ANNUAL GENERAL MEETING**

The Twenty-Fifth Annual General Meeting of the Federation will take place at 14:10 on Wednesday 13<sup>th</sup> July 2022 via Microsoft Teams video/audio conferencing

## Click here to join the meeting

The above link will give you access to the event on the day.

We would be grateful if you could indicate whether you plan to attend by registering <a href="here">here</a>

## **AGENDA**

- 1. To receive apologies for absence
- 2. To receive and, as the members see fit, to approve the Minutes of the Twenty-Fourth Annual General Meeting of the Federation of Clinical Scientists held on 18<sup>th</sup> June 2021
- 3. To consider matters arising from those minutes
- 4. To receive the Chair's report
- 5. To receive the National Negotiator's report
- 6. To receive the Secretary's report
- 7. To receive the Treasurer's report
- 8. To consider any other business

## Note to Agenda Item 8

Members wishing to raise issues under Item 8 are requested to give advanced notice to the FCS Secretary (email: secretary.fcs@acb.org.uk) by 8<sup>th</sup> July 2022.

L Garrison Secretary

# The Association for Clinical Biochemistry and Laboratory Medicine

### **Federation of Clinical Scientists**

Minutes of the Twenty-Fourth Annual General Meeting of the Federation of Clinical Scientists, held via Microsoft Teams on Friday 18<sup>th</sup> June 2021.

The Chair of the FCS, Dr Emma J Lewis, called the meeting to order at 16:25h.

Present: Emma Lewis, Chair

Mike Cornes, National Negotiator

Geoff Lester, NHS Pensions Scheme Advisory Board (SAB) representative

and 65 other members of the Federation.

### 24.1 Apologies

Received from Lisa Garrison (Secretary), Alexandra Yates, Rebecca Pattenden, Robyn Shea, Sharman Harris, Sophie Barnes, Paul Newland and Mike Thomas.

#### 24.2 Minutes of the twenty-third FCS AGM held at held on 25<sup>th</sup> June 2020

These were received and approved. The acceptance of the minutes was proposed by Geoff Lester, seconded by Mike Cornes and carried *nemine contradicente*.

### 24.3 To consider matters arising

There were none raised not covered elsewhere in the agenda.

#### 24.4 Chair's report by Emma Lewis (EL)

EL reported that as with everyone else FCS has had to adapt quickly to a very different year. Meetings have been switched to either Zoom or latterly MS Teams, training has been virtual and our usual case load has dropped.

This year however there has been an increase in the amount of work with the NHS Trade Unions in both the NHS Trade Union leads and the Social Partnership Forum (SPF). There have been many more briefings and meetings which have resulted in guidance on managing sickness related to COVID-19, annual leave and risk assessments for staff. We have received briefings from the NHS and SPF on such topics as PPE, staff testing, immunisations and Test & Trace, and we have been asked for input into many of the guidance documents that have come out such as the deploying the healthcare science workforce guidance that was produced by NHS E&I. This work is continuing although the pace has slowed down a little of late. The focus of work, particularly from SPF, is now on recovery and supporting staff who are still feeling the impact of working through the last 15 months, particularly those from the BAME background who have been disproportionally affected by the pandemic. The newly formed NHS race and health observatory will be taking on some of this work.

We have continued to respond to consultations that are relevant to our members, sometimes as ourselves, in conjunction with the NHS joint trade unions or with the ACB. This last year we have responded to a Health & Care Professions Council-UK (HCPC) consultation on standards for registration for Clinical scientists and one on non-medical prescribing, both in conjunction with the ACB.

With the ongoing pandemic Public Health England (PHE) members have been working extensively and are we supporting these members where required. As PHE transitions to the new UK Health Security Agency we will again be supporting our members to ensure the transition goes smoothly.

We continue to work with our members supporting them with advice and when required with a presence at meetings. Whilst our case load appears to have dropped this year, there has been a change in queries particularly around maternity and COVID-19. Questions regarding 'long covid' are now starting to emerge and we will update members as more guidance becomes available.

## 24.5 National Negotiator's report by Mike Cornes (MC)

MC reminded members that, since the inception of Agenda for Change in 2004, NHS Staff Council has negotiated terms and conditions. Since legislation governing public sector pensions came into force in 2015 the Scheme Advisory Board has advised the Secretary of State on desirable changes to the pension scheme. We also remind members that all members of the ACB are automatically members of FCS.

It has continued to be a challenging period due to the COVID-19 pandemic and whilst much of the work has focussed on this other work streams have recommenced.

From a COVID-19 perspective there has continued to be a lot of work in this area. There are many areas that have been continually discussed at an increased frequency in relation to protecting staff during COVID-19 and in ensuring the handbook reflects the new post COVID-19 ways of working.

There has been continued work on ensuring redeployed and returning staff are fairly treated, underpinned by a policy of no-detriment. There have also been agreed handbook changes to reflect the end of the current pay deal and address any issues ensuring there is no-detriment. Changes have also been made to reflect changes to flexible working reflecting the post COVID-19 world and the NHS People Plan.

There have been continued conversations around the testing response to COVID-19 to ensure all laboratories performing testing are accountable to the same quality and governance standards.

Additionally, there has been considerable work on equality and diversity and this has produced new training and best practice guidance that is no available. The final area of ongoing discussion is that on 'long covid' and how we can best support staff suffering from this.

With the end of the 3 year pay deal the other significant focus of the NHS TU leads has been around this year's pay deal. The collective TU leads put in a request for an early and significant pay rise. The government has put forward a recommendation of 1%. This wasn't met well. All parties have put in their recommendations and evidence to the pay review body (PRB) and we await their recommendations. Elsewhere in the UK Colleagues in Scotland, Wales and Northern Ireland have all received a bonus payment in the region of £500 pounds. Scottish colleague have also recently been awarded a 4% pay increase backdated to December 2020.

#### NHS Pensions Scheme Advisory Board (SAB) representative's report by Geoff Lester (GL)

GL reminded members that the SAB was set up by the Public Sector Pensions Act 2013 to advise the Scheme Manager – the Secretary of State – on changes to the scheme. Over the past year the Department of Health & Social Care (DHSC) has requested advice on two major issues that will directly affect members. These are ongoing but close to conclusion.

- 1. The remedy of the public sector pensions 2015 scheme implementation discrimination issue the so called McCloud case;
- 2. Member contributions from April 2022.

#### McCloud

Following a consultation by the Treasury they are now drafting legislation to enact the "Deferred Choice Underpin" option. Under this, members in scope (but only those in scope) will be returned to the scheme they were in (1995 or 2008) on 31<sup>st</sup> March 2015 until 31<sup>st</sup> March 2022 – the remedy period. From 1<sup>st</sup> April 2022, ALL members will be in the 2015 CARE scheme. At the point of retiring, however far in the future, members will then be able to choose how their pension will be calculated for this 2015-2022 period so that they are not disadvantaged. The immediate impact is that those with 1995 pensions acquire more years where their retirement age is 60, however the legislation is not yet in place so cannot yet be enacted.

#### 2. Contributions

Member contributions are set out in secondary legislation and are due for revision effective from April 2022, coinciding with future pension accrual being in the 2015 scheme only. Under the CARE design the former steep tiering of contributions is less justifiable although the general principle of supporting the lowest paid to afford their NHS pension is accepted by all unions. DHSC has asked for SAB's advice, although the final decision is DHSC's. DHSC has proposed a number of options, none of which is acceptable to unions.

For the pay levels of FCS members, those in bands 6-8a will pay a little more (offset by tax relief) and those above 8a will pay less (offset by loss of tax relief). Overall the situation has divided unions.

FCS will shortly produce briefing documents for the membership on these issues.

Finally, GL reminded members in higher grades, particularly those with pensionable payments for enhanced responsibilities, such as Clinical Directors, that the spring budget froze pensions tax thresholds (annual and lifetime allowances) for future years. The consequence is that, if cost of living pay awards are achieved, over time more FCS members will be subject to these taxes.

A member sought clarification around their options following a change in their employment which took place in 2014. GL reminded members that no representative of the FCS is able to give pensions advice, however we can direct members to guidance documentation outlining what options might be available.

#### 24.6 Secretary's report

LG sent apologies for this meeting, EL reported on her behalf.

This year has been a year of pushing information out to our members rather than feeding information into the system in the form of consultations and feedback to various groups. Much of the work that was going on has been put on hold and much not yet re-started. We have started the process of updating the website and our resources following the launch of the new ACB site.

The number of members' cases this year has dropped off as people were concentrating on the getting through the pandemic rather than making changes or bringing cases up. We have had a change in the cases we have had with requests for COVID-19 related information and latterly 'long covid' enquiries. We anticipate that the workload will increase as a 'business as usual' mindset returns.

Training days have switched to video-based training this year with sessions on a variety of subjects for our representatives. This format, although it has worked well, does lose some of the discussion elements of a face-to-face training day so we would aim to restart face-to-face training when guidelines allow.

We now have two new FCS National Committee representatives for Scotland to replace Paul Cawood who retired last year, Alana Burns and Jane McNeilly will be sharing the role and we thank them for agreeing to take this on. We now have a Regional representative for the North East region as well.

As already mentioned there has been an increase in the work being done with outside bodies and other Trade Unions. This has taken up a good deal of our time especially those involved with the NHS Trade Unions and SPF.

We would like to thank Emma Lenehan from the CSP for providing our industrial relations service, working with us on some of our cases and providing our training. We would like to thank the ACB staff team for all their help and support during this difficult year.

## 24.7 Treasurer's report by Mike Bosomworth (MB)

The accounts for the ACB as a whole can be found in the annual report.

It was agreed that there will be a small increase of £1 to Federation member subscription fees for the coming year.

### 24.8 Any other business

There were no other items of business raised.

The meeting closed at 16:48h.