



**2014 Health Care Service Group
Conference**

14-16 April, Brighton Centre

Text of Resolutions

2014 Health Care Service Group Conference Decisions

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- Motion 35 – Work Related Stress and Industrial Injuries in the Ambulance Service
- Motion 36 – Health and Wellbeing Agenda and the Effects on Nursing Family

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Motions

Organising and Recruitment

COMPOSITE A

The Challenge of Recruiting and Organising in a Fragmented NHS

(Motions 1, 1.1, 1.2, 2, 2.1)

Our NHS is facing the biggest threats in its 65 year history. The impact of the Health and Social Care Act is being felt across all four countries and austerity measures, reorganisations, funding cuts and freezes that are being imposed by the Westminster Government has led to increasing fragmentation of health services.

Since 2013 when the new arrangements came into effect we have seen the creation of the CCG's, CSU's, merged Trusts and new commissioning and support functions. Through the new structures, services are being delivered differently and often being provided by non-NHS providers.

Conference believes that although in Scotland, Wales and Northern Ireland devolution means that the Tory-led government cannot directly privatise the NHS, as they are doing in England, they can starve it of resources and funds. The Westminster Government is cutting back on the funding provided to the Welsh and Scottish government and this has put the health budgets under increasing pressure.

In England the Tories' Health and Social Care Act has totally changed the commissioning landscape of the NHS and introduced privatisation in a way never seen before, creating huge new national bodies and hundreds of local bodies as well as creating the potential for members to be transferred to voluntary and private organisations.

Many of the members who have transferred are operational service staff who are now facing threats to their jobs as business redesigns have emerged in four of the new NHS bodies.'

There were just 162 employers dealing with commissioning of Health services but after the 1st April 2013 this increased to nearly 400. These employers include NHS Property Services, Public Health England, Clinical Commissioning Groups, Commissioning Support Units, NHS England and Health Education England and others. Over the last two years UNISON has been working hard to establish national and regional Partnership Forums in order to consult and negotiate with our members over changes to their pay, terms and conditions as well as ensure a smooth transition to the successor bodies. Conference believes that it is important that UNISON continues to have as much influence as possible in these successor bodies and continues to take the lead in the new partnership forums.

The fragmentation of NHS commissioning means that following and challenging commissioning decisions which lead to outsourcing and privatisation become more challenging as central Tory policy is to sell off the NHS to the private sector. UNISON needs to maintain its influence at all levels within the NHS commissioning

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structures to enable pressure to be placed on the decision makers to remain accountable and ensure transparency in procurement.

UNISON has won recognition and Partnership agreements with all the new national bodies and with many of the Clinical Commissioning groups and Commissioning Support Units. However not all CCG's and CSUs have signed formal agreements with us and this is understandably a major priority for regions and health branches.

In order to compete with private providers, some Trusts are implementing many changes to our member's jobs and terms and conditions. All too often we are left defending our member's jobs and bands as Trusts seek to apply downgrading or skill mixing. Top down restructuring is becoming commonplace and vacancies are less likely to be filled as NHS Trusts seek to make their efficiency savings at the cost of staffing levels.

Remote or 'agile' working is becoming the norm in many community and support services and the traditional model of staff being based in an identified building is fast becoming a thing of the past as staff move away from being located in a set office space.

Conference welcomes the work which has been undertaken in Regions with Branches to develop the appropriate structures to represent and support members in the new NHS organisations.

Conference believes that the large increase in UNISON membership at the time of the Pensions dispute demonstrates that when the union gives a lead, it can encourage and inspire activists and lead to a growth in membership.

Conference calls upon the Health Service Group Executive to:

- 1) devise and implement a strategic organising plan for building density, membership and activist participation in both the successor national bodies and the hundreds of local CCGs and CSUs;
- 2) work with regions and branches to set up and run recruiting and organising projects in all of the new NHS bodies;
- 3) promote and share the different representation, organising and recruitment methods that have been implemented across different regions and branches;
- 4) ensure that there are effective consultation mechanisms and partnership forums in place across the successor NHS organisations and that we set up accountable democratic structures in all of the new employers to elect UNISON representatives able to look after our members;
- 5) to communicate and engage with members in the new bodies, encouraging them to become further involved in the union both by becoming union activists and in joining the Union where they are not yet members and to ensure that this work is embedded into One team campaign that is being led by the Operational service occupational group.

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- 6) to continue the excellent work we have done with the other NHS recognised trade unions in building a unified Trade union voice in all of these employers.

3. Science, Technical and Therapy Staff in the NHS

Conference notes the significant contribution that staff working in Science, Technical and Therapy roles provide to the whole person care of patients in the NHS. UNISON organises staff within Science, Technical and Therapy roles into an occupational group which has the role of informing Service Group Executive policy and speaking on behalf of all members on key issues. The National Science, Technical and Therapy Occupational Group also has a responsibility to organise members around key UNISON campaigns and activities.

With such a broad range of members, from Occupational Therapists, Chaplains and Pharmacy Staff to Biomedical Scientists and Clinical Physiologists, UNISON needs to engage its members in the activities at local branch, regional and national levels. Regional networks of UNISON members can further enhance UNISON's ability to respond to the ever changing policy of this coalition government and better protect our members against current threats such as Any Qualified Provider (AQP), downbanding, outsourcing and privatisation.

Conference calls on the Health Service Group Executive to:

- 1) develop a recruitment and organising strategy to ensure wide participation of Science, Technical and Therapy members in UNISON's campaigns and activities;
- 2) work with regions and the devolved nations via health committees to develop strong networks of Science, Technical and Therapy members and activists to engage with the national occupational group, and;
- 3) promote the work of the Science, Technical and Therapy group to the wider UNISON membership;
- 4) facilitate joint work between the science, technical and therapy occupational group and the operational services occupational group on common areas of work such as privatisation and cuts.

4. One Team - Caring for Patients

Conference believes that all health staff, regardless of their job role, play an important role in caring for patients. All NHS staff are part of one team delivering quality healthcare that puts patients first.

Conference notes that our NHS operational services staff continue to bear the brunt of the cuts with figures showing that since 2013, approximately 77% of all compulsory redundancies in the NHS have been felt by operational service staff.

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Staff working in these so called 'back office' functions have already been subjected to intolerable zero hour contracts and down banding, as well as outsourcing and privatisation. This leaves staff, often on lower grades, more vulnerable to attacks on their terms and conditions. The arguments put forward by employers privatising services like catering are that these moves are attempts to 'cut costs.' These same employers often fail to address other cost saving measures such as food wastage due to poor quality, unhealthy meals.

Conference believes that the best resistance against attempts to cut and privatise NHS services within operational service staff is through recruiting and organising operational service members and ensuring that there is a high UNISON density in administrative and clerical and ancillary staffs.

Conference welcomes the 'One Team' – caring for patients' campaign in the belief that this campaign will make sure that the public, managers and politicians cannot simply disregard the important jobs that all our members do in delivering high quality healthcare, and at the same time making sure that patients are at the heart of everything they do. Conference further believes that this campaign will rebut the political attacks that have been made on both administrative and clerical staff and ancillary staff by the implication that their contribution to health care is of less importance than that of clinical staff. Conference also believes that this campaign will support branches and regions in recruiting and organising operational service staff. Conference believes that the stronger we are in all health workplaces the stronger we can be in protecting pay, terms and conditions.

Conference acknowledges that the first ever seminar for Operational Services staff was held in December 2013 and it brought together old and new activists across operational services to share good practice, to learn how to defend operational service staff from the threats that they face and to empower activists to go out and recruit and organise operational service staff.

Conference calls on the Health Service Group Executive to:

- 1) work with the Operational Service Occupational Group to continue the 'One Team' campaign;
- 2) produce campaigning, recruiting and organising resources for branches and regions on the issues that are affecting operational services staff;
- 3) continue to actively campaign against proposals that will lead to further cuts, privatisation and fragmentation of operational service staff;
- 4) work with the Operational Service Occupational Group to organise another operational services seminar;
- 5) work with relevant bodies within UNISON to ensure that UNISON is seen as the union of choice for operational service staff;
- 6) work with branches and regions to organise and recruit in workplaces and campaign against politically motivated attacks on our operational service

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members, who are being used as a testing ground when it comes to imposing poor terms and conditions;

- 7) develop a targeted recruitment and organising strategy for operational service staff;
- 8) highlight the importance of the whole healthcare team and demonstrate that all staff have a valuable role and contribution to make to patient care.

5. Supporting Outsourced Members

Conference notes the continuing trend for NHS Trusts to outsource services such as Learning Disability Services, to companies such as Thera, Creative Support, and others.

Increasingly members who are transferred to such organisations under TUPE, have seen serious attacks on terms and conditions, and failure to observe basic Health and Safety and other legislation.

In some cases, the transferred staff, on protected NHS terms and conditions, may represent a small proportion of the overall workforce in the new Provider. In the majority of cases, senior branch officials will be employed by the core NHS employer and will not have facility time to adequately support members with these serious problems in outside employers. These problems may result in those Reps transferred to the new employers (should they exist, and the members themselves, feeling very isolated in fighting these attacks.

Conference therefore calls on the Health Service Group Executive to:

- 1) continue working with all relevant bodies within UNISON to resist outsourcing by all appropriate means at our disposal;
- 2) prioritise recruitment within these organisations, since high membership density is important in resisting attempts to drive down pay and conditions;
- 3) ensure that regions provide adequate support to outsourced members and their representatives, including direct involvement in negotiations, and representational support where necessary;
- 4) expose private employers who fail to observe Health and Safety and other legislation.

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Negotiating and Bargaining

Agenda for Change – Pay, Terms and Conditions

Emergency Motion 1. Launch a national challenge to Hunt's divisive pay strategy

Conference notes that on 13 March 2014 Secretary of State Rt Hon Jeremy Hunt released the 28th Report of the NHS Pay Review Body and announced the Department of Health's pay policy for NHS Staff in England from 1 April 2014. Subsequent announcements were made by Ministers in Scotland and Wales about the pay uplift for staff in those countries.

Central Government ignored the NHS Pay Review Body's recommendation that a UK-wide uplift of 1% should be applied to all pay points. While the Government in Scotland has confirmed that it will implement the recommended 1% and make additional changes to uplift to current Living Wage rates, the Secretary of State for Health has announced he intends to award a 1% non-consolidated sum to only those staff at the top of their pay bands in England. The award also confirms this model will be repeated for 2015-16 unless staff unions are prepared to agree a freeze to incremental progression. In Cymru/Wales, the Government will enter discussions with the NHS Trade Unions about how the pay uplift is applied. No decisions have yet been announced about the intentions for NHS pay in Northern Ireland.

Conference is horrified at the proposed 2014-15 NHS pay package announced on 13 March because of the implications both for members and for the future of pay in the NHS.

In addition to falling far short of member expectations, the approach taken by the Westminster Government deliberately fractures NHS pay as a UK wide term, forcing the UK countries towards a divergent approach to pay for the future.

In the weeks following the announcements, UNISON branches and regions have taken soundings from members about the pay settlement. Feedback indicates that there are high levels of anger, particularly around:

- the creation of different rates of pay in different parts of the UK
- the divisive nature of awarding only to those at the top of their band and not consolidating this sum (England)
- the conflation of incremental progression and the annual cost of living uplift
- the inability of the pay settlement to meet increases in cost of living
- the threat of the same settlement next year

Members are clear that they want to see UNISON doing something in response to what is considered an unfair and deliberately provocative settlement. Conference is clear that unless the staff side responds robustly to this, members will be subject to a pay freeze until at least 2016, with the relative status of NHS employment dwindling

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year on year; NHS pay will no longer be UK-wide; and subsequent Governments will receive a clear message that staff will not put up a fight when cuts are made to their terms and conditions. This is not to mention the impact that depleted morale will exert over the quality of care and the ability of the NHS workforce to meet the challenges ahead.

Conference therefore calls on the service group to:

1. Reject the proposed package for the 2014-15 pay round for NHS staff in England
2. Make NHS pay the major focus for the Service Group for 2014, as a key element of the union's core 'Worth it' campaign

The campaign will need to engage and influence our membership as well as parliamentarians, opinion-formers and the public in all four countries. The campaign will:

- a. Act as an effective protest against the despicable treatment of health staff in 2014
- b. Seek a commitment from the Westminster Government to reinstate full funding of NHS budgets
- c. Seek to commit the current and potential future Ministers within the four UK governments to deliver an NHS settlement which:
 - i. Starts to reinstate the value of NHS pay lost since 2010
 - ii. Re-instates UK wide pay scales across the NHS by uplifting to the best achievable rates
 - iii. Contains an active political commitment from all four UK countries to national bargaining structures and to maintaining and promoting Agenda for Change terms and conditions and the structures that support them.

A key element of the campaign will be an industrial strategy which:

- iv. Incorporates both protest and formal action, up to and including lawful strike action
- v. Aims to ensure support from activists, members and the public and maintain the momentum on pay as an issue among our membership
- vi. Is set out in clear plans from the service group executive following active involvement of regions
- vii. Is co-ordinated with plans for protest and action by other NHS trade unions
- viii. Is linked and -where possible – co-ordinated with plans for action and protest on pay across the public sector trade unions

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In order to deliver this strategy conference calls on the Service Group to:

- d. Request a ballot of NHS members for both strike action and action short of strike action
- e. Work with branches and regions to start the preparatory work for such a ballot immediately following conference.

The Service Group is also asked to

- f. Submit a claim to the NHS Staff Council (or appropriate country-wide partnership forums) calling for employers to pay a top-up sum to those staff whose earnings fall short of the Living Wage before the end of July 2014. The industrial strategy will be supported by a programme of organising and communications work to get members engaged and involved; recruit new members and raise UNISON's profile in every workplace.

Conference does not underestimate the amount of work required at all levels to deliver this campaign effectively and calls on the service group executive to prioritise this campaign over other areas of work during 2014.

8. Pay Resolution 2014

Conference notes that the difference between the highest and lowest paid is increasing year on year. Each year the pay divide gets greater and our members feel that the cost of living increase is no longer fit for purpose.

An increase of just 1% each year is actually a decrease in real terms, as the cost of living is increasing at a rate of at least 3% year on year. The average NHS Band 1/2 worker has lost approximately 8 to 12% in real terms over a four year period, and this equates to a real term loss of 16% in living standards. This is all since the rise of the Coalition government who states that 'we are all in this together'.

These attacks are particularly bad for our members in Cambridgeshire as house and rental prices are higher than the national average. The effect of this is an increase in the number of people being forced to live further away from their workplace, to be isolated and struggle with the cost of day-to-day living.

Conference calls on the Health Service Group Executive to campaign against this injustice. At a time when the government says there is no money for pay rises, MPs are to receive a 7% increase which they say they have to accept. A 7% pay raise would dramatically help NHS workers to redress this injustice of low pay rises.

At the time of writing this motion it is yet to be determined if NHS workers are to receive any pay increases in 2014/2015.

Conference calls on the Health Service Group Executive to put a stop to this divide and restore some dignity to low paid workers within the NHS.

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9. NHS Pay

Conference notes that for several years NHS staff have seen their pay squeezed by more than 10% in real terms.

Two years of a virtual pay freeze were followed by a miserable 1% for 2013.

Since 2010 essential living costs have increased out of all proportion to our members' pay. Electricity prices have jumped by 22-39%, Gas by 17 to 45%, Food by 19%, Water by 20% and Transport by over 19%, even the cost of posting a letter has risen by 56%.

The disparity between pay and the real cost of inflation has had a huge detrimental impact on our members' living standards.

In its submission to the Pay Review Body, UNISON has made a strong case to arrest the sharp decline in NHS Staff living standards, including the introduction of a living wage.

The union's evidence highlights the impact of the huge structural change and the pay restraint on staff morale and motivation. It also stresses the acknowledged relationship between low pay and the quality of care.

The Department of Health and NHS employers have argued that NHS staff should not even receive the paltry 1% offered by the Chancellor George Osborne. In addition, the Secretary of State for Health Jeremy Hunt has called for an end to automatic incremental pay progression.

At the same time it is noted that significant surpluses have been made in health economies and that in 2012 nearly £3 billion was returned to the treasury from the health budget.

Conference believes that the time has come to organise a campaign to support our members' right to decent pay.

Therefore Conference instructs the Health Service Group Executive to:

- 1) call on all Regional Health Committees to co-ordinate pay campaigns with branches. The campaign should build the confidence of members to resist further erosion of pay. Any campaign should make the argument within communities for decent pay in the NHS;
- 2) call on health branches to establish branch pay campaign committees. Committees should draw up action plans for a pay campaign within the branch and local community;
- 3) produce materials to support the argument that pay has a direct relationship with the quality of care;

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- 4) urge branches to prepare the membership to respond, including, if necessary, taking industrial action (within the union's rules) should the Pay Review Body attack the Agenda for Change pay structure and/or fail to offer an acceptable pay award.

10. Defending Agenda for Change

Conference notes that the coalition government has increased the financial pressure on health organisations. Cuts that were earmarked for 2015/2016 have been brought forward so that the health economy now has to make a further £500 million in saving in 2014/15 on top of the savings already demanded.

It is likely that Trusts and other NHS organisations will attempt to make these savings from staff pay and terms and conditions.

Conference notes that following a branch consultation exercise, an amendment to Agenda for Change in England was agreed.

NHS employers are calling for further changes and have argued that even the government's 1% public sector pay award should be withheld until the trade unions agree to further changes to the national terms and conditions of service. It is also recognised that some employers will attempt to seek local agreements to reduce the provisions of Agenda for Change in an attempt to make savings.

Conference rejects this unacceptable coercion by the employers and the government.

Conference calls on the Health Service Group Executive to:

- 1) seek agreement with the other staff side organisations to send a joint letter to the employers rejecting their crude attempts to coerce NHS trade unions;
- 2) remind branches that they should not agree to local approaches from employers to reduce any of the provisions of Agenda for Change;
- 3) to review and re-issue the guidance and training materials on 'Defending Agenda for Change';
- 4) should the employers move to impose changes to the National Scheme of Terms and Conditions, branches will be immediately consulted on an appropriate response which could include co-ordinated industrial action, within UNISON's Industrial Action rules.

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11. Resisting Downbandings/Pay Cuts.

Conference notes with alarm that the downbanding of NHS workers' jobs has increased nationwide as more and more Trusts come under financial pressure.

The downbandings may take place under the guise of service or skill mix reviews but in reality they are most likely to result in workers doing the same job for less pay. i.e. downbandings are pay cuts.

Conference condemns this practice, which we believe undermines the principles of the Agenda for Change Job Evaluation Scheme, whereby workers are paid in line with the skills and responsibilities of their roles.

Conference also condemns those Trusts, such as Mid Yorkshire, who impose new job descriptions on its staff with the threat of dismissal and re-engagement on a lower band. This is institutionalised bullying and should be opposed wherever it arises.

Conference congratulates the 400 Administrative and Clerical workers at Mid Yorkshire who took 9 days strike action against the downbanding of their posts. This action did not only win increased protection for the staff concerned but also, more importantly, the right to revisit and jointly agree the new job descriptions after 6 months, thereby opening the possibility of the staff being rebanded onto their original bands.

Conference believes that downbanding is not a foregone conclusion. It can and must be fought locally and nationally if the integrity of the Job Evaluation Scheme is to be maintained.

Conference calls on the Health Service Group Executive to produce a 'How to fight Downbandings' guide for branches including advice on:

- 1) how to use Annex X of the Terms and Conditions Handbook to avoid down bandings;
- 2) the impact of downbandings on equal pay and the Job Evaluation Scheme;
- 3) using equal pay legislation to resist downbandings;
- 4) learning the lessons from Mid Yorkshire and other branches that have gone through downbandings exercises;
- 5) the lodging of legitimate trade disputes and ballots for legal industrial action against downbandings.

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12. Prepare Members for Collective Action

Conference notes that the Kings Fund and Audit Commission have reported that the majority of Health trusts face extremely difficult financial circumstances to meet the £20 billion in efficiency savings demanded by past and present governments. It also appears likely that any future government will continue with these so called efficiency saving or cuts.

Conference recognises that to meet these so called savings, trusts continue to downband staff, re-organise services leading to a loss of jobs and make increased demands on staff to meet the savings targets. We also recognise that despite the concessions given by members in increased pension payments, reduced sick pay enhancements, and performance related incremental progression, that trusts want staff to make further concessions.

Conference is aware that some trusts wish to increase our hours to resolve staff shortages, while others wish to cut enhancements and our terms and conditions. We cannot let individual branches fight battles on their own as this encourages other trusts to follow suit.

Conference believes that our members have given enough and should not be asked to pay for government debts. We believe that the motion passed last year of drawing a line in the sand remains valid and that we should not accept any further concessions without using our collective strength and putting it to a test.

Conference calls on the Health Service Group Executive to:

- 1) explain to all members in all our publications and campaigns the seriousness of the financial situation of the NHS in relation to each of the four nations and that the efficiency savings will not be met without further attacks on all our terms and conditions;
- 2) explain in all our publications and campaigns where the finances can be found in line with UNISON's alternative vision to austerity and cuts and that these need to relate to all four nations;
- 3) explain to members in all relevant publications that to defend our terms and conditions we will need to be prepared to use collective action including lawful industrial action and that such action may well need to be co-ordinated action owing to the national differences;
- 4) campaign and build for united co-ordinated national lawful industrial action across all four countries when possible, as an injury to one is an injury to all;
- 5) defend our pay terms and conditions. United we stand divided we fall.

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COMPOSITE C. Zero Hours Contracts in the NHS

(Motions 13, 13.1, 14, 14.1, 14.2, 15)

UNISON research into zero hours contracts shows that more than 40% of care workers are on these contracts. Activists are reporting that more employers are using zero hours contracts more widely across the NHS. This also includes operational service staff. Zero hours contracts are imbalanced and the employer reaps all the benefits. Members are asked to provide availability and employers match the hours available to the staff. This means some weeks you are offered hours and some weeks you get none. This impacts on the individual as they are unable to budget, cannot access welfare benefits and find turning to payday loans the only solution. The clients they care for are also disadvantaged; they do not get the same carer and so continuity and standards of care suffer.

This casualisation of the workforce is a direct result of the austerity measures this government is implementing. Workers rights are being eroded and access to welfare benefits is being curtailed. Staff affected by zero hours are some of the lowest paid in the health service and they deserve some confidence in knowing what their regular weekly income will be.

Conference is concerned about the increase of zero hours contracts and the effect it is having on disabled people working in the NHS. Zero hour contracts are an example of poor employment conditions, as they create insecurity and poverty. Disabled employees on zero hours contracts are less likely to have any career progression, or contribute to a pension scheme. This means they face a miserable future, reliant upon benefits, and the so called 'pay day lenders', companies who lend money with extortionate interest rates to the most vulnerable, even though they know they will struggle to pay it back.

Staff are left feeling not valued, this then transmits to the clients and the care they receive suffers. Zero hour contracts deter potential whistleblowers due to the fear of work being removed from them. Many care workers (57.8%) do not get paid for the time they travel between jobs, this means that in effect they get paid less than the minimum wage. Recent research has estimated that 63.1% of health care workers in the community do not get the minimum wage.

Commissioners contracting these services are not ensuring staff are paid on Agenda for Change and they are not ensuring the contract specifications deliver the service needs.

Conference notes that NHS employers are increasingly turning to zero hours or permanent variable hours contracts to fill non-specialist posts. Such contracts are clearly a threat to national negotiations and are not in keeping with Agenda for Change terms and conditions.

The implications are clear – there is no guaranteed income; dependent care is difficult to arrange; travel to work costs may increase; training and development opportunities are not offered; terms and conditions are eroded and hard won workers rights are not applied. This is particularly true for low paid, part time women workers in vulnerable and insecure employment.

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Reducing hours and introducing variable hours are also being used to force workers into accepting redundancy or seeking alternative employment, in an already difficult job market. The alternative is to remain in work with no guaranteed income, and no recourse to state benefits.

Conference believes that there is an urgent need for clear guidance for branches to assist them in negotiating with employers, in protecting members offered or forced onto zero hours contracts.

Conference calls upon the Health Service Group Executive to :

- 1) vigorously campaign against the misuse and abuse of zero hours contracts, so that they do not become the norm for workers employed in the NHS;
- 2) vigorously campaign for full employment rights for those members who are currently on zero hours contracts , so that they enjoy the same terms and conditions of those who are covered under Agenda for Change;
- 3) urgently issue guidance to branches on negotiating against such contracts whilst protecting our members and defending Agenda for Change terms and conditions;
- 4) work with the operational services occupational group on the impact that the increased zero hours culture is having on operational service staff.
- 5) Work with Labour Link to press the government and the Labour Party to prevent the abuse of this kind of contract and get workers back into meaningful and valued work.

16. Proposal to Reduce the Agenda for Change Working Week to 35 Hours per Week

Over 30,000 jobs have been lost in the NHS since the current government took office and at the same time, they have put in place a pay freeze for NHS staff between 2011 and 2013, and following on from that, caps on any pay award in the public sector at an average of 1% increase until 2015. The effect of this when taking into account inflation, means an effective four year period of real term pay cuts for hard pressed NHS staff amounting to an approximate 18% cut in living standards for the duration of this current coalition government.

Conference notes the superb response by UNISON members in campaigns defending the NHS as well as the support the public gave in our campaign on Pensions in 2011 and the more recent march in Manchester during 2013.

A 1% pay award across the Public Sector following a two year pay freeze results in unacceptable levels of hardship for NHS workers and that coupled with NHS Trusts downgrading Agenda for Change staff because their Directors have failed to keep a grip on spending, or as a result of organisational change. This results in additional stress to hard-working NHS staff.

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Conference calls on the Health Service Group Executive to campaign to increase in real terms our pay, by reducing the working week for full time staff from the current 37.5 hours to 35 hours phased over a two year period or less, without loss of pay under Agenda for Change Terms and Conditions. This is likely to reduce sickness, stress, injuries and clinical incidents among overworked staff in the clinical environment. Radiographers, for example tend to have periods of sickness with back injuries due to the one-to-one physical demands of the job and the increased hours, 35 to 37.5 at the inception of Agenda for Change, which have taken their toll, hence the greater use of agency staff used in this particular discipline.

In real terms, by reducing our full time working week over a two year period from 37.5 to 35 hours without loss of earnings, will increase our pay above the 1% threshold and provide a safer working environment for clinical based staff. We therefore ask Conference to support this motion.

17. At Least a Living Bursary for Student Healthcare Professionals

Students in the healthcare professions put a lot of time and effort into working with patients and directly contribute to the NHS during their studies, which is why UNISON is rightly proud of our Pay not Poverty Campaign for Student Nurses.

UNISON has also led the calls for a Living Wage for all workers, making it a priority in our pay submissions. The Living Wage has become a well recognised concept amongst the Public and Employers; and it is now time to highlight just how far short of that our student members receive.

Pre-registration students on NHS funded courses in England who have started since September 2012 receive £1000 a year and can apply for a means-tested bursary of up to £4,395 (up to £5,460 in London). Healthcare students in Scotland, Cymru / Wales and Northern Ireland receive roughly the same amount amount, although the devolved nations' bursaries are not means-tested. This means that even when in receipt of the full bursary available, students are still only in receipt of £2.75 per hour (£3.30 in London). This means that healthcare students are getting £4.90 less than the living wage (£5.50 less in London) as well as getting well below the adult minimum wage and being just above the disgracefully low minimum wage for apprentices (who are under 19 or in their first year.)

Conference is concerned that student financing is based on outdated assumptions of students living off their parents with few financial commitments, when the reality for many students is the opposite. Healthcare courses are full time work in themselves, the additional work that students on poverty bursaries are forced to do puts strain on their studies and their families.

While continuing to put the clear case for students to get the wider benefit that employed status would offer, it's time to highlight what a shocking state of affairs the bursary system is in.

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Conference therefore instructs the Health Service Group Executive to work with the Nursing and the Scientific, Technical & Therapies (STAT) Occupational Groups to:

- 1) campaign for at least a 'Living Bursary' for all healthcare students, linked to the wider Living Wage Campaign;
- 2) develop materials for use with students in workplaces and on campuses;
- 3) develop partnerships with Student Unions and the NUS as appropriate;
- 4) highlight the issue of healthcare student poverty with community organisations who campaign for a Living Wage;
- 5) undertake a student hardship survey to gain further information about the current economic crisis facing healthcare students across the UK.

18. 'Trainee' Nursing Assistants

Conference notes that the NHS South of England recently promoted an apprenticeship programme for employers looking at recruiting staff into bands 1 to 4.

Their 'NHS Manager's Guide' suggested a number of options for NHS Trusts to employ new 'apprentices' without them having to employ staff at the bottom of the appropriate pay band including:

- 1) paying staff on the apprentice minimum wage;
- 2) using fixed term contracts;
- 3) using an Apprentice Training Agency;
- 4) using Annex U of Agenda for Change which enables Trusts to pay a percentage of the top rate of a pay band for staff who fall within the category of 'trainee'.

Conference notes with concern that this programme is being used by some unscrupulous NHS Trusts to employ new Nursing Assistants (NAs) on a rate below the bottom of band 2 when in fact the 'trainee' NAs will be working to the same job description and undertaking the same duties as any other previously new NA.

Conference further notes that at least two Trusts in the South West Region have imposed a change in pay for new NAs either without consulting their Staff Side or ignoring the views of their Staff Side. These Trusts are paying rates below the Living Wage of £7.65 an hour and are either paying new NA's an apprentice minimum wage of £2.68 an hour or a rate of £6.70 an hour under Annex U during their training period. Conference notes that these trainee NAs are therefore many thousands of pounds worse off due to lower pay during their training and subsequent delayed progression compared to other band 2's.

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Conference condemns such plans if they are used to exploit 'trainee' staff by paying them less than the proper rate for the job and if they fail to award equal pay for work of equal value.

Conference calls on the Health Service Group Executive to:

- a) support branches in challenging such proposals where they represent unfair and inequitable treatment of our future or existing members;
- b) continue to campaign for the Living Wage for all our members in health care;
- c) raise this issue with the employers side of the NHS Staff Council and seek to get a joint statement that such arrangements are contrary to the provisions of the national agreement, contravene decent partnership working and deny equal pay for work of equal value.

19. A Future for Young People in the NHS?

Conference notes that UNISON has done much good work to defend the jobs, and terms and conditions of members in the National Health Service (NHS), through national and local negotiations, as well as campaigning to defend the NHS itself.

Conference further notes that it is the public service nature of the NHS which has been a key motivator in encouraging many workers to seek employment with the NHS. However, as Government policies drive the English service towards an increasingly business-oriented model, that motivator is being eroded, and workers looking to careers in public services have less reason to look to the NHS. The fall in real terms of graduate pay value of between 8 and 12% over the past three years is yet another cause for concern when competing for graduate recruitment in particular.

The future for young people entering the NHS workforce now, is also looking substantially different from those who joined the service before them: more job insecurity, longer working hours, irregular shift patterns, increasing movement between health and care environments.

Conference believes that in the face of the need to encourage young workers into the NHS, and the growing business-orientation, there is a need for negotiations around jobs, terms and conditions to ensure that future recruitment and retention is an important consideration. Such negotiations must go further than protecting existing staff, but must also look to making employment in the service on the basis of secure contracts for those who join after the current generation.

Conference calls on the Health Service Group Executive to ensure that negotiating guidance produced for branches takes these issues into account, with the aim of ensuring a continuing legacy of decent, secure jobs.

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COMPOSITE D. Future Pay Determination in the NHS (Motions 20 and 21)

Conference believes that since the election of the Tory-led coalition, the remit issued by the Government to the Pay Review Body (PRB) each year has been so restrictive as to remove any genuinely independent process from establishing NHS Pay. In effect each of the remits has purely asked the PRB to recommend how the Government's pay policy should be implemented rather than making an independent assessment.

Conference notes that the NHS PRB themselves have raised concerns around the constraints they have been put under and the importance of an independent process in maintaining the confidence of Agenda for Change staff. Conference has therefore lost faith in the PRB process.

Conference notes motions 19 and 21 carried at Health Conference 2013 that set out the union's policy in relation to the PRB and future pay determination in the NHS. The motions recognised growing frustration with both the outcome of the PRB process and the political restrictions placed on it and instructed the health care service group (HSGE) to consult on the union's position on how pay should be determined in the future.

Conference further notes the consultation on future pay determination that took place via UNISON health committees in the English regions and devolved nations between September and November 2013 and recognises the following outcomes:

- 1) Health committees were very critical of the political interference with the PRB, with UK governments setting limits or freezes on pay. It was recognised that in the past number of years the PRB has not delivered for members, but most health committees believed that this is due to the government's public sector pay policy compromising the independence of the PRB. However, in general it was felt that it was best to continue to be involved with the current arrangements and for UNISON to engage with the PRB to determine pay in the NHS.
- 2) Health committees noted that when the PRB had a wider, independent remit, in general, delivered more advantageous pay uplifts than compared to negotiated settlements in other public sector organisations. Although most health committees supported UNISON continuing to be involved in the current pay determination system, they highlighted the need to campaign for a more transparent, democratic and independent PRB.
- 3) In the long term, health committees felt that if a more independent PRB could not be achieved, the possibilities of a new system of collective bargaining, whose outcomes could be enforced across NHS employers, should be explored with employers, other NHS staff side organisations and the UK government.
- 4) Health committees highlighted that engaging members on the mechanisms of pay determination would prove problematic. Feedback from members is that

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they are more worried about job security, pay and conditions than the mechanism for setting pay.

Conference therefore calls upon the Health Service Group Executive to:

- a) highlight the political interference with the PRB and campaign for a more transparent, democratic and independent PRB;
- b) use our agreed political routes to lobby for the NHS PRB to be a genuinely independent body for establishing NHS Pay;
- c) continue to use the PRB as the preferred mechanism for making recommendations to government on pay in the NHS;
- d) identify a potential route for enshrining the remit of the PRB in statute;
- e) work with other NHS staff side organisations to challenge the government's public sector pay policy and campaign with branches and members to highlight UNISON's pay campaign.
- f) explore how a new system of collective bargaining over pay and conditions with employers and the governments of the UK and the devolved nations could be achieved if independence cannot be achieved.

Equalities Issues

23. Equality and Diversity Training for Health Staff

Conference notes with concern that an increasing number of employers are not using the Agenda for Change Knowledge and Skills Framework (KSF) on which to base their appraisal schemes, but are opting for alternative methodologies. This has particularly come to light following the changes to the Agenda for Change contract in England, which has required employers to appraise staff performance at every incremental point of the pay scale.

In terms of Agenda for Change, that lack of understanding of equality and diversity could affect LGBT staff during the appraisal process.

Conference further notes that there is an increasing reliance on e-learning for training, which has certain disadvantages. Organisations and their managers and staff may have an awareness of the legal requirement for lesbian, gay, bisexual and transgender (LGBT) equality, but not an understanding of the issues or how to address them.

The national agreement has always included a degree of flexibility on the understanding that the core principles, including the principle of equality and diversity, are adhered to.

Conference is concerned that with the growing pressure on the NHS from the Tory-led government's unrealistic targets and cuts, growing staff shortages and growing pressure on individual NHS staff members from the cumulative impact of austerity,

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equality and diversity are early casualties. Recent research by NatCen Social Research, commissioned by UNISON, into the effect of austerity on LGBT people confirms this. The research revealed a fear that progress on challenging anti-LGBT discrimination is being reversed; that homophobia, biphobia and transphobia are on the rise; and the LGBT concerns are treated as less important: a 'nice thing to do' that could be dropped in harder times.

Conference affirms that rather than being a luxury for times of plenty, equality and diversity are more important than ever at times of cuts to services and attacks on terms and conditions. Conference notes the wealth of information and research materials produced by UNISON to inform our activists about LGBT workers equality.

Conference calls on the Health Service Group Executive to:

- 1) continue to defend the KSF as a key strand of the Agenda for Change contract;
- 2) continue to make the argument in all negotiating forums that KSF is the framework on which all NHS appraisal systems should be based and equality and diversity should remain a core component of all and any system used across our health service;
- 3) publicise and promote UNISON's research and information on LGBT equality including the bargaining guides, advice to reps and NatCen research report.

24. Staffing Shortages in the NHS and their Impact on Women in the Workplace

Conference notes with concern the impact that staffing shortages in the NHS are having on workers' lives. In particular, staffing shortages can impact on:

- 1) Flexible working requests not being accommodated by employers.
- 2) Staff with existing non-standard working patterns being pressurised into changing their working hours, which could create problems with care arrangements and other home commitments.
- 3) Training and learning opportunities being restricted where managers are unwilling to release staff because there is nobody to cover the work.
- 4) Staff feeling increasingly pressured into working additional unpaid hours to ensure that work is completed and that patient safety is not compromised;
- 5) Staff experiencing increasing levels of stress as work pressures impact negatively on their health and wellbeing.

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Conference calls on the Health Care Service Group Executive to campaign to highlight the impact of staff shortages on the lives of all NHS workers, particularly the disproportionate impact this can have on women and other staff with caring responsibilities.

25. Protecting and Promoting Equality in NHS Pay and Conditions

Both the UK government and all devolved governments in the UK have a statutory duty to promote equality of opportunity.

Most recently the UN Committee on the Elimination of Discrimination Against Women (CEDAW) concluded that the UK Government had failed to take steps to ensure that there was even application of equality requirements.

Agenda for Change was a major step forward in securing equal pay and equal opportunities. This success is now being undermined by various attempts, led by some employers with the endorsement of Departments of Health to weaken and undermine equality.

Further, migrant nurses registered in their own country have had to work as care assistants because they do not obtain the results required by the Nursing and Midwifery Council (NMC) for their English. However, the same level of English is not required for those recruited from the European Economic Area countries. This means often workers have insufficient English and little adaption training but also that the inconsistent standards discriminate on the basis of race.

Conference calls on the Health Service Group Executive in its oversight of our pay bargaining and campaigning strategies to ensure rigorous observance by Government Departments and Employers in the application of statutory duties on Equality and the Equal pay laws as they apply across all jurisdictions.

As part of this strategy Conference commits to challenging attempts by any or all of the four health departments, particularly in their submissions to the Pay Review Body which ignore, undermine or bypass equality rights and which diminish these rights or lead to adverse impact on a system which was designed to ensure equality of opportunity and equal pay across the NHS.

Conference further calls on the Health Service Group Executive to work with the relevant parts of structures in UNISON to put pressure on the NMC to revisit their test criteria and create consistent requirements to standardise the level of training and English expected for all nurses.

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Professional and Occupational Issues

26. Legal Framework for Regulators

Following the publishing of the Francis, Keogh and Berwick reports into Mid Staffs it has become abundantly clear that much of the failures were organisational in nature. Further, that these failings in part were condoned by very senior and executive staff within that organisation.

Clearly, the Government shows some recognition of the organisational failures within Mid Staffs and have now taken some steps to prevent those failures from ever happening again, but are those steps enough?

So far, since the publication of these documents much of the focus has been on the regulation and revalidation of individual health care professionals to ensure that they are fit to practice. It is clearly accepted that all of the professionals have a clear duty to demonstrate their fitness to practice. However, it should also be accepted that the health care regulatory and governing bodies should also have the ability to protect their registrants from those unscrupulous employers who are failing to deliver safe and effective care.

The Nursing and Midwifery Council for example, clearly states that their role is to protect the public from unsafe practitioners but surely the registrants whose fees fund the work of these bodies deserve to be protected from organisations which are failing to deliver a high level of safe and effective care.

Conference, even without the Mid Staffs issues it is clear that when UNISON members are reported to their regulators there may be evidence of poor staffing levels, dilute skills mix and financial constraints which have jeopardised the delivery of safe and effective care within their individual cases. The regulators should have clear and concise pathways in place to allow further investigations and scrutiny not just for the registrant but also for the organisation which that registrant works within.

There are also cases where a registrant has approached their regulator with concerns around failings within their organisations only to be told that investigating these failings does not come under the remit of the regulator.

We call upon the Health Service Group Executive to:

- 1) organise a conference of registered practitioners bringing together the Government, the Professional Regulators and Governing Bodies;
- 2) address the issues faced by health care practitioners;
- 3) clearly focus on the organisation's failings and not just the health care practitioners;
- 4) achieve a more focused approach to investigating health care organisations where there are signs that those organisations are failing and address the failings, within current legislation to hold organisations to account.

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27. Registration for Healthcare Assistants

HCA's feel undervalued and under the spotlight. HCA's perform one of the most important caring roles; they provide the frontline fundamentals of care, including bathing, helping vulnerable people to eat and go to the bathroom with dignity.

Statistics show that HCA's and other support worker roles deliver up to 60% of direct patient care and make up 40% of the NHS workforce. Yet this essential job is undervalued as they receive less than 5% of the training budgets.

The Francis Report recommends that nursing staff are recruited using values-based systems. However values-based recruitment should apply to all staff irrespective of their role. HCA's are a very proud part of our workforce, disproportionately (although not only) they are part-time women workers who are usually an integral part of the local community, thus bringing that extra special local and friendly factor to the role.

The skills they have are valuable and should be recognised as such. Far too often they have experienced a post code lottery where what they can do in their role is based on who they are working with. Furthermore, their pay often bears little to no resemblance to the skills and competencies needed to undertake the role. All staff should be appropriately remunerated for the role they play.

At UNISON's 2013 HCA Seminar, delegates made it very clear that the answer is to introduce regulation. Doing this would make sure that all HCA's are trained and competent for the role as well as improve public protection.

We recognise the benefits which could be brought as an outcome of the Cavendish Report. UNISON is the leading union for HCA's and it's essential that their voices are heard in developing this work.

Conference calls on the Health Service Group Executive to promote the role of the HCA by:

- 1) liaising with devolved government bodies to increase support for registration;
- 2) ensuring the role and work of HCA's and other nursing support workers is highlighted in national awards events supported by UNISON;
- 3) working closely with Health Education England and Skills for Health in addition to other relevant bodies in the devolved nations to utilise and promote an already highly skilled work force;
- 4) putting pressure on the government to act on the proposals in the Cavendish report, to ensure that they are fully implemented and robustly monitored.

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28. Access to Student Nurse Education Pilot

The current pilot arrangements for aspiring student nurses to experience 12 months work in an HCA role are a knee jerk response to the Francis Report, and fail to fully take account of current experiential learning which many students experience prior to commencing their formal studies.

UNISON fully supports the principle of widening participation and recognises that prior experiential learning is beneficial to many health diplomas and degrees. However we believe that the current pilot is too narrow and doesn't take into account the wide and differing pathways which currently exist. Prospective nursing students are facing increasing challenges from external interests: the effective closure of traditional university entry for mature people due to the operation of tuition fees, the proposed privatisation of this system, and other proposed policy targeting young people in particular. The initiative will do nothing for the demographic time bomb facing an ageing nursing workforce that needs urgent renewal.

Despite the reactionary nature of this policy, some good could be salvaged. We know that people with previous HCA work experience often thrive when given the opportunity to undertake nurse training. Such individuals frequently represent better value for money as they tend to demonstrate more loyalty to the service and work longer beyond completion of training. We also know that the advent of a Degree-only entry to the profession means that many aspiring students who would make excellent nurses are now excluded from commencing training.

Conference calls on the Health Service Group Executive to continue to make an assertive case to government, employers and NHS education commissioners that:

- 1) there is no need for an absolute requirement for 12 months HCA work prior to accessing NHS funding for training;
- 2) if there are to be such opportunities they should be reserved for students without the typical matriculation requirements, such that the period of employment at HCA grade represents a different entry route into nurse education, substituting for matriculation;
- 3) secondment opportunities for mature HCAs are maximised and a minimum number commissioned on an annual basis;
- 4) students who undertake HCA work for a year are guaranteed an interview for a nursing place upon completion of this period.

29. Career Pathways in the Ambulance Service

Conference notes with concern the negative impact job re-design and privatisation is having on career pathways in the ambulance service. The increased use of private ambulance companies in the provision of patient transport services (PTS) has seen significant numbers of UNISON members being transferred outside of the NHS. Not

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only does this represent a threat to terms and conditions and quality service provision it also removes the opportunity for many members to progress through the ambulance career pathway. This in turn deprives the ambulance service of the patient caring skills that members develop when working in PTS.

Conference recognises the implications of workforce re-design on career pathways in the ambulance service. In many ambulance trusts, the introduction of emergency care assistants (ECAs) and the discontinuation of the ambulance technician role have resulted in a career cul-de-sac for members. Options for ECAs to progress through the career pathway remain extremely limited, with ECAs being forced to leave their current job to enter full-time education if they wish to progress. The discontinuation of the ambulance technician role has also meant that vocational based training and subsequent career progression is no longer an option for many members.

Conference notes the paramedic evidence based education project (PEEP) that was commissioned for the College of Paramedics, to progress the strategic direction of standardised education for paramedics. Conference welcomes the report's finding that the most appropriate funding model for paramedic education in England is the Higher Education England (HEE)/Local Education and Training Board (LETB) commissioned model with access to bursary support in line with other NHS non-medical trainees. Conference approves the consistency this would bring to paramedic education and the prospect of enabling students from diverse backgrounds to apply to train as paramedics.

Conference calls upon the Health Service Group Executive to:

- 1) continue to campaign against the outsourcing of PTS contracts to the private sector and highlight the impact this will have on members' career progression;
- 2) campaign for a national minimum staffing level for operating an accident and emergency ambulance, which allows both crew members to make autonomous clinical decisions;
- 3) work with the National Ambulance Strategic Partnership Forum (NASPF) to encourage a nationally consistent approach to accredited training for support staff that allows for career progression in the ambulance service;
- 4) engage the College of Paramedics and ambulance employers to campaign for a consistent funding model for ambulance education;
- 5) work through the NASPF to promote job design where all staff have access to clear career pathways in the ambulance service;
- 6) work through the NASPF to encourage and promote vocational training routes and apprenticeship schemes in the ambulance service.

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30. Campaign for Ambulance Workers Pension Retirement Age

Conference proposes that UNISON campaigns to bring front line ambulance workers pension retirement age in line with other emergency workers. Front line ambulance staff are soon to be expected to work until they are 67 years old, this is unrealistic bearing in mind the arduous and unpredictable nature of the work. Shift work and long hours, heavy lifting and stress all take their toll on health. Fire fighters can retire at age 55 and police officers retire at 60. Ambulance staff are every bit at the forefront of the emergency services that the people expect. Fire fighters and police officers have more opportunity to move onto administrative duties without losing significant amounts of pay.

Conference asks that ambulance staff be allowed the prospect of retiring at a reasonable age before ill health forces early retirement. Ambulance staff already have a higher than average retirement due to ill health.

Conference therefore calls on the Health Service Group Executive to campaign for a retirement age of 60 years old for front line ambulance staff.

31. Categorisation in the Ambulance Service

National guidelines state that at least 75% of the most serious Category 'A' 999 calls should be responded to within eight minutes (Red 1 target). But less than half of trusts are able to meet their target to reach the most critically ill patients within this time.

These delays are caused by a range of reasons and most fall under the heading of government cuts or efficiency savings. For example, cuts or reductions in the levels of staff within A&E have led to a shortage of staff to hand patients over to. Handover times cover the point at which ambulance crews arrive at hospitals to when the patient and their medical notes have been handed over to hospital staff.

The target for handovers is set at 15 minutes of an ambulance's arrival at A&E but in many cases, handover times have become unacceptably long and we believe that such delays have an adverse impact on patients' experience of the service, can increase risks for patient safety, and affect the morale of staff.

Another factor causing delays is the number of rural ambulance stations that have been closed and replaced by a lesser number of hubs which have resulted in ambulances that are needed in rural areas having to travel long distances from city bases with staff having to travel further to pick up their ambulances before starting or ending work.

Increase and surges in demand for the service is no doubt an additional factor forcing some trusts to look for creative ways of meeting their target. These have included sending a car as a first response despite the fact that the majority of the most serious Category 'A' patients cannot be transported by car to hospital. This policy of despatching cars to some incidents is of particular concern as the necessity

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for back up (by fully crewed vehicles) can often be delayed and claiming a transportable target with a vehicle that in most cases is unable to transport that patient, is at best dishonest and at worst a deliberate attempt to put targets ahead of patient safety and to hide ambulance delays.

This is also a major issue across the devolved nation where overruns and a failure to meet targets are a major concern to UNISON members. For example, the targets were recently raised in a report calling for major changes to the running of the Welsh Ambulance Service and whilst no specific recommendations were made on how response times should be managed, the report called for a revamp of performance targets.

Seeking to meet these targets is having a detrimental effect on staff morale and has led to an increase in stress related ill health, low morale and feelings of helplessness especially when the media's focus is often on the workforce rather than the employers actions.

Conference, it is clear that the ambulance service is coming under extreme pressure as finances are so tight and the service undergoes a fundamental re-organisation. The way calls are coded must be looked at again and the toll that the regime is having on both staff and patients needs to be taken into account.

Conference calls on the Health Service Group Executive to:

- 1) work with the National Ambulance Strategic Partnership Forum (NASPF) and relevant bodies across the devolved nations to assess how well the Category A target is working and develop guidance to encourage a nationally consistent approach to achieving the target;
- 2) gather further information on the impact of late or delayed handovers on both staff working in the service and members of the public;
- 3) use evidence gained to suggest recommendations that can improve the health, wellbeing and morale of staff by reducing overruns.

Emergency Motion 3. NMC Fees

Conference notes the decision taken by the Nursing and Midwifery Council (NMC) at its meetings on the 26th March 2014, to consult on a proposed fee increase of 20% from February 2015

Conference further notes that the NMC remains under special measures and is monitored more closely than other regulators following a damning report into its management and governance structures published by the Council for Regulatory Excellence in July 2012.

Conference believes that this increase will have a detrimental impact on nurses and midwives. We also believe it will have a disproportionate impact on part-time women

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registrants. We believe that UNISON should actively campaign against this increase.

UNISON should actively work with other professional associations and trade unions to form a coalition of opposition to this increase.

We call on the Service Group Executive, the national Nursing and Midwifery Occupational Group Committee and the Regions to use all of their four-country influence to argue against an increase.

This should include:

- 1) seeking a meeting with each of the Chief Nursing Officers to raise our concerns;
- 2) writing to the four lead Health ministers arguing for them to intervene in this matter;
- 3) developing campaign materials against the increase which regions and branches can use;
- 4) developing an Organising campaign against the fee increase.

Health and Wellbeing

COMPOSITE I. Bullying and Harassment in the NHS (Motions 32 and 60)

The public sector cuts, austerity measures, top down reorganisations and increasing privatisation in the NHS have had an unprecedented negative impact on NHS employees, with increasing numbers leaving the NHS to escape from bullying, harassment, intimidation and fear.

Those who are left in the workplace are experiencing an increase in stress as work pressures mount and bullying, in its various manifestations, increases.

This is also affecting patients, as our professional members raise concerns about unsafe working practices, bullying and intimidation which are mainly due to the pressure to meet targets and implement these Tory led government cuts.

UNISON defines Bullying as “offensive, intimidating, malicious, insulting or humiliating behaviour, abuse of power or authority which attempts to undermine an individual or group of employees and which may cause them to suffer stress”.

The impact of bullying perpetrated over time on an individual can be: excess levels of stress; anxiety and tension; fatigue; headaches; sleeplessness; depression; skin rashes; hypertension (high blood pressure); stomach complaints (ulcers, irritable bowel syndrome) and heart complaints.

It can also:

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- 1) cause emotional distress;
- 2) destroy self-confidence and decreases levels of self worth;
- 3) reduce performance levels of some individuals due to inability to concentrate;
- 4) create an unpleasant and hostile working environment;
- 5) adversely affect career opportunities;
- 6) affect relationships with working colleagues, and personal relationships outside work.

We all know that it is critical for staff to feel empowered and supported to raise concerns safely and confidently. The NHS staff survey shows that staff are increasingly being made aware of how to raise a concern, but it also reports that half of the staff who responded had little or no confidence that their concern would be taken seriously and action would be taken.

The findings from the public inquiry into Mid-Staffordshire NHS Foundation Trust show only too clearly the catastrophic effects when concerns are not raised and dealt with effectively.

More recent events at Colchester University Foundation Trust Hospital reveal a worrying trend of bullying of staff. Staff were bullied into falsifying data relating to the treatment of cancer patients. The staff reported their concerns within the organisation but these concerns were not acted upon by senior management. These courageous staff had no alternative but to whistleblow on the situation.

Conference believes that the target culture is not in the interests of patients and service users and our members experience shows the manipulation of information /activity is not uncommon. The top down target approach leads to bullying as achieving the target becomes more important than the quality of care. The responsibility for the manipulation of targets rests with senior management who should be made responsible for their approach.

UNISON will at all times defend our members against such acts of bullying.

If we are to really succeed in protecting patients from harm and ensure dignity of care, then we need an open and transparent culture at all levels of the NHS.

This Conference calls upon the Health Service Group Executive to:

- a) give its full support to the UNISON branch and members at Colchester General Hospital;
- b) defend any members scapegoated by the Trust or any other body.

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- c) work with Learning and Organising Services (LAOS) and Regional Heads of Health to seek to ensure that NHS specific training courses and resources are provided to help our members recognise the signs of bullying and to be aware of the actions to take;
- d) encourage branches to work with employers to adhere to bullying and harassment workplace policies;
- e) recommend that every health branch has a dedicated steward or branch officer responsible for providing advice on whistleblowing and dealing with harassment and bullying where it arises;
- f) work with the national employers to seek to ensure that employers will have a zero tolerance to bullying in the workplace and to seek to ensure each Trust board has a named champion with regards to this;
- g) undertake an analysis of the National Staff Survey and publicise the results to include areas of exemplary and poor practise;
- h) report back to Conference in 2015 on progress.

Influencing the NHS and campaigning against privatisation and cuts

37. Privatisation, Franchising and Procurement

Conference notes the alarming expansion of privatisation within the English NHS. For example, the NHS Support Federation found that the private sector had won 21 of the first 25 NHS contracts awarded since April 2013, and it has been estimated that £5bn of NHS work is now up for grabs. Since the abolition of the two-tier workforce code in 2010, the threat of a two-tier system for those working on outsourced contracts has increased, with private providers now more able to cut pay, terms and conditions to win contracts.

Conference asserts that the competition provisions of the Health and Social Care Act 2012 and the subsequent Section 75 regulations are beginning to have a significant impact, with three quarters of new contracts put out to competition since April 2013. In addition, the NHS is witnessing a growing role for the Office of Fair Trading and the Competition Commission; even outgoing NHS chief executive David Nicholson has pointed to the damage being done to the NHS, with competition lawyers "all over the place."

Further, Conference notes that the use of the Any Qualified Provider approach has already expanded to a point where GPs fear they will be unable to monitor properly services commissioned in this way. Conference asserts that the spread of the Any Qualified Provider approach, where providers have no guaranteed levels of demand, will see a rise in the number of staff forced to work on casual and zero-hours contracts in order to cope with fluctuating demand – thus causing massive insecurity for the workforce.

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Conference believes that the procurement regime set up by economic regulator Monitor has robbed clinical commissioning groups of the autonomy they were supposed to enjoy, binding their hands with inflexible rules that make it very hard to avoid using competition, and making a mockery of government changes being supposedly “clinically-led.”

In addition to these threats, Conference notes that the failed experiment in “franchising” at Hinchingsbrooke Hospital is likely to be replicated elsewhere, as trusts that will struggle to attain foundation trust status, such as George Eliot Hospital and Weston Area Health Trust, look to bring in external organisations.

Conference notes the impact that this uncertainty and upheaval is having on healthcare staff across the NHS, with pay, terms and conditions likely to come under renewed threat after privatisation has occurred. Conference is concerned that the rapid growth of privatisation will continue to fragment services, will have an impact on how members are represented and organised, and could undermine facility time arrangements in the health service.

Conference further notes that from 31st January 2014 legislation came into force that amended the Transfer of Undertakings (Protection of Employment) Regulations 2006. These changes will weaken employment protection when services are outsourced.

Conference notes that different approaches have been taken in Scotland and Wales that have allowed the NHS to be reformed without significantly introducing markets and additional privatisation.

Conference welcomes the work of UNISON in developing the union’s campaigning and organising work against cuts and privatisation, and calls for a flexible approach that allows the union to respond to these different threats as quickly and effectively as possible when they arise.

Conference therefore calls upon the Health Service Group Executive to:

- 1) continue campaigning against privatisation and cuts, including responding to new threats such as the use of the franchising model;
- 2) build capacity amongst activists and support branches in responding to procurement processes;
- 3) work with regions and branches to organise, recruit and build density in organisations that are threatened with privatisation;
- 4) work with other parts of the union to map which companies are expanding into the health sector and to do targeted organising work around these companies;
- 5) continue to raise awareness of the impact of privatisation on staff terms and conditions and the forced casualisation of the workforce, and to defend Agenda for Change against these threats;

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- 6) seek to use the UNISON influencing guide to exert a wider influence in communities against cuts and privatisation;
- 7) provide ongoing guidance to keep members updated on how the new NHS structures in England are working;
- 8) continue working with allies to monitor and oppose the expansion of privatisation;
- 9) encourage a wide take-up of the new UNISON contracts alert system to help spot problems early on; and
- 10) work with relevant bodies within UNISON to ensure that the union is fit and ready to deal with issues arising from increasingly fragmented bargaining structures.

38. Influencing the New NHS

Conference notes that a recent Freedom of Information request showed that 50 out of 251 GP board members (20%) held a financial stake in a provider - other than their practice - which is currently contracted by the CCG. Some 31 CCGs declined to say whether providers, in which board members had interests, were currently contracted to the CCG. One in four CCG's are under extra scrutiny or support from NHS England for reasons including:

- 1) Service change and finance plans 43%
- 2) Governing body skills 11%
- 3) Oversight, including of safety 10%
- 4) Addressing inherited problems 5%
- 5) Constitution and size and shape 4%

Conference also notes The Financial Times report on 4th November that several companies had been approached by the NHS about the possibility of taking over or merging with 19 commissioning support units (CSUs), set up under the Health and Social Care Act 2012 to advise clinical commissioning groups (CCGs) on NHS spending.

Conference believes this is yet further evidence of the ideological drive to privatise the NHS. 40 per cent of clinical commissioning groups (CCGs) buy services from private firms. We are continuing to see our members losing their jobs and being forced into the private sector. Where these private companies have no interest in the founding principles or the ethos of the NHS and profits are put before patient care. The lack of scrutiny and transparency due to commercial confidentiality means public money will be drained out of the NHS to line private pockets leading to further cuts to NHS services.

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Conference understands that we have to work within the current structures to try and prevent privatisation where we can and protect our members' jobs and terms and conditions of employment.

Within the Northern Region we are actively building positive relationships with Councillors on Health Overview and Scrutiny Committees as well as portfolio holders within Local Councils.

Conference also recognises that NHS Commissioning Support Units (CSUs), which provide CCGs with commissioning support, are being privatised by the end of 2016. Our members working for these organisations face an uncertain future and the services they provide should be prevented from falling into the hands of private companies allowing undue influence into the commissioning decisions which affect the wider NHS.

Conference therefore instructs the Health Service Group Executive to:

- a) provide support and guidance to regions and branches to help build relationships with local health overview and scrutiny committees and local Healthwatch boards;
- b) produce an updated and condensed version of Stronger Together: a UNISON guide to influencing the new NHS and training to support the document;
- c) continue to lobby against further privatisation within the NHS; working with Labour Link and other sympathetic MP's where appropriate;
- d) ensure NHS CSUs are supported to fight back against enforced privatisation.

COMPOSITE E. Procurement and Cost Improvement in the NHS (Motions 39, 40)

Conference is all too aware that the Coalition Government led by the Tories are ideologically committed to dismantling the NHS and selling it off to their friends in the private healthcare sector. Cameron's pre election promise that there would be no top down reorganisation of the NHS was mere hypocrisy. Their underfunding of the NHS over the past three and half years has led to NHS trusts having to make substantial cuts to staffing and services – or cost improvements as most like to call them. It is important that UNISON is fully involved in working with Trusts to ensure that our members' interests are protected and that the highest standards of patient care are assured.

The introduction of the Health and Social Care Act 2012 threatens the very fabric of our NHS, setting the framework for massive privatisation. There has been no electoral mandate given to the Coalition Government to dismantle the NHS. Despite mounting opposition and the fears expressed loudly by staff, unions and health commentators, the government pressed ahead. These changes were not directed by a desire to make life better for patients. The real winners will be the private health

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companies who stand ready to move in and take over NHS services. These so called reforms would fundamentally alter the NHS as we know it.

In the Northern region we have seen the private sector taking over GP services in Newcastle. Trusts across the country are being forced to make massive savings and are in danger of going bankrupt. Research has found that private companies perform worse, yet are more expensive than publicly provided services. The retinal screening service in Newcastle Hospitals and Northumbria Healthcare Trust has gone to a private healthcare provider in the South West who have failed to provide an adequate service.

For leading activists in the NHS, we are facing unprecedented times. Internal change and the push to transformation of the delivery of public services is extremely challenging for UNISON negotiators and activists. Commissioning and procurement is increasingly important for delivery of local services. The integration of services is growing. The private sector is growing in the healthcare market. Commissioning decisions by CCGs are causing provider Trusts to make massive cost savings which affect our members and will have a detrimental effect on patient care. In the Northern Region we are working with a number of Trusts to ensure that there are no redundancies, A4C terms and conditions are maintained and therefore that patient care is assured. This does not mean that we agree with all decisions, but it does mean that we can assure our members' future against a background of Government imposed cuts.

To support leading negotiators and activists it is vital that UNISON provides dedicated skills training at local level. UNISON is congratulated for the excellent briefing documents that it has produced, but these need to be included with local training provision.

Conference therefore calls upon the Health Service Group Executive to:

- 1) update the procurement guide to branches;
- 2) work with regions to roll out local training on how to influence procurement and commissioning decisions;
- 3) ensure that national and regional resources are focussed on supporting Branches to deal with the cost improvement plans, providing bespoke training where necessary;
- 4) work with our local government colleagues to coordinate action on procurement decisions made by local councils that affect our health members.
- 5) encourage branches, where possible to work in partnership with trusts to develop Procurement protocols to ensure the best outcomes for our members.

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41. Campaign against Privatisation of George Elliot Hospital and the Wider Implications

Conference condemns the coalition government's health plans for England that are already affecting the quality of services and the lives of health staff. Conference notes that an increasing number of NHS organisations are under pressure to meet the onerous financial targets arising from the government's austerity measures and the lack of real term investment into the NHS.

Conference notes that we are now beginning to see the true extent of the Health and Social Care Act in widespread complex competitions in the NHS leading towards privatisation and ultimately fragmentation. Our members will ultimately face more private sector involvement where profits are put before patient care.

Conference is deeply concerned that George Elliot Hospital Trust (GEHT) in the West Midlands has entered into an open procurement competitive process which invites both the NHS & non-NHS organisations to bid to run it. Conference notes that the procurement approach at George Elliot is similar in style to Hinchingsbrooke hospital run by the private company Circle which is failing in its financial promises and continues to receive financial support from the government. Conference notes that there are a number of similar size NHS Trusts awaiting the outcome at GEHT and should a private company be awarded the contract, this will be a green light to other Trusts to push towards a private sector solution.

Conference applauds the campaign mounted by our union to affect the procurement process which has involved mobilising and co-ordinating resources with national, regional and local support.

Conference calls on the Health Service Group Executive to:

- 1) support the continuance of this campaign through the provision of advice, finances and support to regions and branches, including cross service group and regional working;
- 2) raise awareness amongst members and the public of the implications of the Health & Social Care Act and the implications of procurement leading towards privatisation for patients, communities and staff;
- 3) lobby the government and work with Labour Link and other campaigning organisations to oppose procurement through political means and to bring about repeal of the Health and Social Care Act;
- 4) put defence of the NHS, publicly funded and publicly delivered, at the forefront of our strategic decisions.

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COMPOSITE F. Fighting Privatisation

(Motions 43, 43.1, 44)

Conference condemns the wholesale privatisation of large parts of the NHS by the Con / Dem government. Without any democratic mandate the NHS is being dismantled bit by bit and handed over to private sector providers who are driven by the profit motive rather than a commitment to deliver quality care for patients.

Conference rejects the governments and employers attempt to privatise our NHS. Conference rejects any attempts to reduce our terms and conditions whatever argument the employers use including the false argument that it will save jobs.

Conference believes that the very existence of the NHS is at stake and therefore Unison as the largest trade union in the NHS must take the lead in fighting the privatisation of NHS services.

History tells us that privatisation is inevitably followed by attacks by the new employers on the jobs and terms and conditions of our members as well as a poorer service to patients. We note that every opinion poll shows that the public are overwhelmingly opposed to the privatisation of the NHS and other public services and have always supported workers taking industrial action against cuts and the impact of privatisation.

Conference believes that the TUC demonstration on 29th September 2013 in Manchester to defend the NHS was a success and showed the anger that exists against this government. Speaking at the rally, Dave Prentis described what the government is doing to the National Health Service as "privatisation, pure and simple". Our General Secretary said that the government it had come to power, "promising 'no more top-down reorganisations', with Prime Minister David Cameron personally assuring the electorate: 'I'll cut the deficit, not the NHS'."

Conference notes that Dave Prentis called on people to "keep on fighting on the ground to defend our NHS," stressing the importance to that of "kicking" the Conservatives "out of power in 2015".

The demonstration showed the potential for a campaign to defeat the attacks on our NHS and Conference believes that the demonstration should be a springboard for a concerted defence of our NHS.

Conference therefore calls on the Health Service Group Executive to:

- I) issue guidance on how branches can invoke legitimate trade disputes prior to the privatisation of NHS services to encourage branches to challenge privatisation, and support legitimate trade disputes.
- II) support our members who are taking action to defend services;
- III) support our members who are taking action to defend jobs and / or their terms and conditions;

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- IV) co-ordinate any lawful industrial action with other disputes, where possible;
- V) ensure that branches receive sufficient quantities of campaign material for future national demonstrations.

Conference believes that the NHS must be defended and fought for by all means including strike action. We will not stand by while NHS employers, the government and the private contractors impose a race to the bottom for their staff and a profits bonanza for their shareholders.

45. Reclaiming the NHS Agenda for Workers and Users Alike

At the public launch of the World Health Organisation Europe Report on health inequalities in 2013, internationally acclaimed Chairperson, Professor Michael Marmot stated that, "The Conservative-led Coalition government uses the word 'fairness' as if it has no meaning at all. They cut the top rate of tax – and they call it 'fair'. They cut benefits to the poor – and they call it fair. They cut services to the disadvantaged – and they call it fair. I call it a grotesque parody of fairness."

The outcome of this "grotesque parody of fairness" is a growing attack on working class people, their jobs and growing health inequalities across all jurisdictions.

In Northern Ireland, for example, the government's own figures show a growing gap in life expectancy between the richest and poorest. Almost as many have died from suicide since the signing of the Good Friday Agreement than died as a direct result of the conflict.

The UK-wide attack on the welfare state is also being made worse by ongoing cuts in the public sector and the increased privatisation of our health and social services. Up to 3000 health workers are expected to lose their jobs as a result of the new health privatisation strategy 'Transforming Your Care' which borrows significantly from the English model.

Our NHS residential care homes and homecare services are being offered to the lowest private sector bidder. The number of patients from our National Health Service treated by the private sector and being sent across the Border to private hospitals, paid for from the public purse, increases, while waiting lists continue to grow in both jurisdictions.

Conference agrees with Marmot that key to the tackling of health inequalities is the promotion of a genuine public health system and fair employment and good work for all - including the eradication of exposure to unhealthy, unsafe work as well as the protection of the employment rights of the most vulnerable and lower paid.

Conference therefore calls on the Health Service Group Executive to work with UNISON national structures, regions and branches in a renewed campaign to:

- 1) highlight the impact of growing health inequalities on the most vulnerable;

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- 2) lobby national and devolved Governments to develop genuine public health systems with specific targets for the removal of health inequalities;
- 3) challenge national and devolved Governments on the growing privatisation of medicine and social care;
- 4) continue to press for better pay and equal pay and the living wage as a key anti-poverty imperatives and
- 5) ensure that this campaign for the protection and betterment of terms and conditions extends to those in the most precarious outsourced employments.

COMPOSITE G. Campaigning against privatisation in the NHS (Motions 46, 47)

UNISON branches and members have been at the forefront of campaigns over the last two decades and more to keep our National Health Service public. When necessary and allowed, UNISON branches and members have taken industrial action to maintain and promote the National Health Service.

Conference condemns the shameful decision of Nottingham University Hospitals NHS Trust to privatise their entire Estates and Facilities department.

The trust invited tenders from six private contractors plus a bid from the 'in-house' team. The trust eliminated the 'in-house' bid at the earliest stage and shortlisted three private contractors. A £200 million five year contract will now be awarded to the lowest bidder.

Conference condemns this appalling waste of taxpayers' money and further, condemns the creeping privatisation of services throughout the NHS.

In October 2010, the Conservative/Liberal Democratic Government Coalition announced 450,000 public sector job losses by 2014/15 as part of the Comprehensive Spending Review. While the Coalition maintains NHS spending will be ring-fenced in the next couple of years, many NHS Trusts have already shredded staff, whether they are classed as front line or support services.

Dave Prentis at the TUC Rally said "The Coalition is taking a chainsaw to our public services and we are under attack, not because of a deficit, but because of an ideology".

On Sunday 29th September 2013, over 55,000 people marched against the public sector austerity cuts in Manchester outside the Conservative Party Conference, which Dave Prentis correctly stated received very little national media coverage.

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However successive governments, supposed economic think tanks, business organisations and senior managers within the NHS have told the public and employees that only private business can provide an efficient, well-managed, cost-effective health service across the UK. A publicly-run service would apparently be bureaucratic, inefficient, poorly administered and waste financial resources.

An example of the business organisations is the seventeen top senior British business chief executives, who endorsed the swingeing business cuts, they themselves earn around a total of £26 million plus per year.

The Coalition Government are only offered loose reins to control the banks, major financial institutions and large multinational companies, who have benefited from the billions of pounds given to them to bail them out of the mess of their own system's making.

The supposed slow sustainable economic recovery from the spectacular Autumn 2008 collapse in the bank and financial industry. This is at the behest of public services as Capitalism; the economic system will seek to strengthen the role of private ownership of the world's resources at the expense of the wellbeing of the majority of the world's population.

Conference calls on the Health Service Group Executive to:

- 1) continue building high-profile UNISON campaigns, including 'A Living Wage', 'You're Worth It' and 'A Million Voices for Change' against further privatisation in the NHS, taking this into the TUC for wider support and involving community campaigning groups who share our views;
- 2) raise and discuss the prospect of a 24 hour public sector general strike against all the cuts;
- 3) assist branches and regions in maximising publicity across the UK against privatisation and cuts;
- 4) support UNISON members fighting privatisation, redundancies closure of NHS Services, downgrading of posts or other cuts, including organising legal industrial action where members vote for it;
- 5) continue campaigning against, the Con/Dem Coalition ideology of privatisation in the NHS, which it seems at the present time maybe continued by New Labour in the initial stages, if elected to form the next government. In raising the demands for democratic control of local health services by elected health workers and community representatives as well as elected representatives from local and national government;
- 6) campaign for PFI hospitals and all other privately owned aspects of the health services to be publicly funded and integrated back with the rest of the NHS;

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- 7) campaign for the big construction companies, service companies, medical supply and pharmaceutical industries, who take billions of pounds out of the NHS to be part of a proper planned economy;
- 8) campaign against any financial penalties imposed by the European Parliament.

48. Privatisation within the NHS

Conference notes that the now defunct South West Pay Cartel advised member trusts to consider 'alternative employment vehicles' as one of a number of what they called 'pay optimisers' to cut NHS pay and conditions of employment.

Conference further notes that one trust in the South West recently set up their own private company, of which the NHS trust is sole shareholder, into which they transferred their former in-house laundry service. New employees in the NHS owned company have been denied access to the NHS Pension Scheme in favour of a money purchase occupational pension where the employer pays no more than 5% of salary as a contribution. This NHS owned company have also started employing new starters on a worse package of pay and conditions which includes a lower top rate of basic pay, lower unsocial hours, worse sick pay and less annual leave.

Conferences condemns the actions of NHS employers who seek to bypass and undermine the national terms and conditions and pensions provision by artificially setting up such 'arms length' companies. Conference further condemns the attack on the pay and conditions on some of the lowest paid NHS employees.

Conference calls on the Health Service Group Executive to:

- 7) support branches in recruiting and organising to challenge NHS trusts and new private companies who create new two tier workforces within the NHS;
- 8) campaign and raise the issue with UNISON Labour Link to try to put an end to the ability of NHS trusts to be able to set up such private companies without those companies having to provide the same pay and conditions and pensions provision as the trust that owns them;
- 9) campaign for the restoration of the 'Two Tier Workforce Code' which was enacted by the last Labour Government but was repealed by the Con / Dem Coalition in 2010.

Campaigning on key issues

49. How We Want To Work - A Charter for the NHS Workforce

Conference recognises that in the run-up to the general election, all political parties will be setting out their policies on the NHS including the structures in the four countries and the ideological differences behind them; the different approaches to

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integration with social care, and outcomes for patients and the way that serious complaints are handled. Assessments are likely to be made about the various parties and their delivery against manifesto promises from 2010.

Conference believes it is important for NHS staff to know what they can expect in relation to their working lives over the coming parliamentary term. Whatever country or part of healthcare our members work in, they will be subject to more change, whether that is in relation to where they work, how their services are organised and how employers react to changes in funding.

UNISON believes it is critical that discussions about the future of the NHS must be underpinned by a shared commitment to good employment practice and to engage with the NHS workforce and trade unions.

To this end, Conference calls on the Health Service Group Executive to work with regions and devolved countries to develop a Charter on 'How we want to work', drawing together the best practice for employment rights and staff involvement and engagement across the UK countries and to use this to get commitments from politicians and political parties on its implementation.

The Charter should include commitments that:

- 1) staff are actively, meaningfully involved, through their recognised NHS trade unions, in the way in which services are designed and delivered;
- 2) staff safety and wellbeing is paramount in all healthcare settings;
- 3) Agenda for Change is the appropriate standard for terms and conditions of service for all staff delivering NHS services across the UK and those terms and conditions should not be reduced;
- 4) further integration of the health and social care sectors will not result in a lowering of the bar in relation to pay, terms and conditions;
- 5) security of employment and access to an NHS pension should be the standard for all staff;
- 6) a 'zero hours culture' does not become prevalent in the NHS.

Conference further calls on the Health Service Group Executive to engage in discussions with relevant democratic structures within UNISON about how the charter should be used in each of the four countries.

50. Integration – Taking the Workforce With You

Conference notes that the integration of health and social care has become a key debate in the NHS across the UK over the past year.

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Conference notes that although only Northern Ireland has full structural integration of health and social care, governing parties from all political persuasions are pursuing integration policies in Scotland, Wales and England. The Public Bodies (Joint Working) Bill is currently going through the Scottish Parliament, the Welsh Assembly Government has recently consulted on its Framework for Integration, and in England there is now a £3.8bn Integration Transformation Fund as well as 14 sites that will “pioneer” approaches to integration.

In addition, Conference notes that the Labour shadow health team has come up with an ambitious plan for Whole Person Care that would bring about the full integration of national health and social care budgets and services in England. Conference believes it is important that if local authority health and wellbeing boards are given health commissioning powers, as suggested by Labour, then there is a need to ensure that health money is protected and privatisation resisted.

Conference believes that integration has the potential to bring about benefits for patients and service users, in terms of a more seamless joined-up service across sectoral boundaries. In addition, it may help reduce some of the time and money wasted when responsibility for a patient or service user’s care is transferred, sometimes repeatedly, between the NHS and local authorities.

However, Conference believes that for meaningful integration to take place, staff and patient/user involvement is essential. Moreover, Conference asserts that integration should never be used as a cover for cuts; it cannot be done on the cheap and requires decent funding if it is to work properly.

Conference warns that the cultural differences between working in the NHS and local government should not be under-estimated, and that there is a need to guard against two-tier workplaces or a feeling of “takeover” by one sector or another.

As part of this, Conference believes it is essential that integration is not used to level down terms and conditions.

Conference is concerned by the complacent analysis of the Westminster government that integration is fully compatible with competition; this is not the case – integration should be used as an anti-market tool to cut down on fragmentation.

Conference believes that integration should proceed on the basis of public sector values, rather than allowing the privatisation and means testing from social care to seep across into the NHS.

Conference therefore calls upon the Health Service Group Executive to:

- 1) support the integration of health and social care where this is in the interests of patients and service users, but on the basis of full staff involvement and with the proviso that integration should never be used as a cover for cuts;
- 2) resist any attempts to use integration to reduce NHS terms and conditions;

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- 3) keep branches up to date on the ongoing initiatives on health and social care integration, monitoring the progress of those areas undertaking integration;
- 4) work with UNISON Labour Link to feed the union's views into the shaping of Labour's Whole Person Care agenda; and
- 5) provide branches and activists with guidance and appropriate support to assist members affected.

51. Learning and Partnership Working

Conference notes the hard work of the union in campaigning and working in partnership with NHS employers, the Department of Health, Skills for Health to improve training and make development opportunities available for NHS staff, particularly staff on lower bands, have paid off. Last year through partnership working the Social Partnership Forum Learning for Life Campaign was launched.

Conference notes the main objectives of the campaign include stimulating greater awareness; increasing participation in learning at work for all NHS staff, especially those in bands 1-4 and reinforcing the belief that investment in staff learning is an investment in the services.

Conference welcomes this campaign and gives full support to learning in the workplace. In a climate of much change within the NHS staff need to have access to good quality learning and training that properly equips them to undertake their role and also have the confidence to act in the patients' best interests.

To make good of this campaign employers will need to link training and development to the Knowledge, and Skills Framework. Evidence has shown that when staff receive good quality appraisal this impacts positively on the patient experience and the quality of health outcomes.

This campaign goes some way in addressing Robert Francis' recommendations which called for staff to be equipped with the required skills and competences to deliver a high quality of care so as to prevent a recurrence of the failures evidenced at Mid Staffordshire.

Conference notes another milestone which involved the signing of a learning agreement with NHS Property Services. This agreement is the first one of its kind with a national body in NHS in England. The agreement seeks to support union learning representatives' role and address learning needs for non English speaking staff and the importance of good quality apprenticeships. This agreement will provide career opportunities and training and development for many of our members who work in NHS Property Services.

Conference calls on the Health Service Group Executive to:

- 1) promote the recruitment of union learning representatives;

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- 2) raise awareness of the Learning for Life Campaign and NHS Property Services Learning Agreement at local level and to promote partnership working around learning to other employers as a model of best practice;
- 3) continue to use the KSF process to identify the training needs of our members and support them in their learning, utilising union learning representatives to help build members and potential members' confidence to participate effectively in their KSF review process;
- 4) survey members about their experiences of the Learning for Life Campaign and NHS Property Services learning agreement to inform our work around learning for operational service staff;
- 5) encourage and support branches to engage with employers around the introduction and delivery of apprenticeship schemes, to ensure that the training provided meets approved standards and that the rights and working conditions of apprentices and existing staff are protected.

52. Be Safe Training

We congratulate UNISON for the work it has done after the publication of the Francis Public Inquiry into care failings at Mid Staffordshire NHS Trust.

It is essential that we continue to prioritise the Be Safe training for all disciplines of staff. We are encouraged that a small number of branches have volunteered to act as early implementer sites to deliver the training locally. We can learn a lot from their experiences. However we have to build on the learning from this to roll the training out across every health branch in the UK. We welcome the opportunity to work with the devolved nations to adapt the training to take account of their different regulatory systems.

Delivering this training at a national, regional and local level should remain a priority for UNISON, if we are to achieve the cultural change in the NHS which Francis described as essential. It's vital that our members, irrespective of their role, understand the importance of raising concerns at a local level. It is as important that their concern is listened to, believed and acted upon by managers. Employers should see staff raising concerns as golden nuggets which help them to improve the care they provide to patients. Patients have the right to be treated with dignity and respect and be confident that staff will care for them to the best of their ability and raise concerns when something outside their control prevents them from doing this.

Conference calls upon the Health Service Group Executive to:

- 1) prioritise the Be Safe training and work with regions to ensure it is cascaded fully;
- 2) monitor its implementation and continue to develop materials which better enable staff to raise concerns;

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- 3) encourage other organisations to endorse this training as a means of normalising staff raising concerns.

Conference calls upon regions to:

- a) working with health branches in their regions, including regional education officers, to develop a plan to roll the training out across their region;
- b) update Regional Health Committees on its progress.

Conference calls upon branches to work with regional and local representatives to attend the training locally and develop plans to deliver the training across the branch.

53. Mental Health Services

Conference notes that mental health accounts for 23% of the total burden of disease, yet receives only 13% of NHS health expenditure. It is predictable that in a recession, demand for mental health services rises, as the impact of austerity and welfare reforms, rising unemployment and increase in cost of living has a detrimental impact on mental health. The suicide rate is rising nationally. The 20% blanket cut to all NHS services has disproportionately impacted on mental health services, which have traditionally seen under investment in our services. Staff costs are a higher percentage of running costs compared to acute hospital trusts, therefore budget cuts have led to redundancies and down banding in mental health services particularly severely.

Mental health services in Norfolk and Suffolk have made 400 clinical posts redundant, including our nursing, social work, occupational therapy and support work members. Many more staff have been downbanded.

Commissioners have under-commissioned services, leaving one community team with 900 cases but with funding for only 500, and the single point of access team receiving 100-140 referrals per day, rather than the 50 they were funded for.

NICE guidelines are being ignored, with the scrapping of distinct assertive outreach teams, and in Suffolk Early Intervention in Psychosis services. Cuts to psychological therapy mean that NICE guidelines for schizophrenia cannot be met.

The shortage of mental health beds have been felt acutely in the eastern region, with patients often being admitted to London or further afield. Crisis teams have found that in the middle of the night the nearest bed has been in Sussex, Somerset, Manchester, Glasgow and Edinburgh. Bed occupancy in Norfolk and Suffolk has been consistently running in excess of 100% for over eighteen months.

These cuts have had a significant detrimental impact on the mental health and well-being of staff, and on the quality of care provided.

Conference instructs the Health Service Group Executive to:

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- 1) launch a national campaign for fair funding for mental health services, and to campaign with other relevant groups to highlight concerns;
- 2) survey mental health members to establish the extent of redundancies and downbandings nationally;
- 3) survey the mental health and well being of staff working in mental health services and produce a report of the findings;
- 4) investigate and report on the national bed shortage situation and campaign for bed occupancy rates to remain at the recommended level of 85% to enable the flexibility to treat people in acute need close to their home, so community and crisis teams can safely manage their caseloads;
- 5) investigate and produce a report on whether Clinical Commissioning Groups are fit for purpose for the specialist commissioning of mental health services.

54. Future Food Provision within the NHS

Conference calls on the Westminster Government and the three devolved administrations to recognise and accept their responsibility for providing a quality, safe and healthy food environment for its patients, staff and visitors. It is further recognised that when a patient is recuperating, food is often a make or break experience in terms of morale during a hospital stay and can greatly assist in recovery.

We therefore call on them to create a National Health Service food strategy based on quality rather than cost. In recognising the substantial monies currently being spent on food purchasing to use the collective buying power to ensure best value whilst still supporting local growers and producers would sustain the wider health economy and local economy. Conference demands that this strategy:

- 1) ensures NHS catering services are equipped with the resources, knowledge and sensitivities to respond to cultural and minority ethnic diet needs;
- 2) sets a target of sourcing 25% of all supplies from organic producers by 2015 and 50% by 2017;
- 3) sets a target of sourcing 50% of all supplies from fair-trade suppliers (where there is a supplier for that commodity) by 2015 and 100% by 2017;
- 4) ensures that by 2017 patients and staff will have a daily option of an organic main meal;
- 5) guarantees the use of fresh local produce for preparation by NHS employed chefs on the day of consumption, where possible, making healthy food more enticing, accessible and varied;

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- 6) seeks to actively engage with all suppliers with regards to the use of pesticides, steroids, antibiotics and additives to positively manage their reduction whilst at all times ensuring food quality and safety;
- 7) establishes a commitment to the daily provision of quality, fresh, safe and healthy food as near to the patient, staff and visitors as possible and dismiss the concept of cook chill/cook freeze production. Local production also enables a far more flexible response to special diets such as gluten free, nut allergy, vegan and other diets.

Implementation of this strategy will achieve patient, staff and visitor satisfaction with recognition that this can only be achieved by producing real food locally.

Conference further calls on the four administrations to immediately introduce an apprenticeship scheme that will ensure all trainee chefs are employed on Agenda for Change Terms and Conditions, will be appropriately trained in a safe environment and will have the opportunity of real meaningful permanent employment.

Safe Staffing Levels

COMPOSITE H. Nursing Workforce - Safe Minimum Staffing Levels (Motions 55, 55.1, 56, 57)

UNISON has long been concerned with inadequate staffing levels on hospital wards leading to compromised patient care. This was borne out in the Francis Inquiry and Keogh reports.

The shortages of Registered Nursing Staff, appropriate skill mix and overall staffing levels to carry out the fundamental care of patients is now at crisis levels. Despite the recent mandated use of workforce and workload planning tools in Scotland to determine the nursing workforce we can evidence that nurse staffing remains at a consistently poor level throughout the four countries.

Unacceptable levels of Bank staff usage can affect quality and consistency of care as well as putting 'substantive' staff, who have a requirement to supervise and delegate work, at significant increased risk. Bank staff themselves can also be put at risk when working in areas which they are not familiar with and while working in those areas being expected to carry out duties which they may not have the necessary core skills and competences to complete.

Conference reaffirms that there should be statutory minimum nurse staffing levels. The law should set a minimum ratio of one registered nurse to four patients for general ward areas, which is supported by international evidence. There should also be legal standards on caseloads for community staff. Conference welcomes the work done in Scotland together with the Scottish Government to look at safe staffing tools.

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Conference also welcomes the statement from the Safe Staffing Alliance, of which UNISON is a member, published in May 2013. Based on evidence from the RN4CAST study and elsewhere, the statement recommended:

- 1) Planning for nurse staffing on wards is undertaken in every ward in every trust, supported by evidence based tools / methodologies to set core establishments sufficient to maintain safe nurse to patient ratios.
- 2) Ward sisters (or equivalent) are empowered to make day to day decisions on staffing and resource levels with the authority to act on those decisions.
- 3) Ward sisters and nurse managers are supported by the Director of Nursing and the Trust Board; the Trust Board must be accountable for staffing levels being maintained at the calibrated safe and appropriate levels.
- 4) Under no circumstances is it safe to care for patients in need of hospital treatment with a ratio of more than 8 patients per registered nurse during the day time on general acute wards including those specialising in care for older people.
- 5) If registered nurse staffing falls below a ratio of 1 nurse to 8 patients (excluding the nurse in charge) it is a requirement that this be reported and recorded; there is evidence that risk of harm to patients is substantially increased at these staffing levels.
- 6) Trusts are required to report the frequency of such incidents publicly and to take immediate action to remedy the breach. If breaches occur regularly this must be escalated through the Trust's Risk Management systems.
- 7) Registered nurses must at all times be supported by a sufficient number of health care assistants and a senior registered nurse in charge of the ward.

Conference is concerned that where registered nurses are looking after more than eight patients this is a significant clinical risk, and that this is happening all too frequently. Conference believes much better ratios need to be in place to deliver safe, effective, and compassionate care. Further more support from enough Healthcare Assistants (HCAs) (or equivalent) is vital for patient safety and care.

Conference notes the requirement on staff to raise concerns, both contractually and within professional codes of conduct. Conference also congratulates UNISON on the Be Safe campaign, which can be used by all staff to highlight concerns.

Given the evidence that it is a significant clinical risk for registered nurses to care for more than eight patients on an acute ward, UNISON should be supporting our members to raise concerns each time this occurs and employers should be dealing with that risk and reporting it openly and transparently.

Conference therefore calls on the Service Group Executive to work with the Nursing Occupational Group to launch a campaign with other trade unions, patient groups and other interested parties to:

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- a) campaign for the achievement of a ratio of 1 registered nurse to every 4 patients in general ward areas and higher levels of nurse staffing which directly relate to patient dependency and location;
- b) produce targeted materials for ward based nurses urging them to raise concerns when they are caring for over 8 patients, and to let their branch know they have done so;
- c) produce a fact sheet summarising the evidence behind the clinical risk of caring for more than 8 patients;
- d) support this with bargaining advice to branches on getting employers to introduce safe staffing levels (including registered nurses and HCAs), monitor incidents where staffing levels breach 1:8, reporting breaches appropriately, and taking steps to remove the risk;
- e) support branches and regions to get community groups and the public in support of safe staffing levels;
- f) call on NHS England and the devolved bodies to fund further research into safe staffing; including on safe levels of HCAs, safe levels on night and weekend shifts, and safe staffing in community settings.
- g) work with the National Institute for Health and Care Excellence (NICE) to develop effective staffing methodologies based on patient dependency and numbers, not on bed occupancy;
- h) campaign that NICE's workforce tools are mandatory across every organisation. In the absence of organisations using those tools, the minimum nurse to patient ratio should be the default position, and must be monitored by the CQC or the equivalent inspectorate in the relevant devolved nation.
- i) campaign to reduce the use of bank staff and have the bank hours converted to substantive posts;
- j) campaign to ensure that staff have the appropriate core skills required to deliver safe and effective care.

58. Safe and Achievable Staffing Levels

In light of the Francis, Keogh and Berwick reports, this Conference calls upon the Health Service Group Executive to work with regions, utilising 'The Safety in Numbers Campaign', to campaign for mandatory safe staffing levels. Safe and achievable staffing levels should apply to all professions across the whole NHS.

The campaign should involve actively lobbying of UK and devolved Governments to instruct Health Boards to ensure that safe-achievable staffing levels and skill mix, agreed with the trade unions, are in place in all clinical and non-clinical areas. This should go beyond the English proposal of monthly publication of staffing levels.

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Publication of such figures is meaningless unless the standards are clearly set and allow for the fluctuations of patient acuity and dependency.

Such a move would allow our dedicated and hard working members, in all pay bands in all clinical areas, the time to give the high level of care they want to throughout the day, in a safe environment that engenders compassion.

Conference believes by doing this, patients will receive the high level of care that they have the right to expect from our NHS.