



Health Care Service Group Annual Conference

Final Agenda

**25 - 27 April 2016
BRIGHTON**

2016 UNISON Health Care Service Group Conference Agenda and Guide

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**Brighton Conference Centre
25 - 27 April 2016**

Recruitment and Organising

1. Private Contractors in the NHS – we are all UNISON members

Conference recognises that private contractors have sadly been a part of our NHS for a generation. This can be a major impediment to achieving UNISON's long established policy that everyone working within healthcare are part of one NHS team.

Private Contractors range from those with whom UNISON branches and activists can have a professional working relationship to those who are exceptionally hostile to trade unions. In order to have influence with the contractor, UNISON needs to have strong membership density and effective representatives at a local, branch, regional and national level.

We commend those branches who have fully embraced the diversity of their membership and have made space for branch officers with specific responsibility for contractors in their remit (such as a PFI officer.)

Conference recognises the work that has been re-established at a national level regarding relationships with the "main players" but also recognises that there may be genuine difficulties within branches to adequately support, organise and represent members within contractors.

Conference calls on the Service Group Executive to work with branches to:

- 1) Recruit and retain members employed by private contractors
- 2) Recruit and retain stewards, Health and Safety reps, ULRs and Equality reps within private contractors
- 3) Establish strong bargaining and organising strategies for private contractors
- 4) Run a campaign (with dedicated financial resources) to extend the NHS pension provision to private contractor staff working within the NHS
- 5) Report on progress at Healthcare Conference 2017.

Lanarkshire Health

2. Supporting LGBT organising in privatised health care services

Conference reaffirms our belief that health services are best delivered by a public sector workforce directly employed by the NHS. However, the Tory government shows no signs of diverting from its ideological task of privatising health services. Increasing numbers of our members – and potential members – are now working for private companies. Their need for UNISON's support is greater than ever.

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Conference acknowledges the challenges of giving workers scattered across private employers the strong sense of collective union identity and solidarity that has characterised the NHS from its birth. Conference welcomes work underway to develop our organising of privatised members, including members delivering health services.

Conference believes that UNISON's well-established and active self-organisation of Black members, disabled members, lesbian, gay, bisexual and transgender (LGBT) members and organisation of young members, nationally, regionally and locally, can play an important part in uniting scattered members. For example, UNISON's presence at LGBT pride events may recruit and engage LGBT workers from health workplaces where there is currently no UNISON rep. Attendance at UNISON's LGBT conference has inspired many fledgling health activists to become branch LGBT officers and then take on the whole range of activist positions.

Conference therefore calls on the health service group executive, working with the self-organised groups, young members group and private contractors unit to keep self-organisation, young members organisation and equality at the heart of these organising strategies.

National Lesbian, Gay, Bisexual and Transgender Committee

Negotiating and Bargaining

Agenda for Change, pay, terms and conditions

3. Pay determination across the UK

Conference welcomes the report of the Health Service Group Executive's Devolution Working Group on pay determination across the four countries in the UK (draft report attached as an Appendix.) Conference acknowledges that whilst responsibility for determining pay in the UK is a devolved function, UNISON remains committed to maintaining and improving pay for NHS workers across the UK.

Conference believes the ongoing pay caps across the NHS are harming staff morale and well-being, having a detrimental impact on recruitment and retention across the NHS workforce and will have a negative impact on patients.

This report sets out the principles which should underpin UNISON's pay campaigning and bargaining strategy for the NHS in all four countries whilst taking account of the differences that currently exist and which may continue or change in the future. One of the aims of this report is to ensure there is no drift towards regional pay or to allow pay to be driven down in "low wage economies."

Conference notes that this report sets out a consultation and accountability framework on pay determination and welcomes the commitment to support any part of the union where there is a detrimental differential in any pay settlement. Conference confirms that the HSGE will prioritise and provide adequate support for this work. Conference calls on the HSGE to consult further:

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1. On a method for consulting with regions/branches/members on determining pay priorities and on any pay offers/recommendations from the PRB, governments or employers.
2. On understanding the applicability of rule P1.3.6 i.e. how to ensure the need to “have regard to the national negotiating machinery in devolved administrations.”

Health Service Group Executive

4. Pay determination across the UK

Conference welcomes the report of the Health Service Group Executive’s Devolution Working Group on pay determination across the four countries in the UK (draft report attached as an Appendix.) Conference acknowledges that whilst responsibility for determining pay in the UK is a devolved function, UNISON remains committed to maintaining and improving pay for NHS workers across the UK.

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Conference notes that this report sets out a consultation and accountability framework on pay determination and welcomes the commitment to support any part of the union where there is a detrimental differential in any pay settlement. Conference confirms that providing this support should be a priority for the HSGE and the resources available to it.

Conference calls on the Health Service Group Executive to consult further:

- 1) On a method for consulting with regions/branches/members on determining pay priorities and on any pay offers/recommendations from the PRB, governments or employers.
- 2) On determining the applicability of rule P1.3.6 i.e. how to ensure the need to “have regard to the national negotiating machinery in devolved administrations.”

Cymru/Wales Region

4.1

In action point 1 after ‘regions/’ insert ‘occupational groups.’

Operational Services Occupational Group

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5. NHS pay determination and devolution

Conference welcomes the decision taken by UNISON Health Conference in 2015 which acknowledged that responsibility for determining NHS pay is a devolved function. Devolution however does not mean that UNISON is anything other than wholly committed to improving pay in the NHS across all of the four countries in the UK. It is unacceptable in the view of this Conference that an NHS worker in Newcastle should earn, for example, £351 less at Band 1 and £282 less at Band 5 at March 30th 2016 than an NHS worker in Glasgow, doing an identical job, with the same level of knowledge, skills and experience.

This Conference therefore welcomes pay advancements made by UNISON in the NHS in any and all of the four nations of the UK and would take any advancement in any one country over and above that of the others as the minimum starting point in each of the four countries as the starting point for negotiations in each of the four countries for the next year of pay talks.

Scotland Region

6. One union – one pay strategy

Conference notes that the Pay Review Body recommendation in 2014/2015 was treated differently by the government in all four parts of the UK and led to detrimental variations in the pay rates across the countries. This was repeated in 2015/2016. The consequences for our members in Northern Ireland are that we now have the lowest paid workers in the NHS in the UK.

Conference notes that this situation presents serious consequences for the future of a unified pay structure across the NHS. The precarious nature of the Northern Ireland economy, caused in large part by the removal of more than £1.5 billion to the block grant has been used as a justification by the devolved administration and local employers for the accelerating withdrawal from the practice of pay parity.

Conference further notes the alarm of our members in Northern Ireland that consistent underfunding of the NHS is reflected in a shrinking block grant and that the UNISON challenge to the Westminster government to increase funding to the NHS is a battle the whole union must fight and win.

Conference recognises that UNISON Northern Ireland has pledged to campaign for a reinstatement of consolidated pay increases.

Conference calls on the Service Group Executive to:

1. Challenge the Tory government's insistence on a 1% percent cap year on year on pay for the next four years.
2. Adopt a strategy that aims to lift NHS pay on a unified basis across the four countries.

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Conference notes the PRB recommendation for an 11% pay award for MPs. Conference further calls upon the Service Group Executive to base our pay submissions / claims across the NHS to reflect this.

UNISON Northern Ireland

7. Agenda for Change pay scales – don't scrap the system, make it better!

Consistent underfunding of the NHS since 2010, the refusal of the Westminster Government to support Agenda for Change and local pressure from irresponsible employers has meant we have spent the last five years defending rather than improving our national agreement.

As a result, we have an agreement which we are committed to fight for, but which many of our members are dissatisfied with. Common gripes include:

- widespread downbanding
- high percentages of staff stuck at the top of pay bands; with no opportunities for promotion and paltry pay rises
- massive mis-match between the time it takes to become fully competent in a role and to receive the full rate of pay
- members doing the same jobs in different organisations on different bands
- huge band overlaps meaning staff doing jobs with a higher job weight often have to work for several years to get more money than the band below
- Pay supplements have not been updated over the last few years to match even the paltry increases to the pay scales

With the Chancellor refusing to give the NHS the financial boost it needs to bring it up to average European levels of spending, we recognise that making progress in these talks will be challenging. However, they still represent the only chance we have to mend the four-country fracture in our pay structure, to give members access to something more hopeful than a measly 1% each year and to secure the future of Agenda for Change. For these reasons, conference supports UNISON's ongoing stewardship of these negotiations and to use the AfC refresh talks to:

- i) Return to UK-wide NHS pay scales, using Scotland rates as an absolute minimum starting point
- ii) Reduce the time it takes NHS staff to get the 'full rate' for the job by shortening pay bands
- iii) Establish the principle that the current top of the bands reflects the 'full rate' for the job

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- iv) Introduce the Real Living Wage as a floor for NHS pay scales, - uprated each year in line with the figures from the Joseph Rowntree Foundation
- v) Re-state members' rights to have their jobs re-matched or re-evaluated if they have changed over time
- vi) Reinvest in the Job Evaluation system and in ways to make outcomes consistent within and between organisations and across all four UK countries
- vii) Tackle downbanding by introducing automatic re-evaluation after an agreed period of time
- viii) Support progression through and between bands in line with the principles of the KSF and not through performance measures or quota systems
- ix) Protect the value of the Agenda for Change package for all members and ensure that pay supplements do not lag behind the costs they are supposed to reflect

If the talks do progress and result in a package of proposals, members will need to be clear about what changes are being put forward, and given time to understand what the impact might be. The way that the Westminster Government has handled recent national negotiations provides a useful 'how not to' guide. Detailed consideration will also need to be given to the scope of application of any proposals across the UK, so it will be vital that country health committees are clear about how the proposals would apply within the jurisdiction of the devolved parliaments.

- a) Drip-feeding causes confusion. Members should be kept informed of progress with the talks, albeit on the basis that nothing will be agreed until the whole package is ready for consultation.
- b) If the talks do result in proposals for consultation, the HSGE will set out clear options about how this consultation will happen, for consideration and agreement by regional health committees; with prior liaison and agreement with country committees over the scope and application of both the proposals and consultations in Scotland, Cymru/Wales and Northern Ireland.
- c) Some joint materials with employers should be produced, so that members are not subjected to the 'sound and fury' approach taken with the Junior Doctors' contract proposals, and have facts about what is proposed rather than partisan interpretation.

Health Service Group Executive

8. Refreshing Agenda for Change

Conference notes that negotiations have been taking place with NHS Employers over refreshing Agenda for Change.

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Conference calls on the Health Service Group Executive to reject any proposals that lead to a detriment to our members.

South Derbyshire Healthcare

9. Fair treatment and consistency

Conference is concerned about the growing number of reorganisations which are leading to down banding. In addition to down banding and with government pay restraint, health workers are becoming financially worse off.

Conference believes that the integrity of an equal pay system must be maintained for all workers but the specific impact on disabled people needs to be considered. From our experience it is clear that disabled people are significantly more likely to experience unfair treatment at work than non-disabled people e.g. in 2012, 19 per cent of disabled people experienced unfair treatment at work compared to 13 per cent of non-disabled people.

Following the Health and Social Care Act, the levers that used to be in place to ensure consistency across health organisations and countries have gone, and disabled workers are concerned that unequal treatment could be creeping in. This is likely be exacerbated for disabled workers because of the reasons outlined above.

Conference calls on the Health Service Group Executive to use the NHS Staff Council to look at setting up mechanisms to monitor and report on consistency of pay structures, within and across organisations, different UK countries and across all equality groups.

National Disabled Members Committee

10. Revitalisation of job evaluation

Conference notes that since the introduction of Agenda for Change in 2004, UNISON members have benefitted from the implementation of a common set of terms and conditions and equality proofed grading structure.

The system of job evaluation implemented alongside AFC was delivered in partnership and implemented with employers and trade unions working together to ensure fairness and equality.

Increasingly, job evaluation of posts is a singular exercise undertaken by employers with the resulting impact of down grading of posts particularly in Bands 1-4.

As a result of both trade union and employer turnover the numbers of staff / trade union representatives trained in job evaluation has diminished. The resulting effect has been the introduction of private companies undertaking the role. On occasions this has provided less preferential outcomes for our members.

Health conference calls upon the Service Group Executive to:

- 1) Implement a review of the job evaluation process;

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- 2) Raise the issue of job evaluation nationally with NHS employers, and to agree with the employers an action plan to reintroduce a joint partnership approach to job evaluation;
- 3) Reintroduce joint JE training to be made available to all UNISON representatives /NHS employers;
- 4) Survey branches in order to analyse data from job evaluation exercises.

Eastern Region

10.1

After third sentence, insert new sentence:

'This invariably results in the downgraded staff performing the same tasks for less money.'

Add a new action point 5:

'5) Be prepared to take out Equal Pay claims for downbanded staff when local management are in breach of the Agenda for Change partnership agreement.'

Mid Yorkshire Health

11. 'No' to 1 per cent for the next four years

Conference notes that with the re-election of the Tories, health minister Hunt has announced that for the next four years health workers in the NHS will have their pay restricted to a maximum of 1 per cent a year. To achieve more than a 1 per cent rise for the lowest paid means other health professionals will receive less.

Conference believes that 1 per cent is not enough for either the lowest paid health worker or those that earn more. We believe that this is an attempt to divide the workforce and split any effective collective action that UNISON health members might wish to take.

Conference recognises that as part of this year's pay evidence UNISON health negotiators put in evidence that supported last year's conference position of an increase of £1 per hour and a minimum living wage of £10 per hour. Conference believes that such an approach unites the lowest paid health worker with those with higher earnings and should be the starting point for any future negotiations to reclaim what we have lost over the past few years.

Conference therefore calls upon conference to support existing conference policy of a £10 per hour living wage demand for our lowest paid members and for a demand of an increase of a £1 an hour in wage rates for our cost of living increase next year, whichever is the greater pay uplift.

Conference requests that the Service Group Executive:

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- 1) puts out a press release following conference that this motion has been passed and that we will be campaigning on this
- 2) Publicise the content of this motion and demands in it, straight after conference in all the mediums UNISON uses, including emails, web newsletters, activist bulletins, etc
- 3) sends a letter to the health minister to state that health workers have had enough of low pay and below cost of living pay rises to pay for austerity and will be campaigning for £10 an hour living wage and £1 an hour cost of living uplift, whichever is greater, for health staff.

Bucks Healthcare and Community

12. Pay campaign

Conference notes that according to Oxfam (March 2014), the five richest families in the UK are wealthier than the bottom 20 per cent of the entire population - five households with more money than 12.6 million people – almost the same as the number of people living below the poverty line in the UK.

The Joseph Rowntree Trust reported (Dec 2013) that more working households were living in poverty in the UK than non-working ones.

The Government's November 2015 Autumn statement continues the attacks on the living standards of the 99%.

Conference condemns the Government's remit letter for NHS staff in England which restricts the Pay Review Body's determination and which also requested that the Pay Review Body takes a view on 'targeting' the 1%.

Conference believes that the union's pay campaign should present a clear demand on pay to include:

- To win the healthcare Conference policy of a £10 an hour minimum wage and
- to win no less than a £1 an hour pay increase

Conference believes that a serious campaign to mobilise members to win such a claim would enthuse and mobilise members and could be used to co-ordinate a campaign across all four countries.

Conference calls on the Health Service Group Executive to present a pay claim that includes:

- a. A £10 an hour minimum wage
- b. A minimum wage increase of £1 an hour

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Furthermore, Conference calls on the Health Service Group Executive to plan a co-ordinated campaign across all four countries and to mobilise the membership in support of the claim.

South Derbyshire Healthcare

13. National action needed to defeat the pay freeze

Conference condemns the Tory Chancellor George Osborne's budget announcement of a 1% cap on public sector pay rises for another four years. This is a further attack on the living standards of public sector workers who have already seen five years of below inflation pay rises under the previous ConDem government. The continuation of the pay freeze is not just an attack on our pay and conditions but, combined with budget cuts, is also an attack on the essential public services that we provide.

Conference believes the announcement that the NHS pay bill is to be limited to a 1% increase for four years proves once and for all that the NHS Pay Review Body has no independent role to play in determining the pay rates of NHS workers. In effect the government's pay policy, alongside their intention to attack our unsocial hours payments, is a declaration of war on the terms and conditions of all NHS staff.

As the government have signalled their intentions by imposing pay restraint for another four years, conference believes it is important that UNISON adopts a pay strategy which involves lodging national collective disputes with the four devolved government bodies responsible for NHS pay.

Our opposition to the pay freeze must include coordinated pay claims across the four nations alongside a campaign amongst our membership for opposition to and if necessary legal strike action against the 1% cap.

We should take inspiration from the Junior Doctors' outstanding participation and support for strike action which showed that the government, faced with a determined workforce and widespread public support, can be forced to back down.

Conference resolves to campaign amongst the membership for coordinated industrial action across the four nations against the 1% pay cap.

Mid Yorkshire Health

14. Agenda for Change - tackling low pay

This Conference welcomes the decision taken by UNISON National Delegate Conference in 2015 to "push toward minimum pay rates of £10 per hour."

This Conference also welcomes the decision taken by UNISON Health Conference in 2015 to call upon the Health Service Group Executive to develop a campaign to eliminate Band 1 from Agenda for Change. The eradication of Band 1 would result in pay increases of up to and over £2,000 for hard pressed, loyal, hard-working NHS staff.

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This Conference therefore calls on the Health Service Group Executive working with the devolved nations to produce a strategy that would allow all staff on Agenda for Change Pay Band 1 to move across into Pay Band 2 by April 1st 2017. Such a strategy, which could be different in each of the four nations of the UK, would be presented to each of the Health Departments as a basis for discussion and implementation.

Failure to get agreement on the implementation of such a strategy by April 1st 2017 would require to be reported back to all UNISON Health branches by this date. The decision on how to progress action in the result of such an outcome would then be taken in line with UNISON's democratic structures.

Scotland Region

15. Paying the living wage

NHSBT branches have campaigned for many years to try to get agreement with their employer that any contractors they use, employ staff on at least the living wage. Conference welcomes growing numbers of NHS trusts and employers committing to become living wage employers both by paying their own staff at least the living wage but also agreeing that any contractors they employ also pay the living wage.

Conference urges local branches to work with their regions and organisers to submit claims to every NHS employer to become living wage employers both of their own staff and any contractors they employ even where these are small and limited in number.

National Blood and Transplant Central and NHSBT Northern

16. Living wage employers

As organisations defending and promoting the interests of workers, pay is central to the function of trade unions. The achievement of the national NHS pay and conditions system, still known as Agenda for Change, represents a major development for UNISON, and for other NHS trade unions. The defence of this system and the lodging and prosecution of annual pay claims are core to UNISON's work. UNISON demands that all who work in the NHS, irrespective of their employer, be paid on NHS Terms & Conditions.

UNISON therefore opposes the introduction of pay awards by employer diktat, such as the so-called 'Living Wage' (LW) and 'London Living Wage' (LLW). In London the LLW is £9.15/hour; the lowest point on NHS pay Band 1 is £9.85/hour with High Cost Area Supplement.

This means that LLW represents a pay cut of 70p an hour compared to NHS pay. In addition, LLW employers do not honour NHS terms and conditions of employment such as annual leave, unsocial hours and overtime. The net effect therefore is that paying LLW is driving down health workers' living standards. In addition, LLW and LW are set without negotiation with workers or the unions and are unilaterally

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imposed by employers. They therefore represent a direct threat to the existence of UNISON and other trade unions.

Conference therefore resolves to reject LLW and LW wherever they appear or where they are imposed. Any NHS employer proclaiming that they are a 'Living Wage Employer' should be denounced and a campaign launched to convert them into an 'NHS pay and conditions employer.'

UNISON resolves to defend and promote the application of NHS pay and conditions to all those employed in delivering healthcare irrespective of who they are employed by (apart from Doctors and Dentists, who have their own negotiated pay systems.) UNISON will pursue this pay campaign with other unions and with all employers locally, regionally and nationally.

Greater London Region

16.1

After first paragraph insert new paragraph:

'UNISON has long campaigned for all staff delivering public services to receive the Living Wage (as set by the Living Wage Foundation) as a minimum. In recent years, Agenda for Change rates outside London fell behind Living Wage. This has been addressed through policy decisions in Scotland and Wales, but there are currently around 100,000 NHS staff working in England and Northern Ireland receiving pay below Living Wage levels. In addition to pressing for incorporation of the real Living Wage in Agenda for Change pay rates, UNISON branches have – in line with conference policy - campaigned to apply the Living Wage locally, as set out in guidance from the Health Group. The many successful Living Wage agreements of this kind are to be applauded.

However, not all Living Wage rates are to be welcomed! Chancellor George Osborne added deliberate confusion last year by announcing new 'National Living Wage' rates which are currently below the minimum Agenda for Change rates of pay in all four UK countries. In addition, the Mayor of London announced a 'London Living Wage' in November 2015, which also falls short of Agenda for Change minimums."

In second paragraph, delete first sentence: 'UNISON therefore opposes' though to 'London Living Wage (LLW.)'

In fourth paragraph, first sentence, after 'Conference therefore resolves to reject LLW and LW' delete 'wherever they appear or where they are imposed.' and insert: 'where these are imposed by employer diktat and would worsen members' pay.'

In fourth paragraph, second sentence, after 'Any NHS employer proclaiming that they are a 'Living Wage Employer' insert: 'in these circumstances'

Health Service Group Executive

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17. A fair deal for apprentices in the NHS

Conference notes that the NHS is employing an increasing number of apprentices. In England for example, there were nearly 15,000 apprentice starts in 2014/15 and Health Education England has set a target for the NHS in England to take on another 17,500 during 2015/16. This figure will increase further following the government's recent introduction of a 0.5% apprenticeship levy that will be applied from April 2017.

Conference also notes that in 2014/15 two-thirds of apprentice starts in the NHS were existing staff. Around half of these were in clinical roles while the rest were in a wide range of other non-clinical roles, including administration, catering, maintenance trades, IT and customer service. Further to this, half the apprentices taken on in 2014/15 were aged 25 and over. A freedom of information request conducted by UNISON also indicates that the number of apprenticeships in non-clinical support services has seen a significant increase since 2012.

Conference supports the use of high quality apprenticeships as a means of widening participation and enabling candidates from disadvantaged groups to gain a start in the NHS. However, there are concerns about the government's crude target driven approach which measures apprenticeship starts, rather than completions, outcomes or the quality of training.

Conference notes with concern the increasing number of reports from branches about the wide variations in approach to setting apprentice pay rates, especially in low paid non-clinical roles. This brings with it the risk that some employers could seek to replace large numbers of substantive posts – that would have attracted full Agenda for Change salaries and provided on-the-job training – with apprenticeships in order to meet targets, and secure a supply of cheap labour.

Conference also notes the government's announcement on the apprenticeship levy in the autumn 2015 comprehensive spending review. Conference is concerned that the arbitrary nature of this levy could leave a sizeable hole in NHS employers' finances while incentivising employers to take on apprentices with no long term commitment to their development or further employment in order to recoup the money paid into the levy.

Therefore conference calls on the Health Service Group Executive to:

1. Work with the operational services occupational group and other relevant occupational groups to develop a UNISON definition of a good NHS apprenticeship scheme and encourage employers to adopt it.
2. Encourage UNISON branches in England to get local partnership forums to sign up to NHS England's Local Partnership Pledge (Talent for Care.)
3. Produce guidance for branches involved in negotiating apprenticeship schemes.
4. Provide assistance to branches campaigning against the exploitation of apprentices that undermines Agenda for Change pay scales.

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5. Campaign for apprentices to be paid at least the Living Wage.
6. Work through the NHS Staff Council to achieve specific provisions on pay and training for apprentices.
7. Engage with Government Health Ministers, the Departments of Health and NHS Employers across the devolved administrations on the application of the government's apprenticeship levy in the NHS.
8. Work with LAOS and regions to support branches with the recruitment and organisation of apprentices.

Operational Services Occupational Group

17.1

At end of fourth paragraph, after '...supply of cheap labour.' Insert new sentence:

'In NHS Scotland where a public body takes on a Modern Apprentice in a specific training role they are expected to pay the Scottish Living Wage, this should be the minimum standard for all NHS workers on apprenticeships within the UK.'

Lanarkshire Health

18. Junior Doctor's dispute and unsocial hours payments

Conference congratulates the Health Service Group Executive that met in November 2015, for unanimously agreeing its full support for the junior doctors. Conference notes that the motion included the following wording:

"UNISON's Health Service Group Executive (HSGE) gives its full support to the proposed strike action by BMA members over changes to the contracts of Junior Doctors. The HSGE calls upon UNISON's Health Branches to do everything they can to lawfully support any protests or picket lines when members are on breaks or off duty.

The HSGE recognises that if this government succeeds in cutting unsocial hours pay for Junior Doctors then they will come back with their attacks on the pay of other health workers many of whom are represented by UNISON.

The HSGE believes that it is important that all health workers stand together to defend their terms and conditions from attack by this government and make clear that the NHS needs more money and not less to look after service users and that this money should not be at the expense of the pay, terms and conditions of any health workers."

Conference calls on the Health Service Group Executive to:

1. continue to give support to the BMA Junior Doctors;

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2. make clear to NHS Employers that UNISON is not prepared to:
 - i. reduce or give up the unsocial hours payments that our members currently have;
 - ii. give up or reduce unsocial hours payments for new starters;
3. keep Regional Health Committees, branches and members up to date with developments on unsocial hours payments.

South Derbyshire Healthcare

19. Unsocial hours

Health Conference notes the outcome of the Pay Review Body's report on any barriers that unsocial hours payments place on introducing seven-day services across the NHS in England, Cymru/Wales and Northern Ireland which was published in July 2015; and conference cautiously welcomes the conclusion that there was no case for radical change to the Agenda for Change unsocial hours payments system.

However, Conference notes with concern that despite this, the Pay Review Body recommended that the Staff Council discuss the unsocial hours payments system as part of wider talks on refreshing the Agenda for Change pay structure.

The PRB did consider Saturdays, 8-10pm and whole shift payments as possible areas of change. These are areas of change which were proposed to Junior Doctors' unsocial hours payments. If implemented for Agenda for Change staff, these would lead to a 25% decrease in hours considered unsocial, and thus substantial cuts in unsocial hours payments at a time when more staff are expected to work unsocially.

Conference anticipates a further attempt by the Government and employers to reduce unsocial hours payments, as they seek to expand more NHS services over seven days and longer hours at no additional cost. Employers may see this as a way of cutting costs in an environment of tightening budgets, while the Government see the payments as a barrier to 'seven-day' services. Conference notes that extending service provision into evenings and over the weekends is expensive, but this should not be to the cost of the staff that provide those services.

Conference believes that the issue of unsocial hours payments is very important to a lot of our members in the NHS. They compensate workers for the impact of working unsocial hours on their health and on their life away from work. It costs more to a worker to give up some hours of their time than others, and it is only right that working unsocial hours attracts a premium payment.

Conference notes that low levels of pay in the NHS also mean that unsocial hours have become necessary for many to earn an adequate household income.

Conference therefore calls on the Health Service Group Executive to:

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1. Campaign vigorously against any Government attempt to worsen the unsocial hours payments system.
2. Highlight the fact that the NHS is already a 24/7 seven day service.
3. Resist any efforts to extend 'normal working time', and support other groups of health workers, such as junior doctors, in their efforts to resist such attacks.
4. If any reduction in unsocial hours is proposed, to organise a campaign amongst members to defend unsocial hours and ballot members for industrial action in line with UNISON's industrial action rules and procedures.

North West Region

20. Zero-hours contracts in the NHS

Conference notes with concern the report from the Office for National Statistics issued in September 2015 that indicates that the number of people working on zero-hours contracts climbed to 744,000 from 624,000 in 2014, a rise of 19% to 2.4% of the total UK workforce of 31 million. Conference is particularly alarmed that the Health and Social work sector has the third largest proportion of staff working on a zero-hours basis, indicating there is a growing number NHS employers using zero hours contracts. This at the same time the government is claiming they're addressing the worst misuses of zero-hours contracts through the introduction of toothless legislation that isn't backed by any enforcement measures.

Conference recognises that it's our low paid members working in operational services in both the NHS and in the private sector providing NHS services that are most vulnerable to the worst abuses of zero-hours contracts. All too often we are hearing reports that organisations are using staff on zero-hours contracts to replace substantive posts in the NHS while our operational services members working on this basis are being forced to work with no guaranteed hours and without clearly defined job specifications. These reports also suggest members on zero-hours contracts are being treated drastically differently to permanent members of staff, with no sick or holiday pay and are being let go with little or no notice. As a result this group of members are often left feeling unvalued and excluded from the NHS team. This then transmits to patients and the care they receive.

Conference acknowledges and condemns the abuse of zero-hours contracts in social care where more than 40% of care workers are employed on a zero-hours basis with many illegally receiving less than the minimum wage. As the government continues with its policy of integrating health and social care, it is important that we ensure these employment practices do not begin to undermine Agenda for Change and become the norm in the NHS.

Conference calls on the Health Service Group Executive to:

1. Continue to provide advice, guidance and support to branches that are campaigning and negotiating with employers on matters relating to zero-hours

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contracts and to ensure that all members on these contracts receive the same employment rights as those covered by Agenda for Change.

2. Work with the operational services occupational group to monitor the use of zero-hours contracts when employing support staff in the NHS, especially in areas where health and social care is being integrated.

3. Work with the operational services occupational group to assess the impact that an increased zero hours culture is having on operational services staff working in the NHS.

4. Work with Labour Link and the wider union to campaign for meaningful legislative protections for all health members who are working on zero-hours contracts.

Operational Services Occupational Group

21. The interpretation of NHS e-expenses and levels of travel scheme

The introduction of e-expenses has simplified claiming for expenses for staff that travel a lot with their role as there is an app that you can get on your phone to make this really simple as you start it every time you get into your car.

Unfortunately, travel is paid at the shortest route and this is causing detriment to staff as any override has to be authorised by the line manager and if they reject the override you only get paid at the shortest route rate.

Staff are already underpaid due to austerity and cuts in the public sector budgets, and are now expected to travel more and more. In this climate the rates for travel are not enough to cover the cost of travelling and staff are, in essence, out of pocket for doing the job they are employed to do.

Conference therefore calls upon the Service Group Executive to negotiate changes to travel rates as a matter of urgency.

Northern Regional Health Commissioning Branch

Equalities Issues

22. Migrant workers and the NHS

Conference condemns the comments made by Home Secretary Theresa May at the 2015 Conservative conference where she stated “at best the net economic and fiscal effect of high immigration is zero.”

Conference believes this is not only inflammatory but is also not backed by evidence. The NHS is dependent on migrant workers to maintain and provide safe services. According to the 2013 labour force survey, 22% of health professionals and 21% of nurses are immigrants.

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The “boom and bust” of workforce planning especially since 2010 has meant that yet again there is a shortage of key staff in the NHS. Conference welcomes that nursing and paramedic roles are on the Government's occupational shortage list. However, this provides only a temporary solution. Unless it remains in place, NHS staff with work permits due for renewal could find themselves refused permission to stay in the UK if they are earning less than the salary thresholds set by the government.

Conference believes the contribution of all staff in the NHS must be valued and believes attacks on migrants is often fuelled by racism and is not based on facts or evidence. It is important that the NHS workforce is able to reflect society in order to deliver care appropriate to the needs of individuals. UNISON believes strongly that the NHS benefits from a diverse workforce and having staff who come from over 100 countries.

Conference calls on the Service Group Executive to:

1. Work with other parts of the union to highlight the vital contribution overseas workers make to the NHS and other public services
2. produce and provide evidence to the Migration Advisory Committee on the role of overseas workers and the impact of government policies on the NHS workforce.
3. support migrant workers to enable them to be active in UNISON and to continue to work with regions and branches on initiatives aimed at supporting overseas staff.

Health Service Group Executive

23. Defend our NHS migrant workforce

Conference notes there is no doubt that we are living in challenging times. Austerity has seen a vicious scapegoating campaign with the likes of Ukip, Britain First and the Daily Mail using this agenda to promote the idea that black people, Muslims, immigrants, refugees and other minorities are responsible for the deteriorating economic situation.

Conference also notes that the Tories have fuelled the anti-immigration rhetoric with their anti-immigration vans and Theresa May's speech at Tory Party Conference saying Britain does not need large numbers of migrants and warned they are putting British workers out of a job, forcing down wages and making it impossible to create a 'cohesive society.'

Conference understands there is no doubt of the positive impact migration has had on the NHS since its inception. Overseas recruitment of doctors, dentists, nurses and other NHS staff has meant the NHS has survived and that it better reflects the society that it serves.

Conference condemns the Tory Government's handling of the Nurse shortage in the NHS. The facts are clear to see, there is a rising demand for health care, a shortage

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of home grown nurses with new rules limiting the use of agency staff. This means the NHS is reliant on overseas recruitment in order to provide safe patient care. As nursing is not on the shortage of occupations list, NHS Hospital Chief Execs, NHS England Chief Exec, health unions as well as others have had to lobby the Government in order to be able to guarantee that safe patient care.

Conference welcomes the temporary reprieve meaning NHS hospitals are now welcoming hundreds of overseas nurses once again, but is concerned that their future and the future of those overseas nurses already established in the UK is at risk. Tory immigration rules stipulate that those not on the shortage of occupations list from outside the European Economic Area who are earning less than £35,000 after six years in the UK will be deported. Again, this is to be reviewed. By 2020 almost 30,000 nurses could face deportation, which could cost around £180 million in recruitment due to workforce pressures and increased international recruitment.

Conference believes this is further evidence of the Tory's ideological attack on our public services by introducing policies motivated by political dogma. Conference believes we should be celebrating our migrant workforce within the NHS not demonising them or unsettling them and their families. Migration contributes positively to UK economic growth and our public services benefit from this in the collection of taxes.

NHS Chief Executives, NHS England, Doctors, nurses and trade unions are warning the government to rethink its policy. They have been warned that hospitals will be unable to recruit and fill vacancies at a time when the NHS is facing a crisis in terms of staffing leading to the Care Quality Commission warning "Insufficient staffing number and skills mix were among key factors putting safety at risk across all sectors."

UNISON has a proud history of supporting, promoting and celebrating our diverse workforce. We know that our BAME colleagues are usually found in the less glamorous and lowest paid specialities. We know that many have faced prejudice, racism, slow career progression and are underrepresented within the management structures, been overrepresented in disciplinarys, grievances, capability, bullying and harassment cases.

The Tory approach to our dedicated and hardworking Migrant workforce is insulting and UNISON is best placed to ensure we work with them to challenge the Tory right wing rhetoric.

Conference agrees with Dave Prentis who stated "current staffing levels are too low in too many areas. Sending back thousands of qualified dedicated nurses overseas would have left our health service in a dire situation. While this is good news, it is essential to the service that nurses remain on the shortage list for the foreseeable future."

Conference therefore calls on the Service Group Executive to:

- 1) Celebrate our NHS Migrant workforce within the NHS, highlighting the positive contribution they make to keeping Our NHS safe

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- 2) Continue to prioritise recruitment and organising within overseas nurses
- 3) Continue to campaign and lobby for nursing to remain on the shortage of occupation list until we have safe staffing levels within the NHS and proper workforce planning systems in place
- 4) Work with the Labour Link to lobby MPs to support our campaign
- 5) Ensure this work is highlighted in our work to defend the NHS in building local and national alliances
- 6) Engage with branches, self-organised groups, regions and the wider membership and continue to produce “myth-busters” to counter the allegations made by far right groups and the right wing media.

Newcastle Hospitals Unison Branch

24. Addressing the race equality gap for NHS staff

The NHS, which generations of black workers helped to build, still continues to depend on their hard work. It's the largest employer of black people in England. Over 19% of nurses and 11% of non-medical staff in the NHS are non-white. However, too many of our members are still experiencing racist discrimination in the workplace from across the spectrum of employment from recruitment to promotion.

In the 2013 NHS Staff Survey, 39% of Black staff compared to 63% of white staff felt that their organisation acted fairly with regards to career progression and promotion. In line with this 'The snowy white peaks of the NHS' report found that the black population are largely excluded from senior positions both as NHS managers and as NHS Trust Board members in London despite 45% and 41% representation in the local population and the NHS workforce respectively.

The same report reviewed recruitment data across 30 NHS Trusts in England. The data indicated that the likelihood of white applicants being appointed is more than three times greater than that of black applicants. Further, the report found no evidence that NHS Boards and senior management have become more diverse in recent years.

In looking at treatment at work the picture is not much better. Black staff are twice more likely to experience discrimination and to be disciplined at work in comparison with white staff (Archibond and Darr (2010.)) The survey findings also showed that 29% of black staff have experienced harassment and bullying from members of the public with some black staff groups four times more likely than white staff to experience this.

It has been suggested that the experience of black NHS staff is a good barometer of the climate of respect and care for all within the NHS. Statistics show that patient satisfaction decreases when levels of black staff reporting racism increases.

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Based on all this evidence, conference welcomes the work of the Equality and Diversity Council (EDC) and UNISON's existing involvement which has put a special focus on race equality in the workforce. The NHS workforce Race Equality Standard (RES) has been prioritised as the best means of helping the NHS in England improve black representation at senior management and board level, improving recruitment practices and to provide better working environments for the black workforce.

While equality legislation is a powerful tool for trade unions in tackling inequality, it will not eliminate the damaging systematic labour market discrimination that black workers experience. For the principles of equality to become a reality we must organise and recruit around them too.

Conference therefore calls on the Health Service Group Executive to seek to further ensure that the efforts behind the Race Equality Standard are delivered by:

1. Promoting the principles and progress of the standard so that branches are aware of this work and supported to engage with employers
2. Working with the National Black Members Committee to inform, consult and engage black members in the development and implementation of the standard and to exploit opportunities to recruit and organise black members around the issues
3. Using the good practice and lessons learnt, to initiate discussion with the devolved nations to compare approaches to race equality issues for the NHS workforce, including examination of how countries are monitoring and – if required - closing the gap between black and white staff regarding recruitment and selection, disciplinary action and access to non-mandatory training.

National Black Members' Committee

25. Impact of demand on health workers

The impact of increasing demand on health workers is becoming intolerable. Staff feel less and less appreciated and under more and more pressure, and this produces a further barrier for disabled people in the workplace.

Conference is concerned that longer shifts are particularly impacting on the ability of disabled people and women to remain in the workplace. With aggressive sickness management at employer level, increased working hours, increased workloads and reduced breaks.

Conference welcomes UNISON's 'Undervalued, overwhelmed... health members' survey: pay, staffing and morale' which clearly demonstrated how health members are feeling, but we believe the impact of the increasing demand on disabled workers in health is significantly increased than other workers.

Conference welcomes the union's approach to getting a better deal via the Agenda for Change talks but we must use this as an opportunity to underpin the principles of

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equality and ensure that Agenda for Change conditions are not watered down. We need to ensure that the balance is right for us all.

Conference calls on the Health Service Group Executive to;

1. Ensure that any proposed changes are equality impact assessed
2. Develop a process for monitoring the impact of any changes on equality groups post-implementation
3. Consider developing a positive promotion of health workers and the work they do.

National Disabled Members Committee

Health and wellbeing

26. Promoting the health and wellbeing of NHS Staff

Conference notes that employers have a duty of care to ensure the health, safety and wellbeing of their staff. Pledge 3 of the NHS Constitution (England) - a document whose principles are supported by all UK health departments - also makes a commitment to staff to maintain their health, wellbeing and safety.

Conference is concerned at the evidence that large numbers of NHS staff are being failed in that duty. Successive years of NHS staff survey results show that high levels of work-related stress, violence, bullying and abuse are both widespread and persistent. The latest NHS staff survey results show that 39% of staff suffered from work-related stress in the previous 12 months (well over one-third of the workforce.) Almost one-third of NHS staff (28%) experienced bullying, harassment and abuse from patients or the public; and 14% experienced physical violence. Both figures are even higher for staff working in ambulance and mental health services. Even more distressing is the survey finding that 24% of staff experienced bullying and harassment from their line manager or colleague.

Year on year, these figures remain largely unchanged apart from minor fluctuations – a situation which is totally unacceptable and must be addressed.

Conference welcomes the Healthy Workplaces initiative announced by NHS England in September 2015. Led by Dame Carol Black, the initiative involves working with NHS organisations to improve the provision of healthier food options, promote physical activity, reduce stress, and provide health checks for mental health and musculoskeletal problems. The healthy workplaces initiative is supported by the NHS unions and UNISON will be involved in the project.

Conference also welcomes the stated commitment from health minister Ben Gummer to tackle the problem of bullying and harassment of NHS staff, and supports UNISON's involvement and input into the development of a strategy to address this.

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Conference recognises that the delivery of high quality care depends on an NHS workforce that is properly valued and supported to maintain its own health and wellbeing. However, all too often we witness examples where service pressures and lack of sufficient resources have led to a culture of bullying, and the devastating impact that this can have on staff morale and the patient experience.

Conference believes that an NHS Health and Wellbeing strategy must be evidence-based so that the measures taken to improve conditions for staff are proven and effective. Without this approach, current levels of stress, bullying and harassment will remain unchanged. Issues of concern should be jointly identified at local level and solutions discussed and implemented in partnership.

Conference therefore calls on Service Group Executive to:

1. continue to press government and employers to support the health and wellbeing of NHS staff;
2. encourage health branches to work with employers at local level to implement robust health and wellbeing policy and practices to support the workforce;
3. encourage health branches to raise health and wellbeing issues of concern with their employer, to discuss them at local partnership and JNC meetings and to agree solutions in partnership;
4. produce a checklist for branches on key issues to be included in any local joint discussions to support the health and wellbeing of staff.

Health Service Group Executive

27. Health and Safety expertise within health branches

Conference regards the health, safety and welfare of workers as paramount across the NHS.

Conference believes the successful pursuit of health and safety legislation, regulations and practice in the workplace rests in large part on the efforts of unionised work places.

Conference recognises the attempts of government to roll back health and safety provision. Conference considers the role of UNISON Health and Safety Representative has never been more important in the face of government's public service austerity measures across the public sector and private sector for the NHS.

Conference understands safety reps can feel isolated at times in the face of the avalanche of cuts. Conference acknowledges local support for health and safety representatives has never been more important in ensuring a continuing effective safety network across health branches.

Conference calls on the Health Service Group Executive to:

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1. Instigate research into the impact of austerity measures on UNISON health and safety representatives. This research should include:

- a) The identification of the workload on UNISON health branches' safety representatives;
- b) The employers' response rate in tackling health and safety representatives' concerns, highlighting continuous poor responses;
- c) The barriers health and safety representatives encounter whilst undertaking their duties in their NHS workplace;
- d) The barriers placed on health and safety representatives' paid release to undertake trade union duties or training;
- e) Identifying where safety reps are encountering restrictions and/or reductions in their involvement on safety matters by NHS employers (public and private);
- f) The growth or decline in workplace safety concerns in the NHS, as a consequence of the austerity measures.

2. Carry out an appropriate review, investigating the needs of UNISON health branch safety representatives and the provision of local and regional support/resources.

3. Identify what other additional support could be offered to health and safety representatives, branches and regions. This support could include but is not limited to:

- a) further training (e.g. 2015 National Health & Safety Seminar held in Cardiff; East Midlands Region Branch Autumn H&S Officers training weekend; as well as promoting the annual Hazards Conference held at Keele University);
- b) supported campaigning on health and safety matters (e.g. needlestick injuries);
- c) local support mechanisms responsive to the personal and workplace needs of health and safety representatives, (e.g. regional health and safety contacts points and notification of the regional health and safety committee meetings);
- d) identification of suitable local resources to assist health and safety representatives in their front line duties;
- e) Asking that health and safety issues are a regular agenda item for HSGE and Regional Health Committees.

NHS Logistics

28. Health and Safety expertise within branches

Conference has concerns in regards to the way healthcare organisations are attempting to meet the safer staffing levels recommended by the Francis Report.

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Often organisations are meeting these staffing requirements by the use of poor or inadequate skill mixing which includes the use of unsatisfactory banding levels of agency and bank staff in most health settings. These staff are often inexperienced in clinical environments compared to the work they are required to do, leaving staff feeling vulnerable, harassed and under huge amounts of pressure and increasing low morale. Conference regards the health, safety and welfare of workers as paramount across the NHS. This leads to high attrition and poor recruitment rates and creates a downward spiral of inadequate staff provision leading to a self fulfilling prophecy.

For example, due to the increase in A&E attendances reported in the recent media this had led to an increase in outliers on wards. Often these outliers can be vulnerable mental health patients and/or drug/alcohol abusers. Clinical staff on wards are only trained to deal with their speciality and struggle to manage patients outside their remit. This happened prior to the cuts, however Conference is concerned that this has increased significantly due to increases in A&E attendances and cuts/privatisation of all levels of care particularly in mental health. Wards outside the speciality do seek support from specialist areas (i.e. mental health, alcohol/drug liaison). However, this support is reducing due to cuts and privatisation of services.

As a result clinical staff are overworked, stressed and have low morale, compounded by a failure of recognising staff's hard effort with no real pay increase since this Government came to power in 2010.

As a result there has been a significant increase in: stress at work; musculoskeletal injuries at work; assaults; harassment and bullying; and sharps injuries.

Conference believes the successful pursuit of health and safety legislation, regulations and practice in the workplace rest in large part on the efforts of unionised workplaces. Conference recognises the attempts of the Department of Health to roll back health and safety provision. Conference considers the role of UNISON health and safety representative has never been more important in the face of government's public service austerity measures across the public and private sector for the NHS.

Conference understands safety reps can feel isolated at times in the face of the avalanche of cuts and changes and it acknowledges that local support for safety reps has never been more important in ensuring a continuing effective safety network across health branches.

Conference calls on the Health Service Group Executive to:

1. Instigate a research into the impact of austerity measures on health and safety representatives. This research should include:
 - a) The identification of the workload on health branches' safety reps.
 - b) The employer's response rate in tackling safety reps' concerns, highlighting continuous no or poor responses.

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- c) The barriers health and safety representatives encounter whilst undertaking their duties in their NHS workplace.
 - d) The barriers placed on safety reps' paid release to undertake trade union duties or training.
 - e) Identifying where safety reps are encountering restrictions and/or reductions in their involvement on safety matters by NHS employers (public and private.)
 - f) The growth or decline in workplace safety concerns in the NHS, as a consequence of austerity measures.
2. Carry out an appropriate review investigating the needs of UNISON health branches safety reps and the provision of local, regional support and resources.
3. Identify what other additional support could be offered to safety representatives, branches and regions. This support could include but is not limited to:
- a) Further training (examples East Midlands Region Branch Health H&S Officers such as Autumn Branch Officers training weekend, as well as promoting the Hazards Conference held annually at Keele University.)
 - b) Supported campaigning on health and safety matters (example being needlestick injuries).
 - c) Local support mechanisms responsive to the personal and workplace needs of safety reps. (Example – regional health and safety contacts points and notification of the regional health and safety committee meetings).
 - d) The identification of suitable local resources to assist health and safety reps in their front line duties.
 - e) Ask for health and safety issues to be a regular agenda item for HSGE and Regional Health Committees.

East Midlands Region

29. Improving mental health amongst LGBT health care workers

Conference reaffirms the fact that discrimination is bad for your health – both physical and mental. Research published by Manchester Business School in 2014 found significantly higher levels of poor mental health amongst lesbian, gay and bisexual workers than non-LGB workers. The highest levels were amongst lesbian and bisexual workers. Research into transgender workers' experiences has also found clear correlations.

Conference is concerned that this is being made ever worse by the impact of the Tory government austerity programme on health care services. The 2015 UNISON survey of health staff motivation, morale, recruitment and retention found our members were undervalued and overwhelmed, across a range of healthcare settings

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and occupations. Falling income, frequent staff shortages and increasing workload all lead to increased stress and lower morale. The survey also found worryingly high levels of abuse and bullying, including harassment of LGBT workers. LGBT workers' ability to deal with discrimination and stress are further challenged by the disappearance due to cuts of many specialist services which previously supported LGBT mental health and well-being. Added to this, the increasing privatisation of health care services risks the loss of established NHS best practice.

Conference believes it is vital that mental health is recognised as a workplace issue. Failure to do so damages the workforce and threatens patient outcomes. Conference welcomes initiatives such as the Blue Light programme which provides mental health support to ambulance workers. Conference further believes that the renegotiation of Agenda for Change provides an opportunity to revisit this issue.

Strategies to address workplace mental health and wellbeing and combat stress must acknowledge the impact of discrimination and meet the needs of the full diversity of the workforce, including LGB and Trans workers. This will include the signposting of specialist LGBT support services.

Conference notes that of all the partners involved in renegotiating Agenda for Change, UNISON's history of organising for LGBT equality stands out. We must live up to our proud history and negotiate for LGBT equality to be included in all policies, practices and agreements. Conference welcomes the range of UNISON LGBT equality bargaining resources available to support this.

Conference calls on the national Health Care Service Group Executive, in liaison with the national LGBT committee, to seek to ensure:

1. That workforce mental health and wellbeing is on the bargaining agenda with all health care employers, citing the Blue Light Programme as an example of good practice;
2. That equality is centre stage in the renegotiation of Agenda for Change;
3. That UNISON keeps LGBT equality clearly on the agenda in this and all other negotiations, promoting our LGBT bargaining resources;
4. That the importance of specialist support is highlighted by NHS employers, alongside the importance of continuing funding for such services;
5. That best practice developed in the public sector is not lost when NHS services are privatised.

National Lesbian, Gay, Bisexual and Transgender Committee

30. Protection for Whistleblowers in the NHS

This Conference is aware of the stress placed on a member when they access the whistleblowing process. A decision to whistleblow is often the result of much soul

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searching by the member(s) and is made more difficult when they see the effects on other people who have 'whistleblown'. This can lead to:

- suspension from work
- moves to another site (and not always the same kind of work)
- A feeling of isolation
- Lack of support from the employer

Leading to a situation where whistleblowing does not always happen when it should.

Conference notes the Wales NHS policies on 'raising concerns' and Dignity at Work and bullying, they are policies of which to be proud.

However, the reality for members is that they feel abused by the process, when in fact they should be supported, they should be working in a 'no blame' culture, where raising concerns is the norm. There is a serious institutional fault where the response from those in authority is to not want to know; making the whistleblower feel at fault and be defensive. This leads to a poor workplace and personal distress to our members.

This Conference therefore urges delegates to the All Wales Partnership to call for the Wales NHS to:

1. Commission research into this, highlighting the effects from the Mid Staffs report and previous reports identifying behaviours of concern
2. Ensure that the Health Boards "are responsive to patients and their concerns and do not build up a process that becomes governed by the system, rather than by the issue that's at the heart of the anxiety" (Donna Ockenden report to Welsh Government November 2015.) The same ethos should apply to staff.
3. Work in partnership with the trade unions to ensure that there is transparency relating to all whistleblowing cases, in that they will be monitored and reviewed quarterly in each health board to ensure all Trusts in Wales are working to improve the culture in their Trusts.

The Royal College of Psychiatrists Faculty for the Psychiatry of Old Age 2003 report into elderly care should be the starting point for assessing possible poor care.

Members should not be the only people responsible for whistleblowing, and we need to protect patients and our members by working with Wales NHS to actively improve the whistleblowing process for the benefit of us all.

North Wales Health

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31. The ageing workforce in the NHS

Conference notes with concern that there is inadequate planning to mitigate the impact of an ageing workforce in the NHS. It is predicted that by 2020 one third of the workforce will be aged over 50, whilst the abolition of the default retirement age and the impact of low wages on future pension income means that many staff will have no choice but to work longer, whilst coping with age-related ill health.

For women staff, there are gender specific conditions, such as pelvic organ prolapse, menopause, musculoskeletal injuries and osteoporosis, which create additional barriers to working in a safe and healthy environment.

In addition, more than half of these older workers will have caring responsibilities outside of the workplace, exacerbating both the physical and mental stress they experience, particularly when required to work twelve- hour shifts, followed by long periods of homecare.

Conference welcomes the work of the Working Longer Group in producing the Age Awareness toolkit, and believes that action must be taken now to support older workers, and to value the skills, experience and stability which they bring to the workplace.

Conference therefore calls on the Service Group Executive to:

1. work with all appropriate employer bodies to address:
 - i. the role which occupational health should have in maintaining fitness for work amongst older workers;
 - ii. what adjustments are needed to ensure that older employees are able to continue working safely and healthily, taking into account age-related concerns;
 - iii. how flexible working can best be used to support older workers with age-related conditions and/or caring responsibilities.
2. raise awareness of the Age Awareness toolkit, and encourage regions and branches to use the toolkit in discussions with employers in supporting our older members to work in a healthy and safe environment.

National Women's Committee

Professional and occupational issues

32. Professional regulation of healthcare staff

Conference notes that professional registration is a topic of great interest to UNISON members working in healthcare. Many of our members are required to be professionally registered to practise their professions. For some members such as healthcare assistants, UNISON has long-standing policy aspirations for a statutory

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registration scheme. For other parts of our membership our policy position is less clear.

Conference believes that this reflects the fact that the current system of statutory regulation in healthcare is riddled with anomalies because of its piecemeal development. This is apparent from the mixed picture on regulation among occupations represented by the Science, Therapy and Technical (STAT) committee. Conference asserts the need for the right balance between regulation of service providers and regulation of those occupations where there is the highest risk of harm arising from how individuals practise.

Conference does not believe that current statutory arrangements are based on a consistent approach to public protection. Conference notes that the nine organisations currently regulating healthcare professionals in the UK all operate according to different legislation and standards, and are free to set different fee levels. Nor do we believe that the vacuum can be filled by simply developing more voluntary registers, as there will be multiple factors affecting whether or not a professional decides to join them. This leaves the public with no means of interpreting what the presence or absence of registration means for them.

Conference supports the Professional Standards Authority's call for a reassessment of the role of regulation in promoting safety and quality. Conference also supports the principles behind the Law Commission's proposals for streamlining of processes and realisation of efficiencies between the health professional regulators.

Conference believes that effective registration systems should be based on a set of core principles adopted by all the regulators:

- i. Professional codes that are respected by employers and genuinely empower staff to safeguard and improve their practice
- ii. Levers for ensuring that employers provide time and support for staff to fulfil professional development requirements
- iii. Systems to regulate registration fee inflation so that it is transparent, accountable and does not exceed the level of annual pay awards
- iv. Regular involvement and consultation with trade unions and professional bodies
- v. Involvement of registrants within governance processes
- vi. Fitness to practice thresholds and procedures that are proportionate and do not duplicate employer disciplinary or vetting and barring processes
- vii. Powers to make recommendations to employers and refer them to service regulators where fitness to practise proceedings reveal systemic issues and failures by employers.

Conference calls on the Service Group Executive to:

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1. ensure campaigning activity reflects and builds on our core principles
2. undertake further work to explore our members' views and attitudes to statutory and voluntary registration across relevant occupational groups
3. review and develop our policy on statutory regulation on public protection grounds for any groups of currently unregulated healthcare staff
4. engage with the PSA in reviewing the purpose and structure of regulation of healthcare staff
5. seek to influence the Law Commission Bill, should it be enacted, to ensure greater efficiencies and streamlining of regulators
6. co-ordinate campaigning against excessive fee rises across all the regulators that cover UNISON members
7. campaign for better joint working between service regulators and professional regulators
8. campaign for recognition of the professionalism of all healthcare staff linking to the One Team campaign.

Science, Therapy and Technical Occupational Group

33. Safe movement of blood across the NHS

Whilst Conference generally welcomes the role that charities play in our society it expresses concern that increasingly, NHS trusts are turning to the free motorbike charities for the movement of blood across the NHS instead of using the professional drivers employed 24/7 by NHSBT itself.

Whilst UNISON members who are drivers employed by NHSBT are worried at the encroachment of charities undertaking work they could and should be safely doing, we should be rightly concerned for the security of blood products. It is essential that blood products are kept and transported safely and securely by staff who have been properly vetted by the NHS procedures. Conference calls upon UNISON and UNISON branches to approach the charities undertaking this work for NHS trusts to discuss our concerns at their involvement in this work.

National Blood and Transplant Central and NHSBT Northern

34. Sustainable Nursing Workforce

Nursing across the UK is facing the perfect storm of increased demand and diminishing resources. A decision by the previous coalition government to slash the pre-registration commission numbers for student nurses has had catastrophic consequences for the NHS now.

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The age profile of our current nursing workforce means that an average organisation could lose up to 30% of its current nursing and midwifery workforce due to retirement over the next five years. At the same time we are experiencing a reduction in young people choosing to join the profession.

With people living longer with more complex conditions and comorbidity the nursing workforce faces an increased demand to provide complex care to individuals over more and more extended periods of time, in a variety of settings; all of which must have the right numbers of staff with the correct level of skilled knowledge in order to deliver dignified, compassionate care.

We need to meet this challenge on several fronts:

- i) Encourage young workers to join the profession by paying students a salary while they are undertaking their training and provide a clear career pathway on graduation. This we believe will end the post code lottery of training variation across the UK;
- ii) Develop new nursing roles that meet the demands of our ageing population ensuring that re-profiled roles are remunerated appropriately. Our wider HCA family have a vital and important role to play in care delivery. However we have to stop exploiting their role;
- iii) Maintain our use of overseas nurses on a planned basis to provide a much needed flow of experienced staff into our nursing workforce. It is essential that nursing remains on the Government's occupational shortage list for a longer period of time;
- iv) We need to value our nursing and midwifery leaders – good leaders take their staff with them, they work as part of their team and are a clear, visible and supportive presence. However they do not share the same level of recognition as their medical colleagues, in any other form this would be considered discriminatory and must be addressed.

Conference calls on the Service Group Executive to work with the UK Governments and NHS Employers to develop a sustainable workforce plan that addresses the demands and challenges of our changing population and to re-engineer a nursing workforce that meets the needs of a modern NHS.

Nursing and Midwifery Occupational Group

35. Revalidation

Conference notes that the introduction of revalidation was a key recommendation following the Francis inquiry. Revalidation with the Nursing and Midwifery Council will come into effect from April 2016. It will affect all 680,000 nurses and midwives who are currently regulated by the NMC. Replacing the outdated system of Prep, will be a challenge for every nurse and employer.

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Whilst supportive of a change, UNISON's position with the NMC has been clear from the outset, revalidation should be risk based and proportionate and it must not lead to an increase in registration fees. To ensure that these principles are maintained during implementation, it is vital that a robust evaluation is carried out from its commencement and that monitoring assesses the full impact of the new system on registrants but also on the service.

Conference commends the work that UNISON has already undertaken in preparing members for revalidation, including a national briefing for staff and reps, a guidance booklet and FAQ sheet.

Conference calls upon the Health Service Group Executive to:

1. Work with activists to use revalidation as an opportunity for us to help our members to prepare for the new system;
2. Build revalidation briefings into our recruitment and organising work;
3. Seek to develop education resources to help support members in the management of their portfolios;
4. Continue to run revalidation briefings and monitor the outcomes of those sessions;
5. Seek to evaluate all aspects of revalidation to ensure that the NMC are transparent and that UNISON raises concerns as they arise to ensure there are no unforeseen consequences of revalidation;
6. Continue to monitor the impact of workforce planning;
7. Monitor the work of the devolved nations in preparing members for revalidation in order to build on good practice.

Nursing and Midwifery Occupational Group

36. NMC role in the provision of advice and guidance

Conference welcomes the work carried out by the National Nursing Occupational Group through their ongoing engagement with the Nursing and Midwifery Council. Conference is concerned that anecdotal evidence seems to be emerging that the NMC is no longer providing registered nurses with professional advice and guidance.

The role of the NMC is to regulate the profession of nursing within the UK and in the setting of standards and maintaining of standards, provision of advice and guidance has to be an important facet of ensuring that registrants comply with the code.

Conference calls on the Service Group Executive and the National Nursing Occupational Group to lobby the NMC to amend their practices to provide advice and support to registrants.

Lanarkshire Health

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37. Student Nurses Funding

This Conference condemns the decision by the UK Tory Government to require fees for nursing and midwifery courses to be paid for from 2017 by loans rather than the current bursary system.

This callous decision will drive more and more of those people who want to care for the vulnerable in our society, into poverty, and burden them with debt of upwards of £50,000. Over half of all nursing and midwifery students already have child and other caring responsibilities and this callous decision will mean that many will no longer be able to have a future in the profession. Student nurses and midwives already spend more than half of their training providing direct clinical care for no pay; now they will be required to pay in order to provide such care. This decision will result in the nurses and midwives of the future being saddled with levels of debt that will follow them throughout their lives. It will also mean that large numbers of working class people will simply not be able to pursue such a career.

This Conference believes this decision is part of an on-going plan by a Tory Government to reduce the ability of the NHS to provide high quality care in order to make it more attractive to privatise.

Conference welcomes the decision by the Scottish Government to maintain free tuition for Scottish students in Scottish Universities but notes with caution a planned review into funding packages available to nursing and midwifery students.

This Conference calls on the Health Service Group Executive to campaign vigorously not only to maintain free tuition for all undergraduate nursing and midwifery students throughout the United Kingdom but also to push for bursaries to be replaced with a wage.

Scotland Region

38. Student funding and the NHS bursary

The decision by George Osborne in the comprehensive spending review to scrap the NHS Bursary is short sighted and will have serious implications for the future of our NHS workforce. The shortage we currently have of nurses and midwives is as a direct result of the previous Government's decision to slash pre-registration training in 2010. The consequences of this decision have been felt throughout the service and led directly to an increase in bank and agency spend. The impact of this has done little if anything to improve finances within the NHS.

The decision to scrap the bursary and force students to pay tuition fees in England from 2017 will have a dramatic impact on their education experience and quality of life as they continue to incur further debt with no chance of ever being able to pay it off. UNISON's immediate reaction to this is to be commended. The speed with which a campaign was developed and implemented shows the true strength of our union.

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However whilst scrapping the bursary is inappropriate, we must also acknowledge that the current system hardly supports NHS students. We must heighten our pay not poverty campaign, making the case that well valued and rewarded students leads to a better graduated and a more sustainable workforce.

UNISON has serious concerns over the proposal and the impact it may have on widening participation, in particular as the average age of a student nurse is 28 and 50% of them have children. Those who aspire to enter nursing, occupational therapy, operating department practitioner or paramedic programs will in effect be priced out of the market.

It is essential that UNISON's campaign on this key issue is maintained, including full use of social media and engagement with our students. We must also isolate the Government in this decision by ensuring health departments in devolved nations do not follow suit.

Conference calls on the Service Group Executive to:

1. Ensure regions are communicating and networking with our student members, including recruitment and organising initiatives. The 'Save the NHS Bursary' campaign provides a real opportunity to encourage members to become more active;
2. Use all communication resources we can to communicate what the impact of this decision might be and the consequences of it;
3. Seek government discussions with a view to overturning the decision.

Nursing and Midwifery Occupational Group

39. Defend healthcare student bursaries

Conference welcomes the decision at the 2015 Health Service Group Conference to call on the Health Service Group Executive to campaign for all nursing and other 'non-medical' pre-registration healthcare students to be paid a salary no less than the Living Wage.

Conference condemns the announcement in George Osborne's November 2015 Autumn statement, to end the funding of bursary payments by Health Education England (HEE) to Nursing, Midwifery and Allied Health Professional students from September 2017.

The Government's proposal means that the £1.2 billion which Health Education England (HEE) currently provides for nursing, midwifery and allied health professional (AHPs) bursaries and tuition fees will be taken out of HEE's budget. It is no surprise that the proposal has been met with anger and alarm.

Conference welcomes the UNISON briefing dated 27 November 2015 which pointed out that:

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“Preliminary UNISON modelling, based on the continuation of pay restraint and the use of tuition fees and loans from 2017, projects that a student graduating in 2020 could be facing debts of £51,600 and a starting salary of £22,799 (bottom of band 5 assuming a 1% increase per year from 2016-2020.) Staff could be paying this debt off for 30 years!

Clearly this prospect may deter many from taking up these careers in the NHS. In particular this could have a devastating impact on nursing where the average age of students is 28, and half have childcare or other caring responsibilities.”

This attack on student funding and the announcement to end the cap on student numbers, alongside a drive to increase tuition fees, will move pre-registration healthcare education even further towards an open market approach. Conference is opposed to the attacks which undermine opportunities for accessing health education for many potential students and Conference supports the defence of the jobs and terms and conditions of our members in affected teams.

Conference welcomes the campaign established by students to oppose the proposals and notes that the Keep the NHS Bursary petition obtained over 136,000 signatures in less than one week.

Conference calls on the Health Service Group Executive to:

1. Continue to work with the UNISON Young Members Committee and the National Union of Students to oppose the proposals;
2. Oppose any reduction in Health Education England's running costs;
3. Oppose any attacks on jobs or terms and conditions of members of staff in Health Education England.

South Derbyshire Healthcare

40. Maintaining the Role of Administrative and Clerical Workers in the NHS

Conference recognises that the Government's commitment to an austerity agenda combined with the increasing healthcare demands of an ageing population has led to immense financial and staffing pressures on the NHS.

Conference notes that there have been attempts to reduce the administrative and clerical workforce, particularly as technological advances have meant that more and more clinical and administrative systems become electronic rather than paper based. For example the original outline business case for the electronic casenote project in NHS Lanarkshire predicted that the health records workforce could be reduced by over 75%. However, as this project was rolled out, it became clear that to run a safe and effective service, there was a need for increased resources of administrative and clerical staff to provide scanned case records in time to meet the needs of clinicians.

Conference believes that reducing the administrative and clerical workforce can be a false economy as clinical staff need to take time away from patients to carry out

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administrative tasks such as payroll, expenses and procurement. Conference calls on the SGE to work with Regional Health Committees to:-

1. Promote the role of administrative and clerical workers within the NHS;
2. Establish whether patterns are emerging across the UK of electronic systems leading to a reduction in administrative and clerical roles.

Lanarkshire Health

40.1

In action point 1, before 'Promote' insert: 'Use UNISON's One Team campaign to'

Operational Services Occupational Group

41. Co-responding in the ambulance service

Ambulance services are under ever increasing pressure to balance the books and meet performance targets forcing many staff to leave their jobs through unbearable pressure and stress. Evidence submitted to the NHS Pay Review Body shows the high levels of turnover and retention of ambulance staff creating serious problems for employers.

At the same time, the Government are intent on merging the emergency services as outlined in the consultation paper "Enabling closer working between the emergency services." Due to cuts in the fire service, they are looking for ways to work alongside the NHS providing responses to medical emergencies and we support Fire Brigades Union members in opposing this government's savage cuts to emergency services. Conference notes the huge contribution that volunteer and community first responder schemes make to patients' lives in an emergency. Conference also notes that many schemes involve retained and full fire fighters responding as part of a "first response."

There are many examples of successful co-responding schemes across the country and there is strong medical evidence that getting a defibrillator early on someone in a cardiac arrest and undertaking quality CPR (resuscitation) increases survival rates. However, most calls received are not cardiac arrests and trained ambulance staff are needed to medically treat patients. Even in a seemingly innocent fall without an injury, the patient could have collapsed and medical assessment is then necessary.

At present, ambulance services are not coping with the high level of call volume and demand. There is a risk that rolling out more co-responding schemes will hide serious staffing issues and be detrimental to patient care. Co-responding schemes are not there to 'stop the clock' and hit targets and if used inappropriately can be a cover for cuts to services.

Conference believes that co-responding schemes must be supplementary to core cover and not at the expense of trained ambulance staff in the correct numbers, funded through the NHS. Conference further calls on the government to deal with the

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recruitment and retention crisis facing many patient-facing roles within the ambulance service.

Ambulance Occupational Group

42. Stop the Coerced treatment of people with mental health needs in receipt of welfare benefits

The fundamental principle to consent for treatment is under threat; the government have asked Dame Carol Black to undertake a review on whether people suffering long term conditions should be deprived of benefits if they don't accept treatment. The implied threat to mental health patients is the withdrawing of benefits if they refuse treatment.

The giving of consent to treatment must be free from undue influence, otherwise it is meaningless, otherwise the trust between the patient and the health professional will diminish and the health provider risks becoming a coercive agent of the state. The threat to remove benefits if people refuse treatment is unethical and the imposition of psychological therapy as a means of reducing benefits is invalid and contradicts the values and principles of the health care profession.

Further, the decision to locate health providers in job centres in order to provide therapeutic care is ill-judged and puts our members at risk. Further therapy should be provided in a health or non-stigmatising setting in a relevant location.

Conference instructs the Service Group Executive to undertake the following actions:

1. Seek an urgent meeting with the Nursing and Midwifery Council and the British Psychological Society to discuss the consequences of health professionals being forced to undertake such action.
2. Seek guidance from the NMC with regards to those parts of the code of conduct that apply.
3. Produce guidance for UNISON members who wish to refuse to participate in any treatment which is forced or coerced as a condition of welfare payment.
4. Produce guidance for UNISON members who wish to refuse to participate in or collude in any action which contributes to sanctions which could be damaging to patients' physical and mental health.

Eastern Region

42.1

In action point 4:

delete 'refuse' and insert 'object on professional grounds'
after 'participate' delete 'in'

Nursing and Midwifery Occupational Group

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43. Home Visits

NICE recently recommended that home visits should be a minimum of 30 minutes.

Conference calls on the Health Service Group Executive to work with Government and NHS Employers to ensure this recommendation becomes the norm, and also to ensure staffing levels in the NHS are adequate so that employers can implement such visits.

Northumbria Healthcare

43.1

Before the first paragraph, insert:

‘All members of the health and social care team provide care to some of the most vulnerable people in our society. The level of care should be based on need, not a ticking clock. This is as true in people’s homes as it is in the ward or theatre.

Conference believes safe and effective staffing levels across the whole of the sector are critical to providing excellent care at home. Sensible workforce planning, supported by robust evidence, is needed to recruit and retain the workforce across the service.

Conference notes this issue is not confined to the health service. The UNISON report, “Suffering alone at home” highlights nearly three quarters of councils in England are still commissioning 15 minute homecare visits, and that 74% of homecare workers believe they do not have enough time to provide dignified care for their homecare users.

Conference notes existing integration of health and social care in parts of the country, for example in Northern Ireland, and values lessons from existing good practice that can be shared.

Conference notes the need to work across service groups, supporting members over the full range of care settings with an integrated approach to organising that reflects modern and seamless working across health and care services.’

Health Service Group Executive

Training issues

44. Access to learning, development and career progression for members working in Operational Services

Conference is concerned at the distinct lack of training, development and career progression opportunities available to NHS staff working in operational services roles, particularly those in pay bands 1-4. Investment and attention has always been focused on professionally qualified staff but in an NHS with ever changing ways of

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service delivery, operational services staff need to be sufficiently developed, equipped and have the opportunity to play their part in delivering improved care and new patient pathways.

Conference notes that operational services staff should contractually have access to appraisal, learning and development as outlined in the Agenda for Change terms and conditions agreement. Further to this, the NHS Constitution and parallel agreements in the devolved administrations include clear commitments that the NHS will provide all staff with personal development and access to appropriate training.

Conference recognises that many operational services members, especially those working in administrative and clerical roles are faced with career cul-de-sacs as organisations come under financial pressure and jobs are cut out of the career pathway. As a result, we have seen employers attempting to utilise staff to carry out work that should be done by higher banded staff. This is occurring at the same time that operational services staff are frequently down banded while being asked to undertake the same job role.

Conference calls on the Health Service Group Executive to:

1. Campaign for greater investment in training and development for operational services staff emphasising their right to appraisal and development.
2. Campaign for the creation of career pathways for all operational services staff, properly funded and open to all which will create real opportunities for our lower paid members.
3. Work closely with UNISON's Learning & Organising Services and TUC Union Learn to promote the role of the union learning rep as a key driver to increase workplace learning activities.
4. Work with employers, the health departments in the four UK countries and all relevant stakeholders, to champion the cause of operational services staff and campaign for better investment in their training and development.
5. Provide advice, guidance and support to regions and branches campaigning against the down banding of operational services members.
6. Work with the operational services occupational group to use this issue to organise and recruit staff working in operational services in the NHS.

Operational Services Occupational Group

44.1

At end of second paragraph, insert:

‘Conference welcomes the work carried out by NHS National Education for Scotland to develop the Admin Skills Map and related Career framework to provide career pathways for Administrative and Clerical Staff.’

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At end of motion insert new action point:

'7. Work with regions and branches to develop a database to record when attempts to downband operational services posts have been successfully stopped and build on the best practices of these branches.'

Lanarkshire Health

45. Domestic abuse: training for pre-hospital healthcare professionals

Conference recognises that domestic abuse, whether inflicted by men on women, by women on men or by same sex couples must not be defended or tolerated in today's modern society. However the abuse is caused or who causes it, when injury or ill health results and the victim is in need of medical attention, it often falls on the clinicians within our ambulance services to provide the initial treatment.

Invariably, domestic abuse is suffered in fearful silence, and when medical help is sought the victim is reluctant to provide the medical staff with truthful explanations as to how their injuries were sustained. Current information for ambulance staff is covered in 'The Clinical Manual' where reference is made to the OFSTED Review of Serious Case Reviews in which it notes that "the most common issues relating to children's families were domestic violence, mental ill-health as well as drug / alcohol misuse."

The Clinical Manual provides just two short paragraphs to explain that "domestic violence may be the result of women who use drugs being more likely to be in relationships with volatile men or that maternal drug misuse may be a consequence of having experienced domestic violence." The manual continues by defining domestic violence as being "any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality."

Conference believes that domestic violence is such a serious issue that it warrants more than simple referencing in two short paragraphs in an 800 page training manual. Ambulance personnel need proper and adequate training in how to deal with and manage a patient who they may suspect is a victim of domestic abuse. They should not be expected to rely solely upon a gut feeling based on their length of service. There must be a foundation training package which comprehensively prepares our ambulance staff to competently and confidently deal with victims of domestic violence.

We need to increase the awareness of domestic abuse throughout the NHS whilst at the same time call for improvement in the training being provided to our ambulance staff so that we are able to manage our patients appropriately and confidently in the knowledge that we have dealt with and treated them in confidence and have not placed them at risk of further or greater harm which may arise when there is insufficient training provided.

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Conference instructs the Health Service Group Executive to seek to work with NHS Employers, the Association of Ambulance Chief Executives (AACE) and the Joint Royal College Ambulance Committee (JRCALC) in order to achieve:

1. Improved awareness of domestic abuse amongst staff that work in NHS services;
2. The development and delivery of training programmes for all NHS workers who become directly or indirectly involved with patients who may be victims of domestic abuse;
3. The development of systems to support NHS staff that have been emotionally affected by their interaction with victims of domestic abuse.

East of England Ambulance

46. Training

This conference believes that it is vital to reverse the trend of reducing training opportunities for all healthcare staff. Training is a casualty of the reduction in funding and ongoing staff shortages. More than a third of nursing staff do not feel adequately updated with their core training.

This issue is relevant to health service members as we look towards the implementation of revalidation next year and it is a priority that healthcare staff receive essential training in order to maintain standards of care for our patients.

This conference calls upon the Health Service Group Executive to:

1. Support health branches to campaign for extra funding for the training of all health care staff.
2. Promote the recruitment of at least one ULR within each health branch.
3. Campaign for paid time off for all training.
4. Campaign to reverse the trend of e-learning in the health service as the sole method for core training subjects.

South West Region

47. Dementia Friends

Conference congratulates the Scottish Health Committee in becoming Dementia Friends. A dementia friends information session is a free interactive and informative training course that provides you with an understanding of how to interact with people who have dementia.

Five key dementia messages are brought to life through a number of activities delivered by trained dementia advisors. At the end of the session you become a registered dementia friend – you also receive a certificate and a badge!

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This illness can be regularly misunderstood by health workers. In becoming dementia friends, it is hoped that further awareness can be achieved in the roll out of this programme so that NHS staff can support those who are living with this incurable disease.

Conference asks the SGE to undertake a similar awareness event and encourage health branches and health committees to become dementia friends.

Scotland Region

Campaigning and promoting UNISON

Campaigning against privatisation and outsourcing

48. Fighting privatisation and efficiency cuts: NHS Protect

Conference recognises the misleading publicity by the Government around their commitment to protect front line services in the NHS. We know the NHS is not safe in their hands and cuts to jobs and services, along with increased privatisation will all be a consequence of their policies.

NHS Protect currently has the remit for anti-crime in the NHS, specifically the protection and security of NHS assets including staff, through delivery of the Violence Against Staff initiative, and support of an anti-fraud culture for the prevention, detection and investigation of offenders.

Academic and industry studies have identified that between £3 - £8 billion is lost through fraud in the NHS. But how do we put a value to the loss attributed to violence and assaults against the 67,864 NHS staff reported as at March 2015. The true value of NHS Protect work is in safeguarding NHS resources so these can be directed to the delivery of patient care. The real heart of the NHS.

At the 2006, 2008, 2011 and 2012 Healthcare Conferences motions were raised and carried (as amended) to fight the 'back door' privatisation and prevent the Government's attempt to privatise the whole NHS. With UNISON and Conference support, we won these battles. And yet in 2016 we are still fighting the same cause.

Like all NHS bodies, NHS Protect is seeing budgets slashed and private providers granted expensive contracts to provide services previously delivered under the NHS. Already NHS Protect has seen cuts in 2015/16 of approx 5%. Current assumptions are of further cuts in the budget 2016/17 of 7.5%, and around 40% in the five year period to 2010/11. To apply these cuts further without thought will degrade services to a point of non-existence. Who then will safeguard NHS resources and hold the private providers accountable?

NHS Protect was established to protect NHS resources for delivering excellence and improved value for money for the taxpayer.

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When properly examined, time and time again, NHS Protect are found to be operating cost effective services. We are cheaper against market benchmarks for costs and have greater value for money return. Yet so often the quality, cost effectiveness and agility of in-house provision and service improvement programmes is not adequately considered in a race to privatise. Contracts let under commercial confidentiality are often missing significant elements of services as the professional and dedicated staff being outsourced are excluded from the process.

Private counter fraud and security providers are draining the NHS resources away from vital patient care. NHS Protect provides critical central services to NHS organisations, patients and public.

NHS Protect is an essential part of the NHS, and Conference calls upon the Service Group Executive to:

1. Recognise NHS Protect as an essential element to the NHS and front line services.
2. Ensure the current attacks are widely publicised and the protection of these services are an integral part of the UNISON campaign to fight NHS cuts.
3. Pressurise the Government to recognise and evaluate in-house cases in terms of value for money rather than an ideological drive to privatise.
4. Challenge the assumption that outsourcing companies, waving investment cheques to get contracts, actually deliver on those commitments.
5. Send a clear message of support from this Conference to members in NHS Protect.
6. Oppose cuts to NHS Protect staffing structure for effective delivery.
7. Oppose attempts to privatise administrative and clerical members or outsource their duties.

NHS Protect

49. Challenging a Two-Tier workforce in social care

Conference notes that the commissioning and provision of social care across the UK is delivered in different ways. In Northern Ireland, health and social care is an integrated system. This has meant that NHS social care workers have benefitted from the Agenda for Change pay system. In contrast, those working in private provision are exploited and paid minimum wage rates.

Conference further notes that UNISON Northern Ireland vigorously campaigns for the retention and extension of social care delivery within a public health model. This is the best model for both the client users and the workforce.

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Conference recognises that the Northern Ireland experience of the purchaser provider split has driven the development of health service delivery in a negative direction. It also has led to a growth of the 'for profit' private sector, lowering of care standards and most of all, the creation of a two-tier workforce and pay system. Conference is aware of the strategic emphasis UNISON Northern Ireland places on challenging the commissioner provider split and increasing privatisation. Conference calls on the Service Group Executive to:

1. Challenge the two tier workforce pay system;
2. Seek to ensure that AFC pay model or equivalent is the standard contract in health and social care provision in each and every circumstance across the UK.

Conference further calls on the SGE to campaign to ensure that those commissioning services with public money don't sell the contracts to the lowest price bidder.

UNISON Northern Ireland

50. Protect NHSBT as a public service

Conference welcomes the partnership agreement between UNISON and NHSBT signed at the end of 2015 where UNISON agreed to promote and publicise amongst its members the organ donation register and the blood donation service.

UNISON agreed to support NHSBT as the values it is built on are the founding values of the NHS. Ordinary people in society helping others by donating blood or their organs to help others. These are values that embody the best of the public services but in stark contrast to the actions of this government which are privatising NHS services and handing more and more work to the private profit making sector.

It is not just that the private sector cannot manage or run services any better than the public sector but it is the awful and plainly wrong philosophy being pursued by this government allowing their friends in big business to make a profit from health care that we condemn unreservedly. NHSBT remains a public service employer built on free donations and UNISON proudly supports this and promotes its philosophy.

We may however as a union from time to time, have disagreements with NHSBT about how it is running these services. Our members and branches in Sheffield and Newcastle opposed the closures of manufacturing facilities by NHSBT in those two cities (and their consolidation in Manchester) because we do not think that such consolidation is right or safe for the NHS.

Conference will continue to support its members affected by closure in these cities and continue to campaign publicly to try and get this decision taken by the board of NHSBT reversed.

National Blood and Transplant Central Branch

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Within NHSBT our UNISON representatives have been made aware that we have another 24 months of change in all of their directives due to cuts to the wider NHS and the NHSBT as an Arm's Length Body. This can only be detrimental to our members and the wider NHS. The NHSBT believe consolidation of a National company is the answer to the cuts that they are required to make. Conference sees the removal of local services as a risk to the NHS and the people who rely on this service to maintain their quality of life.

Conference condemns the removal of local services such as manufacturing, organ donation and the closure of rural blood donation teams.

NHSBT Northern

52. Oppose privatisation, re-think commissioning

Conference believes that the way NHS services are commissioned in England has to change. Conference reiterates its opposition to NHS privatisation and notes that since the Health and Social Care Act 2012 came into force it is far easier for clinical and support services to be sold off, and increasingly even the actual commissioning itself.

Conference is dismayed by the spate of privatisations since the May 2015 general election. These include clinical commissioning groups in Staffordshire effectively passing responsibility for commissioning cancer services to a consortium led by

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Interserve, and Capita being handed the contract for primary care support services by NHS England.

Conference is particularly alarmed that organisations such as Optum, part of American healthcare company United Health, have been selected to provide commissioning advice and support to CCGs. Conference is concerned about the potential for conflicts of interest these type of deals create and the fact that this only makes the privatisation of clinical services more likely.

Conference notes the confusion created within the wider commissioning support world, where some commissioning support units have been forced to close as a result of not making it onto NHS England's 'lead provider network', and where CSUs are still threatened with being broken completely away from the public sector. Conference is alarmed that such decisions endanger the jobs of healthcare staff working on both the commissioning and provision sides of the NHS, and also that the pay, terms and conditions of workers may come under threat where services are transferred out of the public sector.

Moreover, Conference asserts that clinical commissioning groups are in danger of becoming merely the local agents of the government's cuts agenda, responsible for little more than skimming funding from local services. Conference in no way blames those staff working at CCGs, but notes the differences from the era of primary care trusts where the local NHS at least had the ability to plan strategically and where commissioning meant more than just tendering processes and rationing.

At a time when the big concerns within the English NHS have become focused on the new care models of the Five Year Forward View and on the devolution agenda, Conference believes that the current commissioning system is not fit for purpose. Similarly, Conference notes that the maintenance of the purchaser-provider split that has driven the development of the NHS market in the 21st century has become increasingly inappropriate and may actually be undermined by other NHS England initiatives, such as acute care collaborations.

Instead of the obsession with localised market-making that the Lansley overhaul aimed to foster, Conference believes that the time has come to rebuild a better integrated, better planned national system in which the NHS can more easily make those strategic decisions to improve services.

Conference therefore calls upon the Health Service Group Executive to work with other parts of the union to:

1. continue to oppose NHS privatisation in all its forms;
2. work to protect the jobs, pay, terms and conditions of staff working on both the commissioning and provision sides of the NHS; and
3. argue for a more progressive system for the English NHS based on strategic national planning rather than local marketeering.

Health Service Group Executive

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53. PFI buy outs

Northumbria Healthcare Foundation Trust became the first Trust in the UK to buy out a PFI contract, releasing £3.5 million a year to go towards patient care. In total the savings over length of contract was approximately £48 million.

If Northumbria can do it why not all Trusts? Releasing millions of pounds to go on to patient care and staffing costs.

Conference calls on the Service Group Executive to support and encourage branches to explore this with their employers and where needed, the Government.

Northumbria Healthcare

54. Increased involvement of consultancy companies in the NHS

This Conference views with disgust, that the large consultancy, legal and accountancy firms have been increasing their financial turnover and profits from the public purse strings across the NHS. Trusts spending on them doubled between 2010 and 2014 to £640 million – enough to pay for three medium-sized hospitals. For all of 2014 the NHS deficit was £820 million. By the autumn months of 2015/16 the deficit was £930 million.

The Government fails to put forward any measures to curtail the use of management consultancy firms across the NHS, as many of their recommendations mirror the Government's desire to privatise/outsource the NHS.

Profit-making firms have taken more than 60% of all contracts since 2010. In 2014-15 private companies won £3.5 billion of new clinical contracts. Out of 13 super clinical contracts (worth over £100 million each) private companies won six; five were won by consortia of NHS and non-NHS organisations. Only two were won by NHS organisations alone.

Prime Provider contracts allow sub-contractors to carry out the work, without any further public scrutiny. This Conference is dismayed with the constant refrain from the Department of Health, that these types of contract are classed “commercially in confidence.” Conference is angered that the Government refuses to make details of these contracts accountable to the public and that normal Parliamentary accountability is very limited.

Conference calls on the Health Care Service Group Executive to:

1. step up UNISON's campaign of opposition to privatisation of NHS Services;
2. campaign with other health trade unions in exposing the massive legal, consultative and accountancy fees paid to these private companies from NHS funding;

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3. campaign for open transparency in all present contracts awarded by DH to the private sector including contracts carried out by sub-contractors;
4. campaign against the internal market and put forward proposals, which give NHS workers, trade unions and NHS service users a real voice in the decisions on how the NHS is run and what its priorities are;
5. campaign for all outsourced contracts such as NHS Supply Chain to revert back to the NHS fold with any compensation to be paid only on proven need.

NHS Logistics

54.1

At the end of point 3 add:

'by extending the Freedom of Information Act to cover all NHS contracts'

Insert new action point:

'6. campaign for a 'windfall tax' on the excessive profits currently being made by PFI consortia prior to their return to public ownership.'

Mid Yorkshire Health

NHS Funding and cuts to services

55. The NHS Funding Crisis

Conference is appalled at the ongoing under-funding of our NHS. Conference refutes the claims of the Westminster government to have protected the NHS from spending cuts. Conference asserts that since 2010, NHS spending has failed miserably to keep pace with the spiralling costs of healthcare caused by increased demand, an ageing population and expensive new drugs and treatments.

Although health is a devolved matter, Conference notes that the failure by the Westminster government to allocate sufficient funding to Scotland, Wales and Northern Ireland means that cuts and closures are not restricted to England.

Conferences notes that in October 2015 the King's Fund think tank pointed out that David Cameron is likely to preside over the largest sustained fall in NHS spending as a share of GDP since the 1950s – a damning indictment of Conservative health policy. Furthermore, Conference notes that OECD research shows the UK has slipped down the international league table of health spending, falling behind the likes of Slovenia and Finland.

Conference draws attention to the fact that spending cuts in areas such as public health, training and education, and social care are making the problems for the NHS

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far worse. Conference is alarmed that arms-length bodies seem to be in line for particularly swingeing cuts.

Conference notes that the Tory promise of an extra £8bn of spending in England by 2020 has yet to materialise, and even then the £22bn of so-called 'efficiency savings' demanded alongside this will render any headline increases in spending virtually meaningless.

Conference believes that local plans to redesign healthcare services, to integrate with social care functions or implement new models of care will only be successful with proper levels of upfront funding to allow for spending on areas such as double-running costs and staff redeployment and retraining. Given that staffing costs make up such a large percentage of the overall healthcare budget, Conference fears that attempts to make such substantial cuts across all parts of the UK are highly likely to result in attacks on the pay, terms and conditions of healthcare staff.

Indeed Conference notes that huge numbers of healthcare staff across the UK are already having to cope with increasing workloads, lower staffing levels and unacceptable levels of stress as a result of the failure to provide adequate funding. Conference also fears that initiatives such as the Carter review in England mean that trusts may increasingly be tempted to look at short-term cost-cutting measures such as outsourcing their support services.

Conference therefore calls upon the Health SGE to work with other parts of the union to:

1. continue to campaign for increased NHS funding across the UK and an end to the cuts;
2. work with other unions and through the TUC to make the case for immediate extra funding for the NHS, for areas such as public health to be protected, and for mental health services to receive equal funding; and for overall spending on the NHS to be brought up to the level of comparable European countries such as France and Germany;
3. resist any national or local plans to use the funding squeeze as an excuse to target staff pay, terms and conditions; and
4. support UNISON's One Team campaign to make sure that NHS support services in particular are not targeted for cuts or privatisation.

Health Service Group Executive

55.1

Before action points, insert new final paragraph:

'Conference is alarmed by many of the recommendations of the final Carter report, such as the demand to drive down administration costs to 6% of income by 2020 and

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the encouragement for trusts to privatise their pathology, pharmacy and support services.

Add new action point:

'5. highlight the potential ramifications of the Carter recommendations across the NHS and work with regions and branches to highlight the history of failure associated with outsourcing pathology, pharmacy and support services.'

Science, Therapy and Technical Occupational Group

56. NHS Funding

Conference notes that the Government made a promise of an increase in the annual funding for the NHS of £8bn more above the annual rate in inflation by 2020.

Conference demands that the Government not only keeps its promise but that it pays the extra £8bn now.

This payment needs to be actioned now in order to prevent hospital and bed closures. There is a current inability to recruit and retain staff leading to excessive spending on agency staff. There is a reliance on the goodwill of staff to cover shortfalls but that this leads to increased sickness absence due to work-related stress.

Conference calls on the Health Service Group Executive takes the following actions:

1. Initiate an urgent public campaign;
2. Lobby Government to honour their promises and meet our demands;
3. Link with other trade unions and professional bodies to highlight deficiencies in health care;
4. Link all regions together to produce a national campaign on cuts.

South West Region

57. NHS Tariffs and the impact on staff

Conference is concerned that the complex tariff system in operation in the NHS may disadvantage some services, and consequently our members that provide those services. The tariffs result in lower levels of funding for those services, leading to difficulty in recruiting; staff shortages; increased workload and less flexibility, thus impacting on the health and wellbeing of those working in these areas.

Conference is concerned that amongst those adversely affected may be women's hospitals, and those providing women's services, including gynaecological and maternity services.

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Conference calls upon the Service Group Executive to:

1. explore these concerns, and investigate whether the tariff system disproportionately impacts on particular services, and consequently the members providing those services;
2. raise these concerns with appropriate employer and tariff-setting organisations, with a view to lobbying for fairer tariff levels for disadvantaged services.

National Women's Committee

57.1

Before action points, insert new paragraphs:

‘Conference notes that one area of services adversely affected by the tariff system are Trusts that deliver specialist, complex care. The tariff does not account for the complexity of the work and is not sufficient to cover the costs of the interventions. This creates financial instability for the organisations providing those services and consequent risks to the members working in those organisations.

To provide enough funding for specialist services the money would need to be removed from another part of the NHS and therefore adversely affect members in another area. The tariff system attempts to veil the reality of cuts and insufficient funding in the NHS. In this way the tariff system is a risk to members in all areas of healthcare.’

Add a further action point:

‘3. highlight the tariff system fails to fully fund the cost of health care and campaign for a transparent funding scheme that adequately resources all services.’

Royal National Orthopaedic Hospital UNISON

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58. Monitor's proposals threaten safe staffing

Conference notes with concern the letter sent out in summer 2015 by Monitor and the Trust Development Authority to all provider trusts in England asking them to take urgent measures to reduce the predicted national £2 billion health deficit. The measures suggested include 'to ensure vacancies are filled only where essential', but does not explain what it means by essential vacancies, or how this will be done.

Conference also notes that at the same time, the government sold its remaining shares in Royal Bank of Scotland at a price considerably lower than their purchase value, resulting in a loss of £1 billion pounds of taxpayers' money, and a supply of cheap share buys for private sector institutions. This is a large sum of money which could, if not handed away, have helped reduce the NHS deficit substantially.

The Monitor proposals put safe staffing levels at risk and would further undermine morale and increase workplace stress, in spite of the serious issues uncovered in the Francis report, detailing the consequences of putting targets and financial issues before safe and effective patient care. Coupled with the suggestion made in the same letter, that Clinical Commissioning Groups should suspend fines on trusts who break eighteen week limits, it would seem that there will be a process of decreasing staff numbers and increasing waiting lists to make the books balance.

All health staff are facing increasing workloads leading to stress and poor morale at a time when staffing budgets are being hit by cost improvement programmes and escalating agency staffing costs. When challenged on this, Monitor have said that they do not expect trusts to stop recruiting doctors and nurses, but it is difficult to see how significant savings could be achieved without doing just this. Also, non-clinical staff, such as domestics, catering, and records staff are equally vital to the safe running of an NHS organisation, and we have already seen the consequences of cuts to these services, such as increased rates of hospital acquired infection.

Furthermore, there is a risk that in local health economies there will be an expectation that financially more successful foundation trusts will be expected to make proportionately greater savings to subsidise underfunded/poorly performing foundation trusts, which can only reduce quality and staffing in trusts that are doing well.

Conference calls upon the Health Service Group Executive to work with all appropriate bodies, to express their condemnation of this threat to NHS staffing and services in the strongest possible terms, and to work with branches, regions and community groups to identify, publicise and oppose job cuts and privatisation which may be made as part of trusts' responses to the Monitor/TDA letter.

Yorkshire & Humberside Region

59. Transfer of public health commissioning to local councils in England

Conference notes the successive transfers of commissioning responsibility for Public Health from the NHS in England to local councils since the abolition of Primary Care Trusts. The most recent was the responsibility for Children & Young People's (0-19)

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Health and Wellbeing (mainly School Nursing and Health Visiting) on 1st October 2015.

Conference also notes:

- i. the 'in year' cut in Public Health spending announced in the 2015 Budget;
- ii. the removal of the ring-fencing of Public Health spending in the Autumn Statement;
- iii. the Government's recently stated intention that councils will in the future have to raise all their funds through Council Tax and Business Rates, rather than a percentage coming from government grants as at present.

The Government seem to be giving up on keeping its citizens well rather than treating them when they become ill. We are further concerned that some councils put their 0-19 services out to tender even before they became officially responsible for them, and that cuts of 20% plus are taking place in the available budgets, compromising the provision of safeguarding to vulnerable children.

Conference recognises that while 0-19 is one of the most prominent examples it is not alone - commissioning has become tied up in general, council objectives such as to 'grow the voluntary sector' in the area, at times meaning a bias against NHS providers. Drug Action Teams (commissioning drug and alcohol services and generally led by local authorities) have commonly awarded contracts to voluntary sector and private bodies which do not recognise trade unions, while some NHS bodies have gone so far as to consider setting up arms-length organisations (outside national terms and conditions for staff) so that they can compete with the voluntary and private sector on price. All this is leading to cuts in jobs and terms and conditions.

Conference believes this is happening piecemeal without the broad picture being recognised and calls upon the SGE to work with Regions and the Local Government and Community service groups to monitor this and to use the media to publicise what is taking place.

South West Yorkshire Partnership Health

60. Recruiting and the over reliance on agency staff

Staff shortages in the NHS and cuts to public sector budgets have caused an over-reliance on agency staff to fill the skills gap in the NHS. Most of these staff are former NHS workers who were made redundant in the last few years.

The cost of agency staff is much higher than employing a member of staff either on a fixed term contract or a permanent contract.

When the NHS is in a continuous period of austerity the cost of staffing from agencies is prohibitive.

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Conference calls on the SGE to support branches and regions to work with employers to look at alternative ways to fill the skills and capacity gaps in their organisations wherever possible.

Northern Regional Health Commissioning Branch

Campaigning, Influencing and Organising

61. Partnership working within the NHS

With this Tory-led government posing massive threats to our trade union, with the new Trade Union Bill that's likely to become law, this will put greater risks to the excellent partnership working that hospital NHS trusts and trades unions/staff sides have built up over the years and worked hard to achieve, whilst working with senior NHS management and other trade unions.

With a high number of union members working for the NHS, senior management are now seeing the benefits of partnership working between themselves and the trade unions that represent all the staff working in our health system. We all know the massive benefits from partnership working for staff, which benefits patients and visitors especially while the morale of staff working in the NHS is at an all-time low due to pay restraints and transformation after transformation.

Research shows partnership working within the NHS reduces sickness levels, stress and aids retention, thus reducing job vacancies by encouraging and supporting staff to have a say in how to make things better in the workplace which helps the reduction in patient complaints. Which in turn builds a happier workforce and helps Hospital trusts become an outstanding trust providing high quality and adaptable services.

Conference instructs the Service Group Executive to:

1. build better and more structural partnerships with regional officers and local branches in supporting the work that trusts already do, by having clear plans for joint management and trades union/staff side meetings on how we could improve this locally between senior NHS management and local union branch officers.
2. organise regions to work with those trusts that don't have good/positive partnership working, to liaise with other branches and/or trusts to establish how well the partnership working is performing. By utilising regional heads of health and increased engagement by NHS trusts through the Social Partnership Forum.
3. ask UNISON Health Sector to survey all trusts to see how well partnership working is doing and putting plans in place to helping those who need help.
4. establish partnership working within the private sector as more of our public services are becoming fragmented to the private and voluntary sector.

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Partnership working is very important and was highlighted in the Francis Report as necessary for the care of our patients and staff.

Peterborough and Stamford Hospital Trust

61.1

In first paragraph: delete 'hospital NHS trusts' and insert: 'health care employers'

In third paragraph, final sentence:

delete 'Which' and insert: 'This'

delete 'and helps Hospital trusts become an outstanding trust' and insert:

'with a stronger voice in the decisions that affect them at work, and supports health care organisations in'

In action points 1, 2 and 3: delete all references to 'trusts' and replace with 'organisations.'

At end of action point 2, delete 'Forum' and insert:
'arrangements in each of the UK countries.'

Health Service Group Executive

62. New models of care delivery - supporting members through change

Conference is committed to working in partnership to make our NHS the best it can be, whatever the circumstances. However, Conference notes that many of the changes coming to the NHS are more about driving down costs than driving up service quality.

Initiatives are happening in different guises across the UK including integration with social care, seven day services, NHS vanguards, devolution of health services, and reconfiguration of primary, acute and community healthcare. What they all have in common is the potential for major changes to our members' working conditions, working hours, employment patterns, job design, skill mix, and employers' identity.

Conference asserts that positive changes to how services are delivered can only be achieved if:

- i. Staff and their union representatives are involved in designing, planning and implementing the changes;
- ii. Staff have guarantees and reassurances about their job security;
- iii. Services are publicly provided ensuring accountability and quality;
- iv. Training and development needs are identified early and properly resourced;

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- v. Agenda for Change terms and conditions are the bedrock of service delivery with levelling up where necessary for any incoming staff;
- vi. Changes of employer including public to public transfers involve full TUPE-Plus protection so staff do not lose out as a result of the limitations or non-applicability of the TUPE regulations.

Conference calls on the Service Group Executive to:

1. Develop a policy, bargaining and organising agenda that ensures members have a voice and a say in how services are developed and changes implemented.
2. Work at every level of the union to support and protect members through service delivery changes.
3. Provide advice and guidance to UNISON branches to assist them in dealing with these changes.
4. Continue to embed Agenda for Change as the standard contract in health and social care provision across the UK.

Health Service Group Executive

63. Integration of health and social care

This conference supports the integration of health and social care. Integration is the way forward in order to provide a more efficient service for patients/service users, especially in times of imposed economic austerity. Integration is about ensuring that those who use services get the right care and support, whatever their needs, at any point in their care journey. It will benefit patients by moving people out of hospital more quickly, there being a clear process with one professional overseeing the patient's care.

While our health and social care structure often divides and separates public sector workers – think organisational structures, payment mechanisms and performance targets – we are all in this to improve care for patients. We are at our best when we focus on that.

In Powys there are the beginnings of integration with an integrated health and social care centre in Builth Wells, following this there is now a proposed joint policy for change between the local council and health board. This conference believes that integration cannot be achieved effectively unless there is a clear clarification of roles and functions between health and social care and there is a consensus on how different terms and conditions between staff are negotiated to ensure that we work well with our colleagues across the sectors rather than the differences being divisive and creating barriers to our work and hence the effectiveness of integrated services. Integration should not be used as an opportunity to reduce terms and conditions but an opportunity to work to negotiate the best for our members. A well motivated and fairly treated workforce will provide for our patients, their families and their communities the very best experience through their care journey.

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Conference therefore calls upon the Service Group Executive to:

1. Provide negotiating and bargaining advice to branches on how to approach proposed integration to ensure that it is not used as an opportunity by employers to reduce terms and conditions across the sectors.
2. Gather evidence of integration and share best practice.
3. Approach the Local Government Service Group Executive with the aim of working together to ensure that there is a consistent UNISON approach to proposals for integration.

Powys Health Care

64. Influencing the new NHS structures

Conference notes we continue to see the true extent of the Health and Social Care Bill and the Tory Government's plans for the NHS. We are seeing the widespread privatisation and fragmentation of our NHS. Our members losing their jobs, forced into the private sector where profits are put before patient care.

The recent threat we are facing is the establishment of Trading Companies. In some areas we are seeing the re-introduction of a 'two-tier' workforce as the NHS terms and conditions of employees of these new companies are either reduced or removed.

Conference welcomes UNISON's Guide to Resisting Privatisation in the NHS. However, we must do more and build upon this. Our members and activists need updated training and support in understanding the new structures, how they work and clear information on how this impacts on staff. Members should have the knowledge to challenge commissioning decisions, whether this be via Clinical Commissioning Groups or Local Authorities.

Conference further notes the need to ensure that our members know how to open constructive dialogue with those who hold positions on these new structures. Whether this is through patient involvement groups via the new Healthwatch or through local councillors on Health and Wellbeing Boards, we need to ensure our members are equipped with the necessary skills and information not only to prevent the onslaught of privatisation but in doing so protecting our members' jobs and terms and conditions of employment.

Conference therefore calls on the Service Group Executive to:

1. Work with Learning and Organising Services to produce appropriate training modules to assist health branch activists in influencing the NHS agenda.
2. Encourage and support health branches to participate in or establish local community coalitions in order to widen and strengthen the sphere of influence.

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3. Use our agreed political routes to lobby against further privatisation and fragmentation of our NHS.

Northern Region

65. Safe staffing across the NHS

Conference congratulates UNISON on its safe staffing campaign, which has done much to keep this important issue in the news in recent years. Given the findings of the Francis inquiry and media coverage of the issue, Conference believes it is entirely appropriate that the campaign has so far focused largely on staffing levels in the nursing workforce.

Conference notes, however, that concerns around inadequate staffing levels are not confined to nursing. Conference recognises that an assessment of safe staffing levels should involve the whole health care team including the wider nursing family such as health care assistants, allied health professionals and non-clinical staff.

Conference believes that all staff, no matter what their job, play a valuable role in delivering quality patient care, and that the NHS simply couldn't function without sufficient numbers of HCAs who deliver the majority of hands on care, Occupational Therapists who assess patients before they are discharged, and receptionists who are vital to booking patients appointments and dealing with distressed relatives.

Conference believes that a multi-disciplinary approach offers a far better solution to safe staffing and is something that clinical staff want to see as well. Conference notes that the various governments of the UK, and particularly at Westminster, have tended to focus heavily on attempts to protect doctors and nurses from the worst of the job cuts affecting healthcare staff. Consequently, Conference is alarmed at the worrying level of job losses that have affected staff working in other clinical roles and support services.

Conference welcomes the fact that campaigning by UNISON and others led in October 2015 to nurses being added to the government's shortage occupation list, at least temporarily. However, Conference notes that there is still an overall cap on the amount of staff who will be allowed to come to work in the NHS from outside the European Economic Area, meaning that shortages in other healthcare roles will continue to be a major problem.

Furthermore, Conference notes that while government plans to clamp down on agency spending may be understandable in terms of cutting back on the excessive costs charged by many agencies, this will do nothing at all to help the NHS achieve decent levels of staffing across different roles in the health service.

Conference believes that the NHS, in all parts of the UK, works best for patients and their families when all members of the healthcare team are able to work together and when there are enough staff at all pay grades to allow doctors and nurses to go about their jobs to the best of their abilities.

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Conference applauds the union for reinvigorating its One Team campaign and taking up important issues on jobs, pay and privatisation for support services staff in Parliament.

Conference therefore calls upon the Health Service Group Executive to:

1. broaden its campaigning on safe staffing to cover all NHS staff by working with the Nursing and Midwifery Occupational Group to roll out the 'Be Safe' training;
2. raise the profile of the One Team campaign to ensure that support staff are not forgotten about when the union is defending the jobs, pay and terms and conditions of healthcare workers; and
3. work with UNISON Labour Link and other parts of the union to ensure that all these issues get the coverage they deserve at the Westminster Parliament and across all nations of the UK.

Health Service Group Executive

66. Staffing levels in the Welsh NHS

Conference notes the intention of the Welsh Government to pass legislation in relation to nurse staffing levels in Wales. We welcome the intention of this legislation to ensure minimum staffing levels on hospital wards, which reflects the feedback we receive regularly from nursing members that staffing levels are often insufficient and unsafe.

We also note the developing trend towards more community-based services of increasing complexity (sometimes referred to as 'hospital at home') which demands that safe staffing levels be secured for all groups of staff in all clinical settings.

However, conference remains concerned that the proposed Welsh legislation will apply only to nurses, and only to in-patient wards. We believe that healthcare is best provided by the whole multi-disciplinary team, comprising not just doctors and nurses (as portrayed by the media) but many other groups of staff, including ancillary staff, admin and clerical staff, and allied health professionals such as Occupational Therapists.

Conference notes that the campaign to establish minimum nurse staffing levels can sometimes be seen to have an adverse and unintended consequence for other staff groups.

Conference therefore calls on the Health Service Group Executive to consider extending its safe staffing levels campaign to include all relevant staff groups and not just nursing.

Cardiff & Vale Health

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67. Seven day services and safe staffing

Conference believes that moves to seven day operation must be carried out on a case by case basis informed by a robust evidence base. Conference asserts that extending the hours NHS services operate will require additional funding and cannot be achieved from within existing resources.

Conference recognises that current Agenda for Change unsocial hours payments are an essential enabler of extended service hours and that further improvements may be required to enable extended working. Conference asserts that the extension of service operating times makes the need for safe staffing guidelines covering all relevant disciplines, and not just confined to nursing, more essential than ever.

Conference notes that austerity measures across the four countries since 2010 have led to large-scale disinvestment in many posts across various Scientific, Therapy and Technical (STAT) roles, covering both clinical and support staff. Vacancies are routinely frozen and/or “skilled mixed” down, hours are reduced and staff in post down-banded. Furthermore, Conference notes that where there has been investment, this has often been in generic roles that can compromise professional indemnity for some staff.

Conference recognises that the healthcare team does not solely consist of doctors and nurses, but also includes the vital contribution of those working in STAT roles, who should also be included in safe staffing numbers, so as not to distort the workforce profile or to adversely affect patient outcomes. Conference notes that prioritising staffing levels for certain professions will lead to a situation where Peter will be robbed to pay Paul.

Conference applauds UNISON's One Team campaign which highlights the importance of multidisciplinary teams including the whole range of staff, including support workers and managers.

Conference therefore calls upon the Service Group Executive to:

1. develop tools to help branches to engage in discussions with employers about the evidence base for extending services
2. campaign to protect and improve unsocial hours payments
3. work with the national STAT occupational group and Regional Health Committees to campaign for safe staffing guidelines for cross multidisciplinary teams to protect against staff in extended services being spread too thinly
4. contribute to the collection and dissemination of research-based evidence to support workforce planning for all staff.

Science, Therapy and Technical Occupational Group

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68. Raising Standards of Cleanliness in the NHS

This conference recognises the critical importance of maintaining and improving standards of cleanliness throughout the NHS with particular emphasis in clinical areas. A quality environment for health care should not be a luxury but an essential element of every patient's treatment.

UNISON members working in hospital cleaning services have continually shown 100% commitment and professionalism to their duties. This is despite cuts and increased privatisation and disintegration of services in many parts of the UK. This conference also acknowledges that it was the Labour led Welsh Assembly Government that led the way with its National Minimum Standards of Cleanliness (revised Oct 2009) document which set standards to be achieved in the Welsh NHS.

These standards called for the expansion of the Ward Sister/Charge Nurse role and to empower them to improve ward cleanliness, raise standards of care and protect patients' meal times.

UNISON has always maintained that a consistent, quality hospital cleaning programme can only be achieved when it is delivered by well paid, well trained and motivated in-house cleaning services, who do not exist simply to make a profit for invisible shareholders who have no interest in the service other than what appears on the balance of profit column on a spreadsheet. If a cleaning service is to be privatised then minimum standards of cleanliness must be written into any contract as a prerequisite with financial penalty clauses strictly applied for any breaches.

This conference mandates the Health Service Group Executive to work with UNISON's Head of Health, Regional Heads of Health and all UNISON healthcare branches to:

1. Maintain and support any in-house cleaning contracts that currently exist in the NHS.
2. Campaign against privatised cleaning services wherever they exist in the NHS and to fight for any new contracts to be awarded to in-house bids.
3. Urge all NHS employers to adopt a Minimum Standards of Cleanliness policy which will be subject to regular audits and strict monitoring which will ensure standards are maintained. This will involve putting a training programme in place that will include:
 - a) Induction training
 - b) Cleaning Operatives Proficiency Certificate award
 - c) On the job support
 - d) Patient relations training
 - e) Supervisory, managerial and leadership development training (where appropriate)

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These actions will ensure that UNISON members working in hospital cleaning services are recognised and valued for the vital role they all play in the day to day running of our NHS.

Cwm Taf Health

68.1

In paragraph 5 after 'Regional Heads of Health' insert:

'the Operational Services Occupational Group'

After action point 2, insert new action point:

'3. Use UNISON's One Team Campaign to highlight the important role our members working in cleaning services play in delivering safe, high quality patient care.'

Renumber remaining action point as '4.'

Operational Services Occupational Group

69. Campaign for better mental health services

Conference notes that mental health services continue to suffer from lack of adequate funding and poor staff-to-service user ratios. Many service users have been hit by cuts in welfare benefits and other austerity measures. Many staff work extra hours without pay in order to try to keep their services going; they have faced constant cuts and redundancies which put remaining staff under more and more pressure. Many mental health wards and community services rely long term on expensive agency staff. These are issues which affect all of us and our families, friends and colleagues, as 1 in 4 of us will experience a mental health problem at some time.

Conference notes that many branches with members working in mental health services have been actively involved in local campaigns to defend and improve the mental health services they provide. However, particularly in England, inadequate funding, lack of parity with other health services, increasing need for services for people with complex need and high level of acuity, insufficient staffing levels – these are national, not just local issues.

Conference also notes that the Labour Party has appointed a shadow minister with responsibility for mental health issues. Despite conference resolutions calling on UNISON and the Health Service Group Executive to lead campaigns for better funding and parity of resources for mental health services, there appears to have been very little action or promotion of such campaigns. There appears to have been little challenge to the government which claims to show concern for mental health services and service users while actually making greater cuts and providing proportionally few resources than for other health services.

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We therefore call on the Health Service Group Executive to make this issue a major priority for the coming year, to include the following actions, to:

1. call a meeting for branches with members working in mental health services (whether in the NHS or the voluntary sector) to share experiences and to discuss strategies to raise the profile of mental health services and the problems that they face.
2. invite the Labour Party shadow minister to this meeting.
3. produce information about the funding of mental health services in relation to the whole NHS budget, in a format that can be easily used by branches.
4. produce campaign materials in consultation with branches.
5. encourage branches to work with service user groups and community groups in local campaigns for better mental health services.

Manchester Community and Mental Health

70. UNISON's Voice needs to be heard

Conference believes that UNISON does much useful research on the state of our health service and why it needs protecting from the Tories and capitalist market profiteers.

Conference recognises that other organisations also look at the NHS, how it functions and the demands placed on it by the growing and ageing population i.e. the Kings Fund. Yet when these organisations make media releases on these matters UNISON's voice is rarely heard, despite the fact that our union represents not only the largest number of NHS staff but also the widest cross section of staff. We also feel that our union has little visible presence in the national media when it comes to health matters.

Conference believes that UNISON needs to be seen and heard on health issues not only by our health membership but also within the wider community. Whilst we welcome Jeremy Corbyn's election and believe it will assist the defence of the health service in Parliament, we cannot rely on many of the current politicians to protect it, as many have in the past supported PFI, privatisation, and the increasing market-orientated developments within the health service, that have given rise to its current predicament.

Conference believes that the best supporters of the NHS are our members and the wider community; however they need to know what's happening to it. Therefore as part of our campaigning strategy we ask conference to support the following, when either our health service team produce material for measures being discussed in parliament, or if other organisations produce material that fits with conference policy and UNISON's campaigning position:

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1. The Service Group Executive responds via the health service team to any health matters in the national news with a press release to national media outlets stating UNISON's position and with names of individual health members able to speak on the matter
2. The press release goes out from the health team to all branches so that they can use it if they wish as part of their local campaigning
3. The Service Group Executive and health service team hold a national, regional and local list of people (updated annually) who are able to put UNISON policy across to the local, national and social media outlets and this is made available to local branches to ensure accountability.

Bucks Healthcare and Community

Amendments Ruled Out of Order

The following amendments were ruled out of order because they seek to change fundamentally, the purpose of the original motions.

Amendment to motion 7: Agenda for Change pay scales – Don't scrap the system, make it better!

In third paragraph commencing: 'With the Chancellor refusing..', in the second sentence, after the words 'represent' delete: 'the only chance we have' and insert: 'one approach within a strategy that includes industrial action'

In point b) first line, after 'HSGE will' delete the remaining words and insert:

'with prior liaison and agreement with country committees over the scope and application of the proposals in Scotland, Cymru/Wales and Northern Ireland propose a ballot of the membership across Scotland, Cymru/Wales, Northern Ireland and England and that the HSGE shall recommend rejection of any proposal that does not include a minimum of a £1 an hour increase for all staff and that the rates of pay in Cymru/Wales, Northern Ireland, Scotland and England shall be aligned, at the level of the country paying the higher rates.'

In point c):

insert 'Whilst' as the first word, and replace the upper case S in 'Some' with a lower case "s"

after the word 'not' insert: 'just'

after the word 'taken' insert: 'by the Government'

after the word 'proposals,' insert: 'Conference calls on the Health Service Group Executive to produce its own material exposing any Government, or employer misinformation'

after the word 'facts,' insert: 'and UNISON's position'

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after the word 'than' insert: 'the Government's'

South Derbyshire Healthcare

Amendment to motion 30: Protection for Whistleblowers in the NHS

In the second paragraph delete: 'the Wales NHS policies on "raising concerns" and Dignity at Work and bullying, they are policies of which to be proud' and insert:

'that the NHS has various policies across the UK including those on raising concerns, 'Freedom to Speak Up,' Dignity at Work and bullying, which all look good on paper.'

In the fifth paragraph, after 'This Conference urges our' delete 'Delegates to the All Wales Partnership to call for the Wales' and insert:

'representatives within the partnership structures of all four countries to call for the'

After the first action point, insert new action points 2 and 3, and renumber subsequent action points accordingly:

'2. Work in partnership to embed a workplace culture in all organisations that views raising concerns as a routine part of normal business

3. Negotiate clear protected and trusted routes for whistle-blowing'

In action point 2 delete 'Health Boards' and insert: "NHS organisations"

In action point 3 delete "in each health board to ensure all Trusts in Wales" and insert: 'to ensure all NHS organisations in the UK'

In the final paragraph delete 'Wales NHS' and insert: 'NHS organisations'

Health Service Group Executive

Amendment to motion 53: PFI buy outs

Delete final sentence and replace with:

- 'Conference calls on the SGE to support the demand for the cancelation of all PFI debts and to bring back all PFI projects into public ownership.
- Work with UNISON Labour Link and other parts of the union to pursue this aim.'

Tees Esk and Wear Valleys Health

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APPENDIX

(Refers to motions 3, 4 and 5 on Pay Determination across the UK)

DRAFT Report from the Health Service Group Executive's Devolution Working Group - Devolved NHS pay determination

Introduction

This draft report prepared by the Health Service Group Executive Committee's Devolution Working Group, has been circulated to Regional Health Committees for comment. A revised version will be available to branches and delegates in advance of UNISON's Health Service Group Conference in April 2016.

1. Background and context

1.1 Responsibility for the NHS is a devolved issue and rests with the respective government ministers and department in Scotland, Wales and Northern Ireland. Responsibility for the NHS in England rests with the Westminster Government and the structures that exist within England for commissioning and providing NHS services. According to Agenda for Change, pay for staff in the NHS (excluding doctors, dentists and very senior managers) should be recommended by the NHS Pay Review Body following the submission of evidence by employers, trade unions and relevant government departments. The Pay Review Body is given a remit by the four government departments in the UK. The PRB's recommendations then go to respective government ministers with the final decision on the implementation as a matter for the Prime Minister and relevant health ministers.

Since the financial crisis in 2008 the relevance and independence of the PRB as a pay setting mechanism has increasingly been called into question as severely limited remits from the Westminster governments have consistently resulted in recommendations of pay freezes or pay caps.

1.2 Health conference policy previously committed UNISON to UK wide pay rates and to use the PRB as the mechanism to achieve this. However, the 2014/15 pay round represented a landmark year for pay determination in the NHS as the PRB recommendation was treated differently by the governments devolved nations in all four parts of UK, leading to variations in the pay rates across the four UK countries with the trend continuing in 2015/16. In light of the new political environment in the UK it now seems unlikely that we will see a realignment of pay rates in the short-to-medium term and consideration must be given to the best way to improve and maintain pay for NHS staff and what level of determination and decision making should be devolved to individual countries.

1.3 Amended motion 26 (Annex A) that was passed at Health Conference 2015 sets out the policy for UNISON in relation to pay determination in health, the main change being that devolved health committees, within a national framework, now have the ability to establish their own pay determination arrangements.

Despite the likelihood that different pay determination structures will exist in some form across the devolved nations, as a UK wide union there is a need for an element of consistency in how this is approached.

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The Health Service Group Executive Devolution Working Group has met to consider these key issues. The working group has been expanded to include chairs of health committees and Regional Secretaries or Heads of Health from the devolved countries. This paper sets out proposals for consideration by regions and branches.

2. Establishing pay determination models

From 1984/5 – 2004/5, there were only 4 occasions when the PRB settlement was lower than that negotiated for ancillary staff and it was consistently higher than that negotiated for administrative and clerical staff. From 2007 -12 when the PRB had a wider remit, the average PRB settlement delivered an almost 10% increase, compared to just over 6% increase over the same period in the local government sector, where pay is collectively bargained.

However, it is clear that since then governments' public sector pay policies have severely limited the PRB's ability to act autonomously and deliver pay awards based on evidence. Over time there has been a divergence within areas of the AfC handbook which have led to separate elements of Agenda for Change applying to different areas within the UK.

Across the four countries attitudes to and likelihood of establishing an alternative to the PRB vary considerably.

2.1 Scotland

The Scottish Government sets national objectives and priorities for the NHS and signs delivery plans with each NHS Board. There are 14 local NHS Boards covering the whole of Scotland as well as seven national or 'special' NHS Boards providing national services, including ambulance services.

The Scottish Terms and Conditions Committee (STAC) oversees the implementation of AfC. A number of issues have been dealt with that require a Scotland specific agreement.

The STAC Committee has begun to consider the opportunities, challenges and threats that may arise for pay and conditions from both the current arrangement but also if new arrangement were to be proposed for NHS Scotland alone. The current Scottish government has indicated this may be possible if there is consensus among unions and employers. At present the analysis is that the majority of unions do not support moving away from the PRB towards an independent Scottish negotiating structure.

2.2 Wales

The NHS in Wales underwent major change in 2009. The reorganisation of NHS Wales created single local health organisations that are responsible for delivering all healthcare services within a larger geographical and population area, rather than the Trust and Local Health Board system that existed previously. NHS Wales now delivers services through seven Health Boards and three NHS Trusts.

There has been limited divergence with implementation of Wales specific elements of Agenda for Change including the introduction of a Wales mileage agreement and a two-year pay deal for 2014-15 and 2015-16. In 2015, the Welsh Health and Social Services Minister established an NHS Wales Workforce Review to consider a wide

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range of workforce and pay issues in the context of the Nuffield Trust report “A Decade of Austerity in Wales.” UNISON has submitted evidence and the review is expected to report in February 2016.

In relation to pay determination and the likelihood of establishing alternative models there is currently no clear position from the Welsh government on moving away from the PRB as the model of choice. However, as part of the NHS Wales Workforce Review the Minister has asked the Review to consider the approach to determining and setting future pay and rewards in the NHS in Wales.

2.3 Northern Ireland

Unlike the NHS in England, Scotland and Wales, Health and Social Care in Northern Ireland (HSC) is responsible for the delivery of both health and social care. Trusts are the statutory bodies responsible for the management of staff, health and social care services on the ground and have control of their own budgets. In 2007 a significant reorganisation of the HSC took place that saw 19 Health and Social Services Trusts being merged into six.

Significant industrial tension has existed in Northern Ireland over pay in recent years with the health minister delaying the award of the 2014/15 pay settlement. This pattern is continuing in relation to the 2015/16 pay award as no confirmation on when or if this will be awarded to staff. The trade unions in Northern Ireland have submitted a claim to the health minister to mirror the pay settlement awarded in Scotland for 2015/16. In terms of establishing a different model of pay determination in Northern Ireland the position of the government is unknown however the current level of engagement on issues relating to pay suggests it's unlikely in the short to medium term. There is also no support for moving away from the PRB at present among the majority of trade unions.

2.4 England

The structure and governance of the NHS in England has evolved very differently from the devolved countries. NHS Trusts were established in 1990 and the system for foundation Trusts in 2002. The biggest change came about following the Health and Social Care Act which set up clinical commissioning groups (CCGs) run primarily by GPs to buy in care for local communities and responsibility for delivery and governance of the NHS was transferred to a number of new national bodies including NHS England, Health Education England and Monitor. There is a much greater role for the private sector and not for profit organisations in the NHS in England than in the devolved nations. All Trusts are expected to become Foundation Trusts which have freedom to set their own pay and conditions. To date no trust has broken away from AfC (excluding Southend which never put staff onto AfC) although there have been some attempts and threats to do so. These have been unsuccessful following joint union campaigns, but the threat of co-ordinated breakaways remains. As part of the pay settlement in England in 2015 there was a commitment to continue to review the AfC agreement, including the incremental pay system. Although these are England only talks, employers and unions in the three devolved countries have agreed that they want to be involved as observers.

There has been no indication from government or employers that they would welcome a move away from the PRB to a national collective bargaining system.

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There is very little likelihood of establishing a separate bargaining structure for the NHS in England with the current English (Westminster) Government. However there is also no support for this from the vast majority of NHS trade unions. To date, UNISON is the only union that has supported even exploring this option. The biggest risk in England remains a move to regional or even local bargaining with some trusts opting out of AfC (and possibly national pay) as a way to keep control of costs when NHS funding is being squeezed.

2.5 Discussion with employers and other trade unions on these issues across the UK will continue on an ongoing basis and kept under review. Any significant changes will be reported to the HSGE.

3. Underlying Principles

Current UNISON Health policy allows for pay determination arrangements to be decided on at an individual country level, however it also states that the union *“remains committed to maintaining and improving pay for NHS staff across the UK”*. One way to achieve this is to ensure UNISON's pay policy is underpinned by a set of core principles:

- Pay claims must seek to support the lowest paid. The living wage should be the standard minimum claim for low paid staff in the NHS.
- Pay awards or negotiated changes to pay structures must not undermine the equal pay provisions that are built into Agenda for Change.
- The aim must be to improve the reward package across the UK and to stop NHS pay rates mirroring “low wage economies”. If any area in the UK gets an improvement this will become the benchmark and be included in future claims.
- Pay can either be set on a UK wide or individual country wide basis **only**.
- The NHS Staff Council will continue to have overall responsibility for the system of pay and conditions for NHS staff. In order to ensure the integrity of Agenda for Change as a national agreement any variations to pay scales in the devolved nations should be made explicit in the terms and conditions of service handbook.

4. Accountability

4.1 Under the UNISON rule book the Health Service Group Executive (HSGE) is ultimately responsible for the pay and conditions of members who work in the NHS across the UK. It is important that any devolved pay structure involves and remains accountable to the HSGE.

4.2 The HSGE will set out UNISON's overall pay strategy and objectives and consult with regions/devolved country health committees. The HSGE will set out a minimum claim that all 4 parts of the UK can seek to achieve and this can form the basis for the UK and /or country PRB submission(s). It will be possible to

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develop claims/submissions which could include separate elements specific to each of the four countries.

4.3 The HSGE will have oversight and scrutiny responsibilities for any pay offers in the four countries prior to agreement. In particular to ensure wherever possible these do not conflict with the underlying principles and objectives already agreed. Individual countries will first consider the offer and make a recommendation to the HSGE

4.4 If there is a detrimental differential in pay settlements across the UK, or one or more governments refuse to implement a pay award, the HSGE will consult with the relevant devolved health committee(s) on the best way to provide support and put pressure on the relevant government(s). This will be a priority action for the HSGE and the resources available to it. The response could include providing practical support on a pay campaign, producing information and materials, providing resources, including coordinating and deploying staff and national activists, assisting with media coverage, up to and including coordinating industrial action in line with UNISON's IA guidance. This will be done in consultation with the relevant devolved country committee(s).

4.5 Scotland, Wales and Northern Ireland have separate health committees that can represent the views of all branches in those countries. England has 9 regions but there is no separate English committee. It would be possible to put in place a voting system on the HSGE to ensure that consideration of pay offers /awards /submissions/agreements were agreed only by those representing the country or countries affected by them. There should be further consultation with the English regional health committees and the devolved health committees to consider the applicability of rule P1.3.6 in relation to NHS pay. This rule states that Standing Orders Committees for Service Group Conferences shall *"have regard to the national negotiating machinery in devolved administrations. The Standing Orders Committee may make recommendations to restrict voting to representatives of members covered by that machinery"*

5. Wider Consultation

5.1 A major criticism of the current method of pay determination is that it can seem separate from branches and members and even be seen as something unconnected to the union. To help overcome this, the SGE will develop a consultation process with regions and branches on the key points of any claim/submission and build this into the timetable. Key points from a claim or submission can then be used as part of UNISON's overall pay campaigning, including raising awareness among members, public, politicians, employers etc. and will be used in organising and recruitment campaigns, consistent with the aims of the Pay Summit, recognising the importance of UNISON representing the case for decent standards of pay across all parts of the public services.

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Annex A

Health Conference 2015 – Motion 26

Pay determination

Conference recognises and welcomes the decision taken by UNISON Health Conference in 2014 in passing Composite D that called upon the Health Service Group Executive to “explore how a new system of collective bargaining over pay and conditions with employers and the governments of the UK and the devolved nations could be achieved if independence cannot be achieved.”

Conference is saddened and disappointed by the actions of the United Kingdom Health Department which disregarded the NHS Pay Review Body recommendations on pay in 2014 for employed Agenda for Change staff in England and has withdrawn any remit from the NHS Pay Review Body to make recommendations on pay in England in 2015 while at the same time giving them a remit to make “observations on out of hours working arrangements”. Conference believes this is simply the first step in an attack on our member’s entitlements to out of hours pay.

Conference recognises that different rates of pay now operate in all of the four parts of the United Kingdom and that each of the Health Departments now offer the NHS Pay Review Body different remits and apply recommendations differently.

Conference would not wish to dictate to its membership in any of the four countries of the United Kingdom whether they should remain in or withdraw from the NHS Pay Review Body against their wishes. Conference recognises that pay negotiating structures in England are a matter for members in England and would ask the Service Group Executive to consult and then table proposals on how that can be done most effectively.

With regards the nations of Northern Ireland, Scotland and Wales, Conference is of the opinion that pay negotiating structures are best determined in each of the three countries and therefore agrees that policy decisions on how to approach pay bargaining structures will be devolved to individual country level.

Conference remains committed to maintaining and improving pay for NHS staff across the UK and therefore calls on the Healthcare Service Group Executive to work with the SGE’s Devolution Working Group to consider all the implications of the current UK pay structures and bring forward proposals on new models for pay determination. This could include the ability to develop a UK wide pay claim which could set a minimum for bargaining in the NHS across the four countries.

ends.