

2019 Health Care Service Group Conference UNISON FINAL AGENDA

Bournemouth International Centre

8 – 10 April 2019

Negotiating and bargaining: Agenda for Change, pay, terms and conditions

1. NHS workers in Northern Ireland continue the fight to close the pay gap

Conference notes that for the last 3 years the issue of pay for our health service workers in Northern Ireland has been on conference agenda. In 2016 delegates were appalled that the PRB recommendation was treated differently and workers were for two years denied consolidation of the miserly 1% uplifts. Conference agreed at that conference to challenge the 1% pay cap and to adopt a unified pay strategy across the whole NHS.

Conference notes that delegates to conference in 2018 strongly endorsed the UNISON UK wide pay campaign that laid the basis for the Agenda for Change Refresh and Reform strategy. A strategy which eventually lifted the pay cap and secured pay improvements for members. It was widely recognised that members in Northern were being left behind. UNISON negotiators pledged to secure a pay framework that would deliver funding for pay improvement in all four parts of the NHS. Our regional health committee acknowledges that commitments were sought by our colleagues and promises made by the UK Treasury for delivery of that funding in the Barnett formulas on which the devolved jurisdictions largely rely.

Conference notes that while our regional negotiators in Scotland and Wales were able to influence and bargain on the implementation of an Agenda for Change refresh and reform framework, our region's negotiators have had to fight an uphill battle against the background of the collapse of our power sharing government, and absence of a Health Minister to sanction and approve spending. The amended powers of the NI Civil service has led to their oversight of budget allocations following the UK Treasury Autumn 2018 statement. It became clear monies are to be released by way of an imposed pay award. While demanding an interim pay uplift of no less than 3% for all, and at least the real living wage for all low paid, trade unions led by UNISON have not yet been able to make headway in closing the pay deficit and restoring pay parity. We will still remain in 4th place on the pay ladder.

Conference notes that the Northern Ireland region continues to prepare our members and health service workers for an ongoing battle to secure year two and year three pay uplifts. An end of year 2018 consultative ballot indicated over 95% of those consulted will seek sanction for industrial action if the Department of Health fails in early 2019 to engage and move to an agreement.

Conference therefore calls on the Health Service Group Executive to support the Northern Ireland region's insistence that:

1. funding be released from Treasury as promised;
2. this funding be reviewed and made sufficient to close the pay gap.

UNISON Northern Ireland

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2. Winning for low-paid staff – delivering the closure of Band 1: learning and career progression

UNISON health conference has long called for the closure of Band 1. In 2016 UNISON Scotland was successful in campaigning for all Band 1 staff to be given the opportunity to move to a Band 2 role.

Spurred on by this success in Scotland, UNISON successfully argued for the closure of Band 1 to be included in the NHS pay deals in England and Wales that were agreed by members in 2018. This change was put to UNISON members in the consultations in both England and Wales and was approved by an overwhelming majority.

This means that, in addition to delivering the Living Wage as a minimum across England, Wales and Scotland, over 35,000 existing Band 1 staff in England will be able to move into a Band 2 role and will be able to benefit from reaching the top of Band 2. UNISON will continue to push for an acceptable pay offer for our members in Northern Ireland including the abolition of Band 1.

Conference believes that:

- a) Winning the argument to close Band 1 is an enormous win for UNISON but there is a long way to go. Although all new roles will be in Band 2 instead of Band 1, we need to support branches and individual members to help all existing staff get to Band 2 as quickly as possible.
- b) Government cuts to adult education funding mean that many staff in Band 1 may not have had recent experience of training and education. UNISON expects NHS employers to provide core training for their work, including any duties that form part of their new band 2 role. UNISON has a role to play in helping members gain in confidence to learn new skills and to take advantage of the pay progression and career development opportunities in the three year pay deal and beyond.

Conference calls on the Health Service Group Executive to:

1. Develop UNISON courses, as part of a wider learning offer, to support members through the transition from band one to band two as soon as possible.
2. Provide branches and regions with resources to enable them to recruit and organise these members.
3. Campaign for employers to provide paid-release for UNISON members taking part in both employer and union learning activities.
4. Combine experience from this work with band one, the 'earnings max' strategy, and other learning and organising projects to support the learning opportunities for NHS staff in other grades, starting with band 2 staff.
5. Continue to support UNISON Northern Ireland's vital campaigning work to try and achieve the closure of Band 1 there as soon as possible.

Operational Services Occupational Group

3. Support for an allowance within Agenda for Change pay structure

This Conference notes that the cost of living in the South East is recognised to be extremely high. The BBC reports that the cost of living in Oxfordshire taking into

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account the lower wages and high house prices is more expensive to live relative to London. This difference in the cost of living used to be recognised for nurses and assistants health practitioners with a cost of living allowance, however many National Health Service (NHS) staff lost this allowance with the advent of Agenda for change and it never included all NHS staff groups and thus was divisive.

Many other workers in the area already receive an Oxfordshire weighting allowance both in the public and private sector. Bearing this in mind we need to develop a collective united response so that we do not see employers beginning to alter Agenda for Change conditions to the advantage of certain groups of staff members or offering incentives outside of the pay bargaining structure which we already see beginning to happen in certain areas of the South East to try to attract staff.

This region believes that in recognition of the high cost of living in the South East there should be a regional allowance that recognises these higher costs and that it should be similar to the London weighting allowance, in that it is updated in line with pay awards and is not a recruitment and retention premia which can be withdrawn by local trusts as and when.

We also recognise the situation that many local trusts find themselves in and that they could not currently afford to pay any additional payments or allowances, thus any new money needs to be identified and funded by national government in recognition of the high costs of living in the South East.

This region also believes that the staff shortages that many trusts face in the South East are in part a result of the fact that, once trained staff can't afford to live in the area of their training and seek work elsewhere in the NHS where living costs are more reasonable.

This region believes that this is a trade union issue and that this will be won through joint collective action involving members, branches, the region and the national centre working together to highlight and put this issue in front of employers and ultimately the national govt. To this end already in the region, Bucks Health branch alongside Oxford health and Berkshire health has set up the Thames valley cost of living campaign in recognition of the high costs in this area.

The branches have put motions into to health conference and received welcome support from conference. The branches have been to employers and in Bucks and Oxfordshire have support from two major employers for an allowance to be paid to their staff once additional funding has been found. The issue for Oxfordshire has also been debated in Parliament and received support from all party MPs from Oxfordshire.

This region notes that the high cost of living affects much of the South East and thus any campaign would be stronger with wider trade union involvement and thus believes that this is a regional question would benefit members across the South East region.

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This region requests that Conference supports the motion and asks the Health Service Group Executive:

1. To support the branches in the South East involved in the campaign both practically, financially and politically through labour link
2. To support the region in extending the campaign regionally by assisting in organising and campaigning and to include a day across the region with rallies leading to a regional demonstration highlighting this and the many other issues affecting NHS staff in the region to bring the branches in the region together.
3. For the SGE and staff council members to raise and campaign for the issue of a regional allowance through the Agenda for Change negotiating structures and at wider national levels the union has influence in.
4. For the SGE to publicise this widely amongst within the South East and the trade union and labour movement to build wider support for an allowance within the Agenda for Change pay structure.

South East Region

4. NHS poverty and recruitment and retention crisis in the South East region

This conference notes that:

- a) many towns and cities in the South East region now have housing costs comparable to areas of London but do not receive London weighting which enables health workers to afford to live in those areas. As one example Oxford is now considered the most expensive city for housing costs, yet health staff receive no additional support to afford to live in the area. A UNISON report on housing costs showed that a band 2 porter renting a one bedroom flat in Oxford could expect to pay 85% of their wages on accommodation costs. The situation for higher band staff is little better and significantly worsens if people have children. Oxford rental prices are the same as those in outer London where an additional payment of 15% of wages up to a maximum of £4,664 (from April 2018) is paid. Other areas in the South East region outside London face comparable housing prices but also receive no additional support.
- b) that the national shortage of health care workers is more acutely felt in the South East region where housing costs are much higher than other areas in the country, making it harder to recruit and retain staff in these high cost areas, The ensuing recruitment crisis is undermining the health and safety of staff and patients with vacancy rates as high as twice the national average.

Conference instructs the Health Service Group Executive to:

1. open negotiations with the NHS employers to vary Agenda for Change in order to extend London Weighting Allowance at the same rates to all grades on NHS staff to areas where housing costs are comparable to those areas covered currently by London weighting.

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2. support UNISON branches in affected areas pursuing campaigns in pursuit of an equivalent of London weighting should the employers refuse to extend London weighting to the affected areas.

Oxfordshire Health Services

5. Cost of living in the South East and the Thames valley campaign

Conference notes that the cost of living in the south east is recognised to be extremely high. The BBC reports that the cost of living in Oxfordshire, taking into account the lower wages and high house prices, is more expensive to live relative to London. This difference in the cost of living used to be recognised for nurses and AHPs with a cost of living allowance, however, many NHS staff lost this allowance with the advent of Agenda for change and it never included all NHS staff groups and thus was divisive. Many other workers in the area already receive an Oxfordshire weighting allowance.

Conference believes that in recognition of the high cost of living in the south east there should be a regional allowance that recognises these higher costs and that it should be similar to the London weighting allowance, in that it is updated in line with pay awards and is not a recruitment and retention premia which can be withdrawn by local trusts as and when. We also recognise the situation that many local trusts find themselves in and that they could not currently afford to pay any additional payments or allowances, thus any new money needs to be identified and funded by national government in recognition of the high costs of living in the south east.

Conference also believes that the staff shortages that many trusts face in the south east are in part a result of the fact that once trained staff can't afford to live in the area of their training and seek work elsewhere in the NHS where living costs are more reasonable.

Conference believes that this is a trade union issue and that this will be won through joint collective action involving members, branches, the region and the national centre working together to highlight and put this issue in front of employers and ultimately the national government. To this end, Bucks living campaign in recognition of high costs in this area. The branches have put motions into the health conference and received welcome support from conference. The branches have been to employers and in Bucks and Oxfordshire have support from two major employers for an allowance to be paid to staff once additional funding has been found. The issue for Oxfordshire has also been debated in Parliament and received support from all party MPs from Oxfordshire.

Conference notes that the high cost of living affects much of the south east and thus any campaign would be stronger, with wider trade union involvement and thus believes that this is a regional question that would benefit members across the south east region.

Conference asks the Health Service Group Executive to:

1. Support the branches in the south east involved in the campaign, both practically, financially and politically through the labour link.

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2. Support the region in extending the campaign regionally by assisting organising a campaigning day across the region with rallies leading to a demonstration in the region highlighting this and the many other issues affecting NHS staff in the region.
3. For the Health Service Group Executive and Staff Council members to raise and campaign for the issue of a regional allowance through the Agenda for Change negotiating structures.
4. For the Health Service Group Executive to publicise this widely amongst within the south east and the trade union and labour movement to build wider support for an allowance within the agenda for change pay structure.

Bucks Healthcare and Community

6. Building our pay claim for 2021

Conference notes that the three-year Agenda for Change (AfC) pay deals in the NHS are due to run until March 2021. Conference affirms that securing funding for these deals in the current political and economic climate was a major achievement brought about the campaigning and leadership of this union.

However Conference is clear that the deals were only the first step on the road to reversing the damage done to the NHS and its staff by nearly a decade of pay austerity. Sustained investment will be required from 2021 onwards to make up the ground that has been lost and to ensure that NHS pay levels are fit for the future.

To achieve ongoing funding UNISON will need to have a clear agenda for further improvements to pay and conditions that our members are prepared to fight for and win.

Conference calls on the Health Service Group Executive to:

1. Begin the process immediately after this Conference of developing a comprehensive core UK pay claim for 2021-22, capable of country-specific adaptation as appropriate.
2. Undertake extensive consultation and engagement with activists and the wider membership on the contents of that claim, building on the following essential components:
 - a) A headline award to exceed inflation and continue to restore value lost during the period 2011-18.
 - b) A mix of a percentage increase and a flat rate sum.
 - c) A mechanism to permanently embed the Living Wage Foundation Living Wage rate into future pay structures, as a backstop below which basic pay cannot fall.
 - d) Completion of unfinished restructuring of higher pay bands.
 - e) Improvements to AfC handbook terms and conditions.
3. Give consideration in drawing up the claim to the fact that a large majority of staff will be at the top of their pay band by 2021.

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4. Engage with other Staff Council unions with a view to securing agreement to the submission of a joint union claim.
5. Develop a co-ordinated strategy for campaigning, lobbying and influencing work to secure funding commitments for NHS pay in 2021-22 and beyond.
6. Develop proposals for agreement at health conference 2020 for how the union will deal with any pay offers made in response to the claim including:
 - a) Processes for member consultation
 - b) Processes for reaching decisions on settlement of the claim, or entering into disputes including the potential for ballots on lawful industrial action.

Health Service Group Executive

7. NHS staff annual leave

This conference recognises that a large number of NHS Trusts across the country are facing a recruitment crisis and that the forecast is that this crisis will only deepen over the coming years. The squeeze on staffing and the difficulty of continued underfunding of the NHS by this government has resulted in our members working within the NHS are buckling under the pressure of an increasing demand for healthcare provision which is not accompanied by an increase in staff to provide it.

As well as their contractual right, the facility of annual leave for these members is of the utmost importance now more than ever, to allow them to enjoy periods of rest and relaxation for the purposes of ongoing health and safety. Despite this right and need we are aware that our members are finding it increasingly difficult to be granted their entire annual leave entitlement. Our members are reporting to us that each year staff lose the leave they are entitled to and/or struggling to take leave at times that best fits with their family or caring commitments.

We are concerned that the current system employed within the NHS that requires all staff having to take leave between April and March creates an immovable pressure point towards the end of the leave year.

Team leaders and managers are put under stress trying to ensure that services are covered and that staff are able to take their full leave allocation. NHS staff are put under pressure trying to ensure that they take their leave. Most departments only allow a fixed number of staff off at any one time so even with the best planning staff inevitably lose leave

A possibility to circumvent this problem would be to implement a leave year based on the date an individual member of staff starts. It is possible that a transitioned start date to the annual leave year would alleviate these issues and ensure that staff would be more likely to get their full leave entitlement. This in turn could improve staffing levels in the early weeks of spring, could reduce managers stress levels, could improve overall staff morale and could give consistent staffing levels throughout the year.

Conference calls upon the Health Service Group Executive to:

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1. Carry out a feasibility study to see if leave can be linked to members starting date or another period of the year that would alleviate the pressure created in the current system of running a universal annual leave year of April to March for all NHS Staff.
2. Should the feasibility study have a positive outcome, then the service group should explore the possibility of campaigning for new starters to the NHS to have leave linked to their start date and/or some other date within the year so as to alleviate the aforementioned problems.

West Midlands Region

8. Change annual leave dates

Due to the cuts to staffing levels by this government members are finding it increasingly difficult to be granted their entire annual leave entitlement. Each year staff lose the leave they are entitled to. Most departments only allow a fixed number of staff off at any one time so even with the best planning staff inevitably lose leave.

The current system with everybody having to take leave between April and March creates a pressure point towards the end of the leave year. Team leaders and managers are put under stress trying to ensure that services are covered and that staff take their full leave allocation. Staff are put under pressure trying to ensure that they take their leave.

A leave year based on the date an individual member of staff starts would alleviate these issues and ensure that staff would be more likely to get their full leave entitlement, would improve staffing levels in the early weeks of spring, would reduce managers' stress levels, would improve overall staff morale and would give consistent staffing levels throughout the year.

Conference calls on the Health Service Group Executive to:

1. Carry out a feasibility study to see if leave can be linked to members' starting date.
2. Should the feasibility study prove possible, campaign for new starters to the NHS to have leave linked to the start date.

University Hospital Birmingham

Amendment 8.1

At end of second paragraph, after ‘..take their leave’ insert:

‘at a time of increased activity, with winter planning pressures, which add additional barriers to accessing leave.’

Delete action point 2 and replace with:

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‘2. To consider leave linked to start dates for new starters, seek both a willing employer and branch to undertake the process, the Health Service Group Executive should organise a pilot/test of change to consider the pros and cons of any such change to leave dates.’

At end of motion insert new action point:

‘3. The outputs from the pilot should be fully discussed by the Health Service Group Executive and presented to Health Conference 2020 for a decision.’

Scotland Region

9. Pay determination beyond 2022

The process through which current NHS pay arrangements were agreed has given us experience of a potential alternative to the annual Pay Review Body cycle as a way of reaching the annual pay settlement for staff employed on Agenda for Change contracts.

There have also been changes in the way that the health departments in the UK countries interact with the NHS Pay Review Body over recent years. These factors offer different potential routes to arriving at pay settlements than those foreseen in previous discussions on the issue within our union.

Three of the UK countries are now covered by multi-year pay arrangements for AfC staff, giving a period of time outside the usual PRB process. This offers an opportunity to review UNISON’s policy position on pay determination and decide what mechanism we will work to put in place over the coming years.

This motion calls on the health service group to work with regions and relevant lay committees, including those covering the devolved administrations, to scope the options for future pay determination and bring a proposal to health conference 2020 setting out recommended positions for pay determination beyond 2022.

This proposal will:

1. Reflect our aim for UK-wide consistency on pay and pay structures and recognise the realities of devolved public-sector and NHS pay settlements.
2. Make clear that UNISON will represent members’ pay interests through whatever ‘official’ mechanisms are in place.
3. Take account of the positions likely to be taken by other NHS trade unions on this issue.

Health Service Group Executive

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10. Are we ready for collective bargaining?

For much of the last two decades, pay has been determined through recommendations set by the NHS Pay Review Body and implemented or adapted by the UK Governments.

If this mechanism changes, the union will need to make sure we have the means to deliver the best outcome from it and involve and engage members in the process.

This motion does not prejudge any decision on what mechanism/s our union favours, but calls on the union to identify the skills and resource implications of moving towards collective bargaining.

This work would entail:

1. A candid assessment of the bargaining and industrial skills and resource needed at all levels of our structures to run AfC pay processes outside the usual PRB cycle;
2. Consideration of how the union could encourage the widest possible participation of members at each stage of a collective bargaining process;
3. Analysis of the technical and systems requirements for regular engagement and consultation on pay issues.

Health Service Group Executive

11. Outsourcing of Agenda for Change job matching and consistency checking

Conference believes fundamentally that the matching of jobs in English NHS Trusts to the correct pay band is an activity best carried out by the employer and the Trade Unions in partnership. Conference also believes this should be done at the most local level possible.

The guidance in the NHS Job Evaluation handbook is clear and this guidance is approved by the NHS Staff Council Executive. The guidance is only binding on local matching and evaluation panels. No other guidance has the same status or is binding:

- a) Matching should be carried out by a joint matching panel comprising both management and staff representative members. It should be representative of the organisation as a whole.
- b) The members must have been trained in the NHS JE Scheme, which includes an understanding of the avoidance of bias.
- c) The members must also be committed to partnership working.
- d) The number of members per panel is for local agreement, but from three to five is the recommended range. The make-up of matching panels is a matter for local agreement.

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- e) The panel must have available/contactable two people representing management and staff in the area of work under review. Their role will be to provide additional information about the post under consideration.

Despite this national guidance Conference is concerned that specifically English NHS employers are increasingly using private companies to do this work. For example MPA consulting alone claim to support 100 English NHS Trusts. How can any company contracted and paid by the employer to match jobs be impartial? How can they claim to avoid bias? It will never be in the interest of any privateering company to give a job the correct pay band when they can get away with one at a lower level and save the employer money. The companies claim to be using “Staff Side” representatives on their matching panels.

Conference can see the attraction to an employer of using a private company, especially where negotiations with the staff-side have started to become difficult regarding banding, for example in the paramedic grades or in a large geographical area where they claim to have difficulty logistically in organising meetings. But robust local arrangements for job matching and consistency checking are the foundation of Agenda for Change structures. There is no reasonable excuse to turn to the private sector for an activity that is essentially one of local partnerships.

Conference calls on the Health Service Group Executive to:

1. Uncover who these staff side representatives are and find out how they are being remunerated for their work and also to discover the status of their accreditation. Conference asks that UNISON makes it clear to any supposed UNISON Staff Side representative working for and being remunerated by a private contractor for services rendered is working without accreditation of this union;
2. Seek to discover the scale of this issue and find out how widespread the practice of publicly funded NHS Trusts using private companies for job matching is.

This Conference believes that any employer who can afford to contract out Agenda for Change work can afford to release their staff to complete this essential work which should be seen as basic partnership work. Conference instructs the Health Service Group Executive to investigate if there is any link between employers who use these contractors and the provision of facility time to local union activists.

Eastern Region

12. Are you on the right band? Ambulance career pathways underpinned by Job Evaluation

Conference notes that promises were made by ambulance employers in 2015 to jointly review the national job profiles for ambulance services. However, following extensive work on the paramedic profile, led by UNISON, and the success of achieving band 6, ambulance employers have withdrawn their support to complete the work. This is despite reports from the NHS Staff Council Job Evaluation Group stating that the profile suite is out of date and needs a proper review.

UNISON ambulance branches have been forefront in the Earnings Max project, developing campaigns to ensure their members are being paid the right rate for the

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job they are doing, leading banding reviews in their branches, and building expertise in the NHS Job Evaluation scheme.

The Ambulance Occupational Group undertook a mapping exercise on common roles in the ambulance service. This highlighted the inadequacy of the national profile suite and the need to have greater consistency in roles across the UK. Since 2003/4 the UK ambulance service has rapidly changed and continues to evolve. New roles have been introduced in different ways across the UK. Pressures on ambulance services also continue to increase with many services struggling to recruit and retain precious ambulance staff.

Having a clear career pathway and ensuring staff are paid correctly for the work they are doing should be part of normal business for ambulance services, but this isn't the case.

Conference calls on the Health Service Group Executive to work through the Ambulance Occupational Group to:

- 1) Campaign and influence for a full review of the ambulance JE profile suite.
- 2) Support branches to organise earnings max campaigns and involve their members to ensure staff are being paid the right band for the job.
- 3) Ensure this is achieved on a UK wide basis.

Ambulance Occupational Group

13. Equal pay for work of equal value for Paramedics in Northern Ireland

Conference notes that from the 31st December 2016 Paramedics employed in Northern Ireland are paid one full Pay Band lower than Paramedics employed in England, Scotland and Wales.

The NHS Job Evaluation Scheme provides the backbone of the NHS Agenda for Change agreement, ensuring equal pay for work of equal value. Unfortunately, this is no longer the case for front line paramedics employed by the Northern Ireland Ambulance Service.

Throughout 2015/16, the National Ambulance Strategic Partnership Forum tasked the NHS Staff Council Job Evaluation Group with reviewing and amending the national profiles in respect of paramedics. As a result, JEG developed a new band 6 paramedic national profile. The NHS Staff Council Executive agreed the profile which was then published November 2016.

The agreed implementation date for the new paramedic profile was 31st December 2016 and has since been applied to all NHS paramedics in England, Scotland and Wales. On 22nd February 2017, at a meeting with the Department of Health, the Northern Ireland Ambulance Service and the Staff Side Trade Unions, formal notification was given that all paramedics should now be matched to the new paramedic profile with any pay backdated to 31st December 2016.

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To date the Department of Health in Northern Ireland have been unwilling to progress the process to match all Paramedics to the agreed Band 6 National Profile because there is no functioning Devolved Administration and no Health Minister to agree necessary funding.

Conference calls on the Health Service Group Executive to work closely with the Northern Ireland Region to ensure:

1. The National Job Evaluation Scheme matching process is fully implemented for Paramedics in Northern Ireland.
2. Paramedics employed in Northern Ireland are paid on the same Pay Band as Paramedics in England, Scotland and Wales.
3. The principle of “equal pay for work of equal value” is applied to Paramedics in Northern Ireland.

Northern Ireland Ambulance

14. Ambulance staff retirement age

Conference notes that due to legislative changes to NHS pensions made by the conservative government, the paramedic emergency services, patient transport service and emergency operational control staff are now expected to work until at least 67 years of age and this will rise to 68 by 2028. By comparison their colleagues in the other blue light services can retire before the age of 60.

Conference recognises that Ambulance staff are exposed to high levels of psychological stress, work long hours and deal with physiological demands associated with lifting, carrying and moving patients, whilst also dealing with unprecedented increases in the demand for accident and emergency services.

In comparison to 26 other occupations, ambulance staff have the most physical health problems, are the fourth worst for psychological welfare, the highest rate of sickness for all NHS staff and higher standardised mortality rates than the general working population. Conference further notes that research evidence asks whether older paramedics have the physiological and psychological capability and capacity to meet such demands into their late 60's.

Conference therefore calls on the Health Service Group Executive to lobby the government for a reduction in retirement age for operational ambulance staff to 60 years of age.

North West Ambulance Service

15. NHS pay for NHS workers

Health Conference notes that the current pay deal brings workers on Agenda for Change rates significantly closer to the real living wage. Conference believes that it is morally unacceptable for health workers to receive any less than this.

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However, Health Conference notes with deep concern that many low-wage employees working in our health service are not direct employees of an NHS organisation and therefore do not automatically move to the new pay rates.

Health Conference notes that where staff have been TUPE transferred to external employers, the European Court of Justice's Alemo-Herron decision means that the new employer is not required to comply with dynamic changes to the transferred workers' terms and conditions.

Health Conference reaffirms our opposition to the encroachment of private sector companies into our NHS. We believe that the NHS workforce is 'one team' and that domestics, catering staff, porters, security staff and others play an integral part in effective service provision and in the patients' experience of our NHS. Where workers in the NHS are currently employed by private companies, Health Conference believes that it is only fair that they should be paid the NHS rate for the valuable work they do.

Further, Health Conference condemns the creation of wholly-owned subsidiary (WOS) companies by health Trusts. These have been set up across the country and typically employ staff in band 1-2 facilities roles. Conference notes with concern that workers employed by WOSs, just like those employed by private contractors, do not automatically receive the higher rates of pay following the NHS pay deal.

Conference applauds the efforts of members and activists who have taken action successfully against proposals to introduce WOSs, and those who already work for a WOS who have taken action to insist that they receive the proper NHS rates.

Health Conference believes that everybody who works in the NHS should be paid NHS rates of pay. We therefore call on the Health Service Group Executive to:

1. Audit the implementation of the 2018-2021 pay deal and identify the number and location of workers in our NHS who are not receiving NHS pay rates.
2. Support and promote campaign work by branches and regions that seeks to rectify this through:
 - a) the ending of Trust contracts with private contractors and the transfer of functions and staff to NHS organisations
 - b) the abandonment or reversal of Trust initiatives to introduce WOS companies
 - c) the payment of the Agenda for Change rates of pay to staff currently employed by private contractors or WOS companies.

North West Region

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Negotiating and bargaining: Health and wellbeing

16. Health and wellbeing of staff – the role of Occupational Health departments

Conference recognises the focus that NHS Employers are taking to reduce sickness absence levels in the workplace. This action also featured in the work of the Health and Wellbeing Work stream arising from last year's three year Pay Deal.

Staff working in the NHS should feel supported in the workplace and not be criticised or taken into a disciplinary process when their sickness absence level is perceived to breach an NHS Employer target.

Occupational Health Departments can provide a valuable service to provide advice and reveal any underlying issues that may be contributing to increase sickness absence. It is not clear, however, what partnership arrangements are shared to ensure that a consistent and compassionate approach is taken within NHS Employers.

Conference calls upon the Health Service Group Executive to:

1. Undertake research into the role and remit of Occupational Health Departments within NHS employers.
2. Provide further guidance to Branches to raise awareness of the importance of engaging with Occupational Health practitioners in support of our members. Also, to reinforce that an equality of decisions should be taken in all cases, no matter what role is undertaken; however, professional, clinical or not.
3. Promote these findings to ensure that Branches feel confident to raise these matters within partnership forums to highlight alternative solutions and ensure that proper support is given to our members whose absence may have been minimised or easily avoided.

Northern Region

Amendment 16.1

At end of second paragraph after '..Employer target.' add new sentence:

'Where staff are disabled under the Equality Act and there is a duty on the employer to make reasonable adjustments this can include adjustments to the sickness absence policy, including paid disability leave, separate recording of disability related sickness absence and adjustments to sickness trigger levels.'

In third paragraph at the end of first sentence, after '..absence' insert:

'and suggest potential reasonable adjustments where the worker is disabled.'

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At end of third paragraph, after 'NHS Employers.' add new sentence:

'In too many cases Occupational Health reports are ignored by NHS managers.'

In action point 2, second sentence, delete the word 'equality' and replace with: 'consistency'.

At end of action point 2, after the word 'not' insert: ', whilst acknowledging that for disabled workers more favourable treatment may be required where there is a duty to provide reasonable adjustments under the Equality Act.'

At end of motion, insert new action point:

'4. Use the NHS Staff Council and Partnership bodies in all four countries of the UK to promote the development of a more consistent and constructive approach to the use of Occupational Health in achieving NHS workplaces that promote the health and wellbeing of staff, including disabled staff.'

National Disabled Members Committee

17. Mental health

Conference recognises the continued pressures that funding cuts have created for staff working in mental health settings across the UK. Staff working in mental health are passionate about providing the best support, but need to work in environments with well resourced teams, and well trained staff in order to do so. Longer waiting lists for those attempting to access support increases the risk of worsening mental health, with more people presenting at crisis point.

Conference notes with concern the number of staff within mental health considering leaving their roles. Reasons include a lack of support from management, spiralling workloads and the mental health and wellbeing of staff suffering. UNISON's recent publication of new guidance for branches includes suggestions on how to begin discussions with employers about ensuring the mental health of staff is prioritised in the workplace. Based on the mental health core standards, as outlined in the 2017 Stevenson/Farmer Thriving at work report, the guide provides a number of methods that reflect joint working approaches.

UNISON continues to campaign for better support for the mental health of staff. Conference notes the creation and promotion of T-shirts, mugs and other campaigning resources to help raise awareness about the importance of key issues for use on world mental health day on 10 October.

Conference calls on the Health Service Group Executive to:

1. Continue to promote UNISON's materials to branches, offering support and encouraging the creation of local mental health campaigns.
2. Campaign for access to good mental wellbeing services for all NHS staff.

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3. Promote findings from UNISON's mental health survey exploring the turnover rates of staff, outlining action employers can take to ensure staff remain working in mental health.
4. Assess the particular impact on health and wellbeing experienced by staff working in mental health settings.

Health Service Group Executive

18. Mental health, workload and staff burn out

Conference is well aware that mental health services are increasingly under constant pressure with one in four people across the United Kingdom experiencing a mental health problem. Politicians from all of the political parties have begun to realise the prevalence of mental health problems and associated costs to the economy and the growing need for more to be done to provide help to those that need it. But throughout all of this there is a danger that the voices of those that provide the services are not heard.

Under funding of mental health services is having a big impact on how well mental health staff feel they are able to do their jobs. Many mental health staff have had to do unpaid overtime; of the ones that have, six out of ten people said an increased workload is one cause for this. Some staff have seen an increase in workload from 20 clients to between 30-50 clients per person. An increase of a 150% in workload to already over-stretched mental health workers. Some staff are facing the risk of capability due to being off sick. Some staff have been placed on capability/disciplinary due to not having the time to complete paper work. Mental health workers in the NHS are reaching burn out; more staff are finding themselves on long term sick, adding a further burden to their already over stretched colleagues.

UNISON, the largest union in the NHS, undertook a survey of mental health staff in 2017 called 'Struggling to Cope'. This received responses across a wide range of employment settings, including CMHT, Dementia Care and Secure Units. More than two thirds (68%) of respondents felt that they were unable to provide the best support to service users. Stress at work is on the increase; (36%) felt stressed every day with the pressures affecting the health service.

Conference calls on the Health Service Group Executive to:

1. Promote the role of Mental Health Champions within NHS organisations and to work with employers to establish Mental Health First Aiders in every workplace, so that staff are better supported in a pressured work environment;
2. Campaign for improved resourcing of mental health services with a guaranteed percentage share of the NHS budget, so that mental health services are properly resourced with sufficient funding and workforce numbers;
3. Campaign on a wider platform, including Labour Link, to secure political support for these objectives.

Yorkshire - Humberside Region

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Amendment 18.1

In action point 1, delete all and replace with:

‘Continue to develop support for mental health champions and mental health first aiders within NHS organisations, where there is structured support for those undertaking these roles, ensuring staff are better supported in a pressured work environment.’

Health Service Group Executive

19. Mental health awareness

With the increase in Anxiety, Stress, Depression and other psychiatric illness being the main reason that staff in the National Health Service are have time off due to sickness and with the figures now reaching 25% of all sickness within the national health service we as a union need to act now to support our members to improve the work place so that our members and the staff of the NHS don't suffer and unison help reduce the stigma and sickness from Anxiety, Stress, Depression and other psychiatric illness.

Everyone has mental health, just as everyone has physical health, and we all need to take care of our mental health and wellbeing in the same way as we look after our physical health. Mental health problems are far more widespread than is commonly assumed. Mental health problems vary markedly from clinically diagnosed conditions such as schizophrenia or borderline personality disorder through to depression and general anxiety disorder. Stress isn't a psychiatric diagnosis, but it is closely linked to mental health in that stress can cause mental health problems such as anxiety and depression or make existing problems worse, while mental health problems can in turn cause stress.

Research also revealed that, while experience of distressing or traumatic events did impact mental health, other significant triggers of poor mental health include long hours; excessive workload; pressure and bullying from management; organisational upheaval.

Nottingham university hospital and allied services branch of UNISON has been campaigning for better care and understanding surrounding mental health and the impact it is having on staff within the National Health Service, and protection and prevention of Anxiety, Stress, Depression and other psychiatric illness and supporting members through the implementation of our ProjectU because Umatter for the prevention and protection of staff so they don't feel:

- feeling depressed, withdrawn and anxious
- loss of interest in hobbies, work, socialising or even in their appearance
- expressing feelings of hopelessness or purposelessness
- acting impulsively or in a reckless way and not caring what happens to them or their families

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- giving away possessions, sorting out their affairs or making a will
- talking about suicide, death or dying or wanting it all to end
- many people will express their thoughts of wanting to die or end it all in the year before the act to relatives, partners, peers or professionals

Conference calls on the Health Service Group Executive to:

1. Campaign for better support of staff with in the National Health Service family.
2. Campaign to ensure that government and employers act to address the mental health implications of poor employment protections.
3. Lobby for the RIDDOR system to be changed so that work-related stress absence is reportable.
4. At all unison health branches, regions and national, put pressure on employers to be more sympathetic and have better workplace policies for staff support surrounding there mental health.
5. Educate those who have responsibility for staff to be trained in mental health so that the can support employees.
6. For conference to say from this date that mental health is real for members of staff. Everyone has the right to work in the NHS without Trusts and employers causing staff to have time off sick due to anxiety, stress, depression and other psychiatric illnesses, and that trusts must do more for the health of our hard working NHS staff.

Nottingham University Hospitals & Allied Services

20. Mental health

The Cymru/Wales Regional Health Committee believes that awareness needs to continue to be raised amongst employers and the general public about the prevalence of mental health issues in the workforce.

We believe that mental health should be treated as an illness due to the devastating impact on the individual, the impact on their families, colleagues and employers. The NHS must have the resources available to be able to treat mental health services without them being outsourced to private companies.

As the UK's largest union, UNISON must campaign for wellbeing policies to be negotiated with all health employers, to make sure that the issue of mental health is at the forefront of decision making in the future.

Conference calls upon the Health Service Group Executive to:

1. Prepare a business case to use with employers outlining the benefits of supporting employees with a mental health concern.

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2. Produce a guide for branches on how to raise mental health matters with their employers.
3. Report back to 2020 conference with recommendations on how to move forward.
4. Survey branches on existing wellbeing with a view to providing working examples of best practice.

Cymru/Wales Region

Amendment 20.1

In action point 1, delete all and replace with:

‘Produce guidance for branches on preparing business cases for use with Employers, outlining the benefits of supporting employees with a mental health concern.’

Health Service Group Executive

Amendment 20.2

After the second paragraph, insert new paragraph:

‘Conference notes that LGBT people are more likely to have mental health issues, with 3 - 5% of lesbian, gay and bisexual people attempting to take their own life. This increases to 16% for young lesbians and bisexual women, and to 5% for Black gay and bisexual men. 84% of trans people had thought about ending their lives at some point, with 35% having attempted suicide at least once and 25% had attempted suicide more than once.’

Insert a new action point 3 and renumber subsequent action points accordingly:

‘3. Raise the health and wellbeing needs of LGBT staff through the NHS Health, safety and Wellbeing partnership group.’

National Lesbian, Gay, Bisexual and Transgender Committee

21. Black members and the stigma of workplace mental health

Conference notes that employers are failing in their duty of care towards all staff with mental health issues, and this has a particular effect on Black Workers. Conference believes that the link between inequalities and mental health is well known.

Research has shown that Black workers are disproportionately impacted by:

- a) Discrimination in recruitment, development and promotion practices;
- b) Discrimination in the increased prevalence of insecure or precarious work arrangements among Black Workers;

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- c) Discrimination in the pay gap for Black Workers and, in particular, the compound pay discrimination experienced by Black women at work; and,
- d) Discrimination in the form of bullying and harassment at work.

Conference notes that UNISON is the leading union and actively organise against discrimination in the workplace. However, additional work is required to compel employers to acknowledge and address the higher frequency of mental health problems encountered by Black Workers as a result of discrimination at work.

The Race Disparity Audit published in late 2017 showed how this two headed beast effects Black populations. The data showed that Black adults were the least likely to report being in receipt of counselling, therapy medication. Common mental health disorders such as anxiety and depression were most prevalent amongst Black women; Black men on the other hand are 10 times more likely to have experienced a psychotic disorder within the last year compared to the white male population and the most likely to have been detained under the Mental Health Act.

Conference we must fight to get the message across to our communities that a mental health illness is just an illness, as with a physical illness some will be more severe than others, it is not a life sentence, and recovery is possible.

Conference calls on the Health Service Group to work with the National Black Members Committee to:

1. Work to gather evidence on the rates of mental health issues experienced by Black staff in the NHS across all 4 countries.
2. Ensure mental health campaign materials aimed at NHS workers include reference to mental health issues that affect Black staff.
3. Lobby employers to do more on the issue of self care with the aim of improving and maintaining good mental health.

National Black Members' Committee

22. Undiagnosed conditions going unnoticed in the NHS are causing problems for staff

Conference recognises the issues face by our members who have undiagnosed conditions such as Dyslexia, Autism, Asperger's Syndrome and Mental Health. Conference calls for more to be done to make our members and branches aware of these conditions to enable reps to recognise the possible signs and symptoms for e.g. with autism & asperger's – the persistent difficulties with social communication and social interaction and restricted and repetitive patterns of behaviours, activities or interests.

Conference notes with concern, the number of staff with these undiagnosed conditions are often bullied because of a lack of awareness regarding their condition. There is also a lack of support from management, spiralling workloads and the mental health and wellbeing of these members are suffering.

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UNISON's recent publication of new guidance for branches includes suggestions on how to start discussions with employers about ensuring the mental health of staff is prioritised in the workplace. Based on the mental health core standards, as outlined in the 2017 Stevenson/Farmer Thriving at work report, the guide provides a number of methods that reflect joint working approaches.

Conference calls on the Health Service Group Executive to:

1. To campaign to continue to raise awareness of Long Term Condition / Disabilities such as Dyslexia, Autism & Asperger's Syndrome.
2. Continue to promote UNISON's materials to branches, offering support and encouraging the creation of local mental health campaigns.
3. Campaign for access to good mental wellbeing services for all NHS staff.

North Derbyshire Healthcare

23. End the bullying culture

Conference notes the continuing references to bullying in the NHS in the national media. Time after time we are told that bullying in the NHS is a major problem that needs to be dealt with. Conference would agree with this wholeheartedly. Bullying in the NHS is not just person on person, it is endemic across organisations.

It can be seen in:

- The attitudes of Ministers toward civil servants;
- Organisations like NHS Improvement and NHS England making unreasonable or unworkable demands of Clinical Commissioning Groups and NHS Trusts;
- Clinical Commissioning Groups demanding provider organisations give more for less;
- Behaviours through the management layers - Chief Executive Officers to Directors, Directors to lower tier managers and so on through the many layers of management until it reaches the people who end up bearing the brunt of all the bullying.

Some of those managers are our members too, but the end result is institutionalised bullying caused by the unrealistic workloads that are being placed upon everybody in our grossly underfunded health services.

Researchers have used data from NHS Digital in October 2018 to gauge the impact of bullying and harassment on sickness absence, employee turnover, productivity, sickness presenteeism, and employment relations. The authors described the final £2.28bn figure as an "extremely cautious" estimate. This money could be much better spent on patient care and improving conditions for our members. This comes at a time when one in four NHS staff report that in the past 12 months they have been bullied, harassed or abused by their managers or colleagues. The Francis report made it clear that staff being bullied are more likely to make mistakes, but what palpable changes have we felt in our workplaces since this milestone report back in 2015?

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We have heard many times at conference from members scared to speak out about bullying for fear of losing their jobs. UNISON has to be more proactive to eliminate this culture of bullying in the NHS. However, the very people in charge of the NHS who say they want to 'Stamp out Bullying' are part of the problem and they are contributing to it, by threatening Chief Executives with sanctions if they cannot control bullying in their Trusts

Conference calls upon the Health Service Group Executive:

1. To seek to work in partnership with the Department of Health & Social Care and develop a strategy to identify and tackle institutional bullying at all levels in the health system.
2. Encourage UNISON members to complete their employer's NHS Staff Survey.

Eastern Region

24. Patient on staff bullying - the elephant in the room

Conference notes the continuing issue of bullying in the Health Sector and while it is essential to tackle staff on staff or manager on staff bullying it is also imperative that patients and service users are not allowed to get away with acts of violence, aggression or bullying toward Health Staff. Whilst some organisations have processes and policies in place to use, these are often not followed beyond initial reporting and therefore do little to support those subjected to this unacceptable behaviour. Staff have become weary of seeing the lack of action from their employers resulting in consequences such as repeat behaviour and increased risks. These problems are masked by the under reporting due to the lack of faith in the processes in place.

All too often staff are reporting issues of racism, aggressive and abusive language, or even physical violence. There are incidents of staff being stalked or maligned on social media by service users or their friends or family who, all too often, take out their frustrations caused by the limitations of our stretched health services on the very people who are working hard to provide care in difficult circumstances. Circumstances imposed by The Tory Government under the guise of "austerity".

Some organisations are recognising this and are in agreement with UNISON that this should never be 'part of the job'. Those organisations are working in partnership with UNISON to address and eradicate this behaviour. However, the pressure to deliver care, particularly to vocal and complaining service users can become more of a priority than caring about the safety and abuse of staff. This is not acceptable and this proactive approach needs to be replicated across the entire Health Sector -NHS Trusts and private contractors, by sharing initiatives and best practice.

Conference calls upon the Health Service Group Executive to raise this problem with Department of Health and Social Care, NHS England and NHS Employers in the first instance and to jointly develop best practice guidance to:

- i) Remind employers of their duty of care toward their employees.

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- ii) Provide guidance that contains models of escalation which can be developed, adopted, and implemented by each organisation to suit their particular sector.
- iii) Inform organisations through the guidance of their legal rights to withhold care from those people who bully or attack health workers.
- iv) Ensure there is an agreed methodology and process for recording incidents of bullying and violence.

Conference further calls on the Health Service Group Executive to:

1. Encourage NHS employers to actively support a national campaign in the media aimed at and reminding the public of the hard work staff put in despite the difficulties they face with understaffing, lack of resources etc and that poor behaviour towards NHS staff will not be accepted.
2. Request that the Department of Health and Social Care work with the Home Office, National Police Chiefs Council and Crown Prosecution Service to agree a consistent approach to charging and prosecuting perpetrators.

Norfolk Community Health

25. Tackling bullying in the NHS – a collective call to action

In December 2016 UNISON along with all NHS trade unions on the Social Partnership Forum in England, signed up to a collective call to action to tackle bullying in the NHS. This initiative received top level endorsement from the Minister State of Health, along with NHS leaders including the Department of Health, NHS Employers, NHS England, NHS Improvement and Health Education England.

The call to action invites all NHS organisations to work in partnership with their representative to develop plans, which will:

- Achieve leadership and cultural change to tackle bullying.
- Support staff to challenge problem behaviours:
- Audit and publish their plans and progress so that staff, patients and the public can hold them to account.

The call to action sets out an expectation to demonstrate compassionate leadership in the workplace, where staff can flourish and where problem behaviours such as bullying disappear. UNISON to campaign to amend current legislation in relation to the definition of harassment in the workplace to cover everyone, not just protected characteristics.

The SPF website has a range of suggested action supported by resources, advice, guidance and good practice to help organisations, working in partnership with local trade unions, develop their plans to tackle bullying.

Conference calls on the Health Service Group Executive:

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1. To go back to the Social Partnership Forums and highlight cases where private employers in the NHS have a total disregard in tackling bullying in the workplace.
2. Where there is no evidence in that private employer, to undertake cultural change in tackle bullying in the workplace ,to campaign for that NHS service to be bought back into NHS ownership preferable with NHS AfC Terms and Conditions.
3. For the Health Service Group Executive to continue to support branches , stewards who are tackling bullying and harassment in their workplace – either through individual representation or working in partnership with their employer to tackle bullying and harassment.

East Midlands Region

Amendment 25.1

After the second paragraph insert new paragraphs:

‘The 2017 NHS Staff Survey found that 24% of all NHS staff (one in four people) had experienced bullying, harassment or abuse from colleagues in the previous 12 months. Typically, bullying takes the form of being given impossible deadlines, being subject to micro-management or being ignored, teased or gossiped about. Bullying is not a term covered in legislation but the employer’s duty of care means that NHS employers must work to ensure bullying is stamped out in NHS workplaces.

Where bullying behaviour takes place for a reason related to a protected characteristic (i.e. race, sex, sexual orientation, gender reassignment, age, religion and belief, pregnancy/maternity, marriage/civil partnership or disability) then it is classed as harassment and is outlawed under the Equality Act 2010. Black, women, lesbian, gay, bisexual and transgender and disabled workers experience significantly higher levels of bullying than other workers and the Equality Act seeks to address this in its definition of harassment and the protections it offers these particularly targeted workers. However conference regrets that the Equality Act provisions on third party harassment in employment were repealed in 2012.

Research from Cardiff and Plymouth universities found that disabled employees are twice as likely to be physically attacked at work. They also endure higher rates of insult, ridicule and intimidation. The Workplace Disability Equality Standard reports due out later this year will highlight the rates of bullying and harassment of disabled NHS workers. The Workplace Race Equality Standard has already identified higher rates of bullying, harassment and abuse against Black staff.’

In current third paragraph delete all after ‘legislation’ and insert:

‘to give all workers a legally enforceable right to a workplace free from bullying and harassment, including where it is perpetrated by a third party.’

At end of motion insert new action point:

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‘4. Work with the National Executive Council to seek to develop a campaign to improve legal protections from both workplace bullying and harassment, using the experience of NHS staff.’

National Disabled Members Committee

26. Tackling bullying in the NHS – a collective call to action

In December 2016 UNISON along with all NHS trade unions on the Social Partnership Forum in England, signed up to a collective call to action to tackle bullying in the NHS. This initiative received top level endorsement from the Minister of State for Health, along with NHS leaders including the Department of Health, NHS Employers, NHS England, NHS Improvement and Health Education England.

The call to action invites all NHS organisations to work in partnership with their representative to develop plans, which will:

- Achieve leadership and cultural change to tackle bullying.
- Support staff to challenge problem behaviours.
- Publish their plans and progress so that staff, patients and the public can hold them to account.

The call to action sets out an expectation to demonstrate compassionate leadership in the workplace, where staff can flourish and where problem behaviours such as bullying disappear. The SPF website has a range of suggested action supported by resources, advice, guidance and good practice to help organisations, working in partnership with local trade unions, develop their plans to tackle bullying.

Some examples from UNISON are:

- i) Guide for Safety Reps - Tackling bullying at work.
- ii) Harassment at work guide for branches and stewards to negotiate policies which prevent, tackle and deal with incidences of harassment and bullying in the workplace.

Since signing up to this initiative, privatisation on a wide scale across the NHS has continued with now many more private employers winning contracts, TUPE of NHS staff and NHS related staff from one private employer being TUPE'd to another. Also the increase of Special Purpose Vehicles, which are able to employ staff outside NHS Agenda for Change terms and conditions.

Many of these private employers are not required to sign up to this initiative and will highlight their own policies and procedure for tackling bullying and harassment in the workplace. While in most cases, investigations are carried out, the outcome may just reflect on the incident and not address the aspect of cultural change / leadership across management levels within the private employer. Thus leaving a UNISON member allegation of bullying/harassment as simply dismissed without any support from their employer and the strong belief that their employer is not serious in tackling bullying in the workplace.

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Conference calls on the Health Group Service Executive:

1. To go back to the Social Partnership Forum and highlight cases where private employers in the NHS have a total disregard for tackling bullying in the workplace.
2. Where there is no evidence that a private employer has tried to undertake cultural change in tackling bullying in the workplace, to campaign for that NHS service to be bought back into NHS ownership, preferably with NHS Agenda for Change terms and conditions.
3. For the Health Service Group Executive to continue to support branches and stewards who are tackling bullying and harassment in their workplace – either through individual representation or working in partnership with their employer to tackle bullying.

NHS Logistics

27. Menopause

The NHS and the wider healthcare system is the largest employer of women in the UK and according to the Nuffield Trust 60% of both Nurses and Midwives are over the age of 40.

Whilst the menopause affects all women, it affects everyone differently, at different stages and can last for differing lengths of time. Whilst the average age of women undergoing the menopause in the UK is 51, many women experience symptoms in the years leading up to their final period and menopausal symptoms can go on for many years after. Menopause symptoms vary, with around 25% of woman suffering severe symptoms. It is no surprise that women going through the menopause find work difficult due to poor concentration, tiredness, poor memory, depression, feeling low, reduced confidence and particularly hot flushes which are all contributory factors. This can affect attendance at work and also performance at work.

We welcome the work of the UNISON South Lanarkshire Council branch for developing a Menopause policy with their employer which we understand to be the first of its kind in Scotland. Whilst the provisions in the policy are helpful when representing women who are at risk of disciplinary action due to symptoms of the menopause, the launch of the policy has been most effective in getting people talking about menopause, its symptoms and why it's a workplace issue.

This Conference believes that UNISON should be taking the lead with employers to not only raise awareness of the menopause as a workplace issue but to develop policies on how they will manage menopause in the workplace in a supportive manner.

Conference calls on the Health Service Group Executive to work with the National Women's Committee, the Health Committees of Scotland, Wales and Northern Ireland to work with the appropriate negotiating bodies in all 4 countries to develop strategic policies on the management of menopause in the workplace.

Scotland Region

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Amendment 27.1

In second paragraph, first sentence after 'affects' delete the word 'all' and replace with 'most'

After fourth paragraph, insert new paragraph:

'Conference recognises that the menopause also affects some Trans men and non-binary people, and that menopause related policies need to be fully inclusive of all those affected.'

In fifth paragraph, after 'National Women's Committee,' insert: 'National Lesbian, Gay, Bisexual and Transgender Committee.'

In fifth paragraph, after the word 'strategic' insert 'and inclusive'

National Lesbian, Gay, Bisexual and Transgender Committee

28. Supporting our workforce through the menopause

Conference recognises the growing support given to the women within our workforce during pregnancy in the form of Risk Assessment tools, work place adjustments and maternity leave. However, disappointingly, there is little support offered to the women who are struggling to cope and to work while suffering the symptoms of the menopause which are generally addressed through general sickness absence procedures.

Statistics taken from Information Services Division (ISD) Scotland, shows that in March 2018 88.9% of workers within the workforce in NHS Scotland are female and 34% of these women were within the 45-55 years of age. These figures are from Nursing and Midwifery sectors. This age group is the most common age for women to go through the natural process of menopause.

The menopause is not an illness but with cruel symptoms. Symptoms, for example, such as hot flushes, night sweats, tiredness and fatigue, joint pain, memory loss (leading some women to believe they have dementia), loss of concentration, anxiety and depression and polyuria can be quite debilitating.

In 2018, an article by Dr Louise Newson, "Menopause and Work", noted that due to the nature of the menopause 10% of women consider giving up work or taking early retirement. With pension cuts and increased living costs this is not an easy option. Women have already by this stage in their working lives spent years building on their careers when the menopause hits them, stealing away any confidence and ambition to go any further.

In November 2015 National Institute for Health and Care Excellence (NICE) guidance was produced for Health Professionals to help patients with their management of menopause. A report "Supporting Working Women through the Menopause" published by the Wales TUC in 2017 found "a very small number of workplaces have policies in place to support women who experience difficulties during the menopause."

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Conference believes that all parts of the NHS should take responsibility for their workforce's health and wellbeing while carrying out their work. Conference calls upon the Health Service Group Executive, with consideration to local (devolved) management arrangements to:

1. Encourage all NHS employers to apply the NICE guidance on menopause to support the health and wellbeing of staff suffering menopause.
2. Encourage all NHS employers to involve Occupational Health Services in the development of a menopause policy.

Grampian Health

29. Mandatory flu vaccinations

Health Conference recognises the dangers posed by flu, which kills an average of 8,000 people in England every year.

Conference believes that it is appropriate for health staff to have the opportunity to have a free flu jab, and that staff should be encouraged to take this up by employers and unions. Conference notes that this approach is generally reflected in jointly agreed national statements and within the Flu Fighter campaign.

However, Health Conference notes with concern that some health employers are making flu vaccinations mandatory for new starters, citing the national target of 100% vaccination take-up to justify a move away from the voluntary approach. Health Conference also notes that numerous research and guidance, including that from NICE, does not recommend mandatory flu vaccination for healthcare workers.

Health Conference believes that the decision to have a vaccination should be a matter of personal choice and that the decision of a worker or potential new recruit to decline a vaccination should be respected. Health workers should face no sanction or detriment if they choose to decline a flu vaccination.

Health Conference calls on the Health Service Group Executive to:

1. Continue to work with health employers nationally to promote the voluntary take-up of free flu vaccinations by health workers.
2. Reject any move by employers nationally or locally to adopt a policy of mandatory staff flu vaccinations.
3. Seek that negotiators look for national targets for the uptake of flu vaccinations which are not set at such a high level that employers question the adequacy of the voluntary approach.
4. Provide support for branches facing initiatives by their local employers to impose mandatory flu vaccinations.

Pennine Acute Health

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30. Legalisation of abortion provision and zero tolerance of misogynistic demonstrations in and around health centres and hospitals

It is now over 50 years since the law was changed in the UK to allow abortions to be provided safely on the NHS.

No change has been made in 50 years and abortion remains illegal. Two doctors' signatures are required to prove that the woman (or Trans man) in whose body the pregnancy resides would suffer mental or physical ill health if the pregnancy were to continue. Medical advancements are such that many abortions are now performed medically rather than surgically, with the two tablets required being safer statistically to take than antibiotics. The law however states that these medications must be obtained via a licenced clinic rather than a GP surgery or similar.

In 1967 women often had to have a male family member's signature in order to access a bank account or obtain a mortgage. In 2018 we recognise that women are fully autonomous beings able to make their own independent decisions. We also need to recognise that they are capable of making decisions about their own bodies.

In line with the increase in far right views and threats to reproductive health access in the US, many US anti-abortion campaigns are financially supporting protests outside clinics in the UK and as a consequence many women accessing services are encountering protests or "prayer vigils" outside clinics. Many service users may well have to deal with this encounter whilst dealing with a very difficult, upsetting and deeply personal scenario. Research shows that even protests that are presented as quiet prayer are perceived by service users as harassment.

The increase in protests also means that many of our members, health service employees, are also have to accommodate said protests in their workplaces and as part of their working day or when entering or leaving work. This means that our women members are sometimes facing unchecked misogynistic demonstrations in the workplace.

Service users have a right to access services and employees have a right to be in and travel to and from a workplace without fear of sexist harassment.

In view of this threat of harassment to service users and to staff conference calls upon the Health Service Group Executive to:

1. campaign for full legalised access to abortion including the provision of medical abortion pills via local health centres and GP surgeries.
2. lobby any workplaces, health centres and hospitals to enforce a ban on protests or vigils of any sort against women's access to reproductive health services on their grounds.
3. lobby Councils to use all available legal channels to enforce exclusion zones around hospital and health centre grounds.
4. assist branches, via their Regional Office, to engage with their core employers to develop policies and procedures that will effectively fully support all staff

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encountering sexist and misogynistic anti-abortion demonstrations in or around their workplace.

Nottingham University Hospitals & Allied Services

Amendment 30.1

At the end of first sentence after 'NHS' insert:

'with the exception of Northern Ireland, where - during the period of devolved government and since its collapse - our members have advocated and campaigned for the removal of the abortion ban. Trade unions in Northern Ireland are insisting that it is now the responsibility of the Westminster government to give women the choice that women in other parts of the UK have had for years.'

In second paragraph, delete first sentence from 'No change' through to 'illegal.'

At start of second sentence, insert 'In the parts of the UK where abortion is legal,'

At end of motion insert new action point:

'5. Congratulate our Northern Ireland Region for its leading role in the ground-breaking all-Ireland survey on abortion as a workplace issue and share the recommendations from the survey to help deliver the employer-focused action points in this motion.'

Health Service Group Executive

31. Better hospital food campaign

Patients, visitors and staff deserve access to good quality food when in hospitals across the UK. Those recovering from illness need food that is healthy, nutritious and appealing in order to aid recovery.

Conference notes, that the health and wellbeing of staff is raised as a priority by the NHS, but that in a number of cases, this is not always reflected in reality, when staff are unable to access healthy food that is reasonably priced. Many who work night shifts are faced with ready meals in vending machines, or unhealthy snack options high in sugar, salt and fat, that fail to provide the nutritional value required. Some are forced to turn to takeaways because of the lack of availability and conference believes this is unfair and should not be accepted.

Staff report that there is a difference in quality between food freshly prepared in on site kitchens that allow for healthy options, when compared with previously cooked food by companies contracted out, and then brought onto premises. UNISON is helping inform the creation of mandatory standards that will emphasise the importance of healthy food availability, the environment in which staff patients and visitors are able to eat in, as well as the expectations on retailers, when advertising in healthcare establishments.

Conference calls on the Health Service Group Executive to:

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1. Promote UNISON's better hospital food campaign and champion in-house, locally sourced and freshly cooked food for patients and staff in hospitals, nursing homes and other healthcare residential settings.
2. Continue to influence and inform the creation of new food standards for staff working in hospitals.
3. Share findings from UNISON's survey as part of the better hospital food campaign to all branches, raising the profile of the campaign and allowing results to be used locally.
4. Encourage better hospital food campaign activity as a means of promoting in-sourcing of catering or to prevent outsourcing of these functions.

Health Service Group Executive

32. Better hospital food for staff and patients

Patients, visitors and staff deserve access to good quality freshly cooked food in hospitals. Those recovering from illness need food that is healthy, nutritious and appealing in order to aid recovery

Conference notes, lots of NHS trusts are now using Frozen and Chilled food companies, by using these companies it also impact on our member's jobs within the hospital catering departments, staff numbers in these areas are decreasing, AFC bandings are going down and staff are being de-skilled, leaving staff feeling undervalued. There is also awareness that food allergies are becoming a common problem with potentially serious consequences for consumers, therefore it's important that Unison members working in these areas are given the right level of training to give the correct advice when needed.

Most staff working night shifts do not get the option to use a dining room and have to rely on ready cook convenience food, with not much nutritional value. Conference notes the importance of good healthy freshly cooked food is important for the well-being of both staff and patients, together with a relaxed environment in which staff, patients and visitors can enjoy their food.

Conference calls on the Health Service Group Executive to:

1. Promote UNISON's better hospital food campaign and champion in-house, locally sourced and freshly cooked food for patients and staff in hospitals.
2. Share the findings from UNISON's survey as part of the better hospital food campaign to all branches, raising awareness of the campaign, to help branch fight against these changes in NHS catering department.
3. Provide branches with guidance around legislation and best practice which should be followed by NHS catering departments to support both NHS staff and Patients who have food allergies.

North Derbyshire Healthcare

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33. Food for good public health

The excessive consumption of calories, fat, sugar and salt, including the risks of developing type 2 diabetes, various types of cancer and other conditions such as cardiovascular disease is having a significant impact on our limited NHS resources moreover, it is limiting the life expectancy of this and the future generation of the UK population.

As a nation, we consume too much food and drink that has little to no nutritional value, but which contribute calories or salt to our diet, junk food. With the UK consumer expenditure on price promotions being the highest in Europe therefore, it is little wonder that obesity has now become the biggest Public Health challenge within the NHS.

In Scotland the government's actions to improve the nations diet-related health outcomes have to date had very little impact on the health of the population, we are the home of the deep fried mars bar, however we do recognise that this is a long term strategy that needs time to show a measured difference.

As health workers we see and treat the symptoms however, this conference believe that a greater emphasis needs to be on prevention with the introduction of policies to reduce the public health harm associated with our nations damaging relationship with junk food that is high in fat, salt or sugar. Furthermore, we as health workers are not immune to the lure of high fat, high salt and high sugar foods. Long shifts, unsocial hours and often the lack of catering facilities can mean that health workers are reliant on ready meals that can be heated in a microwave quickly.

Conference calls on the Health Service Group Executive to work with governments in all four countries with an aim to:

1. Develop progressive public health policies that restrict the promotion and marketing of junk foods, that will break our unhealthy relationship with foods that has next to no beneficial nutritional value.
2. Improve the facilities available to staff who work unsocial hours to enable them to have nutritious and fresh food at low cost during their meal breaks at work.

Lanarkshire Health

Negotiating and bargaining: Equalities issues

34. 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 15% 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.

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In the 2017 NHS Staff Survey, 71.6% of Black staff compared to 86.6% of White staff felt that their organisation acted fairly with regards to career progression and promotion. In line with this, the 2017 data analysis report on the NHS Workforce Race Equality Standard found that the Black population are over-represented in low grades and under-represented at senior levels. The same report found only 7% of board members across the NHS are Black, a far lower percentage than that of the workforce.

In looking at treatment at work the picture is not much better. The survey findings also showed that 28.4% of Black staff have experienced harassment and bullying from members of the public while 22% of Black staff have experienced harassment and bullying from colleagues compared to 16.8% of white staff. 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.

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 (WRES) 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 (NBMC) 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, initiate discussion with the NBMC in how closing the gap between Black and white staff regarding recruitment and selection, disciplinary action and access to non-mandatory training could be achieved.

National Black Members' Committee

35. Drilling down of sexism culture within the NHS

Conference applauds the work done by UNISON on highlighting the issues of sexual harassment in the workplace, and the 2018 joint research with the London School of

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Economics and Political Sciences and the University of Surrey on levels of sexual harassment in the police force.

The UK media would have us believe that sexual harassment is confined to the world of Arts, Politics and Journalism. However, this doesn't match the everyday sexism as described by working class women over the years. The #METOO campaign flooding all forms of social media, alongside mass rallies has led to debates about unwanted sexual conduct in the workplace and society; and has empowered women to come forward.

The NHS has 1.6 million staff and is the fifth largest organisation in the world, how extraordinary would it be for an organisation of this size, with three quarters of the staff group being female, NOT to experience sexual harassment, both historically and currently. There is ample anecdotal evidence suggesting sexual harassment is an issue within the NHS but no recent studies have been undertaken focusing solely on gender discrimination or sexual harassment across all clinical and non clinical staff including student nurses, Occupational Therapists, doctors etc especially within the time they were in training.

UNISON's own NHS survey in 2015 highlighted a culture of 'a bit of banter' – a TUC research on sexual harassment. The TUC research found that two fifths of women who experienced sexual harassment felt embarrassed to report it, one in ten reported feeling less confident in work or they avoided certain workplace situations altogether. The TUC research also showed under reporting of incidents, so it's hard to gain a true picture even though half of working women have suffered some form of sexual harassment in their workplace and this rises to nearly two thirds in young women (18-24 years old).

Helen Bevan, chief transformation officer at NHS Horizons, a national improvement support unit within NHS England said "Women find it harder to advance in NHS because of a culture of sexist language and is more prolific in lower paid 'female administration jobs' and is often harder to cross the chasm into more senior roles" The hierarchical nature of the profession increases the perception of 'impunity' of seniors, and increases the likelihood of the 'bystander silence'. We must challenge gender language and encourage our women and men within the workforce to become the support and allies to stand up and call out all forms of sexism within the NHS.

The Fawcett Society has undertaken a comprehensive review of existing sex discrimination laws, the final report was produced on 23 January 2018 and the recommendations shows broad range of areas to eliminate the disadvantages that women so often face in their workplaces along with their role in wider society. There is no hard evidence of a sexism culture within NHS, but the staff might surely have tales to tell. The fear is that expressions like "it's just a bit of banter", "it's just a bit harmless fun", "it's what gets you through the day " being used to cover up day-to-day sexism and sexual harassment will become the accepted culture within our work environment.

Tackling a sexism culture in an organisation that is over 70 years old will not be a quick or easy task but to continue to ignore it is not good for the NHS nor the very workforce that makes it the 'Jewel of the crown' that is envied worldwide.

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Conference calls upon the Health Service Group Executive to:

1. Work with the National Women's Committee to request research on the sexual harassment culture within the NHS;
2. Circulate the Fawcett Society report on the review of existing sex discrimination laws to regional health committees and branches;
3. Work with the National Women's Committee in producing a best practise Sexual Harassment at Work Policy;
4. Work with Learning and Organising Services to produce an appropriate training package for all UNISON Stewards, Health & Safety reps, Union Learning Reps etc. on sexual harassment and gender based sexism;
5. Report back to Health Conference 2020.

National Women's Committee

36. The NHS England Workforce Disability Equality Standard

Conference notes that the new Workforce Disability Equality Standard (WDES) has been mandated as part of the NHS Standard Contract in England. The standard will enable NHS organisations to compare the experiences of disabled and non-disabled staff on a range of ten measures. The WDES is modelled on the Workplace Race Equality Standard (RES) which has been in place since 2015.

The WDES came out of research undertaken by University of Middlesex which found that, relative to non-disabled staff, disabled staff felt more bullied, in particular from their managers; under more pressure to work when feeling unwell; and less confident that their organisation acts fairly with regard to career progression. 14% of disabled respondents said they had not received the reasonable adjustments they required to do their job but this varied substantially depending on the Trust involved, from a low of 5% to a high of 41%.

As part of the WDES, Trusts will need to provide data on each of the ten measures including whether disabled people are more likely than non disabled people to:

- Be in a lower pay band
- Enter the formal capability process
- Experience bullying, harassment and abuse
- Feel pressured to come to work when they are ill
- Feel there isn't equal opportunity in career progression and promotion
- Feel they aren't valued by their organisation

This information should then be used by each Trust to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality. It will also allow the identification of good practice and comparisons between Trust performance on a regional and national level.

In adopting and implementing the WDES, organisations are expected to engage with disabled staff and trade unions and one of the measures assesses how well disabled

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staff are listened to and engaged. The first year WDES reports are expected to be published in August 2019, based on data from the 2018/19 financial year. A national WDES report will then be published later in the year.

It is vital that UNISON NHS branches in England get involved in the WDES and in the development of action plans based on their Trust's data. Conference therefore calls on the Health Service Group Executive to work with National Disabled Members committee to:

1. Raise awareness of the WDES with regions and branches and consider producing guidance for branches;
2. Encourage branches to interrogate their Trusts' data, to call for engagement with staff and the union on developing the WDES action plan, and to build bargaining agendas around areas for improvement identified in the WDES data;
3. Work to seek similar standards in the devolved nations and in contracted NHS provision.

National Disabled Members Committee

37. Health and wellbeing of staff in the NHS

This conference believes that there is an increasing trend towards the NHS and its Arms - Length Bodies' staff not being accorded eligibility for disability consideration by employers with regard to absence management. Increasing numbers of staff are being processed into stage 3 and beyond without due consideration of the expectations set out in the Equality Act 2010 of the range of options expected of an employer of both the stature and the particular obligations of the NHS set in its own constitution.

Unison representatives are finding that there is difficulty getting managers to recognise the difference between illness and disability absence. Much of this may be due to lack of awareness despite NHS Employers guidance that best practice is to record separately and ideally have a separate policy. The code guidance for the Equality act sets out that the employer should consider fully the case for options including discounted disability leave, which sadly few policies articulate, thus members and indeed managers are not necessarily aware that this is a legitimate 'reasonable adjustment'. Thus, time and again members face a set response of physical adjustments and a set tariff of 'special' leave which does not clearly differentiate between disability and illness, and rarely if ever suggests that this tariff can be individualised in consideration of disability.

The consideration of the legitimate aims of the employer in this case NHS, frequently seems to be more aligned to cost of the individual absence – yet disabled NHS workers are noted in literature as not being a concern for higher levels of absence compared to non-disabled. The loss of highly skilled staff who feel they are being asked to control what is outwit their control i.e. their disability and leave or are made to leave is both a matter of shame to the NHS and of economic cost to society greater than the cost of cover for the absences within their faithful service period.

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As the lead agency for Health in the UK the NHS is failing its own staff, and in this time of difficulty in recruiting and retaining the skilled and dedicated individuals who perform its work this negative approach must be recalibrated. Unison has long championed staff wellbeing and conference celebrates this and seeks to support its members through action to address this anomaly in our great NHS service in all its forms.

This conference calls upon the Health Service Group Executive to:

1. Campaign to highlight to members that the Equality Act and local absence policy should be reviewed with clear eyed understanding of the range of actions the NHS employer has to consider when a case is made for disability related reasonable adjustment;
2. Work with the policy makers at national, regional and local level to complement the above with increased clarity in policies relating to disability leave and the benefits of taking a wider and more future looking consideration of the risks inherent in policies which fail to meet the spirit and intended outcomes of the Equality act regarding disability.

South West Region

Amendment 37.1

After action point 1, insert a new action point:

‘2. Work with national negotiators to request improvements to the NHS ESR which ensures all NHS Trusts have the ability to record disability-related absence as a separate absence, not within sickness absence or special leave.’

Renumber final action point accordingly.

North West Region

38. Health employers and workplace adjustment passports

Conference notes that although disabled workers are legally entitled to reasonable adjustments under the Equality Act 2010, some health employers continue to delay or seek to avoid implementing reasonable adjustments. In particular adjustments agreed with one manager may disappear when staff move teams or change managers. Student health workers on placement also find it difficult to access the reasonable adjustments they are entitled to.

Some employers have implemented workplace adjustment passports. This is an agreement between the staff member and their manager which outlines the barriers faced and the adjustments the employer has agreed to put in place, including but not necessarily limited to the legal requirement for “reasonable” adjustments. This passport approach allows the adjustments to follow the worker when they move teams or line management changes, and minimises the need to renegotiate adjustments.

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The Department of Health has recommended both workplace adjustment passports and Wellness Recovery Action Plans in its “Advice for employers on workplace adjustments for mental health conditions”. There are examples of workplace adjustment passports in the NHS such as the Kent Community Health Work and Wellbeing Passport and the Derbyshire Community Health Reasonable Adjustment Passport.

Conference further notes that guidance published by the NHS Staff Council Equality and Diversity Group in 2014 outlined the legal requirement for reasonable adjustments in the NHS. The guidance also highlighted disability leave as an example of a reasonable adjustment and recommended that NHS Trusts should agree a disability leave policy as good practice and that disability related absence should be recorded separately to standard sickness absence.

However there is no consistent approach to reasonable adjustments across the NHS and contracted out services, and no specific recommendation from NHS Employers regarding workplace adjustment passports. Conference notes that UNISON has recently produced updated disability leave bargaining guidance and a model policy that can be used by health branches to negotiate with NHS employers on this issue. UNISON has also published an updated edition of the comprehensive ‘Proving Disability and Reasonable Adjustments’ guide.

Conference therefore calls on the Health Service Group Executive to:

1. Encourage health branches to negotiate for workplace adjustment passports with their employers.
2. Publicise UNISON’s Disability Leave bargaining guide and model policy and the ‘Proving Disability and Reasonable Adjustments’ guide to branches and regions.
3. Seek to negotiate an update of the 2014 ‘Guidance relating to disability for the NHS’ to update disability leave guidance in line with UNISON’s bargaining objectives and to include workplace adjustment passports as a model of best practice recommended to NHS employers.

National Disabled Members Committee

Negotiating and bargaining: Professional and occupational issues

39. Line management

A recent UNISON/Nursing times survey revealed that an alarming proportion of staff with line management responsibility have had no management training, are unclear about how to tackle key workplace issues and are so busy dealing with gaps in staffing that they have little time to fulfil other management tasks.

Staff managing teams are often the first port of call for members needing help on a range of work issues – from tackling bullying and discrimination to accessing support for career development and flexible working requests. If these team managers are not trained –or given the time - to support their staff in this way, not only will the NHS

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struggle to make the health service a better and fairer place to work, but casework for our reps will continue to rise.

We know that despite having a steward in their workplace, many team managers do not ask for advice or input from the union on a regular basis. This means that problems are frequently not fed back until a member has asked the union to make a formal intervention.

Conference calls on the Health Service Group Executive to:

1. Work with allies to promote the role team managers play in the NHS and compile information about the positive impact of good line management on key workforce issues including tackling discrimination; reducing bullying; and supporting career development;
2. Use relevant partnership structures across the UK to create the expectation that staff moving in to their first line management role will receive training and support to carry out these responsibilities;
3. At branch level, identify the teams in our NHS workplaces with the most worrying casework patterns and suggest ways that the employer could provide the manager/s with better support or training, including education about expectations around working with trade union stewards.

Health Service Group Executive

40. Highlighting and promoting Assistant Practitioners with a view to achieving regulation

Conference notes Assistant Practitioners have had a valuable place in our NHS structure now for over 10 years yet – to date – the profession has been seen to not merit regulation by a professional body. The withdrawal of the bursary has further impacted on routes into Registered Nursing for mature and experienced support workers leaving the roles of Assistant Practitioner and Nursing Associate as a middle ground where the extra responsibilities provide greater experience and build confidence.

Unison has been campaigning for many years for Assistant Practitioners to be registered as on many occasions our members working in this role tell us they feel belittled by those working in registered professions, often being told that as regulated professionals they are accountable for them. This is insulting to our members. As the role of Nursing Associates is regulated, Assistant Practitioners are wondering where this leaves them in the workforce and what will happen to the valuable work they do.

Conference notes with concern the possibility that the Assistant Practitioner role could soon be diluted as the likelihood of similar roles being created in the future infringes on the Assistant Practitioner post. Many Assistant Practitioners work in specialised areas who might feel threatened by introducing additional roles. There are many Assistant Practitioners out there who are wondering who is fighting for them, UNISON has always been an advocate for all support workers and this valuable role is being ignored and undervalued.

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Conference calls on the Health Service Group Executive to:

1. Work with the relevant agencies to promote greater recognition for the Assistant Practitioner. This would be with a view to obtaining professional regulation.
2. Highlight the value of the skills that Assistant Practitioners bring to the NHS.
3. Work with our Assistant Practitioner members to research and gather information that supports the case for regulation.

Nursing and Midwifery Occupational Group

41. Endorse the campaign for Assistant Practitioners to be included on a professional register

Conference notes that in 2002 the Band 4 Assistant Practitioner post was created to plug the gap between Healthcare Assistants and Registered Nurses, a gap that had gradually widened since the abolition of the State Enrolled Nurse post and with the expansion of the Registered Nurse role. Assistant Practitioners (APs) have studied for two years at University level and hold either a Foundation Degree in Healthcare Practice or a Level 5 Diploma.

Conference also notes that in 2011, The Department of Health asked the Nursing and Midwifery Council (NMC) to register and monitor Assistant Practitioners. The NMC refused to register people who were not Nurses. Nevertheless, Assistant Practitioners and Trainees over the years were repeatedly assured by the Educators that it was just a matter of time before mandatory registration came into force.

Conference further notes that in February 2017, the first cohorts commenced study for a Foundation Degree in Healthcare Practice which would lead to a qualification as a Nursing Associate, a newly created Band 4 post which would fill the gap between Healthcare Assistants and Registered Nurses.

The Nursing Associate training is currently fully funded by Health Education England, which must be seen as a very positive development. As with the AP training, students are required to be in a Band 3 post and therefore earn a wage whilst in training. The NMC have agreed to register and monitor these Band 4 Nurses.

Conference welcomes this new addition to the Nursing family and congratulates the newly qualified Nursing Associates, many of whom are members of UNISON.

Nonetheless, many APs are now feeling they have been left 'high and dry'. Having accumulated substantial debt in the form of student loans, they face a future of competing for Band 4 posts alongside Nursing Associates whose Registration will allow them to administer medication and IV therapy, amongst other tasks and procedures for which non registered staff are prohibited from training. In addition and possibly more importantly, they will be regarded as fully accountable for their practice by their Registered Nurse colleagues because they will be in possession of the near sacred 'pin' number from the NMC.

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Conference urges the Health Service Group Executive to endorse the campaign for Assistant Practitioners to be included on a Professional Register and thereby achieve parity with Nursing Associates and to pressure the Department of Health to open negotiations with the NMC with regard to the registration of APs.

Cornwall Acute Health

42. Safe staffing and legislation

Conference notes that safe staffing is enshrined in the NMC Code of Practice which states that nurses and midwives have a duty to “Act without delay if you believe that there is a risk to patient safety or public protection”. The NHS Constitution also places an expectation on staff that they should raise concerns about safety “at the earliest opportunity”.

Conference also notes that UNISON has well established policy on safe staffing, calling for the introduction of mandatory safe staffing levels for a number of years. UNISON is a co signatory to the Safe Staffing Alliance’s manifesto for safe staffing which notes that a ratio of one registered nurse to 8 patients identifies the level at which significant harm is more likely to occur and UNISON endorses the Safe Staffing Alliance’s key message ‘never more than 8’. Appropriate and safe staffing is needed in all departments and across all areas, including community.

Conference believes that the only way to improve retention and begin to reverse the shortage of nurses is to reduce their workloads to a safe, manageable level. This means more nursing staff on wards and in the community and mandatory minimum staffing levels. Conference noted that while Wales has legislated about nurse staffing levels and Scotland has begun the process of legislating, neither England or Northern Ireland have any legislation on staffing levels.

Conference calls upon the Health Service Group Executive to:

1. Reaffirm the demand last made at the 2017 health conference that political parties commit to legislating for safe staffing levels, or to defend them where they have already been enacted;
2. Stress to employers the importance of ensuring safe and appropriate staffing levels throughout the year, including during the winter pressure period;
3. Monitor progress in Wales to ensure that the legislation is being implemented and assess what impact the legislation has had;
4. Monitor the progress of the Staffing Bill in Scotland to assess whether, if enacted, it impacts on staffing levels on wards;
5. Monitor the progress of the Safer Nursing Care Tool programme, beginning in February 2019 , noting that it is a 12 – 24 month programme and assess what impact the programme has on staffing levels;
6. Revise the ‘Be Safe’ guidance for branches to help all members of the nursing family raise their concerns about poor staffing levels and the impact on patient

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care. The role of 'freedom to speak up guardians' to be highlighted within this revised guidance.

7. Cascade information to members working in England that they can report concerns directly to the CQC if they feel unable to raise them directly with their employer for fear of reprisal or if concerns are not taken seriously.

Nursing and Midwifery Occupational Group

43. What is safe staffing in ambulance services?

The NHS has developed guidance on safe staffing for nursing. In 2019, the NHS intends to produce guidance for ambulance employers on what is safe in ambulance services. Record numbers of people are contacting the 999 and 111 services and the current system is unsustainable. The pressure of budget cuts and increasing demand on ambulance services has led employers to looking at ways in which they can run the service cheaper. At the same time, ambulance services are trying to deal with chronic shortages of paramedics and record turnover of staff in 999 and 111 clinical call centres.

In some areas this has led to emergency support staff sent as double crews to answer 999 calls, putting these staff in a very difficult position. These staff an important part of the ambulance service but their role is to support other clinical staff and it is important that we do not put them in difficult situations where their skills, training and experience are in supporting and not delivering clinical interventions. The same applies to clinical call centres where there should be enough clinical staff to support the decisions of call takers and dispatchers. If we are not clear about safe staffing then these staff are put under huge pressure and this leads to unsustainable turnover.

NHS England and NHS Improvement have started to consult over safe staffing levels and we believe that this should include both ambulance frontline and ambulance clinical call centres.

Conference calls on the Health Service Group Executive to work through the Ambulance Occupational Group to:

1. Influence and feed into the development of ambulance specific, safe staffing materials.
2. Put in place safety measures to limit the creeping increase in support staff only crews responding to emergency calls.
3. Ensure that focus is put on adequate staffing in ambulance clinical call centres.
4. Ensure ambulance employers are investing in safe staffing around clinical support, preceptorship and the NQP programme.

Ambulance Occupational Group

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44. (This motion was withdrawn)

45. Brexit and the implications for healthcare staff

Conference notes with concern the announcement from Theresa May about the Government's approach to immigration following the UK's withdrawal from the EU. Whilst no figure has (as yet) been set, the implication that there is no preferential status for EU workers is that the Government seeks to impose a lower earnings limit similar to that for non-EU workers. This is currently set at £30,000 per annum and is considerably above the earnings of the vast majority of our members in Healthcare.

As we are well aware, we already have a shortage of qualified staff at all levels within the Health and Social Care sector and there is a real danger that due to short sighted immigration policies, patient care and patient safety is compromised.

NHS Employers have already been raising this issue and we need to ensure that UNISON as the UK's largest trade union is also seen to be defending one of the real positives of our NHS – our International Workforce. We have a duty to support our members who are EU workers during a time of tremendous upheaval and we pay tribute to the organising projects taking place.

Conference calls on the Health Service Group Executive to:

1. Highlight the good work that branches are carrying out by organising EU workers;
2. Lobby employers to pay registration costs for EU workers already employed within Health and Social Care;
3. Work with appropriate other parts of UNISON to campaign against minimum earnings criteria for healthcare workers.

Lanarkshire Health

Amendment 45.1

In action point 2 delete all and replace with:

'Work with employers to support staff through the settled status process.'

Health Service Group Executive

46. Healthcare student funding

The UK is suffering from a well-documented and worsening recruitment and retention situation for nurses and allied health professionals. Growing staff shortages are damaging the health and well-being of staff and the patients they care for. EU Exit is threatening to drastically reduce the numbers of qualified staff that UK employers are able to recruit from overseas. And in England we are seeing the disastrous effects of the government's decision to make students bear the cost of tuition fees, while also removing the healthcare student bursary.

These effects include

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- falling applicant numbers for healthcare degree courses
- falling enrolment numbers on healthcare degree courses
- closures of smaller courses
- a sharp reduction in the diversity of healthcare students with older students, students with children or other caring responsibilities, and students from ethnic minority backgrounds particularly deterred by the prospect of student debt.

On top of this it is clear that the system does not add up – healthcare students in England are incurring huge debt that on current projections they will never repay.

Alternative ‘earn while you learn’ routes to qualification promised by the government have failed to materialise in anything but tiny numbers. The apprenticeship route has not got off the ground because employers say it is too expensive without additional funding to cover salary and backfill costs. This is despite evidence that staff qualifying through ‘grow your own routes’ have very high retention rates.

Conference is concerned that across all four countries healthcare students are struggling to make ends meet while juggling the demands of academic study, practice placements, part-time work and family responsibilities. The particular pressures of healthcare degrees, including the demands of placements, take a toll on student health and well-being and are reflected in high attrition rates.

Conference contends that the NHS has always required dedicated and specific financial support to be available to encourage and support people to qualify as healthcare professionals in the numbers the UK needs. Conference believes that there must be wholesale policy change backed by sustained investment so that in all four countries enough people are supported to train as healthcare professionals to meet the population’s healthcare needs.

Conference reaffirms UNISON’s policy commitment to campaign for healthcare students to be salaried or receive a living bursary. Conference welcomes as a step in the right direction moves by the Scottish government to increase student bursaries to £10,000 by 2020.

Conference calls on the Health Service Group Executive to:

1. Continue to highlight the disastrous effects of Westminster government policies on NHS staffing in general, and on training of healthcare professionals in particular.
2. Campaign for additional government funding to be provided to employers to support a massive expansion of the apprenticeship route to healthcare degrees making this an established and core source of qualified staff.
3. Continue to campaign for all apprentices to be paid fairly and equitably within agreed Agenda for Change pay and conditions for the duration of their apprenticeship employment, with a guarantee of moving into a qualified post once they gain their registration.

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4. Campaign for government-funded financial support for all non-employed healthcare students in the form of a non-means tested non-repayable living bursary sufficient for students from all backgrounds to live and support themselves while studying.
5. Work with the National Executive Council and Labour Link to campaign for the abolition of all university tuition fees across the economy and for the provision of higher education in the UK to be centrally funded.
6. Work with the National Executive Council to further develop UNISON's policy on the education and training of healthcare professionals including work to:
 - i) gather the views and experiences of our student/apprentice members and members engaged in healthcare education and training.
 - ii) scope and evidence the level of financial support for non-employed students that is necessary to sufficiently expand the numbers and diversity of those able to embark on healthcare degrees.
 - iii) identify the level of investment needed for policy reform and options for how it could be funded.
 - iv) scope options for new forms of degree course design and delivery that could generate economies of scale and improve access and participation.

Health Service Group Executive

47. Education and training for allied health professionals

Conference is alarmed that all three learning centres for allied health professionals (AHPs) in Scotland have now closed.

In addition, Conference notes the continuing strain on healthcare education in England caused by the government decision to abolish the NHS bursary and bring in tuition fees for student nurses, midwives and AHPs.

In addition to student poverty and the financial deterrent this has created for potential healthcare students, Conference is dismayed at the problems this has caused for workforce planning – now that higher education institutions are responsible for filling course places rather than there being any central oversight through Health Education England.

Conference notes with growing concern that this lack of a strategic approach has contributed to the large and growing number of vacancies in a number of key professions across the NHS. Conference recognises that there are different approaches to healthcare education and training in place across the four countries of the UK and welcomes the work that UNISON has done to contribute to the ongoing debate around workforce strategy in the NHS. Conference calls upon the Health Service Group Executive to:

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1. Investigate the different approaches to healthcare education across the four countries, highlighting best practice that should ideally be followed across each part of the UK;
2. Continue highlighting the damage that can be done if gaps in the AHP workforce are plugged with unregistered staff – which undervalues the importance of such roles and places unreasonable levels of stress on those doing jobs for which they are insufficiently qualified; and
3. Continue working with the relevant bodies to highlight the importance of strategic oversight in healthcare education and for there to be a co-ordinated plan for AHP roles.

Science, Therapy and Technical Occupational Group

48. Volunteering in the NHS or Trojan horse approach

Volunteering in the NHS. In England an estimated three million people volunteer in health and care. The time volunteers give every day, in a very wide range of roles, makes a valuable contribution to the quality of that care patients' experience.

Royal Hospitals and Muckamore branch are becoming increasingly concerned about the role of the volunteer service based on the English model. NHS England has produced guidance to offer practical support and information for NHS providers to enable them to support the strategic ambition to grow and develop volunteering in the NHS. IT will help providers:

- i) Develop the right processes, procedures and frameworks to support quality volunteering opportunities that makes an impact;
- ii) Achieve a balance in their approach; ensuring effective processes for recruitment and management of volunteers are in place without creating unnecessary barriers or being too risk-averse;
- iii) Ensure that the approach is accessible and inclusive, there are opportunities for a diverse range of people and volunteers reflect the communities in which we work. This includes involving people who experience the most health inequalities as volunteering can help to reduce these and identify existing good practice and develop a framework based on investing in volunteers, a recognised standard for volunteer management.

Conference no were in this statement does this practical support and information for NHS providers outline the need to ensure that the volunteer role does not replace a job or undermine industrial relations. It is our view conference that the employers in England are taking advantage of free labour and encouraging volunteering as opposed to investment in roles such as catering where we have seen the mealtime buddy scheme being funded and rolled out across England and indeed all regions. Patient feed or prompting a patient to eat is the role of a health care professional not a volunteer.

Placing volunteers at the main entrances of hospitals instead of investment in security staff and portering staff does not advance or enhance the service it only places volunteers at unnecessary risk and leaves areas covered on an ad-hoc basis

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offering no continuity of service. Conference in Northern Ireland we have to a large degree resisted such a mission to creep into our services and we will continue to be vigilant.

Funding the volunteer's service is not cheap. The management of the volunteers are not volunteers. The funding normally gets taken out of other departmental budgets namely support services and this is simply unacceptable. This only further depletes available funds for our own members in support services who badly need this money for their own training and development needs.

Conference calls the Health Service Group Executive for a strategic approach to UNISON policy development and for radical change to employer's policies on volunteering in the NHS:

1. For all health branches in all regions to work collaboratively via regional councils in adopting a common approach to ensure all NHS hospitals have a volunteer policy in place that pays serious attention to industrial relations and to what a volunteer does not do, as opposed to what they are willing to do;
2. To ensure that volunteers policies have input from the area the volunteer is proposed to work in, and that the staff within the associated area have to approve this;
3. All Support services budgets must be protected and money for support services must not be dipped into or depleted to fund the volunteer services.

Royal Hospital Trust

49. Yes to volunteering but no to using volunteers in vacant staff positions

This branch notes that volunteering has been a valuable service since the introduction of the NHS. League of friends and other voluntary roles have provided additional valuable resources in aiding the recovery of the patients we serve. These voluntary bodies and positions were always considered to be in addition to statutory NHS services and were not to replace staff or services. With the introduction of profit into the Health system, we have seen many hospital shops and services run by volunteers, replaced by multinational chains to the detriment of the volunteers running these services.

This branch recognises that many years of austerity is also having an impact on the delivery of patient care. With demand on the NHS growing by 4% a year, our NHS is struggling to meet the needs and demands of patients and especially our ageing population.

This branch also recognises that NHS England and some voluntary sector groups have been looking at ways to support patients through increased use of volunteers. Twelve NHS hospitals are partnering with a new organisation aiming to double the number of volunteers from an estimated 78,000 to more than 150,000 by 2021. Reports state that these volunteers can take on non-clinical roles in hospitals to assist an already stretched and exhausted workforce. Some NHS trusts are piloting

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on-call “bleep volunteers” who can pick up tasks throughout the day. Also, volunteers are providing a “befriending service” for patients often living in isolation.

As a union branch we have seen an increase in the use of volunteers and welcome this where they do not replace existing staff or work done by staff. However, with a shortfall of approximately 100,000 staff in the NHS currently, we question why NHS England and the government are looking at the increasing use of volunteers, when we should be asking those volunteering to look at filling the vacancies and pay them a rate for the job. We also need to ensure that any volunteer is not exploited and asked to fill in for vacancies or asked to do work normally undertaken by paid staff. Volunteers do have a role within the service and can assist patients in their recovery, e.g. befriending services; however, we have to be vigilant that people’s willingness to support their treasured health service is not taken advantage of by unscrupulous employers and governments.

This branch thus requests Conference to ask the Health Service Group Executive to:

1. Undertake a FOI request on the use of volunteers within the NHS their roles and job descriptions, whether they are paid expenses and provided subsistence and whether trusts use volunteers for roles formerly undertaken by staff members.
2. Publish guidance for branches on the use of volunteers within the health service and what roles might be considered appropriate.
3. Assist branches to highlight and campaign where volunteers are being used in formerly paid roles and campaign to bring those volunteers into paid employment in those.

Bucks Healthcare and Community

50. Menstruation, dignity and mental health care

Menstruation is a normal part of women’s lives but is arguably neglected within mental health services, especially inpatient care. Many women service users report inadequate staff awareness and support.

With an average inpatient stay being 33.4 days, and longer in specialist settings such as secure units, large proportions of all women service users will need to manage their periods during an admission. Irregular or unpredictable periods can be side-effects of prescribed medication and negatively impact an individual’s self-esteem or daily activities. Menstrual problems such as pain and cramps or heavy or prolonged bleeding can substantially add to distress. This is compounded when having to cope in unfamiliar in-patient surroundings, often where a person’s autonomy is compromised by compulsion or coercion.

Routinely dispensed medication can affect the menstruation cycle by raising prolactin levels. This disturbance to the hormonal system manifests for some in complete loss of periods or light, irregular periods, which can also worry service users who are not informed.

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Service users have reported inadequate support from care staff and deficient access to necessary sanitary protection suited to their individual needs. It is vital that mental health nurses tackle the taboos, stigma and ignorance that can surround periods by taking a lead in talking about menstruation so that service users do not have to suffer in silence. Appropriate care in this regard is all about maintaining dignity and equality for women under the care of mental health services.

Mental health services can take action in the following areas:

- Having more open conversations about menstruation, including taking account of cultural diversity and language differences in this regard
- Improving staff knowledge and awareness
- Improving discrete access to sanitary protection, this could be provided as part of an appropriate welcome pack
- Routinely ask about periods on admission or first contact with mental health services, and during 1-1 care plan review meetings

Conference calls on the Health Service Group Executive to:

1. Work with employers through partnership bodies in all four UK countries to push for relevant training for staff working in mental health services;
2. Work with employers through social partnership bodies to encourage them to supply simple sanitary products such as towels to promote dignity and give appropriate personal care;
3. Initiate a campaign to promote best practice and access to training for staff;
4. Produce appropriate campaign materials;
5. Seek alliances with other relevant campaigns in other sectors, such as schools.

Nursing and Midwifery Occupational Group

51. Use of bus lanes by ambulances

Conference notes that in many parts of the UK, restrictions are in place that stop ambulances using bus lanes which often results in them sitting in long traffic queues while transporting patients who are unwell. If the ambulance uses the bus lane during restricted hours, the ambulance trust is sent a fine and this is passed on to the driver of the ambulance.

The only time that an emergency ambulance is allowed to use the bus lanes is when they have a life-threatening condition on board and they use their lights and sirens. The decision to use the lights and sirens is to claim an exemption from normal traffic legislation and can have serious consequences in the event of an accident if that decision cannot be justified.

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For most of the time, once the patient is on board the use of lights and sirens cannot be justified yet there is still a patient onboard who is very unwell. PTS ambulances and Urgent Care Service ambulances do not have blue lights and sirens, yet they still carry poorly patients on board who may be going for dialysis, oncology, urgent blood tests or some other life saving procedure. These ambulances also have to sit in queuing traffic while buses and taxis pass them using the bus lanes which often results in patients arriving late for their hospital appointments. This cannot be right.

This issue is relevant and important to health service members and the General Public as it potentially affects every one of us and our families and permitting ambulances to use these bus lanes will help to get our patients into hospital in a timely manner without putting them at unnecessary risk.

This conference calls upon the Health Service Group Executive to take the following actions:

1. Campaign for all ambulances to be legally permitted to use bus lanes at all times.
2. Promote and publicise this issue with local and national press.

North West Ambulance Service

52. Care workers and the use of surveillance equipment

Conference notes that in recent years we have seen a rapid increase in the use of CCTV and surveillance equipment by patients and their families in settings where our members work in providing care and support.

The development in the use of more sophisticated equipment and the wide spread use of mobile phone filming and on occasion subsequent downloading onto the internet has resulted in almost any activity involving health care workers being open to wide public scrutiny but also potential abuse.

It is quite clear that both legislation and enforcement processes have simply not kept pace with this and this is now resulting in an imbalance between the rights of an individual and the ability of health care workers to perform their duties without feeling under duress.

Conference calls on the Health Service Group Executive:

1. To develop a model policy which offers support and guidance and publicises best practise in order to allow health care workers to carry out their roles and at the same time maintains patients' rights.
2. Working with the assistance of UNISON's Data Protection and Information Officer make representations to the Information Commissioners Office to urgently review the use of such equipment. This review would seek to develop a protocol to maintain the ability of people to continue to do so but more adequately protect healthcare workers and ensure its use does not result in direct or indirect abuse of them.

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3. Working with relevant organisations to campaign for legislation to continue to protect individual rights but also safeguard health care workers as they go about their jobs in particular protecting them from potential abuse and misrepresentation in social media.

Sheffield Community Health

Amendment 52.1

In action point 2 delete:

‘Working with the assistance of UNISON’s Data Protection and Information Officer’

and replace with

‘Using UNISON’s Data Protection services’

Health Service Group Executive

53. NHS charges

Conference notes the marking of the 70th birthday of the NHS and the 70th anniversary of the arrival of the Empire Windrush in 2018 and believes that the Windrush generation and those that followed were integral to the growth of decent and inclusive public services.

Immigrants from across the Commonwealth came to work in essential roles across the newly founded NHS, creating a service that met the needs of everyone, were free at the point of delivery, based on clinical need and not the ability to pay. This legacy continues today. Conference is deeply concerned that health surcharges and upfront payment for healthcare treatment is eroding trust in the NHS, endangering public health and putting UNISON members in impossible situations.

Conference further notes that there are two elements to the charging regulations: charges imposed on nationals of countries outside the EEA (‘health tourist charges’) and the health surcharge, a charge levied on “temporary migrants coming to, or remaining in, the UK for six months or more from outside the EEA”. Conference is deeply concerned that the NHS has now introduced upfront charges, with patients being charged 150% of the cost to the NHS. This is what happened to Windrush victim ‘Albert Thompson’ who was refused cancer treatment unless he could pay £54,000 upfront.

Conference is concerned that UNISON members are being asked to be immigration officers and check a patient’s immigration status prior to treatment. The Department of Health guidance on charging for treatment is complex and, at 118 pages long, is at times impenetrable. The emerging scandal around the hostile environment has shown that documentation showing eligibility is varied and complex and lacking documentation does not mean patients are not eligible for treatment. Healthcare staff are being asked to make determinations on complex paperwork which is not straightforward even for the Home Office. Worryingly, there have been numerous documented cases of people incorrectly charged for or even denied treatment based on their immigration status. Our members should not be put in the position where they are asked to police the healthcare system and act as immigration officials.

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The government's own figures show that only 0.3% of the entire NHS budget is because of deliberate health tourism, meaning that the revenue produced will barely cover the cost of the bureaucracy set up to administer charging. In addition to this, delaying treatment often costs the NHS more money. Worryingly, the Nursing and Midwifery Council (NMC) who regulate nurses, midwives and nursing associates and whose role it is to protect the public has offered no guidance to its registrants.

Conference is also opposed to the Immigration Health Surcharge (IHS) which was introduced in 2015. This charge is levied on all overseas visitors from outside the EEA entering the UK on a visa for more than six months. The fee currently costs £200 per person per year but the cost will double to £400 per year in December 2018. The fee has to be paid in advance and for the length of the visa meaning that a two parent family with 2 children on a three year visa would need to pay £4,800 in advance just for their health surcharge fees (this is on top of visa fees and registration charges if they are a registered practitioner.) Our members paying the IHS are already paying for the healthcare through their taxes and national insurance, they should not have to pay twice.

Conference believes it is grossly unfair that staff who have been recruited by the NHS to ease the shortage in healthcare staff are then being asked to pay an inordinate amount of money upfront so that they can access a service that they provide to others.

Conference calls on the Health Service Executive to:

1. Continue to highlight the positive contribution that staff from across the world make to the NHS;
2. Campaign against the 'hostile environment' and its impact on migrant workers in the NHS;
3. Ensure that the concerns highlighted in the motion are raised within social partnership forums;
4. Lobby the NMC to issue advice to registrants on the matter of charging;
5. Continue to lobby and campaign against the imposition of the health surcharge for all migrants, while highlighting the injustice of migrant health staff being charged for the very service they provide.

Nursing and Midwifery Occupational Group

54. Digital technology in the NHS

Conference notes from newspaper reports that the Conservatives are trying to implement a reduction in the NHS wage bill of £12 billion a year by 2030. They propose that this will be possible with the wider implementation of technology, making many more tasks automated. This is projected to result in around 500,000 jobs being lost in the NHS or being moved from the public to the private sector. With the chairman taxpayer's alliance of the opinion reduction of public sector jobs would

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be a win for the public sector worker because they would be freed from doing the mundane jobs within their workplace.

Conference believes that new technology can be used for the advancement of care and therapy and welcomes any advancement but not at the expense of staff and patients. With the growing demand on services of at least 4 per cent per year, it is extremely unlikely that demand for staff will decrease in line with these projections. We have also seen with the introduction of new technology in the public sector, rather than being of benefit to the service user experience, large sums of public money have been transferred to the private sector with no actual benefit accruing to those who use or work in services, with often the projects being cancelled as they are unworkable.

Conference believes that the introduction of new technology will be once again used to attack the jobs and terms and conditions of administration and support staff within the NHS. Currently we are seeing the NHS making redundancies through the implementation of automated appointment systems and other tasks within medical records.

Conference also recognises that there also are sweeping plans involving some of the biggest trusts, to use artificial intelligence to carry out tasks normally performed by NHS staff such as: diagnosing cancer on CT scans and deciding which A&E patients are seen first. This will involve the NHS looking to work in partnership with the Alan Turing Institute to explore the benefits of the machine learning revolution. They say that the move could have a major impact on patient outcomes, drawing parallels with the transformation of the consumer experience by companies such as Amazon and Google.

Conference believes that when trusts implement this new technology that there is proper governance and safeguards built in and that the data accumulated is used for the public good rather than private profit. We also believe that proper checks and balances are brought in so that we do not become reliant on decision making by automated instruction and that any use of automated technology and artificial intelligence is counterbalanced with human decision making process to ensure that the interpretation and data is correct as machines are only as good as the data entered.

Conference believes that machines will never replace doctors or nurses or support staff, but the use of data, expertise and technology can radically change how we manage our services, and that any automation should only enhance the patient care we provide and should not be at the expense of staff or patient care to save money or as part of cost saving measures.

Conference calls on the Health Service Group Executive to:

1. Monitor the introduction of artificial intelligence and how it is used;
2. develop practical materials for branches to assist challenging the introduction where used at the expense of staff and their terms and conditions;

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3. investigate and report on the examples of all the failures of automation within the NHS and publicise the costs of these failures whilst identifying who benefited from them.

Bucks Healthcare and Community

55. Organising young health care professionals

Conference notes that with 2019 being the Year of Young Workers the recruitment and organising of young health care professionals must be intensified by the union. Within the Yorkshire and Humberside Region the recruitment of student nurses was vastly improved in the last year and was one of our best performances for a number of years in part because of a more focussed approach and a clearer and more relevant message to them.

Likewise the recruitment by branches of apprentices and other health care professionals has been improved by adopting a more relevant and targeted approach and regular direct engagement with them.

Conference therefore calls on the Health Service Group Executive:

1. to ensure recruitment and promotional materials are produced that are more relevant to attract young health care professionals into UNISON;
2. that at the same time the materials used for specific recruitment initiatives to attract young health care workers are reviewed and urgently updated for example a new promotional film for student nurse recruitment;
3. in many regions as part of their responsibilities organisers are designated to specifically work with branch and regional colleagues to develop strategies to recruit and organise student and young members and this practise should be encouraged throughout the union;
4. to further encourage the use of social media vehicles like WhatsApp to recruit and organise young health care workers. Our experience was that campaign focussed initiatives attract people to use this medium more than purely as a social network;
5. to seek to work with the service group liaison committee to look at how we can jointly improve our ability to access and communicate with our student and young members as well as to enhance our recruitment of non members;
6. to call on the National Executive Council to commence discussions with the NUS at national level, to seek to establish a joint working protocol to further represent/assist student members in both the workplace and at college /university.

Yorkshire and Humberside Region

56. Young workers in health – ensuring UNISON is relevant

The TUC declared 2019 the year of young workers and said that the TUC and member unions would run an intensive year-long programme of recruitment, organising and campaigning activity targeted at young workers. The TUC

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highlighted that less than eight percent of workers aged 16 – 24 are in a union while almost 40 per cent of union members are aged 50 and over, the trade union movement clearly needs to bring more young workers into unions.

In June 2018 UNISON's National Delegate Conference demonstrated UNISON's commitment to this campaign by also declaring 2019 the year of young workers. The Chair of UNISON's Young Members' forum, Kendal Bromley-Bewes, commented: "most young workers are contending with low wages, insecure jobs and no voice at work. But I've come across so many that, despite experiencing huge issues in their workplace and recognising that something needs to be done, don't think trade unions are the answer. We need to reach out in new and innovative ways and demonstrate the practical impact we can bring to young people's lives."

UNISON has around 63,000 young workers and to make the ambition of a year of young workers a reality, more work needs to be undertaken to understand the needs of young healthcare workers and the issues we face in encouraging young workers into membership and activism and integrating their priorities into the work of the health service group.

Young workers also need to be aware that taking part in union activities contributes to their career development; members attend training courses and get involved in campaigns that not only develop their skill-set but also build their confidence.

Conference calls upon the Health Service Group to:

1. Work with the learning and organising section (LAOS) to ensure that UNISON's training offer is relevant to young workers;
2. Encourage young workers who attend trade union courses to use their learning as part of their continuing professional development (CPD) and revalidation portfolio;
3. Explore scope for UNISON seminars and professional development activity to be recognised as supporting healthcare students learning requirements;
4. Undertake work to understand and remove practical barriers to joining UNISON that young health workers face;
5. Share and promote examples of young member activism within health branches;
6. Explore ways to ensure that healthcare students have protected time and support to become active in UNISON;
7. Develop key bargaining and negotiating advice to cover issues relevant to young healthcare workers;
8. Encourage regional health committees to work with young member reps and identify earnings max projects that resonate with young workers in the health service;

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9. Work with the national young members forum to integrate key bargaining priorities into future NHS pay claims.

National Young Members' Forum

57. Engaging low paid women workers

Conference notes the difficulty that can be experienced in trying to engage low paid female workers, many of whom are part time support services workers, to become involved with the trade union movement.

It is therefore important that every effort is made to empower this group of workers and provide the opportunity to strengthen the voice of this workforce. This is a workforce which is often working part time and often have other jobs with other employers.

In Lanarkshire some work has been undertaken to develop relationships with management, trade unions and staff members to identify methods of engaging with this workforce in order that they feel valued and respected within the workplace. This has included dedicated facility time obtained by the branch to look at methods of improving communication and relationships ensuring that these women workers are treated fairly.

The Fair Work convention principles offer effective voice, opportunity, fulfilment and respect, which provide the opportunity to benefit both individuals and the organisation in which they are employed and which supports good practice. This also provides scope for staff to be involved in decisions which may affect them. This is mirrored by the NHS Scotland Staff Governance standard but staff need to be confident enough to not only engage in the process but also to press for action to be taken on their concerns.

Conference believes that it is important to identify areas where there may be barriers to career progression and personal development within this workforce and address these issues while supporting the staff members and raising awareness of employment rights.

Ensuring this workforce have a voice in the workplace provides these workers with the opportunity to influence change, employment conditions and the work they do as well as how they are treated at work.

This Conference calls on the Health Service Group Executive to work with branches to develop a toolkit focussing on engaging with the women workers using the fair work convention principles & the NHS Scotland Staff Governance Standard to empower effective voice in the workplace.

Lanarkshire Health

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Health Conference organisation

58. Conference review

Conference is the highlight and focal point of the year for many health activists and is the policy making body for the Health Group, however, over the past number of years the number of motions have decreased and debate has been at a minimum. Focus groups are not always well attended and we can go for over 3 hours without any motions being heard,

Conference was shortened from 3 days to 2 and a half days a couple of years ago and yet we never fail to get through the business.

We therefore call on the SGE to liaise with regions and the devolved nations to develop a strategy to encourage wider participation in conference business.

We also call for the SGE to have a further review into the length of conference and to report back to the 2020 Conference.

Scotland Region

Campaigning and promoting UNISON:

Defending the NHS and campaigning against privatisation and outsourcing

59. A strategic plan to defend the NHS

We celebrate the 70th anniversary of the NHS. We also celebrate 25 years of UNISON. However as a result of 25 years of NHS re-organisation, political devolution, austerity, privatisation policies both overt and covert, cuts and casualisation of NHS staff and the abusive use of agency staff, locums and volunteers, the NHS of today is now very different.

For example:

- In Northern Ireland there is one Health and Social Care Board, a Public Health Agency, five integrated Health and Social (HSC) Trusts, a regional Ambulance Trust, the Blood Transfusion Service and a range of next steps agencies and boards and stalled re-organisation due to the collapse of government.
- In Scotland there are 14 territorial NHS Boards, seven Special NHS Boards, one public health body and a range of next steps bodies.
- In Wales there are seven Local Health Boards (LHBs) and three country-wide NHS trusts including ambulance and a range of next steps bodies.
- In England there are 207 clinical commissioning groups, 135 acute non-specialist trusts (including 84 foundation trusts), 17 acute specialist trusts (including 16 foundation trusts), 54 mental health trusts (including 42 foundation trusts), 35

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community providers (11 NHS trusts, 6 foundations trusts, 17 social enterprises and 1 limited company), 10 ambulance trusts (including 5 foundation trusts) and 853 private organisations providing care to NHS patients from 7,331 locations.

UNISON is the largest union in the NHS. We have shown strong leadership in defence of the fundamental founding principles of the NHS. We have developed essential structures to address political devolution in health. However, these very different models and outcomes have had profound consequences for UNISON branches, regions, negotiating bodies and policy development.

It is essential that we ensure that every UNISON health branch is supported to deal with these significant changes and outcomes. It is essential that we develop a stronger intelligence gathering and information sharing system to ensure that the right support is available in the right place when needed. It is essential that UNISON plays the lead role in negotiations with all NHS employers at all levels. It is essential that we ensure a twin-track approach for non NHS members by bargaining, to secure their rights while seeking to have these services returned in-house. It is essential that we are all alert to attacks on Agenda for Change and pay and conditions, but also that members and activists understand and are equipped to challenge the wider policy implications at local, regional and government level.

In Northern Ireland, during a period of Direct Rule in 2006 the UK government imposed the English health model on our NHS. Whilst we have challenged the worst aspects of this model and kept the English 'reforms' and the equivalent of the Health and Social Act at bay, we are still benchmarked against NHS England. What happens to NHS England must be of concern to the whole union if we are truly to protect the NHS.

Consequently conference calls for a new UNISON strategic plan, involving all relevant UNISON structures, that will include:

1. A UNISON wide programme evaluating our organisational fitness to face the future challenges to the NHS at branch, region and central level;
2. Development of our programme to protect and maximise central bargaining, devolved bargaining and local bargaining with UNISON in the lead role; and
3. An enhancement of our capacity to challenge the strategic policies, particularly on privatisation in all its guises, that are fracturing the NHS and removing it further from its core founding principles.

UNISON Northern Ireland

Amendment 59.1

At end of motion, insert new action point:

'4. Campaign for fair NHS funding to ensure that the UK Government uses a formula based on health needs of the populations of devolved countries to address the gaps in staffing levels, reduce waiting times for patients and ease the burden on an overstretched NHS workforce.'

Cymru/Wales Region

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60. NHS in England - next steps (STPs / ICS's)

This Conference notes the expectation (in a letter from NHS England /NHS Improvement) that local health economies (Sustainability and Transformation Partnerships / Integrated Care Systems) will be expected to develop and agree 5 year plans by autumn 2019. The context being that the outputs of the NHS plan (still awaited at the time of writing) and the Capital settlement in the spring (2019) will be known. In short “how you will run your local NHS system using the resources available to you”.

Conference recognises the vast differences across the country as to how embedded these place based systems have become but notes the great boost that is expected to these units in the upcoming 10 year plan.

We remember the debacle of the last planning round of this kind (to run to 20/21) when STP's produced 'pie in the sky' efficiency savings and were conducted in secret and as such we need to ensure this is not repeated.

Therefore Conference instructs the Health Service Group Executive to:

1. Provide guidance to branches on how best to engage in system partnership working including re-issuing/updating the 2016 Social Partnership Agreement;
2. Monitor UNISON involvement/influence in system forums;
3. Facilitate analysis/responses of the various plans including if necessary utilising expert guidance (as happened in some areas previously);
4. Engage with the education department to consider training for reps in the new planning environment and the policy strands arising from the NHS plan (including the workforce metric tools increasingly being used);
5. Use the outputs from these plans as one method to expose the chronic underfunding of the NHS as opposed to the narrative of the 'bountiful government';
6. Embed this approach with our campaigns of anti-privatisation, safer staffing and a properly funded NHS.

South West Region

61. Integration of health and social care

Conference recognises the speed with which integration between health and social care is moving forward, but is concerned that this often takes place at a local level, with branches and regions having to deal with different issues depending on how integration is being implemented in their area. Of particular concern is the impact on staff groups such as occupational therapists who are traditionally employed by both the NHS and social services, but who can end up in merged services doing the same job for different pay.

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Conference therefore calls on the HSGE to produce, with input from affected members on the National OT Panel, integration guidance on issues that are affecting a significant number of branches, which may include models of integration, upwards harmonisation of pay and conditions, HR culture and policy across the integrated organisation and collaboration with the local government service group.

Science, Therapy and Technical Occupational Group

62. Reorganisation without end: NHS commissioning and the arms length bodies

Conference notes with dismay the seemingly never-ending cycle of change and reorganisation that many UNISON members working in health have been put through over a number of years. This has been particularly bad in England, where no sooner has one system begun to bed down it is then reformed or restructured. Conference believes that, in addition to any implications this may have for the delivery of services, such reorganisation can have a damaging and morale-sapping impact on those affected – in terms of pay erosion, altered terms and conditions, and hampered career development.

Conference recognises that UNISON members working in healthcare commissioning in various parts of the NHS in England, including the arms length bodies, have been particularly affected. Furthermore, Conference notes that a number of current or impending processes have the potential to add to this structural churn: for example, the “closer working” between NHS England and NHS Improvement; the NHS Long Term Plan; and Health Education England set to be made “accountable” to NHS Improvement.

Conference remains concerned at the lack of accountability and any sort of legislative basis to underpin many of the new bodies that make up the current NHS infrastructure and Conference expresses its ongoing exasperation at government attempts to use alternative forms of privatisation – such as the “prime provider” model – that always seem to collapse, leaving the NHS to pick up the pieces.

So Conference reasserts existing UNISON policy to oppose privatisation and to support measures that move away from damaging market mechanisms in our NHS and towards more integrated working. Where this necessitates legislative or structural change however, Conference is clear that it must only take place with sufficient funding and sufficient time to make sure that the workforce is protected.

Conference therefore calls on the Health Service Group Executive to:

1. Continue to oppose privatisation and cuts in their various guises;
2. Demand that any reform must always be properly funded and must include realistic timescales for change;
3. Support UNISON members in fighting any threats to jobs, pay, terms and conditions emanating from reorganisation; and
4. Stress the importance of partnership working at all levels.

Health Service Group Executive

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63. NHS cuts

Conference notes continued attempts to make cuts to so-called 'back office' functions in the NHS. NHS England and NHS Improvement are seeing reorganisation and redundancies during 2018/19 and 2019/20. NHS England has confirmed a 20% reduction funding for running costs for Clinical Commissioning Groups from 2020/21 (with much of this cut likely to be passed on to NHS Commissioning Support Units. There is a continued pressure to cut 'management costs' (a term covering a range of administrative and support functions as well as the costs of managers) and overheads within the provider sector and other key support services. The introduction of Integrated Care Systems will mean significant changes in how health economies are managed with impact on staff, as will NHS England's promotion of mergers between Clinical Commissioning Groups. Conference believes:

- a) While the government plays 'divide and rule', pitting front-line services against support services, Conference re-affirms the values of the One team for our NHS campaign, recognising the contribution all NHS staff make to patient care and better health.
- b) Top-down generated cuts to 'back office' functions are a false economy and damage the ability of the national health system to work effectively.
- c) Previous top-down restructures in the NHS have led to poorly planned and unnecessary loss of committed staff and expertise from the NHS while frequently failing to deliver any lasting saving.

Conference calls on the Health Service Group Executive to:

1. continue to campaign to ensure the public and political recognition that all parts of the NHS contribute to patient care and better health outcomes.
2. oppose top-down cuts to NHS 'management costs' in NHS commissioning, providers and national bodies.
3. urge the NHS, through Social Partnership Forums and other means to ensure that staff at risk of redundancy in one part of the NHS have maximum opportunity for redeployment within other parts of the NHS family.

Northern Regional Health Commissioning Branch

64. NHS wholly owned subsidiary companies

The creation and use of Wholly Owned Subsidiaries by NHS Trusts has seen a further wave of fragmentation of the NHS take place. We know from evidence and experience that healthcare is best provided when services and staff work together through in-house provision. 2018 has seen prominent examples dominating media headlines of what happens to the health service and its staff when these private providers fail to carry out the duties for which they are contracted for. Although these Wholly Owned Subsidiaries are 'owned' by NHS Trusts, they are a backdoor to further privatisation of the NHS.

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Although we have seen a pause on the creation of these companies we believe that rather than a pause, there should be a block on the creation of any further wholly owned subsidiaries or equivalent vehicles. We need to protect the terms and conditions of our members working within healthcare. Staff transferred over to these wholly owned subsidiaries are exposed to having their Agenda for Change terms and conditions attacked. They also create a two tier workforce in that new starters within the subsidiaries are not always offered the option of being placed on agenda for change terms and conditions.

Conference calls on the Health Service Group Executive to:

1. Campaign to block the creation of any further Wholly Owned Subsidiaries by NHS Trusts.
2. Continue to campaign to make it a requirement that staff transferred to these companies have their Agenda for Change terms and conditions protected, that they will remain part of substantive Agenda for Change pay bargaining and negotiations and that new staff to these subsidiaries are placed on Agenda for Change terms and conditions.

West Midlands Region

65. Pay up now! For all NHS workers

We should congratulate UNISON Health ancillary members at Royal Bolton Hospital, as last October in achieving a complete victory in demanding pay parity for members, employed as cleaners, caterers, porters and other ancillary workers.

While other North West Health trusts were implementing the National NHS pay deal, UNISON members employed by a Wholly Owned Subsidiary company were initially offered only 2%. These members remained on the national living wage of £7.83 per hour, while staff undertaking the same roles in neighbouring hospitals were receiving a minimum pay rate of £8.92 per hour.

In a ballot, 97% Bolton UNISON members voted to take strike action, with a turnout of 65%. The Regional Organiser in the October Activist's magazine was quoted: "the wholly owned subsidiary model is now wholly discredited. The treatment of hospital workers in Bolton shows how unfair it is to divide up the NHS team." The members took 48 hours of solid strike action last October and were stepping up for a further 3 days soon after. The combined unity of industrial action with the solidarity shown from the wider trade union movement, thus forcing management back to the negotiating table, as the hospitals were in a complete mess.

Within those negotiations, member's demands were won with the NHS Pay award being implemented in full. This is not just a victory for these members, it is a victory against NHS privatisation and the race to the bottom it promotes - for staff and patients. Their victory gives inspiration to all branches, where we are campaigning for similar rights for our member employed in the NHS by private companies.

Conference calls on the Health Service Group Executive to:

1. Send a letter of congratulations to Bolton UNISON health branch members and the UNISON North West Region.

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2. Offer support to branches that are campaigning against privatisation and for the national Agenda for Change pay deal to be a minimum across the NHS.
3. Offer support to branches that are campaigning for outsourced functions to be brought back in house.

NHS Logistics

66. NHS land is a public asset

This conference believes that NHS land is a public asset: owned by the people, paid for by our taxes. NHS land must only be sold if there is a long term benefit for the NHS and our communities, including NHS staff. However, we are concerned that NHS land is currently being sold to private developers who build new luxury housing with little or no affordable housing, whilst NHS staff are being evicted from their homes. In addition, money received by the NHS from land sales is also increasingly being used by cash-strapped trusts to pay for the running of the service rather than the long term redevelopment of the NHS estate.

Conference notes the Health Service Journal has reported that two-thirds of the money raised from NHS land sales in 2017 was diverted into day to day spending budgets, despite a government commitment for the proceeds to be reinvested into new estates' projects. NHS provider accounts show that £206m (63%) of the £327m raised from land sales in 2017-18 helped prop up the Department of Health and Social Care's revenue budget, rather than topping up its capital account. This is like selling part of your house to pay off your credit card bill, it is not sustainable.

Conference also notes research published by the New Economics Foundation found that the Government's sale of NHS land was failing to produce affordable homes and is exacerbating the affordability crisis. This research also shows instances where the developers who make profits from sold public land are sometimes able to avoid affordable housing requirements altogether.

Conference acknowledges that Department of Health and Social Care's policy that NHS staff will be given a right of first refusal to buy or rent any affordable homes built on land sold by the NHS. However, the Government only has an "ambition" that this will benefit up to 3,000 NHS staff and implementing this must not reduce the amount of money that the sale of land generates.

Therefore, this Conference calls on the Health Service Group Executive to:

1. Produce a research report into the sale of NHS land, this should include: how the receipts are being used (for revenue or capital expenditure); how many NHS staff are losing their homes to land sales; and how many NHS staff have bought or rented an affordable home on land sold by the NHS.
2. Organise a campaign, which:

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- a) Highlights the increased need for affordable homes for NHS Staff and their families, and the subsequent recruitment and retention benefits increased provision would bring.
- b) Raises awareness amongst our members, politicians and the general public that NHS land is a public asset being sold to pay for NHS running costs. Selling this 'family silver' is not contributing to the long term future of the NHS when it should be reinvested in the estate and facilities the public needs.
- c) Advocate a progressive alternative policy to increase the amount of affordable housing built on NHS land, which could make a major contribution to building the homes NHS staff and the public need.

Greater London Region

67. Health Care is not a business for profit.

Aneurin Bevan "delivered" the NHS to the public in July 1948 with the promise that everyone could access free health care at the point of delivery. The NHS celebrated its 70th Birthday in July 2018. 70yrs later the NHS has treated millions of patients.

This Conservative government seems to be destroying the NHS by underfunding and outsourcing to private companies. Causing members to lose Agenda for Change terms and conditions and having to accept private companies' terms and conditions which tend to be a lot worst.

We see big private companies bidding for NHS contracts or taking over the running of NHS hospitals. By not winning these contracts we are seeing these private companies taking the CCGs and the NHS to court costing the tax payer legal fees and any settlement costs. This should not be allowed. This is money which should be used towards patient care but instead we are paying millions in legal costs and to private companies to provide NHS Services.

Conference calls on the Health Service Group Executive to:

1. Put further pressure on the government to stop the out sourcing of NHS services to private companies.
2. Highlight to government how many private companies have taken the NHS and CCGs to court over losing NHS contracts thus costing the NHS millions of pounds in legal costs.
3. Campaign to ensure that no other private company takes over the running of any other NHS hospitals.

North West Anglia Hospitals

Ends