



**Health Care
Service Group
Annual Conference**

Final Agenda

**13 – 15 April 2015
BT Convention Centre
Liverpool**

**2015 Health Care Service Group Conference
UNISON FINAL AGENDA**

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Organising and Recruitment

1. Organising in new NHS bodies: prepared and proactive - not reactive

In 2015, it will be two years since we saw the implementation of this coalition government's so called reforms to the health service and commissioning arrangements in England. The end of the purchaser / provider split, the end of primary care trusts, strategic health authorities, central services, and health protection agencies.

In their place we now see Clinical Commissioning Groups, Commissioning Support Units, NHS England, Public Health England, Primary Care Services, National Commissioning Boards, Clinical Senates, Strategic Clinical Networks, NHS Trust Development Agency, Care Quality Commission, Monitor, Health Watch England, Health Education England, Citizen Panels, Local NHS Training Boards and the list goes on. More commissioning bodies than we could ever imagine or know what to do with.

All you have to do is Google David Cameron's "New NHS Bureaucracy" and look at the NHS Structure diagram – it's unbelievable. Some of these bodies have changed beyond all recognition since April 2013; some will not even exist beyond 2015. But what will exist and will continue to exist into the foreseeable future is the UNISON members who remain working in these areas. UNISON members at all levels and on all pay bands, UNISON members who still pay their subs, UNISON members who still face day-to-day problems at work, UNISON members whose jobs are now more at risk than ever before and most important of all, UNISON members who still need our support and representation.

We know from what our existing stewards working in community health branches tell us, that we can't always support members effectively in these areas. After all, they have been telling us for over two years that they are under pressure and this is a problem at branch level.

Some health branches are being creative with the way they support their members in commissioning bodies by employing, at a cost to the branch, caseworkers to carry out this representation. However, not all health branches can afford this option and as we face more and more changes to these health organisations, including job losses and outsourcing, health branches will struggle to sustain this way of organising, recruiting and representing its members in the long term. Conference enough is enough - it's time we dealt with this matter once and for all and put our house in order. We need to be prepared and proactive not reactive.

Conference therefore calls upon the Health Service Group Executive to work with all relevant bodies, including Learning and Organising Services to review existing training materials to ensure they are suitable and fit for purpose when recruiting new workplace contacts activists and representatives – specifically in commissioning bodies and to work with health branches and regional health committees to create and implement training packages that fully equip new stewards and support existing representatives to support their health members working in the "new and constantly changing NHS".

Yorkshire & Humberside Regional Health Committee

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1.1

In paragraph 2 delete: 'Primary Care Services, National Commissioning Boards.'

Add at end of paragraph 2: 'It is clear that this new NHS organisation created by the Conservative government has been immensely costly to the NHS without putting any extra staff into front line services. The cost of redundancies has been huge and these have continued into 2015. NHS England is currently going through an exercise to privatise Primary Care Support services that would see 1800 NHS staff transferred to a private company. UNISON has opposed this privatisation and will continue to fight tooth and nail this huge contracting out in a contract worth £1 billion.'

In paragraph 3 add at the end: 'If more staff are privatised in spite of our efforts we will need to find ways of supporting our members in the private companies and help maintain and build their union organisation. We know that there are many different models of organisation within the new NHS bodies across our Regions. However our major priority is to build solid union organisation in the new employing bodies recruiting more members and making this sustainable by finding new stewards. Conference supports the work being done to build national forums of stewards in the new National bodies and to develop our Bargaining and Partnership arrangements with these employers supported by UNISON staff.'

In paragraph 6 delete 'therefore' and 'all relevant bodies, including'

After 'activists and representatives' delete all and replace with 'in the new NHS bodies.'

Insert new final paragraph: 'In addition to our work in building our organisation on the ground in these new employers the Health Service Group Executive has also agreed to work with Regions in getting more local organising support to help in this process.'

Health Service Group Executive

2. National campaign aimed at recruitment and organising within the operational sector

Conference reaffirms its support for the One Team Caring campaign passed at last year's conference and acknowledges the difficulty the SGE has faced in taking this campaign forward with the Industrial action being carried out in England taking priority. However this was to be a national campaign aimed at recruitment and organising within the Operational Sector aimed at highlighting the vital role this group of members play in the delivery of safe patient care. The need for this campaign is still a top priority within the Devolved Nations.

Conference therefore calls on the Health Service Group Executive to ensure that this Campaign is given the support and resources required to make it a main priority in the coming year and to develop a training programme on how to utilise this campaign for recruitment and organising in each of the Four Nations dependant on the different issues faced locally. In doing so giving a clear indication to those members within the Operational Services that UNISON continue to be the only trade union taking their issues forward.

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Scottish Health Committee

3. For the 7%

Conference notes that 93% of the Health Service Group membership is employed within the National Health Service, and that we must continue to campaign for employment on decent pay within the NHS as a publicly-accountable, and properly-funded public service.

This Conference further notes that the remaining 7% of the Health Service Group membership is employed by private companies, and is growing as the Government continues its attempts to dismantle our NHS through privatisation of its services.

Conference also notes that many of these members are often working in isolated conditions, and with very few, if any, other members at their workplace, and that the Service Group's understandable focus on NHS employed members can add to that sense of isolation.

Anecdotal evidence also suggests that many of these members do not identify as being part of a broader public service, their primary relationship being with their employer as a private provider.

Conference believes that our members employed by private companies should be properly organised and serviced in order to win decent pay and job security, and welcomes the UNISON statement "Private Contractors and the Fragmented Workforce – Committing to the Future", published in October 2014.

Conference calls on the Health Service Group Executive to:

- 1) seek to work with the Private Contractors Unit and the Strategic Organising Unit to develop a strategic organising plan to recruit and organise Health Service Group members outwith NHS employment;
- 2) consider how the profile and voice of those members employed by private employers can be raised within the service group's work.
- 3) consider what other educational work can be undertaken to encourage these members' sense of being part of the broader public service health provision.

National Young Members' Forum

3.1

After fifth paragraph, insert new paragraph:

'Conference further believes that UNISON's well-established and active self-organisation for Black members, disabled members, lesbian, gay, bisexual and transgender (LGBT) members and women members and organisation of young members, nationally, regionally and locally, can play an important part in uniting scattered members. Membership of a self-organised group or young members group unites members around a shared identity and purpose.'

Insert new action point 2) and renumber remaining points:

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'2) highlight and support the role of the self-organised groups and young members organisation as part of this strategic organising plan, in liaison with their national committees;'

National Lesbian, Gay, Bisexual and Transgender Committee

Negotiating and Bargaining

Agenda for Change, Pay, terms and conditions

4. Pay campaign - a pound an hour increase for all

Conference congratulates the Health Group Executive and the leadership of our sister NHS unions on the campaign of industrial action to defend the real value of NHS pay.

Conference however is concerned at the exceptionally modest ambition of this campaign and believe that for workers to be encouraged to take action we need to seek to regain ground lost over the last years.

Over this period increases in basic living costs has had a huge impact on low paid workers.

To deal with this end Conference calls on the Health Service Group Executive to propose a flat rate UK claim of £1 an hour for NHS staff based on NHS pay scales as they exist in Scotland. Basing this claim on Scottish pay levels will help by reuniting the NHS pay structure across the UK.

Oxfordshire Health Services

5. Pay campaign

Conference notes that reports from the four hour strike in England on 13th October showed that the strike was a success. Reports from around the country showed well attended picket lines and a good mood that "We Deserve a Pay Rise."

Conference notes that according to Oxfam (March 2014), the five richest families in the UK are wealthier than the bottom 20 per cent of the entire population - five households with more money than 12.6 million people – almost the same as the number of people living below the poverty line in the UK. The Joseph Rowntree Trust reported (Dec 2013) that more working households were living in poverty in the UK than non-working ones.

Conference notes that there was good media coverage of the October strike and there was good public support. Conference notes that the Health Service Group Executive (HSGE) correctly agreed that UNISON and other Trade Unions need to continue the pressure on the Government who were to announce their spending plans in December.

Conference condemns the Government and the NHS Employers who were saying that they are not willing to pay 1% whilst Marcial Boo, Chief Executive of the Independent Parliamentary Standards Authority (the MPs Pay Review Body), said

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MPs did an important job and should not be paid a "miserly amount". Their pay will go up by 9% from £67,000 to £74,000 under the Independent Parliamentary Standards Authority plan.

Conference believes that the Pay Campaign should present a clear demand on pay such as 'to get back what we have lost since 2010' in addition to, 'no one to receive less than the Living Wage'.

Conference believes this which would enthuse and mobilise members more than the demands of in effect, for 2014/15 the implementation of the Pay Review Body recommendation (which therefore excluded Scotland from the campaign) plus no one to get less than the Living Wage and for an increase above inflation in 2015/16.

Conference believes that the strategy of commencing with four hour strikes was inadequate and that a 24 hour strike in October and November would have been more effective as it would involve more members, have a bigger impact and would have allowed sufficient time to organise rallies in town and city centres.

Conference is disappointed that at the October Health Service Group Executive meeting, the Health Service Group Executive voted against:

- a) an amendment for a 24 hour strike for the November strike;
- b) an official call to be made for supporters to come to picket lines;
- c) calling on the Labour Party to support the strike.

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

- 1) a minimum rate of pay of £9.19 per hour (in June 2014 real terms) which is the UNISON rate for reserved Seats and is therefore is acknowledged by our union to be low pay;
- 2) An amount (to be consolidated) that will restore by 31st March 2016, the value of pay lost through pay freezes and pay caps since 2010.

South Derbyshire Healthcare

6. NHS pay campaign

Conference congratulates health branches and the health service group executive on the industrial action taken to date as part of the NHS pay dispute.

Conference notes that NHS workers continue to see the value of their pay being cut year on year as a result of the pay policies of governments across the UK and the treasury limits on public sector pay in general. The different outcomes from governments have led to different rates of pay in different parts of the UK.

Conference also notes the implied threat to unsocial hours payments in the remit to the Pay Review Body in 2015 from the English and Welsh Governments and the ongoing attack on incremental progression. This year's IDS NHS staff survey commissioned by the staff side unions identified that over half of those that

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responded to the survey relied on unsocial hours payments/ special duty / shift premia or overtime as an additional payment to sustain their standard of living. The percentage of respondents relying on these forms of payments have increased by nearly 10 per cent in the last two years, emphasising not only the degree to which the value of NHS pay has fallen, but that staff on the lower bands rely on unsocial hours payments as a valuable source of supplementary income. Data from the Health and Social Care Information Centre (HSCIC) identified that 42% of the non-medical workforce receive shift payments, this includes 79% of qualified midwives, 60% of nursing staff and 97% of ambulance staff. The IDS staff survey identified that any changes to the current system of unsocial hours payment would have a financially profound impact on a majority of NHS staff, with staff unwilling to work these hours.

Pay in the private sector is increasing and the Westminster Government is claiming the UK is coming out of a period of austerity. Yet at the same time the NHS is being starved of funds while demand continues to rise leading to more NHS providers heading for deficits and staff continually being asked to do more for less. In addition, there are still 77,000 staff in the NHS who don't receive the living wage.

Conference calls on the Health Service Group Executive to:

- 1) continue to keep fair pay in the NHS as a major focus of the unions "Worth It" campaign and in UNISON's organising in the lead up to the general election;
- 2) campaign for pay in the NHS to "catch up" with inflation, to press for consolidated pay increases and restore the value of pay lost through pay freezes and pay caps;
- 3) make achieving the living wage for all NHS workers central to our pay campaigning work;
- 4) mount a vigorous defence of the principle and the value of unsocial hours payments, noting that evidence shows that nearly half of the non-medical workforce are reliant on some form of shift payment in order to sustain their standard of living;
- 5) work with health committees in the regions and devolved nations to highlight the importance of pay with members and encourage health committees to draw up an action plan to ensure pay campaigning is on the agenda for every branch.

Health Service Group Executive

6.1

Add at end of motion: 'Recognising the strength of feeling around unsocial hours payments, this conference further agrees that should the government, PRB or our employers come up with any proposals to reduce unsocial hours payments, then we would call on Unison health executive to meet and agree to processes necessary within Unison rules to enable us to move to an industrial action ballot of its health members as soon as possible.'

Bolton Salford & Trafford Mental Health

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7. De-skilling the NHS workforce - running down the NHS

Conference is deeply concerned the NHS workforce is being de-skilled in many areas.

Previously agreed between the unions and employer Agenda for Change job description and person specifications are being ignored by NHS, wards, departments, clinics, etc, because they are unable to recruit employees with the qualifications, experience and competence the job description describes for the wages they are offering.

A pay freeze for many of our members over the last four years and possibly extending to 2016, uncertainty on incremental pay, reduction in the value of NHS pension, cuts in out of hours payments, and competition for skills, have seen NHS pay lag further behind many areas of both public and private sector causing a recruitment and retention crisis as staff morale has been eroded.

These problems and many more are preventing financially strapped NHS trusts, hospitals, wards and departments, from recruiting the qualified skilled people needed and expected for a 21st century National Health Care Service.

This can leave staffing at dangerous levels putting pressure on departments and intolerable stress on staff. As a consequence statutory and health and safety requirements are being compromised.

Branches are finding that NHS wards, departments, clinics, etc, employ personnel that do not match agreed job descriptions to fill long term vacancies. This has the effect of de-skilling the workforce so they have a workforce they can afford, not a skilled workforce they need competent for the job.

Part two, Section five of the nationally agreed NHS Terms and Conditions of Service, Recruitment and Retention Premium, should rectify this problem. But trusts with massive debts are unable to afford these payments.

At the same time we have a coalition government who want to privatise Britain's National Health Service by stealth. Running down the skills and in creating a shortage of qualified personnel this will be used to rid us of the ethos of a publicly run NHS.

Conference calls on the Health Care Service Group Executive to:

- 1) highlight the problem with the Department of Health, Government, Pay Review Body, political allies and the general public campaign for a properly funded NHS populated by appropriately skilled and competent staff;
- 2) highlight the shortage of skills and the necessary remedy to the press, public and other relevant bodies;
- 3) use this systemic problem in any pay claim;
- 4) for the Service Group Executive, regions and branches, to highlight the problem in any NHS negotiations;

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- 5) where the NHS has difficulties recruiting, to encourage branches and stewards to make local pay claims for recruitment and retention with the full support of regions and the national union.

Yorkshire & Humberside Regional Health Committee

7.1

In action point 1 after 'Government' delete 'Pay Review Body'

Ayrshire & Arran Health

8. Low pay in the NHS

Conference calls on the Service Group Executive to prioritise and launch a campaign of highlighting the plight of our lowest paid members and hardships that they face on daily basis. Over the last 5 plus years we have seen a real reduction on the expendable income of all our members however our Band 1 members have seen the biggest impact on their standard of living, through the increased use of Zero hour contract, Bank contracts, Part time contracts and the wholesale outsourcing of Ancillary services. As a result we have witnessed a huge increase in the number of members classed as the Working impoverished, and the under employed with more and more of our members turning to Food banks or going hungry and all too often dependant on Payday lenders resulting in crippling debt.

In an attempt to address this never ending spiral of uncertainty and despair, Conference calls on the Health Service Group Executive to actively campaign for:

- 1) the merger of bands 1 and 2;
- 2) the creation of a properly funded and accessible training programme for all bands 1 to 4 staff to enable them to work in a safe manner by providing them with the necessary skills to carry out the role they are employed to do;
- 3) the immediate introduction of the Living wage throughout the UK as the lowest pay point with the guarantee of above inflation pay increases;
- 4) the creation of Career Pathways for all operational staff, properly funded and open to all which will create real opportunities for our lowest paid members who currently have little if any career progression;
- 5) an immediate review of all outsourced Services with a view to bringing them back in house at the earliest opportunity.

UNISON has a long and proud record of supporting our Operational Services members, this motion seeks to continue with that support and acknowledge the real hardship facing not only our band 1 members but all our low paid members'. In supporting this motion we again reaffirm that UNISON is the only union who recognises the "One Team Caring" philosophy.

Operational Services Occupational Group

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8.1

In paragraph 1, final sentence replace 'crippling' with 'spiralling'

Health Service Group Executive

9. Living wage in the NHS

Conference notes, at the time of writing, the failure of the Secretary of State, Jeremy Hunt to meet and negotiate with NHS trade unions in England on their pay demands as set out in the Staff side letter of 25th June 2014.

Conference applauds the efforts of all sections of the health group in delivering the campaign called for by the emergency motion to last years conference and especially the two days of strike action and up to two weeks of action short of strike action (ASOS).

As a result of this failure to engage an important element of those demands remains unmet, namely the additional monies to ensure no NHS worker is paid below the living wage.

With an identical offer thrust upon us for next year and explicit statements of further public sector pay restraint for the rest of the next parliament it is clear that more and more NHS workers will fall below the living wage level as its level increases faster than our pay rises. By the middle of the next parliament this could reach the lower increments of Band 3.

This is completely unacceptable in its own right and also undermines our wider strategy for the public sector to be an exemplar to other employers to become living wage employers.

Conference calls on the Health Service Group Executive to continue its pay campaigning including its Industrial Strategy to deliver on its objectives including the living wage.

Conference also asks that the Health Service Group calls on the Department of Health and all NHS bodies, through the procurement process, to only utilise those employers who pay the living wage.

South West Regional Health Committee

10. Removal of Band 1

Conference, UNISON has a great track record in campaigning to eliminate low pay. Initially, we led the way in campaigning for the minimum wage and now we are at the forefront of campaigning to make all the employers where we organise, living wage employers.

The living wage has been delivered across the NHS in Wales and Scotland and in some trusts in England. This should now be the standard for the NHS across the whole of the UK.

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However, rather than playing catch up with the living wage each time the rate is raised, the removal of Band 1 from Agenda for Change would deliver this on a permanent basis for all our lowest paid members across the whole of the UK.

It is acknowledged that this will have consequences for the Job Evaluation Scheme and that will need to be addressed. However, this should not be an impediment to taking this issue forward. Therefore, as part of our continuing campaign to eliminate low pay, we call upon the Health Service Group Executive to develop a campaign to eliminate Band 1 from Agenda for Change and bring about a long lasting, permanent improvement in pay levels for our lowest paid members.

Cymru/Wales Regional Health Committee

11. Future pay claims/evidence to Pay Review Bodies

Conference welcomes the decision of the 2014 Trades Union Congress to support the claim for a rise in the national minimum wage to £10 per hour. We believe that £10 an hour is a necessity for the millions of working people who have suffered years of wage restraint and inflation outstripping pay rises.

Conference calls on the Service Group Executive to ensure that the £10 per hour minimum is included in all future pay claims within the Health Group including evidence to the national pay review bodies.

Mid Yorkshire Health

12. Campaign for pay increases for agency workers in the NHS

Conference notes 1.5 million people in the UK are employed by Employment Agencies, with around 350,000 people receiving less than the minimum wage.

Very few employment agencies paying below the minimum wage have faced any legal action or been fined, despite breaking employment laws.

In October 2014, the minimum wage for adults rose by 19p to £6.50 per hour. For 18 to 20 year old the new wage is £5.31 per hour and those below 18 years old it is £3.79 per hour.

For NHS Supply Chain, the majority of the new people in the warehouses, it is via an employment agency. The salary paid is based on the minimum wage or just above the minimum wage of £6.50 per hour. Many agency workers have to rely on bonus payments, such as productivity, attendance and in some cases night working to earn a figure still below the living wage £7.85 per hour (outside London) as set out by the Living Wage Foundation.

For many NHS Supply Chain agency workers for their October Pay the increase in the minimum wage was reflected in a drop of their bonus payments, therefore leading to no increases in their overall weekly/monthly salary compared to the months prior to October 2014.

Conference calls on Health Service Group Executive to instigate research highlighting:

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- 1) where there may be employment agencies/contractors in the NHS paying the minimum wage or near to the minimum wage to employees working in the NHS. To establish if any employment agencies are readjusting bonus payments to pay for the October increase to £6.50 per hour;
- 2) where there is a strong NHS connection with the employment agency and the NHS provider, to campaign for those agency workers to join UNISON highlighting the Living Wage Campaign and/or Agenda for Change rates of pay;
- 3) where appropriate, to consider making contact with the NHS provider/ NHS contractor and/or the employment agency, in order to seek negotiations to achieve a reasonable increase in pay for those particular agency workers operating in the NHS, which hopefully would be more favourable to either the present Living Wage Campaign of £7.85 per hour or the Agenda for Change rates of pay;
- 4) to report back to the next conference on the research and developments.

NHS Logistics

12.1

Add at end of motion: 'Conference calls on the Health Service Group Executive to work with UNISON Labour Link to campaign for the Labour party to support legislation to prevent these abuses.'

Health Service Group Executive

13. Post Alemo-Heron pay bargaining

Conference notes that the Alemo-Heron case has unfortunately broken the assumed dynamic link with pre-existing collective agreements for pay rises for members subject to TUPE transfer. We recognise that this means that unless there is a specific post-transfer agreement that binds future pay rises to the pre-TUPE arrangements that transferred members, are now subject to their new employer's pay bargaining arrangements for annual cost of living pay rises.

Conference notes that because there is no longer a dynamic link that members subject to transfer from direct NHS employment are no longer automatically part of post-transfer decisions made by the NHS Staff Council or by the NHS Pay Review Body (PRB) and so no longer add to our collective bargaining strength or influence with those bodies. Indeed most of our transferred members no longer automatically go into dispute with their employer as part of any national dispute over the annual cost of living pay rise in the NHS.

Conference believes that NHS pay and conditions should act as a minimum standard for all employees in the health sector and that our bargaining strategy should seek to ensure that our members who were formerly directly employed by the NHS continue to receive no worse a deal after being subject to a transfer than NHS employees. However conference believes that we also have a duty to get the best possible deal for all of our members and as such the level of the NHS award should not necessarily act as a maximum level of award that UNISON should either seek or

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settle on when making local pay claims and entering into collective bargaining on behalf of TUPE transferred members.

Conference therefore calls on the Health Group Executive to advise branches which cover transferred former directly employed NHS members:

- 1) to firstly determine whether groups of members want to be bound to the NHS annual pay rise on an ongoing basis and, should that be the case, seek to make a claim to employers to enter into new collective agreements to that effect;
- 2) or where groups of members prefer local negotiation of their pay rises, and where employers reject new post-transfer pay rise agreements, that annual pay claims should be made to employers on behalf of these members and that such claims should seek to ensure that the NHS annual rise is awarded as a minimum but that the level of the claim and any final settlement is not necessarily constrained by the level of the NHS rise.

Conference asks the Health Group Executive to ensure that branches are assisted in facing the growing challenge of local pay bargaining after Alamo-Heron and ensure that our health group branches are provided with appropriate advice, guidance and training.

Salisbury Health

14. Organising outsourced workers around pay

Conference believes that a major incentive to outsourcing is the belief that it is possible to obtain cheaper services by giving outsourced workers worse pay and conditions than the 'core' NHS workforce.

Conference believes it is absolutely essential to submit pay claims each year to major outsourcing companies with the aim of achieving at least parity with directly employed NHS staff.

Conference instructs the Health Group Executive to work with stewards representing these workers and organisers assigned to work in this area to build the strongest possible participation and support for these annual claims which should be submitted alongside the NHS pay determination process enabling effective joint action to be taken.

Oxfordshire Health Services

15. Decent wage for student nurses

Conference calls on the Health Service Group Executive to take the lead in a campaign calling for a decent wage for student nurses during their training.

Conference recognises that student nurses are required to work 37.5 hr on a rotational shift rota whilst on placement and actively participate in patient care often holding their own case load.

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This effectively prevents student nurses from taking other part time jobs similar to other students going through university. This result in student nurses struggling to maintain a decent living standard on below that of the minimum wage/Living Wage, which can often result in students racking up crippling amounts of debt before they are qualified.

Conference further calls on the Health Service Group Executive to develop campaign material which should be used in every student nurse recruitment activity to highlight the real support offered by UNISON.

NHS Glasgow Clyde and CVS

15.1

Remove all references to 'student nurse(s)' and replace with 'healthcare students'.

In paragraph 2 remove 'crippling' and replace with 'spiralling'.

At the end of paragraph 2 add: 'However, conference recognises that some of the nations may be in a weaker position to achieve salary status for healthcare students than others. Where this is the case, conference further reaffirms its decision in 2014 to argue for a living bursary to ensure that no healthcare student is left in financial hardship until salary status is achieved.'

Nursing and Midwifery Occupational Group

15.2

In paragraph 2 replace 'crippling' with 'massive'

In paragraph 3 after 'to' insert:

'i) campaign for all nursing and other 'non-medical' pre-registration healthcare students to be paid a salary no less than the Living Wage and ii)

South Derbyshire Healthcare

16. Payment for student nurses

Conference calls on the Health Service Group Executive to take the lead in a campaign calling for a decent wage for student nurses during their training.

Conference recognises that student nurses are required to work 37.5 hr on a rotational shift rota whilst on placement and actively participate in patient care often holding their own supervised case load. This effectively prevents student nurses from taking other part time jobs similar to other students going through university. This results in student nurses struggling to maintain a decent living standard on below that of the minimum wage/Living Wage, which can often result in students racking up crippling amounts of debt before they are qualified.

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Conference further calls on the Health Service Group Executive to develop campaign material which should be used in every student nurse recruitment activity to highlight the real support offered by UNISON.

Ayrshire & Arran Health

16.1

In paragraph 2, last sentence replace 'crippling' with 'massive'

In paragraph 3, after 'to' insert:

'i) campaign for all nursing and other 'non-medical' pre-registration healthcare students to be paid a salary no less than the Living Wage and ii)

South Derbyshire Healthcare

16.2

In paragraph 2, last sentence replace 'crippling' with 'massive'

Health Service Group Executive

17. Defending unsocial hours payments

Conference notes with concern the fact that despite the government dismissing the Pay Review Body (PRB) from making any determination on NHS Staff pay in England, for 2015, it has instructed the PRB to consider the barriers and enablers 'within the Agenda for Change pay system, for delivering health care services every day of the week in a financially sustainable way, i.e. without increasing the existing spend'

From this it clear that the Dept of Health is determined to make even more of us work weekends and nights, but "without increasing existing spend". This can only be achieved by cutting unsocial hours payments.

At the same time conference notes the worrying trend of trusts introducing shift patterns which force staff to mix their shift patterns including working both day and night shifts within the same working week.

A recent report highlighted the significant impact of shift working on workers health and wellbeing. Workers required to work shifts, lates, earlies and nights faces disruption to their normal diet and sleep pattern which has significant adverse effect on their health.

- a) evidence shows that tiredness causes 600 road deaths annually in the UK. After young drivers, shift workers and night workers are the most likely to be in a road traffic accident (RTA);
- b) Chernobyl, Three Mile Island, Bhopal, Challenger Space shuttle and Exxon all cite shift work as a contributory factor in the disaster;
- c) shift workers have much higher incidence of gastrointestinal problems such as indigestion, abdominal pain, constipation, chronic gastritis and peptic ulcers,

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cardiovascular problems such as hypertension, coronary heart disease, increased susceptibility to minor illnesses such as colds, flu and gastroenteritis, cancers, reproductive problems, significant mental health problems;

- d) shift work may also exacerbate existing health problems such as diabetes, asthma, epilepsy and psychiatric illness;
- e) it impacts on family and social life.

Conference calls on the Health Service Group Executive to:

- 1) mount a vigorous campaign, up to and including lawful industrial action (In line with UNISON's rules on Industrial Action), to defend Agenda for Change unsocial hours payments, should there be any attempt to cut the existing provisions;
- 2) share as wide as possible the well known evidence of the impact on health on working night shifts and multiple shift patterns.

North West Regional Health Committee

18. Unsocial hours payments

Conference notes the announcement by the Dept of Health for English health workers in August 2014 "For 2015/2016 the NHSPRB is asked to make observations on the barriers and enablers within the Agenda for Change pay system, for delivering health care services every day of the week in a financially sustainable way, i.e. without increasing the existing spend".

From this it seems clear that the Dept of Health is determined to make even more of us work weekends and nights, but "without increasing existing spend". The only way they can achieve this is to cut unsocial hours payments.

We are aware that more and more trusts are insisting on contracts forcing staff to work more shifts, often with the minimum rest periods, as shift patterns change.

There is a significant evidence base that shows that any worker who works shifts, lates, earlies and nights faces disruption to their normal diet and sleep pattern which has significant adverse effect on those workers health.

- a) evidence shows that tiredness causes 600 road deaths annually in the UK. After young drivers, shift workers and night workers are the most likely to be in a road traffic accident (RTA).
- b) Chernobyl, Three Mile Island, Bhopal, Challenger Space shuttle and Exxon all cite shift work as a contributory factor in the disaster;
- c) Shift workers have much higher incidence of gastrointestinal problems such as indigestion, abdominal pain, constipation, chronic gastritis and peptic ulcers, cardiovascular problems such as hypertension, coronary heart disease, increased susceptibility to minor illnesses such as colds, flu and gastroenteritis, cancers, reproductive problems, significant mental health problems;

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- d) shift work may also exacerbate existing health problems such as diabetes, asthma, epilepsy and psychiatric illness;
- e) it impacts on family and social life.

Conference agrees that if any attempts are made to cut, any unsociable hours payments, UNISON Health Service Group Executive will immediately start the process for an industrial action ballot to oppose this.

University College London Hospital

19. Downbanding and pay protection

Conference notes that as Trusts throughout the country come under more financial pressure they have turned to downbanding as a way of saving money at our members' expense.

These downbandings happen as Trusts undertake service reviews, cost improvements or reorganisations and abuse the Job Evaluation Scheme as set out in Agenda for Change.

The Agenda for Change principles are set out to ensure that workers are paid correctly as the responsibilities the role undertaken demands.

At a time where the numbers of staff are decreasing and the duties undertaken by staff are increasing it is wrong that our members are having their pay reduced.

This downbanding is seen at many levels – Band 6 specialist nurses being downbanded to Band 5, Health Care Assistants from 3 to Band 2 and domestics from Band 2 to Band 1 – Band 1 which falls under the living wage.

Conference believes that once a job is banded that should be its minimum “band for life”, and that it should not be reduced at the whim of the employer.

Conference further believes that Annex X should be used in all reorganisation situations.

Conference further notes that Trusts are also attempting to enforce detrimental pay protection policies. We as a union must fight to prevent a diminution in conditions of service to our members and strive to keep the best pay protection possible.

However we should aim to obviate the need for pay protection by preventing downbanding.

Conference calls upon the Health Service Group Executive to:

- 1) insist in negotiations with the NHS Employers that they stop downbanding and adhere to Annex X;
- 2) undertake a study of downbanding to understand the full scope and nature of the problem and report to next year's Health Service Group Conference;
- 3) use equal pay legislation where possible to prevent downbanding;

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- 4) issue guidance to UNISON members who carry out job evaluation on the matters to beware of that can lead to downbanding.

Northern Regional Health Committee

20. Retirement age for healthcare workers

Health Conference is well aware and very concerned that thanks to the Tory led government the retirement age for all NHS workers will be increased to 67 years old. The detrimental impact on the health of all members forced to work until their last day at work will be significant, but in particular there will be an even more negative effect on operational front line Ambulance members.

The public need to have confidence that a paramedic, ambulance staff or other health care worker is able physically and mentally to deal with major trauma, incidents; alcohol related incidents, lifting patients, carrying patients up and down stairs, driving at critically high speeds and the whole range of situations that are faced by front line UNISON ambulance members on a daily basis. In addition to this our ambulance members are exposed to a high degree of physical and psychological stress on a regular basis – it is part of the job. Conference should also be aware that our ambulance members are more often than not at the forefront of violence towards NHS staff.

Despite numerous protests to the Tory-led government, changes in to the NHS pension retirement age means that UNISON health professional members will be expected to deal with all of the issues previously mentioned until they reach the age of 67 years old.

Conference calls on the Health Service Group Executive:

- 1) to build a campaign to raise awareness to the government with the public about the negative impact that the current NHS retirement age will have on the public, members and workers;
- 2) to lobby the government to lower the current retirement age for operational ambulance staff in line with the current fire service retirement age of 55 years old.

North Wales Ambulance

20.1

Insert new paragraph 3:

‘Conference further notes that whilst ambulance staff face these particularly onerous working conditions, other staff – including porters, domestic and catering staff – are exposed to increasingly physical work, whether that be transporting obese patients or pushing heavy trolleys and equipment. The long term impact on their health may be severe, and few redeployment opportunities are available to staff who do not have relevant skills to undertake admin or clerical work.’

Add new action point:

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- 3) work with appropriate bodies to offer retraining and reskilling opportunities for staff whose health has been adversely affected by the physical nature of their work.

National Women's Committee

21. NHS Pay Review Body

Conference regrets the fact that the NHS Pay Review Body has lost its previous independence due to the interference by the right-wing agenda of the current Conservative-Liberal Democrat United Kingdom Government.

The NHS Pay Review Body now has different remits set by different Governments within the UK, some Governments no longer even give the PRB a pay remit, but most shockingly the UK Government and the Northern Ireland Assembly now even refuse to implement the PRB miserly recommendation.

Conference believes that UNISON is at its strongest when it represents its members across the United Kingdom as a whole rather than on a country by country basis.

Conference recognises that the NHS Pay Review Body is no longer fit for purpose and does not represent the best interests of UNISON members in health.

Conference therefore regrettably instructs Health Service Group Executive to submit no further evidence to any future NHS Pay Review Body, nor to feel bound by any NHS Pay Review Body recommendation.

Conference therefore believes that the most appropriate and meaningful forum for negotiations on NHS pay for UNISON members are directly between UNISON and the UK and devolved countries and we instruct the Health Service Group Executive in the future to negotiate on NHS pay on this basis.

Scottish Health Committee

22. Pay Review Body an ineffective forum

Conference calls upon the Health Service Group Executive to pull out of the Pay Review Body on the grounds that this body is no longer fit for purpose and is failing to address the issues surrounding pay for our NHS members.

Conference calls upon the Health Service Group Executive to enter into direct negotiations with the British Government on the issue of pay from a position of strength (i.e.) a return to collective bargaining. The PRB is not independent and is subject to political interference by the current tory government.

The Pay Review Body has said publicly that the 1% pay offer for NHS staff will be recurrent unless there is significant changes to our (Agenda for Change terms and conditions) this is unacceptable and outside its remit.

This motion is not a call for regional pay. This is a call for collective bargaining and for a fair agreement around pay for all our members in all regions.

Royal Hospital Trust, Belfast

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23. Future pay determination across the UK

Conference recognises policy previously determined by UNISON Health Conference, regarding the Pay Review Body (PRB) and the Agenda for Change agreement, supporting UK wide pay and conditions. Conference also recognises that the PRB recommendation for pay in the 2014/15 was treated differently by the governments in all 4 parts of the UK, leading to variations in the pay rates across the countries. This divergent pay policy has serious implications for the future of a unified pay structure across the NHS. In addition, Conference notes that there are currently variations to sections of the Agenda for Change Agreement across the UK.

Conference notes that the Health Service Group Executive's Devolution Working Party has met to consider the implications for UNISON's pay and bargaining policy in Health and intends to bring an interim report to Health Conference 2015.

Conference calls on the Health Service Group Executive to:

- 1) consider all the implications of the current UK pay structure and determine the best way to maintain and improve pay for NHS staff across the UK, working within UNISON's National Devolution Protocol;
- 2) determine the best way for UNISON to maintain and improve Agenda for Change conditions across the UK and what is the level of determination and decision making to be devolved to individual country level;
- 3) examine the options and implications for collective bargaining at UK and country level and assess the implications of this;
- 4) consider the implications for UNISON policies and structures including the roles and responsibilities of the Health Service Group Executive, regional and devolved health committees with particular reference to setting pay and bargaining objectives, negotiations, submitting pay evidence, where required, and on where responsibility for agreeing pay offers or changes to Agenda for Change conditions lies;
- 5) deliver a report with recommendations on the way forward by October 2015.

Health Service Group Executive

24. Pay

Conference reiterates its belief that our members deserve fair pay, equal pay and that no member should earn less than the Living Wage. However we note that living standards for health workers have suffered hugely under the so called independent Pay Review Body (PRB) in all four countries.

Conference condemns the attitude of Government and employers alike towards public service pay settlements, specifically the public sector pay freeze and the ongoing pay cap. As a result of pay failing miserably to keep pace with inflation, Conference notes that some UNISON members have been subject to the pay freeze for up to five years, with some health service workers suffering a 16% cut in the value of their pay packet since 2010.

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Yet we witnessed with disbelief the PRB who deliver recommendations for MPs giving them an 11% increase in salary yet our members suffer under the UNISON health policy of the PRB for health workers with the Department of Health in England not even implementing the 1% , perhaps the PRB for health workers should be renamed as the Pay Restrained Body.

Conference believes that there is an urgent need to review how we tackle the issue of pay restraint for health workers and calls on the Health Service Group Executive to discuss meaningful arrangements for pay bargaining for all four countries.

Conference further notes that there need to be discussion with the nations of Northern Ireland, Scotland and Wales, to advance a mechanism giving opportunities for pay negotiations that ensure the best possible outcome for our hard working health members.

Lanarkshire Health

25. Pay bargaining in the NHS

Conference notes the Westminster Coalition's dismissal of the pay review body recommendation on pay in the NHS and their determination to attack and cut NHS pay.

Conference notes the impact of this strategy on the whole NHS pay system, noting a drift towards regionalised pay.

Conference resolves to endorse only those bargaining strategies which defend, strengthen and build a unified NHS pay bargaining system. Conference acknowledges that a clear decision needs to be taken on whether or not the Pay Review Body is any longer 'fit for purpose'.

Conference affirms that protecting Agenda for Change terms and conditions and preventing a further roll back is central to maintaining a unified pay system across the whole NHS within the UK.

Conference therefore calls on the Health Service Group Executive to bring forward proposals for a new model of pay bargaining which ideally requires the creation of a centralised pay bargaining structure which also requires as a minimum the development of a single pay claim as the floor for any other form of NHS bargaining. This will be essential to protect our members from any further deterioration as a result from the Tory drive for regionalised pay.

Northern Ireland Health Committee

26. Pay determination

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

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

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

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

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

Ayrshire & Arran Health

26.1

Insert final paragraph:

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

***Northumbria Healthcare
Scottish Health Committee***

Equality Issues

27. Developing black members in the NHS Workforce

Conference notes the over-representation of Black workers in the lower paid roles in the NHS; particularly bands 1-4. The staff in bands 1-4 make up around 40% of the 1.3 million workers in the NHS and are responsible for an estimated 60% of direct patient contact. However these workers receive less than 20% of the training and development money spent by NHS organisations.

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Both the Francis Report and the Cavendish Review highlighted the importance of investing in the development of Health Care Assistants and Support Workers as key ways of improving patient care. Evidence from patient surveys shows how services like reception, office administration, cleaning and portering have a high impact on patient experience.

Conference believes that it is essential that the investment in training and development for this workforce is changed to reflect the contribution they make to patient care. Not only will this be of benefit to the employees in post but also to the entire population of the UK that will engage with them. As the adage goes “you only get one opportunity to make a first impression”.

In essence, these workers are the face of the NHS and therefore must have the best preparation to engage with people when they are most vulnerable and in greatest need.

Conference notes the Health Education England Talent for Care project aims to be the national strategic framework for the development of the support workforce in the NHS.

Conference further notes that UNISON has a proud record of encouraging its members to commit to education and development. This is particularly important for those who work with employers that do not value their development.

Conference therefore calls upon the Service Group Executive to:

- 1) engage with Health Education England and the devolved executive powers in Northern Ireland, Scotland and Wales with the aim that the development of Bands 1-4 workers is prioritised and every NHS employer and contractor implements a structured development programme for all support staff that is over and above annual appraisals and training;
- 2) issue specific negotiating guidance to support branches raising the issue with employers;
- 3) approach UNISON Learning and Organising Services and the National SOG Committees and seek to develop a shared work programme aimed at promoting development opportunities for low paid NHS workers.

National Black Members' Committee

27.1

In paragraph 3, after the first sentence, insert new sentence: ‘Conference notes that it is vital for all staff irrespective of pay band or equality characteristic to have an equal opportunity to undertake personal and professional development to ensure patients receive the highest standard of care regardless of where that care is provided.’

In action point 1 delete ‘engage’ and replace with ‘Continue to work’. Add full stop after ‘prioritised’, delete remainder of sentence and replace with “Ensure that NHS

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employers and any organisation providing NHS services make education and training available to all staff, particularly for those in low paid roles. This training should be over and above what is mandatory, and set out in annual development reviews.'

Delete action point 2 and replace with: 'Develop guidance to help support branches to raise this issue with employers and to ensure the development of local workforce and training plans for all staff.'

Health Service Group Executive

27.2

Insert new action point 1 and renumber remaining action points:

'1) work with the operational services and nursing and midwifery council to ensure that any advice and guidance on this issue is relevant to support staff working in clinical and non-clinical settings;'

Operational Services Occupational Group

28. Stand up to anti immigrant racism in the NHS

Conference notes that since the current government came to power in 2010, public services have been subject to savage cuts. Consequently, despite growing demands on the health service because of an aging population, there has been a significant cut in staffing levels. Since the Mid-Staffordshire report on safe staffing levels, the health service has begun to recruit more health workers. However, because there is a local and national shortage of qualified health professionals and the health service has struggled to fill vacancies and therefore looked to recruit the shortage of health professionals from inside and outside the European Union.

Conference notes that the NHS depends on migrant workers and has become increasingly concerned at the increased and sustained attacks on public services including the NHS from right-wing, racist, anti-immigration policies.

Conference notes that some politicians are seeking to blame immigrants using the NHS for the current financial deficit within the NHS. Unfortunately some of these views have gained some credibility in the right-wing media, especially with the increased profile of UKIP. As a result of anti-immigrant campaigns and policies, black and minority ethnic members face increased racist hostility at work and outside work.

Racism causes division and diverts from the real causes of the NHS problems, such as the Tory lead government's cuts. The NHS depends on migrant workers and Conference is proud that in its 66 year history the National Health Service has been built and been sustained by 100,000s of British and immigrant workers.

The NHS Qualified Nurse Supply and Demand survey found that 45 per cent of surveyed organisations have actively recruited from outside of the UK in the last 12 months to fill nursing vacancies. Currently, 40% of NHS nurses and 25% of NHS doctors are migrant workers. It is this Conference's belief that if all migrant workers

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were made to leave the UK then the NHS would face a catastrophic shortage of health professionals in all non-medical occupational groups.

Proposals to introduce charges for immigrants are not cost effective as they would cost more in administer than it would raise. More importantly, they make the notion of charging in the NHS acceptable. Charges are an attempt to blame this economic crisis on immigrants, leading to further racism, and more divisions between black and white workers.

Conference instructs the Health Service Group Executive to:

- 1) campaign against the racist scapegoating of immigrant workers;
- 2) oppose the introduction of NHS charges for migrant workers;
- 3) work with UNISON's Black Members' Committee to develop and highlight this campaign.

Health Service Group Executive

29. Protecting mental health amongst LGBT health care workers

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

Conference believes it is vital that mental health is recognised as a workplace issue within health care. To fail to do so damages the workforce and damages patient outcomes. Conference further believes it is vital that strategies to address workplace mental health and wellbeing acknowledge the impact of discrimination. Strategies must recognise and meet the needs of the full diversity of the workforce, including LGB and trans workers. This will include the signposting of specialist LGBT support services.

Conference is concerned that the impact of austerity on health care is felt in both increasing workplace stress and reduced morale, and also in the disappearance due to cuts of many specialist services. Further, the increasing privatisation of health care services risks the loss of established NHS best practice.

Conference calls on the national health care service group executive, in liaison with the national LGBT committee, to seek to ensure:

- 1) that workforce mental health and wellbeing is on the bargaining agenda with all health care employers;
- 2) that mental health initiatives for NHS workers pay regard to the experiences and needs of different groups of workers experiencing discrimination, including LGBT workers;

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- 3) that the importance of specialist support is highlighted by NHS employers, alongside the importance of continuing funding for such services;
- 4) that best practice developed in the public sector is not lost when NHS services are privatised.

National Lesbian, Gay, Bisexual and Transgender Committee

30. Tackling discrimination against LGBT health workers

Conference notes that there has been considerable progress in the recognition of sexual orientation and gender identity as relevant workplace issues and that much is being done to tackle discrimination experienced by lesbian, gay, bisexual and transgender (LGBT) workers in the health services across the UK. However, there is still an unacceptable level of discrimination against LGBT staff – much of it unreported – and it is made worse by the austerity pressures on a stressed workforce.

Conference welcomes examples of good practice in tackling this discrimination. Research in Northern Ireland showed that 82% of LGBT people had experienced harassment, which contributed to nearly one in four LGB public service workers concealing their sexual orientation. UNISON raised this with the Public Health Agency, which has led to an award-winning project to increase visibility and awareness. UNISON has also published joint guidance with GIRE, the Gender Identity Research and Education Society, on meeting the needs of trans staff and service users.

Conference notes that the four national health services conduct regular staff surveys, which include questions on equality and discrimination. The surveys ask about experiences in relation to a number of possible discrimination grounds but do not make any reference to discrimination because of gender identity or gender reassignment, despite this having the same legal protection as other grounds.

Conference also notes that national reporting on survey results provides no detail of the experiences of LGB workers.

Conference calls on the national health care service group executive, in liaison with the national LGBT committee to:

- 1) collate and promote best practice guidance and examples in tackling LGBT discrimination from across our health care branches;
- 2) call on NHS Scotland, NHS England, NHS Wales and the Health and Social Care Board in Northern Ireland to include reference to discrimination experienced by transgender staff in the respective staff surveys and monitor and evaluate responses;
- 3) call on branches to interrogate the results for their employer in relation to LGBT equality and push this as a local bargaining issue.

National Lesbian, Gay, Bisexual and Transgender Committee

31. Redeployment in the NHS

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Conferences recognises that dismissal or early retirement due to capability as a result of disability, is something that affects members across all service sectors, but it is noted that many members are able to remain in employment due to the obligation on employers to redeploy staff into suitable roles. However, most employers within the NHS and private sector will only allow redeployment into a role at the same pay grade or lower, and consider redeployment into a higher graded position to be a promotion and not in the scope of a reasonable adjustment. The 2004 House of Lords ruling Archibald vs. Fife Council states that this is not the case and suggests that employers have a responsibility to seek reasonable re-deployment opportunities at any grade within their organisation providing the person being redeployed can undertake the work with a reasonable amount of training.

Conference recognises that all members suffering disabilities are being denied re-deployment opportunities at higher bands which would keep them in full or part time employment. Conference also recognises that those in pay bands 1-3 are the worst affected with nearly all roles requiring intense physical effort and therefore unsuitable as a redeployment opportunity for someone with a physical disability. This means that members in those pay bands have no opportunity to be re-deployed and face losing their livelihoods or fighting against ATOS to obtain ill health retirement.

Conference believes that many of our members are being, and have been forced out of work due to employers refusing to re-deploy them to a higher graded position. Therefore Conference asks the Health Service Group Executive to:

- 1) conduct research to ascertain the scale of the effect on our members with a view to launching a campaign. Research should include current members and those already retired;
- 2) produce advice to Branches on negotiating the required change to re-deployment policies.

Operational Services Occupational Group

31.1

In paragraph 3, add at end:

‘Conference further notes that other highly qualified staff whose job is largely physical – nurses, midwives, physiotherapists etc. – may develop long term musculoskeletal problems which may be wholly or partly to do with their work. There are few jobs for these staff to be redeployed into, as they are unlikely to have the skills and experience necessary for an equivalently paid admin or clerical role, and posts in e.g. research or infection control are few. Salary protection is not offered in the NHS when redeployment is on health grounds, and therefore staff lose out significantly both in pay and pensions if they accept redeployment as their only option.’

In action point 2, add at end:

‘, including retraining opportunities for staff to enable them to be redeployed outside of their current area of expertise;’

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Add new action point 3:

'3) work with all relevant bodies to seek to open negotiations on pay protection for staff redeployed on health grounds, as a minimum for those staff whose injuries have been caused partly or wholly by their work.'

National Women's Committee

32. Negotiating an end to disability discrimination

Conference is concerned that changes to Agenda for Change that came into effect in April 2013 were not Equality Impact Assessed to measure the disproportionate effect on disabled health workers. Circulars issued by NHS Employers make no reference to scrutiny undertaken with regard to disability aspects of the revised terms and conditions and no separate advice has been issued to confirm the employer has taken responsibility for its legal duties under the Equality Act 2010. Examples of where disability equality should have been of obvious consideration by NHS Employers include mileage rates and on-call allowance/payments:

Mileage rates - the maximum reimbursement mileage rate of 35,000 per annum with no proviso that alternative arrangements for disabled drivers can be considered. Some disabled drivers are still unable to access public transport systems despite the legally determined end date for accessibility being set at 2020. Those disabled staff who depend on car use for mobility at work will be penalised in the current employer reimbursement arrangements for maximum use; they could face having to meet the additional cost of work personally because no remedy has been identified on the impact of terms of car mileage.

On-call allowances/payments - are paid during periods of sickness absence where these are normally paid at regular intervals and relate to staff on pay spine points 1 - 8 only. Two factors draw attention to this condition of employment, firstly the system of absence management does not discount periods of absence related to disability, this will distort absence monitoring and skew the 'normality' of on-call work. Secondly, there are still too few opportunities for disabled workers to progress through the ranks and clustering of disabled staff are likely to be found in the lower paid pay scales.

Conference calls upon the Health Service Group Executive to:

- 1) write to NHS Employers about what action it has taken to meet its Disability Equality Duty, including evidence of Equality Impact Assessments in accordance with its legal requirements under the Equality Act 2010, this should apply to the two examples given above as well as other amended terms with effect from April 2013
- 2) issue appropriate guidance to branches for them to negotiate an end to disability discrimination.

National Disabled Members Committee

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32.1

In the second paragraph delete '35,000' and replace with '3,500'

Operational Services Occupational Group

Professional and Occupational Issues

33. Health Care Professions Council registration fees

Conference welcomes the ongoing campaign against the rising cost of Nursing and Midwifery Council registration but notes with dismay that the Health Care Professions Council (HCPC) has similarly raised the costs of registration over a short period of time.

Given that Allied Health Professions along with other NHS staff have suffered a real terms pay cut over the last four years, this rise in registration fees could have a serious impact on family finances.

Conference calls upon the Health Service Group Executive to run a high profile campaign against the rising cost of HCPC registration and any further increases for this group of staff.

Lanarkshire Health

34. Nursing and Midwifery Council revalidation

Conference notes the pilot schemes for revalidation of registered nurses being run by the Nursing and Midwifery Council (NMC) within each of the four countries.

Conference believes that the main aim of revalidation should be to protect the public from failures in nursing practice. It should not be a money making exercise by the professional bodies.

Conference believes that the burden of funding a revalidation scheme should be met by central government. The costs of NMC registration have increased dramatically over the last few years. Nurses and midwives cannot be expected to bear the cost of yet another increase.

Conference calls upon the Service Group Executive to:

- 1) start a campaign immediately to ensure that the costs of revalidation will not be met by the registrants;
- 2) ensure that in all four countries that employers are funded appropriately to ensure these costs are met.

Lanarkshire Health

35. Nurse staffing levels

Conference believes that the level of staffing of registered nurses in wards remains poor across the four countries that make up the UK.

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In Scotland, NHS Boards have to use the National Workforce and Workload Planning Tools. This can put too much emphasis on 'professional judgement' and can still lead to reduced staffing levels on a day to day basis.

Conference recognises that it is a Nursing and Midwifery Council requirement for registered nurses to raise concerns about patient safety and this should include unsafe registered nurse staffing levels.

Conference believes that the most effective and safest staffing level is the ratio that is in place in both California and in New South Wales, Australia, namely one registered nurse to every four patients.

Conference calls upon the Health Service Group Executive to:

- 1) work with the Nursing Occupational Group and Regional Health Committees to continue to campaign for safe staffing levels aligned to the New South Wales and Californian evidence based models;
- 2) bring a report to Health conference 2016 on the progress of this campaign.

Lanarkshire Health

35.1

In paragraph 1 delete 'wards' and insert 'all areas.'

In paragraph 3 delete 'registered nurses' and insert 'all registrants' and delete 'should' and insert 'does'.

Delete paragraph 4 and insert: 'Conference recognises that safe staffing levels based on patient dependency, acuity and complexity in different settings – as recommended by the Safe Staffing Alliance of which UNISON is a founding member – are best informed by research-based evidence including that which is internationally based. International examples of safe staffing levels and campaigns have been cited in New South Wales in Australia and the USA.'

In action point 1 delete all after 'levels' and insert 'based on patient dependency, acuity and complexity in different settings based on current and emerging evidence.'

In action point 2 add at end 'including guidance from UNISON's annual safe staffing levels survey.'

Nursing and Midwifery Occupational Group

36. Recruitment and retention of ambulance workers

Conference notes the mounting crisis in ambulance services across the UK around the recruitment and retention of ambulance staff. This crisis is growing as more staff leave their jobs as paramedics, ambulance technicians and control staff to pursue other work. Over the last few years, the ambulance workforce has changed, as has the work itself. The ambulance service is fast becoming the default contact for the public who cannot get appointments to see their GP or the services they need are

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not available. This surge in demand has come at a time when the Government has imposed a real term cut in funding to ambulance services. 999 calls in 2014 were the highest ever – over 9,000,000 last year whereas 10 years ago it stood at 5,000,000. At the same time the numbers of ambulance staff have only risen from 16,000 to 18,700.

The Keogh review in 2014 recognised the role that ambulance services provide to urgent and emergency care provision yet there has been no national recognition that action is needed to prevent staff from leaving in such numbers. Graduate paramedics can get find alternative employment at a comparable rate without having to work nights and weeks in gruelling mental and physical conditions. Work within ambulance services is already stretched beyond capacity with staff regularly working 12 to 14 hour shifts with no adequate breaks. Staff are no longer working the overtime needed to cover the shortfalls in shifts.

Universities have reached maximum output for paramedic courses with employers struggling to provide placements for students but this is not stemming the flow of highly trained clinical staff leaving the service. Each ambulance service is responding to this crisis independently without a national strategy supported by Government, fighting over the available paramedics and offering incentives to new staff. Information obtained from 12 of the 13 ambulance trusts in England show that the number of paramedics leaving the service since 2012 has doubled. This translates to 1 in 15 paramedics leaving the ambulance service. One of the consequences of this lack of strategy is the increased use of private ambulance providers to plug the gaps in staff.

UNISON agrees that the urgent and emergency care provision would benefit from a comprehensive review and a properly funded well trained, properly resourced and well paid workforce is critical to delivering safe quality care. UNISON further believes that a review of training for ambulance services needs to take place with the reintroduction of vocational as well as graduate education pathways to support staff development for existing ambulance staff.

Conference calls on the Health Service Group Executive to:

- 1) seek information from ambulance employers on the scale of the retention issues in ambulance services across the UK;
- 2) campaign and use political influence to highlight the current state of ambulance services and the effect of budget restraint on staffing levels;
- 3) campaign around the workforce factors and the impact on our members of shift work, demand and the pressure of working longer;
- 4) work through the National Ambulance Social Partnership Forum to find solutions to some of the issues creating the retention problems.

Ambulance Occupational Group

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Health and Wellbeing

37. Health and Wellbeing

Conference welcomes incentives to improve the health and wellbeing of staff, conference is concerned that initiatives proposed by the four NHS systems are aimed at changing the behaviour of the worker rather than removing or reducing hazards in the workplace that can result in poor health. For example, in the 'Five Year Forward View' report, NHS England is committed to establishing new incentives to ensure as an employer that it sets a national example in the support it offers its own 1.3 million staff to stay healthy.

Firstly, the report states that three-quarters of hospitals do not offer healthy food to staff working night shifts. NHS England proposes to tackle this issue by cutting access to unhealthy products on NHS premises, implementing food standards, and providing healthy options for night staff. Conference approves of healthier options being made available to staff in NHS premises. However, the four NHS systems must ensure that staff have flexible shift patterns that enable them to take proper breaks, and that affordable healthy eating options are provided.

Secondly, the report states that although three-quarters of NHS trusts offer staff help to quit smoking, only one-third offer them support in keeping to a healthy weight. However, conference notes that there is a strong link between stress and the use of tobacco and alcohol. Furthermore, working irregular shift patterns, which can make it difficult to take a proper lunch break, and the short length of breaks can lead to obesity and increase the chance of heart disease and diabetes. Therefore, rather than changing the behaviour of the worker, the first step to improving wellbeing must be to look at the management of the workplace, how work is organised and how workers are supported.

Finally, another factor that has an effect on staff health and wellbeing is low pay. People in poor areas do not only die younger, they also spend more of their lives with a disabling illness. Therefore, to ensure health and wellbeing of NHS staff, the government must provide fair and decent pay for NHS workers.

Other issues that affect staff health and wellbeing include unsociable hours, unpaid overtime, staffing levels and skill mix, work-related stress and an aging workforce. Therefore, these issues need to be addressed by the four NHS systems by working and engaging with UNISON.

Conference calls on the Health Service Group Executive to:

- 1) ensure that where employers are introducing changes to promote healthier lifestyles, the union is involved;
- 2) reference and call for employers to follow NHS Staff Council Health, Safety and Wellbeing Partnership Group Guidelines on prevention and management of sickness absence which includes a substantial section on health and wellbeing initiatives;
- 3) produce guidance on how to negotiate effective health and wellbeing policies with employers;

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- 4) identify and share examples of good practice of staff health and wellbeing initiatives within the four NHS systems;
- 5) continue to campaign for fair pay for NHS workers in all four nations, and to research the impact low pay has on health workers' health and wellbeing.

Health Service Group Executive

38. The impact of 12 hour shifts

Conference notes the increase in recent years in the demand for nursing staff to work 12 hours, and other long shift patterns. While recognising that they are popular with some members we are aware that in some clinical areas there are significant concerns. The risk of fatigue leading to drug errors and their long term impact on members health are just two examples.

They appear to have been introduced in some areas with little regard for the difficulty of obtaining childcare outside 8am-6pm (let alone that parents might actually want to see their younger children at some point in the day). Additionally the fact that we have an ageing nursing workforce, sometimes with long term health conditions that make 12 hour shifts particularly challenging, has also been glossed over.

Despite these concerns there seems to be a dearth of evidence to demonstrate the impact of these changes on our member's health and wellbeing, or work life balance. Equally the impact on the quality of care and service delivery has also been little studied.

Conference therefore calls upon the Health Service Group Executive to:

- 1) commission a study to assess the impact of long shifts, identifying both any benefits to them and their negative effects, looking at the health and wellbeing of staff, work life balance, safety and quality of service delivery, cost of service delivery;
- 2) to report the findings back to Health Conference 2016.

South West Yorkshire Partnership Health

38.1

In paragraph 1 after 'demand for nursing' insert 'and other'

At the end of paragraph 1 insert: 'This is compounded by lack of adequate time for safe handovers.'

In action point 1 insert at the beginning of sentence 'review existing research including the working longer review and if necessary'

At the end of action point 1 add: 'and assesses the element of choice for staff;'

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38.2

At end of first paragraph insert: 'Another example is the lack of appropriate time to undertake safe and effective handovers with many nursing staff limited to only 15 minutes.'

In action point 1 add at end: 'and length of handover.'

Nursing and Midwifery Occupational Group

39. Achieving a work life balance

Conference notes with concern that the goodwill of staff is being abused by managers to cover shortfalls in staffing.

In particular there are concerns that staff are:

- 1) unable to take the necessary breaks in working hours;
- 2) not being paid for overtime worked;
- 3) being forced onto 12 hour shift patterns when they would prefer to work 8 hour shifts.

Further, there are concerns that no consideration is given to staffs' caring responsibilities, whether for older children or adult dependants, effectively forcing some staff to leave the NHS.

Conference welcomes the work already done by UNISON to help members achieve a decent work life balance and to support health staff with caring responsibilities. However, in view of the concerns outlined, conference calls upon the Health Service Group Executive to conduct a survey of members to establish the extent of the problem, and to include necessary action as a priority within the service group work programme.

National Women's Committee

40. Agile working should not damage our health

Conference notes that many health employers are encouraging and at times pressing members in community and many support services roles to work in agile, remote or home based ways, making greater use of IT and reducing both the number of times staff need to visit their base and the size and number of bases themselves.

While recognising the benefits that this flexibility may bring to some, Conference recognises that health care work is emotionally challenging. We believe that informal contact with colleagues at a base as well as in team meetings and formal supervision helps protect our mental health. Cutting back too far on this informal contact will lead to increased stress levels and potentially sickness for our members, as well as risking the quality of care provided to service users and patients. We need to make sure that a management consultant's view of 'efficiency' does not turn us

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into dehumanised machines. Conference also recognises that robust safety arrangements need to be in place for staff working with less reliance on team bases, and that these ways of working pose challenges for us as trade unions in how we organise these members.

Conference calls upon the Health Service Group Executive to liaise with the Health and Safety unit to produce specific guidance for branches and activists on agile, remote and home based working in the health care sector. These should address not only the physical safety risks to members but also the stress and wellbeing risks and the professional & quality of care concerns that need to be considered.

South West Yorkshire Partnership Health

41. Catering services for all NHS staff - more than a soggy sandwich

Conference welcomes the Take Your Breaks Campaign run as part of the current pay campaign in England. For NHS staff to take their breaks, they need to have somewhere that they can eat in peace. Healthcare is a 24 hour service with staff who work throughout the day and night. Historically hospitals would have their own kitchens which would have produced hot food for staff throughout the night as well as for the dayshift and backshift. Cuts to catering services for patients have also led to cuts in catering facilities for staff.

Staff predominantly have to bring their own food into work, use microwaves which are used by many other staff and rarely cleaned. Alternatively there is the purchase of crisps and sweets or if you are lucky, a sandwich from a vending machine. There is no provision for staff to store the food that they have brought in safely as fridges on wards are for patient use only. Given the move towards long shifts, it is important that staff not only take their breaks but have the opportunity to have something more nutritious than a vending machine sandwich or a frozen or chilled ready meal heated up by a microwave.

Conference calls upon the Health Service Group Executive to campaign for hot, freshly prepared and nutritious food to be available to staff who are working nights, evenings and weekends.

Lanarkshire Health

41.1

In final sentence after 'nutritious food' insert ', reasonably priced'.

At the end of final sentence after 'weekends' add 'and in accordance with their religious beliefs.'

Health Service Group Executive

42. Health and Safety expertise within branches

Conference has concerns in regards to the way Healthcare organisations are attempting to meet the safer staffing levels recommended by the Francis Report. Often organisations are meeting these staffing requirements by the use of poor or inadequate skill mixing which includes the use of unsatisfactory banding levels of agency and bank staff in most health settings. These staff are often inexperienced in

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clinical environments compared to the work they are required to do, leaving staff feeling vulnerable, harassed and under huge amounts of pressure and increasing low morale. Conference regards the health, safety and welfare of workers as paramount across the NHS. This leads to high attrition and poor recruitment rates and creates a downward spiral of inadequate staff provision leading to a self fulfilling prophecy.

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

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

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

Conference believes the successful pursuit of health and safety legislation, regulations and practice in the workplace rest in large part on the efforts of unionised workplaces. Conference recognises the attempts of the Department of Health to roll back health and safety provision.

Conference considers the role of UNISON health and safety representative has never been more important in the face of government's public service austerity measures across the public and private sector for the NHS.

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

Conference calls on the Health Service Group Executive to instigate research into the impact of austerity measures on health and safety representatives. This research should include:

- a) The identification of the workload on health branch safety reps.
- b) The employer's response rate in tackling safety reps concerns, highlighting continuous no or poor responses.
- c) The barriers health and safety representatives encounter whilst undertaking their duties in their NHS workplace.

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- d) The barriers placed on safety reps' paid release to undertake trade union duties or training.
- e) Identifying where safety reps are encountering restrictions and/or reductions in their involvement on safety matters by NHS employers (public and private).
- f) The growth or decline in workplace safety concerns in the NHS, as a consequence of austerity measures.

Conference also calls on the Health Service Group Executive to carry out an appropriate review investigating the needs of UNISON health branch safety reps and the provision of local, regional support and resources and identify what other additional support could be offered to safety representatives, branches and regions.

This support could include but is not limited to:

- I) further training (examples East Midlands Region Branch Health H&S Officers such as autumn branch officers training weekend, as well as promoting the Hazards Conference held at annually at Keele University);
- II) supported campaigning on health and safety matters (e.g. Needlestick Injuries);
- III) local support mechanisms responsive to the personal and workplace needs of safety reps. (e.g. Regional Health & Safety contacts points and notification of the Regional Health & Safety committee meetings);
- IV) the identification of suitable local resources to assist health and safety reps in their front line duties;
- V) ask for health and safety issues to be a regular agenda item for Health Service Group Executive and Regional Health Committees.

East Midlands Regional Health Committee

43. Health and safety expertise within health branches

Conference regards the health, safety and welfare of workers as paramount across the NHS and believes the successful pursuit of health and safety legislation, regulations and practice in the workplace rests in large part on the efforts of unionised work places.

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

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

Conference calls on the Health Service Group Executive to:

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- 1) instigate research into the impact of austerity measures on UNISON health and safety representatives - this research should include:
 - a) the identification of the workload on health branch safety reps;
 - b) the employers' response rate in tackling health and safety representatives concerns, highlighting continuous poor responses;
 - c) the barriers health and safety representatives encounter whilst undertaking their duties in their NHS workplace;
 - d) the barriers placed on health and safety representatives' paid release to undertake trade union duties or training;
 - e) identifying where health and safety representatives are encountering restrictions and/or reductions in their involvement on safety matters by NHS employers (public and private);
 - f) the growth or decline in workplace safety concerns in the NHS, as a consequence of the austerity measures.
- 2) carry out an appropriate review investigating the needs of UNISON health branch safety representatives with the provision of local and regional support/resources;
- 3) identify what other additional support could be offered to health and safety representatives, branches and regions.

This support could include but is not limited to:

- I) further training (e.g. the national health and safety seminar held in Cardiff, East Midlands regional branch health and safety officers autumn training weekend and promoting the annual hazards conference held at Keele University);
- II) supported campaigning on health and safety matters (e.g. needlestick Injuries);
- III) local support mechanisms responsive to the personal and workplace needs of health and safety representatives (e.g. regional health & safety contact points and notification of the regional health and safety committee meetings);
- IV) identification of suitable local resources to assist health and safety representatives in their front line duties;
- V) asking that health and safety issues are a regular agenda items for Health Service Group Executive and Regional Health Committees.

NHS Logistics

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Campaigning and Promoting UNISON

Influencing the NHS and Campaigning

44. Rejecting the Tory vision of our NHS

Conference notes the major problems that the current Tory-led coalition government has caused for our NHS.

Conference believes that funding has fallen well short of the level needed to sustain the type of NHS we all want to see, both directly in England and indirectly – through cuts to the Barnett formula – in the devolved nations.

As a result of this, Conference is appalled at the attacks on pay, terms and conditions that have taken place since 2010, alongside sweeping privatisation in England, thousands of job losses, and the proliferation of poor workforce practice.

Conference notes that attacks on staff pay, terms and conditions also have a detrimental impact on the services delivered to patients.

Conference is united in its desire to see the Conservatives removed from power at the forthcoming general election, and notes our role in ensuring that the NHS remains a toxic issue for them.

Conference believes that UNISON has a duty to outline an alternative approach to workforce issues in the NHS.

Conference welcomes the work done to extend access to the NHS Pension Scheme, and such an approach should be taken further to enable portability across different parts of the NHS of other benefits and entitlements of NHS employment, while ensuring security of employment.

With the integration of health and social care remaining a key priority for all political parties and in all countries of the UK, Conference also believes that consideration should be given to providing portability of benefits and entitlements across sectors.

Conference believes it is a scandal that people with much-needed skills have been made redundant rather than redeployed, as a result of fragmented organisational boundaries in the NHS.

Conference notes the call from various quarters for flexibility in working arrangements and the recent Five Year Forward View states that the NHS is too diverse for a “one size fits all” care model to apply everywhere.

Conference is also concerned that new models such as “prime provider” may lead to an increase in sub-contracting relationships.

Conference asserts that in order for such flexibility to be acceptable to staff there need to be minimum guarantees around job security and consistency of terms and conditions.

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Conference believes that staff need to be actively engaged as proper partners when services are being organised, and particularly reorganised. This should include, for example, skills mix, appraisals and staff development.

Conference believes that the current push for 7-day services makes these issues even more pressing.

Above all, Conference asserts that in order for healthcare staff to be properly engaged in these big debates on system change, they need to feel properly supported and, crucially, fairly rewarded through that process of change.

And related to this, Conference believes that national pay bargaining and pay mechanisms should be enshrined in statute.

Conference therefore calls upon the Health Service Group Executive to:

- 1) work with other parts of the union to ensure that the NHS features heavily in the general election campaign;
- 2) continue campaigning against attacks on pay, terms and conditions, and poor workforce practice; and
- 3) promote alternative approaches to workforce engagement at a time of service change.

Health Service Group Executive

45. Transforming workplace roles in the NHS

At a recent event organised through Clinical Commissioning Groups in Leeds, many NHS stakeholders including health, local authority, third sector and trade unions came together to discuss transforming roles in health and social care through integration.

We were presented with NHS England's Five Year Forward View.

Amongst other things, this plan laid out the future and vision for the NHS.

NHS England's vision of the NHS recognises the demand for care is growing rapidly and also there are also new opportunities to be had through new technologies and treatments and new ways to deliver care. This may result in dissolving traditional boundaries in how care is delivered.

The forward view also identifies three main gaps that must be addressed: health and wellbeing gap, care and quality gap and the funding gap, all of which needs to be met through efficiency and investment, new models of care and a radical upgrade in health prevention.

As a result of this five year plan there will be new deals for primary care that will include new funding schemes and investment in infrastructure.

It is planned that there will be an increase in Clinical Commissioning Groups influence over commissioning of services.

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Furthermore there will be a need to train more community nurses and other primary care staff. Investment in new roles and the retention of staff will be crucial if the vision is to become a reality.

If these plans are rolled out to their fullest extent there will be huge implications for our members to their ways of working, pay, terms and conditions.

Additionally the delivery of this plan will be played out in a very challenging and changing political landscape post the general election.

However despite working closely with our local employers across community health this was the first we, as local activists knew of this and the first local engagement event with trade unions that we were involved in as without our involvement we cannot hope to influence.

Therefore in order to maintain good partnership working arrangements and open honest dialogues with NHS employers we call upon the Health Service Group Executive to:

- 1) highlight the presence of NHS England's Five Year Forward View with health committees and branches;
- 2) work with all other appropriate bodies to promote and encourage activists to become involved wherever possible with the development and implementation of this plan nationally;
- 3) work with all relevant national bodies including the NHS Staff Council to raise the need for full trade union involvement and engagement through partnership working in the roll out of this plan;
- 4) report back to conference in 2016 of the developments and implementation of the five year plan post the general election.

Leeds and York Community Health

46. Mental health services

Conference notes that mental health services are arguably in crisis. They have never necessarily achieved commensurate funding with general health care services, and the austerity policies of this government have hit mental health services disproportionately. There are extant problems with capacity, leading to large numbers of patients being transferred out of area. Whole swathes of valued services exist in community settings not directly managed by the NHS. Many day services are operated under the aegis of local government, and are currently subject to massive cuts. These matters bring us onto the territory of the future shape of the NHS and potential for better integration of health and social services.

Specific issues in mental health care also include deaths in custody, highlighting complexities regarding use of physical restraint to manage violent and aggressive behaviour. There are other complexities over the use of personal budgets and the impact upon societal well-being of austerity and so called reforms of the tax and

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benefit system. Dementia care is intimately wrapped up with physical health services and there are significant gaps in support both when newly diagnosed and once needing substantial nursing care. The plan to offer GPs a capitation fee to diagnose dementia appears to ignore the need for specialist assessment and intrude a conflict of interest into a particularly vulnerable time for patients and their families.

The resolution of many of these issues boils down to workforce and resource issues. What is needed is concerted, democratic involvement of staff and service user voice in planning and strategic development. At least some of this ought to involve pursuing alternative forms of care that are not singularly bio medical and emphasise the skilled input of nurses and other key members of the health workforce. There is an absolute need for mental health services to be able to claim a fair share of overall budgets in relation to the health care demand presented by mental distress.

Conference calls on the Health Service Group Executive to:

- 1) campaign for union involvement in planning going forward for optimal integrated health and social care services and for these to be adequately funded from taxation and to work with Labour Link to achieve this;
- 2) campaign for union, community and service user collaboration and alliances to develop strategic thinking on these matters;
- 3) develop a strategy for effectively involving service users in the union's own policy formation on this issue.

Nursing and Midwifery Occupational Group

46.1

In action point 1 after 'taxation' add 'free at the point of use.'

South Derbyshire Healthcare

46.2

Insert new paragraph 4: 'Evidence points to mental health issues accounting for 27% of health needs yet only 13% of health funding. This suggests that mental health funding needs to be doubled in order to provide an adequate service.'

Health Service Group Executive

47. Parity for NHS mental health services

Conference notes that although mental health is a significant part of the NHS, at least 20% of all activity, it is very under resourced.

As a result staff working in mental health services are experiencing significant workplace stress as they struggle to provide high quality services to the detriment of staff health and wellbeing leading to high levels of sickness and retention issues.

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

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- 1) To lead a campaign to raise awareness of the issue of under funding of mental health services in the NHS.
- 2) To lead a campaign for achieving parity of resources for mental health services within the NHS.

South West Regional Health Committee

48. Use of agency staff

Conference notes with concern the increasing use of agency staff within the NHS to plug the gaps caused by sickness, unfilled vacancies and general staff shortages.

In Wales alone, the cost of locum and agency staff in the last year was £14 million which accounts for 1.9% of the total NHS Wales budget. This is a 43% increase on the previous year and the highest it has been for four years.

This increase in expenditure has taken place against a backdrop of continuing pay restraint and cuts to terms and conditions.

Conference calls on the Health Service Group Executive to lobby all the Governments of the UK to reduce the use of agency staff by:

- 1) increasing hours of part-time staff (under WTE) in the workplace;
- 2) paying overtime where practicable;
- 3) introducing streamlined recruitment practices;
- 4) training more specialist nurses and clinical support staff;
- 5) better workforce planning;
- 6) greater use of permanent contracts.

Cymru/Wales Regional Health Committee

Campaigning Against Privatisation and Outsourcing

49. People before profits

UNISON members note in October the words of Andy Burnham "People before profits... no one gave the prime minister permission to put the NHS up for sale". Conference welcomes his comments and those later in November that he wishes to return to an integrated health service which includes social care as part of the NHS.

If anyone doubts the influence of our union, and sister unions, listen to the change in language from the Health Secretary.

The Con-Dem Secretary of State, Jeremy Hunt, was quoted in December as saying he does not believe "the market will ever be able to deliver in the top priority area of integrated (care) out of hospital". He went on; "... choice was not the main driver of performance improvement, contrary to the emphasis placed on it by various

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governments and senior NHS leaders since the early 2000s... there are natural monopolies in healthcare, where patient choice is never going to drive change".

He agreed with views heard in this conference previously that "...choice was particularly irrelevant in emergency care and that market forces would not create good integrated community care - one of the service's main priorities."

In an era where 70% of health contracts go to private contractors, conference notes the disparity between the rhetoric and the reality.

Conference calls on the Health Service Group Executive to organise a publicity and health campaign to inform our members and the general public of the government's privatisation policy. Further to campaign against any further privatisation in the health/social care sector.

Conference also note the return of services to the NHS which have been previously privatised. When services are returned to NHS control our members and the users of the services reap the benefits.

Eastern Region Health Committee

49.1

Add new second paragraph: 'Conference also welcomes the confirmation by the Labour Party in January 2015 that it will produce a bill to repeal the hated Health & Social Care Act in the first Queen's Speech of the next Parliament.'

At the end of paragraph 5 after 'reality' add 'and reaffirms UNISON's strong policy position that the private sector has no role in the provision of any elements of NHS services.'

At end of paragraph 5, add new paragraph: 'Conference notes that on 9 January 2015 Circle opted to pull out of Hinchingsbrooke Hospital – after just three years of its ten-year contract, and with the CQC delivering a damning report on the same day rating the trust "inadequate". The company cited unprecedented A&E attendances and funding cuts as factors in its decision. Conference asserts that this is final vindication of all the arguments UNISON has been making from the start of this process and proves once and for all that there should be no place for the profit motive in our NHS.'

Health Service Group Executive

49.2

Insert new second paragraph:

'Conference welcomes the confirmation by the Labour Party that it will introduce a bill to repeal the Health and Social Care Act and believes that all detrimental changes introduced by the Health and Social Care Act should be reversed.'

In the final paragraph, after 'privatised' insert 'and calls for all those services still privatised to be returned to the NHS.'

South Derbyshire Healthcare

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50. Privatisation and the Primary Provider model

The NHS Health and Social Care Act opened the door to wholesale and unfettered privatisation of the NHS. Conference is appalled at the scale of this sell-off.

The NHS in England has also seen a proliferation of a new model of privatisation that is sometimes referred to as a Primary Provider contract.

One particular example of this is the proposed £1.2 billion contract for Cancer and End of Life Care services across Staffordshire. This contract enables a private contractor to organise, provide and sub-contract all aspects of this core NHS work. Conference recognises and applauds the work of the community campaigns such as the 'cancer not for profit' campaign in Staffordshire that has had great success in raising awareness and political lobbying on this issue.

The Primary Provider model can be seen as effectively the privatisation of both the commissioning and provision of healthcare. Primary Provider privatisation will also result in two tiers of profit between NHS funding and the patient with both the Primary Provider and any sub contracted private sector provider demanding profits.

A Primary Provider contract also raises grave concerns for accountability with Clinical Commissioning Groups giving complete control away and only monitoring outcomes. It also further removes trades unions from any meaningful engagement, particularly with some private companies' history of anti Trades Unionism. Conference is also gravely concerned with the threats to NHS staff pay and conditions from this two tier privatisation. These large scale privatisations do pose significant organising challenges to the union with single contracts spanning across multiple services and therefore potentially affecting members in a number of UNISON branches.

Conference calls on the Health Service Group Executive to:

- 1) keep the fight against privatisation as the highest of priorities;
- 2) lobby and campaign alongside UNISON Labour Link to commit a future Labour government to not only repeal the NHS Health and Social Care Act but to end privatisation of NHS services;
- 3) encourage and co-ordinate branches and regions to engage and work with appropriate local community campaigning groups;
- 4) monitor the use of Primary Provider contracts by Clinical Commissioning Groups;
- 5) provide bargaining support to branches and regions on this model of privatisation.

West Midlands Regional Health Committee

51. Mutualisation in the NHS

Conference notes with concern the establishment of the NHS Mutuals Pathfinder Project and the selection of ten hospitals to take part in the project.

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A principal stated rationale offered for exploring mutual status is the prospect that mutual status might improve services by increasing staff engagement. By contrast, prospective pathfinder organisations were given a mere four weeks during August 2014 in which to engage with staff to "demonstrate staff support" for participation as a pathfinder.

Conference commends Health Group Staff for their prompt objection to this inadequate consultation process.

Conference notes that the pathfinder project aims to explore barriers to mutualisation rather than exploring whether mutualisation is - or is not - a good thing in itself.

Conference also notes that NHS organisations are capable of improving, and entitled to improve staff engagement at any time; it does not require any change in the form of governance (such as mutual status).

Mutual status means that NHS Trust staff would become co-owners of their hospitals in effect this would transfer NHS assets that we all own as members of the public into private hands - albeit the private hands of NHS staff.

This risks distracting NHS staff from their proper "engagement" with providing good care with the competing "priority" - the "profitability" of the mutual.

Conference notes the blindingly obvious precedent illustrated by the fate of most "Mutual Building Societies" since the 1980's. The great majority are now fully private commercial organisations, following a process in which "owners" of the mutual building societies (savers and mortgage holders) voted to de-mutualise/privatise their organisations in exchange for payment in cash or shares.

Francis Maude of the Cabinet Office concedes that the creation of Mutuals is "technically, privatisation". The experience of the Building Societies shows that mutualisation threatens not only privatisation but the creation of fully privatised fully commercial NHS organisations.

Conference therefore restates its principled opposition to privatisation, including mutualisation, and calls on the Health Service Group Executive, working where necessary or appropriate with the political funds and Labour Link to:

- 1) publicise to members and the public the threat posed by mutualisation as a "final step" towards a privatised, commercial NHS;
- 2) seek to influence the Labour party to adopt a policy opposing mutualisation;
- 3) where possible, work with Branches within the Pathfinder Mutuals to inform educate and agitate NHS staff to reject mutualisation decisively.

Eastern Region Health Committee

52. Campaigning against the privatisation of operational services

Conference recognises the NHS is facing threats more serious than ever before. Services and jobs are threatened, with some employers using the economy as an excuse to privatise services and attack staff pay, terms and conditions.

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Conference acknowledges that members working in operational services – administration, clerical, ancillary and maintenance jobs - are at a particular risk of privatisation. History tells us that operational services members are used as a testing ground when it comes to privatisation and many NHS Trusts have seen wholesale outsourcing of support services. The outsourcing of operational services is often done under the guise of “efficiency savings” without any consideration given to the impact it will have on patient care.

Conference condemns the recent changes to TUPE legislation as an attempt by the Tory-led coalition to progress their privatisation agenda and weaken the rights of workers who have been outsourced. This is of particular concern to operational services members as experience has taught us that in the health service it is support services that are at the greatest risk of privatisation. The changes to TUPE means that it is now easier for private employers providing NHS services to move away from Agenda for Change terms and conditions post-TUPE transfer.

Conference welcomes the UNISON pay campaign and the fact that achieving the Living Wage in the NHS in England is a major goal. At present in the NHS there are 77,000 staff that do not receive the Living Wage the majority of whom work in operational services. However, when you consider the number of operational services staff who work in the private or independent sector providing NHS services the number of staff not earning the Living Wage increases dramatically.

Conference therefore calls on the Health Service Group Executive to:

- 1) continue to campaign vigorously against the privatisation of operational services in the NHS;
- 2) continue to highlight the negative impact the privatisation of NHS operational services can have on NHS finances and patient care;
- 3) support branches that are campaigning locally against the privatisation of operational services;
- 4) work with other service groups to campaign for stronger TUPE protections and defend the Agenda for Change terms and conditions of outsourced members;
- 5) influence the current NHS procurement channels to make the Living Wage a term of business for any organisation providing NHS services.

Operational Services Occupational Group

53. PFI

Conference notes that across the four countries there continues to be a profit driven agenda in terms of including PFI and outsourcing within the NHS. Whilst services in England are in immediate danger of privatisation we must not forget the services which have already been privatised and the staff that have transferred to the private

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sector. Staff working for these companies are often employed on zero or minimal hours contracts, often working more than one contract in order to earn a living wage. Conference recognises that the pensions that these private companies offer are nowhere near as good as an NHS pension.

Conference restates its commitment to end a two tier workforce within the NHS.

Conference believes that Unison should be using every opportunity to bring staff that have been privatised through PFI and other outsourcing back in house. Whilst this may have a monetary benefit to boards/trusts, there are moral arguments and arguments around patient safety and provision of higher quality services.

Conference calls upon the Health Service Group Executive to:

- 1) support branches who are campaigning to have services brought back in house;
- 2) work with regional health committees within the four countries to lobby Governments to legislate to bring staff back in house;
- 3) to continue to campaign against the shame that is PFI/PPP.

Lanarkshire Health

54. The threat of EU trade agreements to public services

Conference notes that the European Union (EU) and the United States have started negotiations on a new trade agreement, the Transatlantic Trade and Investment Partnership (TTIP). Conference also notes that EU and Canada have finalised negotiations on the Comprehensive Economic and Trade Agreement (CETA) and that the EU is also negotiating the Trade in Services Agreement (TiSA) with over 20 other countries.

Conference further notes that all three agreements seek to create a global market in services, including public services that could lead to the liberalisation and privatisation of these services.

Conference notes that both TTIP and CETA also include investment chapters seeking to protect Foreign Direct Investment by global multinationals by using the controversial Investor-State Dispute Settlement (ISDS) mechanism which allows multinational investors to challenge state actions which they perceive as threatening their investments.

Conference believes that the inclusion of public services in these agreements will have a major impact on the National Health Service following the large-scale privatisation ushered in by the Health and Social Care Act in England. Multinational healthcare companies could use the ISDS mechanism to try to prevent governments bringing the health service back into public provision in the future.

Conference notes that we are already seeing the impact of privatisation on staff pay, terms and conditions. Conference fears that TTIP has the potential to make matters far worse for the working conditions of UNISON members in the NHS. And, that this

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in turn will have a serious detrimental impact on patients as services are increasingly run to make profits for multinational companies.

Conference also notes that TTIP and CETA seek to remove 'regulatory barriers' to trade through mutual recognition of regulatory regimes and eventual harmonisation of standards. Conference believes that the harmonisation of regulatory standards puts at risk existing European regulations in the fields of public health, social and employment rights, health and safety and the environment.

Conference therefore agrees to campaign for their rejection drawing particular attention to the serious danger it poses to the NHS in the UK and to the job security, pay terms and conditions of NHS staff.

Conference, therefore, calls on the Health Service Group Executive to:

- 1) raise awareness of TTIP, CETA and TiSA with UNISON members working in the NHS;
- 2) work with the other health trade unions to campaign against all three trade agreements and highlight the risk to jobs pay terms and conditions and therefore the risk to patient services;
- 3) to work with other sections of UNISON to ensure the risk to NHS staff and their working conditions and employment status is taken into account in the wider UNISON campaign on this issue.

Health Service Group Executive

54.1

Insert new 6th paragraph:

'Conference is concerned that the painstaking work over decades to build UK public services that are accessible to and meet the needs of all will be unravelled if profit becomes the only driver. The most disadvantaged in society, including lesbian, gay, bisexual, transgender, women, disabled, Black, young and older people, are the most reliant on public services and are most likely to be in precarious employment.'

In action point 3) after 'other sections of UNISON' add 'including the self-organised groups'.

National Lesbian, Gay, Bisexual and Transgender Committee

54.2

At the end of action point 1 insert 'across the devolved nations'

Operational Services Occupational Group

55. Keep our Commissioning Support Units public

Conference recognises that when Commissioning Support Units were set up across England when Primary Care Trusts were shut down by the coalition government. Their job is to advise local Clinical Commissioning Groups on buying health services for local people and they can be of strategic importance.

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The government is now proposing to remove Commissioning Support Units from the NHS. Not only will this put the pay and conditions of members who work in these units at risk but it would put private corporations in an ever stronger position regarding key purchasing decisions in each locality.

Conference calls on the Health Group Executive to launch a campaign to alert the public and our own members to the dangers of this move and to call for a commitment from the incoming government to keep this service public.

Oxfordshire Health Services

56. Establishing procurement policies in commissioning organisations

The Health and Social Care Act has completely changed the way commissioning is undertaken in the NHS with commissioning decisions paving the way for increased outsourcing and privatisation.

UNISON remains vigorously opposed to privatisation of public services. Conference believes that privatisation is taking clinicians away from frontline care as they spend increased time on tenders. Staff face losing their jobs as NHS organisations have to remain financially competitive when placing their bids. It is hard for organisations to invest in staff in these uncertain times and the impact is detrimental to staff morale.

Conference believes that following and challenging commissioning decisions which lead to increased outsourcing and privatisation is hard for branches to keep abreast of. All too often Branches only find out about decisions to tender services when the tender has already gone out. Branches have little chance to ask employers to evaluate and improve current services before tendering. Commissioners often say information is commercially sensitive to keep us in the dark and there is little, if any, UNISON input into the tendering process.

Conference calls upon the Health Service Group Executive to use the current partnership forums in place across the commissioning NHS organisations to seek to negotiate a procurement policy which covers alternatives to contracting out and how the organisation will involve trade unions in the process.

West Midlands Regional Health Committee

57. The NHS funding crisis and acute bed shortage

Conference notes that since the election of the Con/Dem government there has been continuous and sustained underfunding of the NHS. Furthermore, conference notes that there is increased pressure on the NHS from the ever increasing numbers that are accessing the service.

As a result of increased attendance at emergency departments and as a result of Emergency Rate Threshold, many Trusts are facing severe financial difficulties. Consequently, a large amount of Trusts are now expecting to end the financial year with large deficits.

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There has been a lack of reasonable funding to ensure that bed capacity reflects the demographic of each trust's population, which has increased in most areas. Conference acknowledges that better dialogue between the Clinical Commissioning Groups (CCG) and individual Trusts is needed to ensure that adequate bed capacity is fully funded and staffed with substantive members of staff employed by the NHS, reducing the reliance on Bank and Agency Staff.

Most Acute Trusts have been operating on Red throughout the year. This is effectively Winter Pressure Status. Bed capacity is at a premium. It is having an effect on patient care and on Staff who are at breaking point. However, conference acknowledges that the funding crisis within the NHS is not only due to capacity issues. It is also due to the NHS's over reliance on Bank and Agency Staff. For example, London trusts alone spend more than £500 million a year on bank and agency staff.

Conference recognises that the NHS would not be so over reliant on Bank and Agency Staff if it ensured safe adequate staffing levels, implemented measures to support Staff in delivering adequate care, and provided Staff with the right skills and leadership to deliver first class care to patients. If these measures were in place, the NHS would have a better Staff retention rate. This would reduce the financial burden that the NHS incurs due to Bank & Agency Staff.

Conference calls upon the Health Service Group Executive to lobby the Secretary of State for Health to:

- 1) undertake a comprehensive review of the funding formula for individual NHS Trusts as the first step to tackle the funding crisis;
- 2) ensure that the Care Quality Commission (CQC) and Trusts revisit their acute bed capacity allocation and fully fund it;
- 3) make sure that individual Trusts have adequate staffing in place and ensure skills and leadership are reflected and fully funded.

Nursing and Midwifery Occupational Group

58. Health Education England

Conference condemns the restructuring of Health Education England (HEE) announced in 2014, just over one after its establishment and linked to a £17million (20%) reduction in running costs.

Conference opposes the 20% reduction in running costs which through its implementation means less jobs, a reduction of bandings for some posts and is unnecessary as £17 million is less than 0.5% of the overall budget.

Whilst Conference oppose the reduction in running costs, it also notes that although Health Education England's own Frequently Asked Questions refer to the Department of Health stating that reduction needed to be over three years that Health Education England decided to make the cuts within one year.

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Conference believes that the restructuring is linked to a change of approach to a more centralised, performance management based organisation and will not improve the quality of the service that Health Education England delivers.

Conference believes it was mistaken for UNISON not to organise a proactive campaign against the cuts; not to organise a series of press releases with clear opposition to the proposals and not to agree to contact Andy Burnham and to ask him to raise the issue of the cuts (even despite Conference concerns about what a future Labour Government might do).

Conference calls on the Health Service Group Executive to:

- 1) review the strategy adopted by UNISON during the restructuring of HEE that commenced in 2014;
- 2) in the event of further threats to jobs and /or attacks on terms and conditions in Health Education England, to organise a proactive campaign led by lay members.

South Derbyshire Healthcare

59. Fragmentation of the NHS

Conference notes that the Health and Social Care Act has resulted in more NHS contracts being awarded to non-public sector organisations whether private companies or social enterprises. This has led to an unacceptable level of fragmentation in service provision which has a negative impact on UNISON members pay, terms and conditions and morale.

Conference instructs the Health Service Group Executive to campaign against any further fragmentation, issue guidance on how to impede and prevent Clinical Commissioning Groups awarding further contracts to non -NHS organisations (e.g running campaigns, initiating legal challenges etc) and campaigning for the repeal of the Health & Social Care Act.

***North East Essex Community Health
Eastern Regional Health Committee***

Amendments Ruled Out of Order

The following amendment was ruled out of order because it bears no relation to the motion and the actions being called for within the motion

Amendment to motion 4: Pay Campaign – a pound an hour increase for all

Conference is insulted by the offer made by the government in January 2015 which came nowhere near meeting our demands for the pay dispute.

This offer

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a) Did not abide by the Pay Review Body (PRB) award for 2104/5 of 1% for all health workers consolidated but continued to propose the insulting 1% unconsolidated only to those at the top of their band.

b) Actually reduced the pay rise for all those at the top of their bands for 2015/6 who previously for 2015/6 would have lost their 1% unconsolidated and then gained 2% with a net gain of 1% , instead they face losing their 1% and getting it back.

So after 2 days of strike action 60% of healthworkers, those at the top of their bands, end up with less pay!

c) Offered nothing for 2014/5 to those not at the top of their band and only 1% to those for 2015/6.

d) Offered £200 extra to bands 1 and 2 who it is recognised have much higher inflation than higher paid staff.

e) offered less to all above band 8b who lose their 1% and get nothing.

f) offered a freeze on increments for those above band 7, a dangerous precedent when we know the government do not agree with increments.

We believe this offer did not meet the demands of our dispute.

It did not

- a) reinstitute a real, live commitment to the PRB, as it in neither 2014/5 nor 2015/6 implemented the PRB award.
- b) does anything to claw back the 10% plus which has been eroded in NHS pay over the last 5 years.
- c) introduce the Living wage to the NHS.

The offer also committed Unison to further talks on changes to Agenda for Change and to discussions on unsocial hours payments.

We know the government's agenda is not to improve either of these in health workers' interests but that they propose to cut them as was made clear in their submissions to the PRB.

Up until the point of the offer, Unison had done well in organising its pay campaign. Research showed that members were overwhelmingly supportive of the strike. We had some difficulty in organising on the ground, which often meant it was hard to reach all our members and so emergency cover, despite instructions otherwise, was agreed by staff on wards, who day-in and day-out work at emergency cover levels and so did not feel able to strike. In lots of hospitals, picket lines were lively. Media coverage good. As the NHS crisis became more apparent over winter, longer waits in A+E, failing targets and health workers on picket lines illustrated that something was seriously wrong with our NHS in this government's hands.

This conference is not surprised the government wanted to settle. But we believe the offer was so poor, that the health service executive should have been clearer to members and said it came nowhere near our demands, limited as they were.

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Members are angry about pay but are anxious too. They need to know their union is behind them. Until January, members did feel that, particularly in better organised branches where the national message could be more easily directly communicated to members.

Given how poor the deal was; given the known intentions of the employers and government regarding future attacks on take-home; given their vulnerability in an election year and our potential to win more; We believe the decision of the health executive to make no recommendation to reject the very poor offer was a mistake and helped to undermine confidence of our members to fight.

Bolton Salford & Trafford Mental Health

The following amendment was ruled out of order because it seeks to change fundamentally the intent of the original motion

Amendment to motion 21: NHS Pay Review Body

At the end of the last paragraph submit:

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

Ayrshire & Arran Health

ends