



2017 Health Care Service Group Annual Conference

Final Agenda

**24 - 26 April 2017
LIVERPOOL**

2017 Health Care Service Group Conference UNISON FINAL AGENDA

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BT Convention Centre

24 - 26 April 2017

Negotiating and bargaining:

Professional and occupational issues

1. Improved learning, development and career progression opportunities for operational services members

Conference notes that members working in operational services are an integral part of the NHS, and should be treated as such. Often working in fast moving, ever changing environments, it is important that staff feel confident that they have the knowledge and ability to carry out their roles, and in addition, have clear routes and opportunities to follow in order to improve their learning, development and career progression.

Conference recognises the success of UNISON's One Team Campaign in highlighting the essential role members working in operational services play in the NHS. Not only do staff working in NHS operational services not always get the recognition that they deserve. The same group of staff, particularly those in pay bands 1-4, do not get adequate access to further learning and development. It is no secret that it is often roles with professional qualifications required that gain focus and attention when it comes to learning and development. For example, according to the Office of National Statistics (ONS) Labour Force survey in 2014 in the 13 weeks prior to the survey, only a quarter of NHS administrative and clerical staff reported receiving any training or development, compared with almost half in the overall workforce. Members working in operational services often go beyond their duties, with some finding that they are asked to carry out tasks above their pay band. Access to learning and development should be a core part of members' roles, with the benefits to organisations, staff and service users recognised.

Conference is concerned that without an increased focus on the importance of learning and development, and an understanding of the need for career progression opportunities for all, some operational services members will continue to feel unappreciated with some feeling unable to remain working in the NHS.

Conference calls on the Health Service Group Executive to:

- 1) Use UNISON's One Team campaign to highlight the lack of learning, development and career progression opportunities available to members working in NHS operational services.
- 2) Use UNISON's One Team campaign to call for greater investment in training and development for NHS operational services staff.
- 3) Undertake research to gain a better understanding of the level of access members working in NHS operational services have to learning, development and career progression.
- 4) Work with the operational services occupational group to develop an operational services skills charter that will support members' career development and progression.
- 5) Work with the operational services occupational group to use this issue to organise and recruit staff working in operational services in the NHS.

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- 6) Work across all four UK countries, with suitable organisations and NHS employers to raise the profile of learning, development and career progression, to ensure positive steps are made to encourage change and improve accessibility.
- 7) Encourage and support branches to develop local campaigns around access to learning opportunities, development and career progression, thereby improving the operational services workforce.

Operational Services Occupational Group

2. Safeguarding the contribution of allied health professionals

Conference notes that staff across the NHS have felt the full force of austerity since 2010 in the form of pay cuts, the ongoing pay freeze, attacks on other terms and conditions, and the threat of downbanding.

Conference believes that, in addition to these attacks, for many working in the allied health professions there are further pressures.

Conference is particularly concerned about issues such as parity of pay, vacancy freezes and the ability of allied health professionals to access the same progression opportunities as other staff. Too often where there has been investment it has gone in to more generic roles with the risk of deskilling, loss of professional identity and curtailing of career development.

Conference believes that crucial roles within the NHS risk being lost when staff leave the service and are not replaced like for like. Examples have come to light where departing senior occupational therapists have not been replaced or have been replaced with different staff, such as senior physiotherapists.

Conference asserts that not only do such moves cause big problems for the workforce when they are called upon to plug gaps in provision, but they may also damage the quality of care for patients if the skill mix within departments or teams is altered.

Conference is alarmed that the ongoing underfunding of our NHS means that some employers will continue to attempt to cut corners and provide care on the cheap, by using staff to carry out work that should be done by higher banded colleagues.

Conference therefore welcomes UNISON's continuing work to tackle attempted downbanding across the NHS.

Conference calls on the Service Group Executive to:

- 1) highlight the need to safeguard the roles of allied health professionals as an essential part of the healthcare team, including senior and extended roles as part of the necessary skill mix;
- 2) promote the importance to patients and the wider NHS of healthcare staff working in science, therapy and technical roles;
- 3) re-emphasise the importance of job evaluation training and the role of staff side in a partnership-based system of job evaluation;

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- 4) continue to support pay and career progression for all staff in line with the principles of the Knowledge and Skills Framework; and
- 5) continue to provide advice, guidance and support to regions and branches in their campaigns against the downbanding of staff across the healthcare team.

Science, Therapy and Technical Occupational Group

3. Healthcare support workers and the nursing associate pilots

Conference notes that the NHS is in the midst of a nursing shortage, which has led to healthcare assistants (HCAs) working in the NHS performing roles previously done by nurses without the equivalent pay or education. Instead of investing in the whole HCA workforce, the government has chosen to focus on creating a new 'nursing associate' role in England, a move that conference does not believe will solve the NHS staffing crisis.

Whilst it is recognised that the new nursing associate role could help improve the career prospects of existing healthcare assistants who already provide vital support to the NHS, they should not be seen simply as another cheap alternative to registered nurses.

In October last year, Health Education England (HEE) announced a pilot scheme that will train 2,000 people as nursing associates over the coming months. It is vital that these new roles are recruited into UNISON membership to ensure that they are not exploited by their employers who may use the uncertainty around the purpose of the nursing associate to plug gaps in NHS care because of nursing shortages.

Conference is worried that the nursing associate is a role that is only being developed in England, leading to more divergence with Scotland, Wales and Northern Ireland in the shape of the nursing workforce.

Conference is also concerned that it is unclear how the nursing associate will be distinct from, and fit with, existing assistant practitioners working in the nursing sector. Many assistant practitioners, who already work directly to support nurses, feel their role has been marginalised and devalued by the introduction of this new role.

Conference calls on the Health Service Group Executive to campaign for:

- 1) Nationally defined scope of practice and role titles for each level of HCA and the nursing associate so that role boundaries and responsibilities are clear for staff and patients.
- 2) Standardised education, training and competency standards for the whole support workforce set nationally.
- 3) A review of pay banding and career structures for all healthcare support workers.
- 4) More investment and support for those who wish to progress on-the-job into registered nursing or other health professions.

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- 5) Appropriate and proportionate regulation for healthcare support workers including nursing associates.

Conference further calls on the Health Service Group Executive to:

- a) Ensure UNISON continues to be involved nationally in overseeing the nursing associate pilots and developing job descriptions and joint guidance on employment issues.
- b) Work with branches and regions to monitor the nursing associate pilots and ensure that nationally agreed job descriptions and Agenda for Change bandings are used consistently, with all nursing associates receiving their normal salary including unsocial hours throughout their training.
- c) Work with branches and regions to recruit and organise nursing associates to ensure they are properly supported.
- d) Resist attempts by employers to use these new roles for purposes of role substitution and dilution of skill mix in nursing teams and seek clarity on expectations for different roles and how they might fit into care teams to maintain public safety and confidence without creating divisions.
- e) Campaign for appropriate learning opportunities and career development to be available to all members of care teams. This must avoid reinventing further discrepancies across and between different roles.
- f) Insist that future developments are subject to equality impact risk assessments and principles of equal pay for work of equal value.
- g) Campaign for guaranteed jobs at the end of nursing associate training or apprenticeships.
- h) Ensure that nurses involved in training nursing associates are given mentorship training, sufficient time and appropriate banding.

Nursing and Midwifery Occupational Group

4. Protecting and supporting nursing associates and other healthcare staff

Conference notes the government's intention to recruit and train nursing associates as part of a multi-disciplinary health care team, and welcomes the decision to regulate the nursing associate role. However, conference believes that there should be a comprehensive and proportionate approach to regulation across the whole of the clinical support workforce.

The opportunity for career progression for our members in healthcare support roles is also to be welcomed, and conference believes that nursing associates can be an opportunity to upskill support staff and add extra value to the nursing team.

However, there must be robust safeguards against substitution of nursing associates for fully qualified nurses. Safe staffing ratios need to be clear, as outcomes for patients are worsened when qualified nurse posts are replaced by less qualified staff. Further, nursing associate trainees need to be mentored, supervised and supported by registered nurses,

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and conference is concerned that there are not enough nurses with sufficient time to do this effectively.

Conference notes that UNISON is working at local, regional and national level to oversee the nursing associate pilots and make sure that the role is developed in a fair and sustainable way; and that work has been done through the NHS Staff Council to secure national agreement that trainees will be employed and paid on a band 3 rate.

Conference therefore calls upon the Service Group Executive to continue the dialogue with all appropriate NHS bodies and seek to ensure that:

- 1) a rigorous and independent evaluation of the pilots be widely published at the end of the pilot programme, including a full equality impact assessment;
- 2) all staff who successfully complete the nursing associate training are able to secure jobs at band 4 level;
- 3) there is a consistent approach to accreditation of the nursing associate qualification so that it counts towards an agreed proportion of the full nursing degree for those who wish to go on and qualify as nurses;
- 4) the nursing associate role does not become a glass ceiling in the same way as the old Senior Enrolled Nurse role;
- 5) all levels of the healthcare assistant and support workforce are valued, correctly banded and have opportunities to progress and achieve recognised levels of training and competence.

National Women's Committee

5. New roles in the NHS

Conference notes that staff shortages, skills gaps, public expectations, integration of services and a mounting funding crisis are all driving initiatives to redesign the NHS workforce.

Conference recognises that workforce redesign done properly – supported by AfC job evaluation and the principles of equal pay – has the potential to develop skills and open up career pathways for all grades of staff. 'Benefits realisation' for staff using the skills escalator provided for by the Agenda for Change Knowledge and Skills Framework is long overdue.

However, Conference is concerned about the knee-jerk approach to workforce from governments and employers rushing to develop new roles such as physician associates, nursing associates, medical assistants, and health coaches.

Many of these initiatives have been developed in isolation rather than as part of holistic review of the whole workforce. They often lack a strong evidence base, instead focusing on creating lesser qualified roles, with a shorter training requirement, as a quick fix to plug gaps.

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A report by the Kings Fund – Supporting integration through new roles and working across boundaries – concluded that:

“Rather than assuming a need for new roles, the evidence suggests that valuing and reinforcing professional and organisational identities can...facilitate closer teamworking across organisational boundaries...New roles may be needed in some cases; however the need for such roles should be demonstrated rather than assumed.”

Although many new roles are described as ‘supporting’ a registered professional, the risk of role substitution is obvious. This approach can create career development options for some staff, but it also risks missing opportunities to extend the roles of others.

For example, there are concerns that employers may automatically look to the new physician associate role, without also exploring the option of developing advanced roles for STAT (Science, Therapy, and Technical) occupations – which might be better suited to delivering person-centred, recovery-focused care.

A consequence of this ad hoc approach to new role development is inadequate coverage of professional regulation in healthcare. The physician associate for example is not regulated in the UK, but merely eligible to join a voluntary register. Yet physicians associates work to a scope of practice that includes a high degree of clinical decision-making autonomy.

Conference therefore calls on the Service Group Executive to:

- 1) Ensure we recruit and organise effectively among staff in new roles so that we can represent their interests and support them to access good quality training and development
- 2) Monitor the development of new roles, their costs and effectiveness
- 3) Campaign against cost-driven role substitution and for safe and effective staffing
- 4) Promote and share good practice models for extending existing roles as well as developing new roles
- 5) Promote alternatives to the medical model of healthcare such as occupational therapy
- 6) Raise concerns about gaps in regulation, and campaign for a comprehensive and proportionate scheme of regulation fit for 21st century healthcare
- 7) Campaign for comprehensive, fully resourced training, skills acquisition and career development opportunities for all NHS staff across all bands.

Science, Therapy and Technical Occupational Group

6. Monitoring the impact of scrapping NHS bursaries

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In its response to its consultation on reforming healthcare education funding in England, the government confirmed that it would be going ahead with its decision to remove NHS bursaries for nurses, midwives and allied health professionals and replace them with tuition fees and loans from autumn 2017. This is despite Scotland, Wales and Northern Ireland's devolved government's confirming that their countries will retain the bursary.

This decision was made by the government despite overwhelming opposition from trade unions and professional bodies, employers, universities, and campaign groups. A YouGov poll of 1,656 adults, undertaken between 13 and 14 June 2016, found that there was very little public support for removing NHS bursaries and replacing them with tuition fees and loans. The decision is a political one which is risky and untested. The government did not consult on how healthcare student education should be funded and failed to secure a mandate.

Far from encouraging 10,000 additional training places by 2020, Conference is concerned that cutting NHS bursaries will discourage many people, including UNISON members who are healthcare assistants and want career progression, from becoming a nurse, midwife or allied health professional because of the fear of debt. Even if the reforms do not put off students, course places will be restricted by the lack of available and suitable placements.

Conference fears that the expected decline in numbers entering nursing, midwifery and the allied health professions in higher education will exacerbate the current recruitment crisis in the health and social care sector putting patient safety at risk and weaken the diversity of the profession.

The government's proposal states that it will ensure sustainable funding for universities. However, because of the decline in student numbers and the need to finance access bursaries for lower social economic students, Conference is worried that universities will be worse off financially.

Contrary to the government's claim that scrapping NHS bursaries will save the Treasury money, Conference anticipates that there will be no cost savings to the Exchequer because most nurses will not earn enough to repay the entire loan and the decline in numbers entering nursing will increase agency staffing costs.

Conference calls on the Health Service Group Executive to:

- 1) continue to campaign against the removal of the NHS bursary and the introduction of tuition fees and loans for healthcare students in England;
- 2) continue to campaign for healthcare students to be salaried or to receive a living bursary in all four countries;
- 3) monitor the impact that the removal of the bursary has on student numbers, including application and attrition rates, and the size, make up and diversity of our future NHS workforce;
- 4) monitor the impact of the introduction of tuition fees and student loans on healthcare students' debt levels and living standards;
- 5) monitor the quality of the placements if there are additional training places;

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- 6) monitor the impact reduced student numbers will have on university funding and patient safety;
- 7) monitor the impact unpaid student loans will have on the Treasury; and
- 8) hold the government to account for its decision to remove the NHS bursary and their claims that it would create additional training places, create sustainable university funding, and save the government money.

Nursing and Midwifery Occupational Group

6.1

Add at end of fifth paragraph:

‘Recent figures confirm the fears about declining numbers with a 23 percent drop in applications by students in England to nursing and midwifery courses reported at the beginning of February. Conference notes that the reduced numbers will not represent a cross-section of potential applicants but will be skewed towards those at greatest socio-economic disadvantage. The socio-economic penalty on women, Black and disabled people is well known. Research by NatCen Social Research for UNISON confirms that lesbian, gay, bisexual and transgender people also face this disadvantage, rooted in discrimination and exacerbated by public spending cuts. Conference believes that a fully diverse workforce is best placed to meet the needs of the diverse patient body. This further skewing of applications will impact on the whole NHS as well as the excluded individuals.’

In action point 3), after ‘diversity’ insert ‘across all equality characteristics.’

National Lesbian, Gay, Bisexual and Transgender Committee

7. Governing Body Registration Fees

Conference welcomes the work carried out by the National Nursing Occupational Group and other Service Groups through ongoing engagement with the governing bodies.

Conference notes that in these days of continued austerity and pay restraint where our members are increasingly finding themselves in financial difficulty, the governing bodies continue to refuse to offer registrants the opportunity to pay their registration fees by monthly direct debit. Payment of registration fees by monthly direct debit will afford our members who are registered with the governing bodies more opportunity to carry out better budgeting to meet their financial commitments across the course of the whole year thereby reducing the risk that they might find themselves more financially compromised when faced with either once yearly or quarterly payments for registration fees.

Conference calls on the Service Group Executive and the National Nursing and other Occupational Groups to lobby the governing bodies to provide the choice of a monthly direct debit for registration fees to enable registrants to better meet their financial commitments.

Lanarkshire Health

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8. Car parking charges - an attack on NHS staff and the public

This Conference notes that car parking charges mainly affect NHS staff in England and that this results in major costs to many staff. The cost of parking continues to rise in many areas. In Bucks Hospitals it is now from £20 a month, with no guarantee of a parking space. Where else would you pay for something that you don't receive?

Staff are becoming increasingly stressed over this and the time it takes searching for places and subsequent fines imposed by private parking companies for parking incorrectly. Travelling by car for many NHS staff is now a necessity because of Local Authority public transport cuts means staff have no choice but to travel by car and yet they are then penalised by their employers for this.

This Conference also recognises that the cost of car parking at hospitals is a major complaint held by the public and those using NHS services, with much publicity surrounding this. This Conference is asking to continue to oppose car parking charges and to continue to support staff in countries and trusts where charges do not apply to ensure they don't creep in.

This Conference asks the Service Group Executive to organise a National Freedom of Information request to all NHS organisations providing services to ask:

- 1) The scale and range of charges in their Trust/Organisation.
- 2) Those exempted from charges.
- 3) Charges for the public.
- 4) How the income from charges is used and how much is used to subsidise services e.g. lighting which would need to be provided anyway.
- 5) How many fines are issued and where does the income go.
- 6) Which private contractors are used.
- 7) How much profit/surplus there is over and above the administrative running costs.
- 8) That this information is given to the press, regions and local branches, for them to use in any campaigns they are involved in.

Bucks Healthcare and Community

8.1

After third paragraph insert "This Conference additionally asks the Service Group Executive to produce a 'Fair Car Parking' Charter and resource pack incorporating relevant bargaining and campaigning materials."

Health Service Group Executive

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9. Key Worker Housing

This Conference notes the issues for young workers in essential public services who cannot afford the rising cost of housing - especially in the city centres. Low wages, public service cuts and the high cost of living compound the problem to make it even harder for young workers to afford to live.

This Conference welcomes the announcement by NHS England that they will build key worker housing in major cities.

This Conference further notes that rent hikes are also threatening to push out workers, even in key worker housing provided by the Government.

This Conference therefore calls on the Service Group Executive to:

- 1) Seek to work with other stakeholders, such as the National Union of Students, to campaign for and to negotiate with the Government to introduce rent controls in key worker housing for NHS workers (including student nurses and other health professionals);
- 2) Use lobbying and campaigning to win our case.

National Young Members' Forum

Negotiating and bargaining:

Equalities issues

10. NHS Equality and Diversity Council LGBT group

Conference welcomes the establishment of a lesbian, gay, bisexual and transgender (LGBT) task and finish group by the Equality and Diversity Council (EDC) of NHS England. The EDC aims to tackle health inequalities and promote equality for all, bringing to life the values of the NHS Constitution. The LGBT group was set up in acknowledgement of the fact that LGBT workforce equality is a less developed area of work than some other equality streams, while discrimination remains all too common. UNISON represents the staff side on the LGBT group.

Objectives of the group are to:

- 1) Develop and promote a central source of good and best practice and advice and guidance in relation to workforce policies and procedures which support and encourage an inclusive approach to LGBT staff
- 2) Develop an LGBT workforce standard for health and social care
- 3) Integrate LGBT issues into national training curricula and programmes
- 4) Ensure that issues relating to the bullying and harassment of LGBT staff are actively addressed in any national campaign / initiative
- 5) Promote clear, visible leadership and engagement across the system on LGBT issues

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- 6) Improve monitoring of LGBT data across the system – and the confidence of organisations and managers to collect and use LGBT data more effectively.

Conference endorses these objectives and notes the importance of training, leadership, data and monitoring and role models in tackling discrimination and prejudice and building equality. Conference welcomes the aim to have best practice resource available on the diversity and inclusion pages of the NHS Employers website for LGBT History Month in February 2017.

Although this is an initiative of NHS England, best practice from NHS Scotland and Wales and HSC in Northern Ireland will prove invaluable in developing the work.

Conference calls on the Health Service Group Executive to:

- a) Urge health branches from all parts of the UK to submit examples of good practice, advice and guidance;
- b) Support and promote appropriate recommendations from the EDC LGBT group on the above objectives;
- c) Urge branches in England to support the work locally.

National Lesbian, Gay, Bisexual and Transgender Committee

11. Impact of cuts on Trans health workers

Conference notes the destructive impact of public spending cuts on health workers. This covers many aspects including pay, terms and conditions, workload, stress levels, the complexity of service user needs, cost of living, to name just some factors.

Conference welcomes research for UNISON by NatCen Social Research on the particular impact on lesbian, gay, bisexual and transgender (LGBT) people. This research, published at the end of 2016, showed a disproportionate impact on LGBT people in general and particular issues for Trans people. The impact on health services featured prominently in the research. It showed workers are struggling to cope and LGBT workers are feeling increasingly vulnerable. LGBT specialist health services are disappearing and progress on LGBT equality at work has been stopped or is in reverse. This is particularly acute for Trans workers who face highest levels of discrimination, including in the health service.

This is backed up by UNISON's first annual equality survey: two thirds of trans members working in health services had experienced or witnessed discrimination in their workplace in the past year, compared to a quarter of all members who responded.

One of the common triggers for discrimination against Trans workers is the process of transitioning from the gender assigned at birth to their correct gender. This can be a very stressful time for a person anyway and is made worse when they are accessing gender identity clinic services. This is because of increasingly long waiting times and shortage of trained and knowledgeable staff, as shown by the NatCen research. By contrast, a positive experience at work can make all the difference and the role of UNISON reps in assisting with this can be life-changing. Some NHS employers, responding to UNISON and community pressure, have shown best practice in this.

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Conference welcomes the UNISON resources for reps bargaining for Trans equality and supporting Trans members. These include the bargaining factsheet 'Transgender workers rights' and UNISON's 'Introductory guide for trade union reps supporting Trans members', along with the expertise provided by health members in our UNISON LGBT members group and its active Trans network.

Conference calls on the Health Service Group Executive to:

- 1) Publicise the findings of the NatCen Social Research for UNISON on the implications of public spending cuts on LGBT people and services, and use the health specific findings from the research in health service group campaigning against cuts;
- 2) Highlight in particular the funding crisis in gender identity services and specialist LGBT mental health services and the impact this has on workforce wellbeing;
- 3) Publicise UNISON's resources on trans workers equality, urging health branches to check local trans equality policies are up to date and in line with the UNISON's guidance on best practice and reps are familiar with the issues;
- 4) Urge health branches to publicise and promote UNISON's LGBT group, encouraging members to attend regional and national LGBT events and supporting branch level initiatives.

National Lesbian, Gay, Bisexual and Transgender Committee

12. European Union nurses post-EU exit – wanted, needed and valued

Conference recognises the valuable and vital contribution that nationals from other countries in the European Union (EU) have made to the UK. There are around 22,000 EU nurses, health visitors and midwives working in the NHS, making up about 6.5 percent of the total nursing workforce, whilst average vacancy rates for nurses in England are around 9.4 percent.

Conference notes that since the UK voted to 'Leave' on the 23rd June, the status of EU nurses remains uncertain as the government refuses to give a commitment to guarantee the long-term rights of these EU workers who have made a home in the UK.

Conference further notes that the NHS risks collapse as many of our EU nurses may choose to leave the UK rather than face this uncertainty as the government has refused to give any assurances to our EU nurses. The government has suggested that companies could be forced to publish the proportion of 'international' staff on their books in a move which would effectively 'name and shame' businesses. Even NHS England has said attempts to curb immigration could trigger the closure of hospitals and care homes that have relied on nearly 130,000 European nurses, doctors and other staff for years.

Conference is also saddened to hear that hate crime has soared since the EU exit vote with the overall figure up 20 percent; xenophobic rhetoric is becoming commonplace within the mainstream media and some of our MPs are fuelling hate.

Conference welcomes England's Chief Nursing Officer's message to EU nurses post-EU exit, saying 'you are an integral and vital part of the health and care family and your skills and compassionate care directly benefit patients, families and communities.'

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UNISON has offered a range of support for EU members and has called on the Government to give a commitment to EU workers. A new EU members' network has been launched and meetings and an internet seminar with its EU members and have already taken place. It has also commissioned the Joint Council for the Welfare of Immigrants (JCWI) to provide a booklet for European Economic Area (EEA) nationals and their families in the UK, to inform and reassure them of their rights in this country. And in the autumn, a UNISON EU network road show will be touring the regions, when the union will be listening to the concerns of members and talking about how it can campaign for the right to remain.

Conference notes this is a fluid and fast moving situation, however, employment and immigration rights remain the same for now. Once Article 50 is invoked things are likely to become even more uncertain. UNISON will continue to fight for EU nurses to be able to remain in the UK. The NHS is already facing a major nursing shortage and difficulty recruiting and retaining nurses, therefore, allowing any ongoing ambiguity over their future is the wrong way of treating people who care for our friends and family every day, and continues to make recruitment and retention even more difficult.

Therefore, conference calls on the Health Service Group Executive to:

- 1) Continue to work with the Cavendish Coalition to lobby for the right of EU workers in the NHS to remain in the UK
- 2) Continue to work with regions and branches to understand and address issues facing our EU nurses
- 3) Ensure the voice of nursing members are heard in EU exit negotiations whether via the TUC or directly with the Government
- 4) Lobby for the best possible EU exit deal to be achieved once Article 50 is invoked, including the need to protect freedom of movement for EU nurses
- 5) Work in partnership with the NHS Staff Council to support EU Staff, including nurses, working in the NHS who have been the victim of hate crime, including a zero tolerance to hate crime whether from NHS patients, family or staff
- 6) Work with Branch Reps, including Equalities Reps, to raise awareness of the updated 'Challenge Racism in the Workplace' toolkit and UNISON's race discrimination claims protocol amongst EU nurses
- 7) Update UNISON's guidance aimed at migrant nurses and midwives who are working or are intending to work in the UK
- 8) Continue to work with the Joint Council for the Welfare of Immigrants (JCWI) on what steps EU nurses can take to protect themselves and promote that immigration advice can be accessed via UNISONdirect

Nursing and Midwifery Occupational Group

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13. Migrant workers, racism and the NHS

This health conference notes there has been an increase in racist rhetoric after the EU referendum and an increase in some political parties attempting to infer that the cause of the NHS's current lack of funding is due to immigration.

There are approximately 84,000 migrant workers from the European economic Area, totalling 6 percent of the England's social care workforce and over 20 percent of NHS workforce. This government has already attempted to enforce deportation of qualified nurses from abroad who don't earn a given annual salary. We also note that this scheme was unworkable and caused the government into an embarrassing u-turn.

Migrant workers have always been required to work in the NHS and without them the service would have not been able to function. This is still true today.

This conference believes:

- 1) that the National Health Service has been built and sustained partly by the huge number of migrant workers coming from across the world to work in it. Often migrant workers have been in the lowest paid, so-called "Cinderella" jobs – nights, mental health, elderly and community care, SEN jobs, ancillary jobs etc.
- 2) that migrant workers have played a positive role in our NHS, and are not responsible for the current financial crisis experienced by almost all NHS Trusts around the country.
- 3) some would like to blame migrants for lower wages or not enough services. Neither are true.
- 4) it is predatory governments, privatising and outsourcing services, sticking to 1 percent pay increase, and cutting £30 billion from NHS budgets who have lowered wages - alongside some of the worst employee and trade union rights in the western world.
- 5) it is the £30 billion NHS cuts which have reduced services, not the £0.2bn migrant use of the NHS which is less than they pay in tax as workers.
- 6) unless these lies are challenged, a culture where racism and xenophobia will increase and deflect from the real cause of current financial instability in the NHS, chronic underfunding and re-organisation by Tory and previous Con-Dem coalition.
- 7) migrant workers, like black workers, are often subject to racism in work and face a much higher rate of complaint and disciplinary action.
- 8) Brexit (whilst being a rejection of the status quo of austerity, marketisation and a growing divide between rich and poor, which has made so many lives bad) does not have to be a rejection of immigration.

Conference resolves that:

- a) UNISON should campaign for the continuation of full rights for all migrant workers already in the UK, to work and stay. Both because it is right to do so, and because without this the NHS is under serious threat of understaffing and collapse.

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- b) We should provide material for all members saying we welcome migrant workers, showing the benefits to all of our multi-cultural workforce.
- c) We should campaign for the rights of workers from across the world to come and work in our NHS without restrictions, as has always been the case since the start of the NHS.
- d) However our members voted over Brexit, we should equip them to challenge racism and anti-migrant sentiment, as it benefits the government, not our members, black or white, wherever we were born.
- e) UNISON should continue to put the blame for the current NHS financial crisis not with migrant workers, but where it belongs, with the political decision to continue with austerity. We should campaign in the health and social care sector for proper funding of both, not by increasing council taxes or national insurance but by taxing the wealthy.

Bolton Salford & Trafford Mental Health

13.1

In point 8 delete

‘Brexit (whilst being a rejection of the status quo of austerity, marketisation and a growing divide between rich and poor, which has made so many lives bad)’

and insert ‘While people voted to leave for a range of reasons, often feeling left behind, a vote to leave the European Union’

In action point d) delete ‘Brexit’ and insert ‘the European Union’

Health Service Group Executive

14. Challenging racism in the workplace

Conference notes that people have come from all over the world to help deliver our world-class health service. Everyone relies on people of all different races, religion and backgrounds to deliver the NHS we are so proud of.

Conference further notes rising reports of xenophobic and racist incidents in the wake of the European Union (EU) referendum. It is deplorable that anyone should face any kind of abuse. It is vital that UNISON not only stands up to such behaviour but also supports branches and activists to challenge prejudice wherever it raises its head, and especially so in the workplace.

Conference notes the publication of UNISON’s “tackling prejudice and xenophobia” materials, and welcomes the use of these resources by health branches and by activists in their communities.

Conference additionally notes the Executive’s wider work on supporting and defending EU migrant workers in particular during the ongoing negotiations for the UK exit from the EU.

Conference calls on the Service Group Executive to:

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- 1) Promote UNISON's "tackling prejudice and xenophobia" work to health branches and activists.
- 2) Work with Black Members' Committee and the Membership Participation Unit, as well as UNISON's migrant worker networks, to ensure health branches and activists are briefed on the latest issues and campaign resources.
- 3) Continue to articulate the positive impact of a diverse, multi-national, NHS workforce and the benefits this brings to service users and the public.

Health Service Group Executive

15. Discrimination in the NHS

The NHS employs 1.4 million people, many of these staff are black, they work as brain surgeons, researchers, nurses, Care Quality Commission inspectors, care workers to name a few. The NHS that relies on black staff to function also discriminates against black people in terms of opportunity, recruitment, promotion, bullying, victimisation (particularly if they whistle blow) and the disciplinary process.

Roger Kline published the Snowy White Peaks report in 2014, the report recognised that although NHS organisations collected data on discrimination; however, in the last 20 years little has changed for Black people in the NHS. In June 2016 the first Workforce Race Equality Standards (WRES) report was published. The WRES was introduced in 2015 to better understand why it is that black staff often receive much poorer treatment than white staff.

The report received widespread media attention, the numbers did not make for pleasant reading, 75 percent of all acute trusts showed that a higher percentage of black staff were being harassed, bullied or abused by staff in comparison to white staff in the last 12 months. In 86 percent of acute Trusts, a higher percentage of black staff do not believe that their organisation offers equal opportunities for career progression or promotion in comparison with white staff; 81 percent of acute Trusts report a higher proportion of black staff having personally experienced discrimination from a manager, team leader or colleague than white staff.

For the majority of black staff who work in the NHS, these figures do not offer any surprise because many have already experienced discrimination, been denied promotion, been more qualified and experienced than the person offered the job. However, we cannot continue like this, we cannot continue to report unfairness in the NHS with no change being offered. We must work together to address these issues affecting black members as the largest public services union.

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

- 1) Highlight the issue of the discrimination faced by black people working in the NHS;
- 2) Explore ways to raise the issue of black discrimination in the NHS at a national level.

National Black Members' Committee

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Negotiating and bargaining:

Health and wellbeing

16. Sickness Absence and Occupational Health Services

Conference endorses the need for effective management of staff health and attendance at work and the support mechanisms, which promote good practice. We need to enable UNISON health members with long term or acute conditions to lead full and productive lives and balance their health work roles effectively.

Conference is concerned that manual workers are performing increased physically demanding roles which will have a cumulative negative effect on their health, such as musculoskeletal or back problems. For Administrative and Clerical members similar rises are being reported not only in musculoskeletal and back problems, but also in repetitive strain injuries as well.

Conference notes that some NHS organisations and private employers in the NHS are putting pressure on members to take annual leave in place of sick leave or are being informed to use their annual leave to meet medical or other treatment appointments relating to their sickness.

Most employers have a direct occupational health provider to support members' health issues. However there are recent Government proposals for employers, who may not have a direct service. No doubt this group will include private employers across the NHS, where if an employee is off on long sickness, they would be referred to a call centre by either a GP or the employer. All communication with the off-work employee will be electronically; therefore it is unlikely there will be any one-to-one meetings between the employee and the occupational health assessor.

An employee can only be referred once a year and the employer will receive tax relief (estimated to be around £500) providing the employee has completed a phased 4 week return to work scheme.

Conference notes this "Fit for Work" service may have the authority to overrule a GP's sick note. This allowing employers to use capability policies to dismiss an employee, if the employee is unable to complete the phased return to work action plan.

Conference calls on the Health Service Group Executive to:

- 1) Call on NHS employers including those private employers in the NHS, to promote sickness absence policies that support staff and tackle the underlying causes of workplace ill health.
- 2) Raise awareness and promote UNISON's model disability leave agreement and UNISON's health and safety guides on and disability and the ageing workforce across health branches.
- 3) Campaign against any NHS employers who are not complying with the NHS Staff Council guidelines on prevention and management of sickness absence. Where there may be a private employer in the NHS, to urge that employer to follow these guidelines.

East Midlands Region and NHS Logistics

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16.1

In action point 2), after 'ageing workforce' insert: ', and the TUC's dying to work campaign'

Nursing and Midwifery Occupational Group

17. Health, Safety and wellbeing

NHS Blood and Transplant (NHSBT) is finding itself under pressure in the drive of the NHS to make financial savings. In England hospitals are charged for each unit of blood and NHSBT has been trying to keep the price of blood low. This has meant more and more 'lean' working practices putting staff under greater pressure at work.

These pressures exist across the NHS and they raise for us serious health and safety concerns for our members. With stress being the single highest category of sickness absence across the NHS this underlines the real importance of UNISON campaigning hard on staff wellbeing and on work pressures not being used so that accidents are more likely to occur in the workplace.

NHSBT drivers are facing longer journeys as NHSBT reduces its number of manufacturing plants. Reduced numbers of staff on teams puts increased pressure on staff trying to provide an excellent service to the public and the NHS making the likelihood of accidents at work greater.

Conference agrees to:

- 1) Issue firm and well argued guidance to its branches and members on 'lean' working practices and their implications for members' health and wellbeing.
- 2) Encourage the election of more UNISON health and safety representatives in workplaces to regularly investigate and report on working practices that threaten our members' health and wellbeing.
- 3) Do more to develop guidance on health and wellbeing for our members paying particular attention to the increase in mental health problems for UNISON members arising from increased management pressures caused by insufficient NHS funding.

NHSBT Northern

18. Protect the health and wellbeing of ambulance staff

UNISON has been at the forefront of negotiations around the retention of ambulance staff for the last 2 years. Through this process we have highlighted issues which are driving ambulance staff to leave the job they love. No matter what the role within the ambulance service, UNISON needs to work with employers to improve the root causes of people leaving.

We know all NHS staff are under increasing pressure as budgets are tightened and cuts bite. However, ambulance staff have some unique pressures which need addressing.

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Ambulance staff often work long shifts and with unpredictable finish times, they regularly work in excess of 12 or 14 hours, with the longest shift recorded in recent times being 20.5 hours. Due to the high levels of demand, ambulance staff rarely get the breaks they need to ensure they are able to deliver critical care to patients. Ambulance staff are not robots, they are humans and employers need to find a better balance between performance and health and wellbeing.

This is why we welcome a joint initiative to look at the mental and physical wellbeing of ambulance workers, involving a 2 year strategic action plan, developed in partnership, to find ways to better engage and support the ambulance workforce. But, the agenda for this work is big so we need to focus peoples' actions to deliver real and lasting change for ambulance workers.

Conference calls on the Service Group Executive to support the ambulance occupational group to:

- 1) Engage with the National Ambulance Strategic Partnership Forum Health and Wellbeing project, and equivalent devolved nations groups, to deliver genuine change enabling a greater focus on health and wellbeing, including mental health
- 2) Campaign for a better balance between ambulance performance and staff wellbeing
- 3) Work towards a lasting reduction in incidents of violence and aggression and bullying and harassment
- 4) Improve engagement with all staff in the UK ambulance services, including under represented groups
- 5) Use all opportunities to argue and campaign against increases to retirement age
- 6) Assist ambulance branches to secure Board level commitment and local investment to enable improvements for the workforce

Ambulance Occupational Group

19. Older women working in the NHS

Conference notes that many women working in the NHS will not have a work history which will entitle them to a decent pension, or enable them to retire early. With the eventual rise of the state pension age to 67, it is inevitable that many women will be working until that age, when they are able to access the state pension to supplement their paltry occupational pension.

With an NHS workforce which is predominately female, conference recognises that there are gender specific concerns for older women workers – including menopause, musculoskeletal injuries and osteoporosis – which may lead them into capability proceedings. This is particularly the case for lower graded workers, who are more likely to be involved in work which involves greater physical exertion.

Conference welcomes the work which has already been done to address these issues, particularly the production of the Age Awareness Toolkit, but remains concerned at the potential for capability and performance procedures being used against older workers

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when redeployment is problematical – particularly when there are few redeployment opportunities at an appropriate level and/or where retraining is required.

Conference therefore calls on the Service Group Executive to continue to work with regions, branches and all appropriate NHS bodies to:

- 1) raise awareness of the toolkit, and encourage its use to support older members to continue to work in a safe and healthy environment;
- 2) seek to ensure that redeployment and retraining opportunities are offered to all staff, and that capability is not used unfairly to penalise staff where their age and related health conditions are contributory factors;
- 3) work with the self organised groups to provide further guidance to branches on negotiating policies to take account of gender and age-specific health conditions, and disability leave.

National Women's Committee

20. Dementia friendly employers

Dementia is a neurological condition that has wide ranging symptoms, the most common of these being confusion, memory loss and difficulty communicating.

There are currently around 850,000 people with dementia in the United Kingdom, 40,000 people with dementia are under 65. This is expected to increase to a million within the next 9 years. 225,000 people have been diagnosed this year, that's 1 person every 3 minutes. Dementia is not restricted to older people. Almost 5 percent of people diagnosed with dementia are under the age of 65 of which 18 percent continue to work after their diagnosis.

Disabled members know full well the impact of the lack of awareness and understanding of disabilities in the workplace. We welcome the work undertaken by the Alzheimer's Society and the production of 'Creating a dementia friendly workplace', which is a practical guide for employers. UNISON was involved in the working group that helped develop this important piece of work, which gives practical tips about how to create an environment which is dementia friendly but would also be disabled person friendly too!

No worker wants to find themselves placed in a situation where they cannot get the support they need. Employers should take appropriate action to ensure that no employee is treated unfairly or stereotyped, which can sometimes happen unwittingly, due to a lack of understanding, training and knowledge.

Dementia can impact on workers' terms and conditions in a number of ways. For example failure to make reasonable adjustments; insufficient carers leave for employees who care for dependents who have dementia; or when workers come into contact with people with dementia, who may not be diagnosed, but have challenging behaviours which they have not been trained to deal with.

Conference calls on the health service group executive, to work with appropriate service groups and the National Disabled Members Committee to:

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- 1) Use the Alzheimer's Society dementia friendly employer's guide as a basis for encouraging NHS employers to become dementia friendly employers.
- 2) Promote the Open University/UNISON one day workshop within NHS employers.
- 3) Raise awareness of dementia and encourage health activists and members to become dementia friends and or champions.
- 4) Work with Education services to develop a training module for activists and Stewards.

National Disabled Members Committee

20.1

In action point 2) add at end: 'and encourage employers to make it mandatory training for all their staff'.

Nursing and Midwifery Occupational Group

Negotiating and bargaining:

Agenda for Change, pay, terms and conditions

21. Refreshing Agenda for Change

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

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

South Derbyshire Healthcare

22. Effect of NHS Trust organisational change and the impact for Agenda for Change

In today's climate, within the NHS, changes are constantly happening to turn it into a profit making business, and mergers, staff reductions, and other distressing actions have all occurred. Consultations with staff appear to take place on an ad-hoc basis and lack full and meaningful discussions and negotiation.

Staff experience new challenges on an almost daily basis as reorganisations take place, jobs are frequently down-banded and staff devalued, leading to reduction in pay, poor pay protection offers, and the knock on effect this has, along with staffing numbers being reduced. All this, to achieve cost cutting targets.

The formal matching processes appear to be on a hit and miss basis, with no planning or forethought for existing knowledge and people skills. Trusts need to carefully consider the matching process overall, and be especially aware of current structures, as it has been known for staff to end up being managed by those who were their staff. Conference calls upon the Health Service Executive Committee to:

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- 1) Prepare an education programme for members, stewards and Agenda for Change practitioners, to ensure they are aware of how to address terms and conditions issues by clearly defining how to negotiate the Agenda for Change pay band moves and/or down-banding situations, to ensure best possible deals.
- 2) Encourage Trusts to organise structured consultation meetings, and support the staff members in the opportunity for a choice of moves to other areas of their Trust, for those affected.
- 3) Train stewards to liaise with managers within Trusts to be mindful of financial situations, after changes that staff frequently find themselves in, such as mortgages, loans and travel, and to ensure financial advice is available to such affected staff in areas such as these, via UNISON's There For You or an Employee's Assistance Programme.

South East Region

22.1

In paragraph 3, second sentence, delete 'current structures' and insert:

'proper job evaluation processes and agreed process for organisational change, as laid in Annex X/ 24 of Agenda for Change.'

After action point 3 insert new action point:

'4) Provide support to stewards and branches on understanding and applying Annex X/24 of Agenda for Change.'

Health Service Group Executive

23. Pay Campaign

The Joseph Rowntree Foundation Report (December 2016) has shown that 7.4million people who are in working households are living in poverty. The policies of this government, including the public sector pay cap, do nothing to solve this.

Reporting on the Chancellor Philip Hammond's Autumn Statement 2016, the TUC Worksmart webpage has made clear that: "The public sector pay cap is also a serious problem that has a negative effect on public services and the people who work in them. Public sector workers are still more than £2,000 per year worse off than they were in 2010 in real terms, as a result of years of pay freezes and caps. This statement didn't change that."

Conference condemns the continuation of the 1 percent pay cap for Public Sector Health workers. Conference believes that the Health Service Group's Pay Campaign should present a clear demand on pay:

- 1) To win the Healthcare Conference policy of a £10 hour minimum wage; and
- 2) To win no less than a £1 an hour pay increase

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

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across all four countries. Conference calls on the Health Service Group Executive to present a pay claim that includes:

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

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

South Derbyshire Healthcare

Amendment 23.1

- i) In fourth paragraph, delete all from 'present a pay claim' through to '£1 an hour'
- ii) and insert in its place:
- iii) Produce a public statement at the end of conference committing the Health Group to break the 1 percent pay limit in 2018/19;
- iv) Lodge a claim for a £10/hour minimum wage and a 10 percent increase for all NHS staff with the government, NHS Employers and the PRB;
- v) Campaign amongst and prepare our health membership for a ballot for legal industrial action in support of the claim;
- vi) Ensure that any action is started before the government can impose the next 1 percent rise in April 2018.'

Mid Yorkshire Health

24. Tackling Low Pay across our NHS

This Conference congratulates UNISON Scotland in their outstanding success in tackling the scourge of low pay in the health service. From October 1st 2016 all staff employed in NHS Scotland on Agenda for Change Band One had their posts reviewed and all were offered Band Two posts with only very minor adjustments to their roles. This resulted in over 97 percent of staff on Band One transferring to Band Two with the exceptions being those staff who due to working very limited hours would have lost out via social security entitlements.

This pay increase now means that the lowest paid full time member of staff in NHS Scotland is in receipt of a salary £3,000 more than the equivalent member of staff in the NHS elsewhere in the United Kingdom.

UNISON Scotland led the way in tackling low pay in the NHS by getting rid of the lowest pay points and have now extended that by, to all intents and purposes, abolishing Pay Band One in NHS Scotland.

A £3,000 pay increase makes a real difference in the lives of our hard working, dedicated members who have committed their working lives to public services, and are there for people when they are at their most vulnerable.

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UNISON Scotland achieved this major pay rise at the same as maintaining its no compulsory redundancy agreement and a lifetime Organisational Change agreement at real time levels without the need for one days industrial action. It was achieved by the day to day hard work of UNISON lay activists, UNISON officers and UNISON members. It was done by recruiting and actively organising across the service so that employers were aware that UNISON were the voice of their staff and that continued unfair treatment of those staff that the NHS relied on would be met by a united response.

UNISON echo the remarks of the Scottish Cabinet Secretary for Health at UNISON's Scottish Nursing Conference that "No-one should be in any doubt that UNISON were the driving force behind this agreement."

This Conference is fully aware that the negotiating priorities for each of the four countries in the United Kingdom is a matter for the Health Committees of those countries, but we call on the Service Group Executive to work with the Scottish Health Committee in ensuring that all parts of UNISON can benefit from the strategies adopted in Scotland and that tackling low pay should be seen as the Service Group Executive's number one priority in future pay discussions.

Scotland Region

25. Eradication of Band 1

Conference congratulates Scotland for agreeing the eradication of Band 1, with suitable protection for those not wishing to move to Band 2. This is a major step forward in dealing with low pay.

In Cymru/Wales we are beginning those negotiations, but given the difficult financial situation we will be stronger if all devolved nations had the same goal.

This conference, therefore, agrees that the eradication of Band 1 will be part of each pay bargaining strategy across the devolved nations and to facilitate this, UNISON will assist by providing the research and financial data as required.

Cymru/Wales Region

26. Living wage: supporting branches to win and maintain Living Wage status

Conference notes the success of branches who have previously won a pay rise for their lowest paid staff through Living Wage campaigns. Their successes should be celebrated and used to inspire other branch-led campaigns across the country.

However, whilst increases to the Living Wage are to be welcomed, conference notes that some employers have fallen short of making an ongoing commitment to maintaining Living Wage compliance year on year. In these cases branches are faced with the challenge of having to mount a fresh campaign each time the Living Wage is updated.

Conference stands with all branches campaigning for the Living Wage – whether for the first time, or fighting for the annual uplift.

Although it is clear that Agenda for Change poses no barrier to organisations becoming Living Wage Foundation employers, the Health Group needs to do more work to ensure

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stewards and activists have all the tools at their disposal to win the argument and run successful campaigns that embed the Living Wage in perpetuity.

Conference also notes that it may not always be the case that Living Wage Foundation rates are higher than the lowest rate of Agenda for Change. Conference notes that, as of November 2016, some Agenda for Change HCAS rates are still higher than the London Living Wage. If employers in those areas were to “offer” the living wage this would be a reduction in pay for lower-earning staff. We must be vigilant and ensure that employers cannot hide breaches of Agenda for Change behind a “Living Wage Employer” badge.

Additionally, Conference welcomes the continued commitment of the Welsh and Scottish Governments to the Living Wage in the NHS in those countries.

Conference calls on the Service Group Executive to:

- 1) Continue to develop guidance and resources for branches that want to campaign for Living Wage.
- 2) Support branches to win “rolling” Living Wage commitments, in which employers pledge to pay the Living Wage on an ongoing basis, rather than simply matching the amount in any one year.
- 3) Provide clear guidance on the relationship between Agenda for Change and the Living Wage, and support branches to resist employer tricks where the Living Wage would actually be a reduction in Agenda for Change conditions.
- 4) Provide support to branches and activists in understanding the difference between the Living Wage Foundation wage, and the Government’s re-labelled minimum wage.

Health Service Group Executive

27. Thames Valley Cost of Living campaign

This Conference notes that NHS pay has not kept up with the cost of living. With a fall in pay of approximately 10-12 percent many regions are having major staffing and recruitment problems. Especially in London and the South East where the cost of living tends to be much higher. For example, Oxfordshire is the most expensive place outside of London in terms of housing costs.

This Conference recognises that some employers are beginning to pay outer London allowances in the South East region to aid recruitment of staff. This Conference has recognised this as a major issue and has now developed a cost of living supplement campaign, with Berkshire, Oxfordshire and Bucks.

This Conference believes that all staff should receive the allowance if implemented rather than allowing the employers to choose who they give it to as is happening at present. This Conference asks the Service Group Executive for support for this campaign and requests that the Service Group Executive:

- 1) Publicises and assists in building this campaign in the south East

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- 2) Supports any other countries, regions or branches where the cost of living is a detriment to staff recruitment or those that work in those regions.

Bucks Healthcare and Community

27.1

In paragraph 2, first sentence: delete: 'outer London'

After 'allowances' insert: 'to effectively mirror Outer London High Cost Area Supplements'

In paragraph 2, delete all of second sentence.

In paragraph 3, first sentence, after 'believes that' delete remainder of sentence and insert:

'where local allowances are developed for the purpose of meeting high cost of living, these payments should be available to all staff.'

In paragraph 3, after first sentence, insert new sentence:

'Conference further believes that it is essential that all campaign objectives related to pay are delivered through the Agenda for Change agreement. This Conference reaffirms UNISON's opposition to regional pay, in whatever form it may take.'

In action point 1 delete "in the South East"

Insert final action point: '3) Use NHS Staff Council to seek extensions to HCAS zones where we can make the case.'

Health Service Group Executive

28. Apprentices in the NHS

Conference notes that the apprenticeship levy and the adoption of targets by the four country administrations will drive an upsurge of apprenticeships in the NHS. The imperative for NHS organisations to recoup the money they are now required to pay into the levy means that apprenticeships will become a major means of training and developing existing staff, and hiring new staff.

Conference welcomes UNISON's work to expose the wide variation of very low pay rates used by NHS employers when hiring staff as apprentices. Conference also welcomes UNISON's detailed negotiators' guide covering pay and conditions, and how the union can support and organise apprentices. UNISON's work has helped push this issue up the agenda of the NHS Staff Council.

Conference supports the use of high quality apprenticeships in the NHS, and welcomes their potential as a means of bringing into the NHS a more diverse workforce, with greater opportunities for disadvantaged groups.

However, Conference is concerned about the effects of the levy, the NHS funding crisis, and the imposition of targets on employers for apprenticeship starts. This combination could lead some employers to view apprenticeships as a means of replacing existing posts

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with a source of cheap labour. This is a particular danger as many employers currently fail to negotiate or consult with Staff Sides on pay and conditions for apprentices, and continue to employ them on non- Agenda for Change terms.

Conference believes that apprenticeships in the NHS should be a beacon of quality able to compete with gold standard apprenticeships elsewhere in the economy. But that will not be achieved by continuing to pay rates as low as £3.40 an hour to apprentices who are fulfilling valuable roles providing or supporting delivery of patient care.

Conference calls on the Service Group Executive to:

- 1) Continue to promote UNISON's negotiating guidance to branches and organising staff including offering briefings and updates via regional and service group structures.
- 2) Seek agreement via the Staff Council on a comprehensive nationally agreed Agenda for Change framework for apprentice pay and conditions.
- 3) Monitor the impact of the levy and targets for apprenticeship starts, on staffing and on resources available for wider training and continuing development.
- 4) Seek opportunities to represent UNISON members' views by participating in initiatives to develop new apprenticeships in a variety of occupational groups.
- 5) Work with UNISON's Learning and Organising Services to ensure that branches, including union learning reps, are supported to recruit and organise apprentices.

Health Service Group Executive

28.1

In action point 4), after 'occupational groups', add the words:

'and with the intention of a permanent post following successful completion of an apprenticeship.'

East Midlands Region and South Derbyshire Healthcare

29. Fair treatment and fair pay for Apprentices in the NHS

Conference will be well aware of the ever increasing numbers of Apprentices being employed within the NHS. There is concern that Apprentices, in some cases, are being used as a cheaper source of labour, sometimes on minimum wage, instead of being paid the correct rate for the substantive post, as per the Agenda for Change (AfC) agreement.

It is believed that NHS employers are in fact acting outside of an agreement which they themselves signed up to. When Agenda for Change was designed and established, it was acknowledged that new staff would usually be on a lower rate of pay initially, recognising that it would take time to become fully competent in the role. There would then be pay progression by increments towards the top of the pay band, which is the correct rate once a person is fully trained and competent to undertake the duties required of their post.

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The new Government legislation from April 2017 will see employers charged a not inconsiderable levy on their wages bill, which should be used to provide training for staff. Because this levy is very high, it can be perceived that NHS employers will choose to take on more apprentices, probably on minimum wage, because there has been no enforcement of the AfC national agreement.

If there is no national agreement which UNISON representatives can require employers to keep to, then we are likely to be faced with all different kinds of local pay rates, depending on what individual branches and staff sides are able to negotiate locally.

This situation is far from satisfactory and therefore Conference calls on the Service Group Executive to work with the bodies named below, and any other appropriate bodies which it deems appropriate, to:

- 1) Through the Staff Council, start discussions and find a resolution with NHS Employers about this situation.
- 2) Negotiate an understanding that Apprentices must be employed under the Agenda for Change agreement, as applied to all non-medical staff, thereby reducing the need for disputes, and ensuring that Apprentices are not used as a cheaper alternative for substantive posts.
- 3) Make sure that in particular, AfC Bands 1-4 receive the bulk of the levy fund monies paid by employers, to be spent on adequate training programs to support them in their roles.
- 4) Explore in conjunction with the NEC, and/ or other appropriate bodies, the pay situation for Apprentices in other Sectors, with a view to stopping exploitation of this group of members.

East Lancashire Health

30. Apprentices in the NHS and NHS Blood and Transplant

UNISON has had many discussions with NHSBT about the introduction of apprenticeships in the workplaces.

Our NHSBT national forum has welcomed NHSBT as an employer making apprenticeships available as long as:

- 1) These are proper apprenticeships leading to qualifications and substantive jobs with real training and development.
- 2) Staff on apprenticeships are taken on contracts employing them on the NHS nationally agreed terms and conditions of employment and pay so that they are not used as cheap labour or exploited.
- 3) There are substantive jobs for apprentices to take up having passed their training and having had their competency to undertake this work agreed.

Conference utterly condemns all NHS employers who are using apprenticeships as an opportunity to recruit low paid staff into temporary jobs to provide extra cover as a result of

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cuts. In particular, Conference calls for complete opposition to any NHS employers advertising apprenticeships on wages as low as £3.40 per hour. Conference believes that there should be a national agreement negotiated with the NHS employers on apprenticeships setting out the safeguards that we need to protect, in particular, young workers from exploitation.

NHSBT Northern

31. NHS Blood and Transplant - holiday pay

In 2010 a new term of the National Agenda for Change agreement was made ensuring that staff receive allowances such as unsocial hours and on call payments when they take annual leave.

It came to light in NHSBT in 2015 as a result of persistence of NHSBT Northern UNISON branch members and their representative that this agreement had not been properly implemented. Our national representative for the area highlighted this to all UNISON branches within the NHSBT. We discovered that many of the UNISON members were receiving basic pay and not unsocial hours payments or on-call payments when taking their leave.

UNISON branches in NHSBT – through their National Forum- took this up with the employer and discussions took place over a 12 month period. The starting position from the employers (NHSBT) for those staff affected was only offered for losses in a one year period.

UNISON led the negotiations – in conjunction with all the other recognised trade unions. The unions involved in these negotiations threatened legal action against NHSBT. This brought all parties around the table which led to an agreement being reached which gave much larger amounts of back pay to staff alongside an agreement to recalculate all payments back to 2010 where staff produced the evidence that they had not received proper holiday pay since that time.

The agreement was endorsed by a national ballot run by each trade union. Our UNISON members voted nearly unanimously to accept the agreed way forward. Many hundreds of UNISON members received large sums of back pay in their pay just before Christmas 2016.

Conference calls upon UNISON to draw this work of our union negotiators in NHSBT to the attention of all branches across the UK employed on Agenda for Change and we urge all branches to check that their own employer has been properly paying holiday pay in accordance with the national agreement which states very clearly that:

“pay during annual leave will include regularly paid supplements including recruitment and retention premia, payments for work outside normal hours and high cost area supplements.”

Conference urges all UNISON health branches to check that this agreement is being properly applied and implemented.

NHSBT Northern

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32. Working patterns - choice not compulsion

Conference commends the Health SGE for producing, in response to a 2015 Health Conference motion, a helpful 'Literature Review on the Impact of 12 hour shifts'. The review concludes that the NHS workforce is too diverse and the data too limited, to 'produce clarity on the positive and negative benefits, both real and perceived, of long-hour shifts'.

Although there may be value in comparing (in this case) the benefits of one type of shift (12-hour) with another ('traditional' 7.5-hour), this is not a case in which 'one size fits all'. Members benefit from a choice between different shift patterns. Conference notes that members most commonly seek UNISON help when management are proposing change to existing work patterns/shifts.

Such changes can feel very threatening to members, as invariably they have established arrangements already in place that fit their home lives and commitments around their existing work patterns or vice versa.

Some obvious factors include:

- 1) Travel to work; including availability of public transport, access to on-site parking etc.
- 2) Having opportunities for a 'social life'; including simple 'personal preference'.
- 3) 'Caring' commitments; notably childcare responsibilities, where fitting around 'school hours' is often important.
- 4) Partners' work patterns – for time off 'together' or alternatively time off 'opposite one another' for childcare purposes.
- 5) Health factors and limitations; increasingly including 'ageing workforce' factors.

Individuals' and/or their family's arrangements can be incredibly complex and vulnerable to change. Such changes are more likely than ever as the NHS comes under pressure to deliver 'seven-day working'. With consultants and junior doctors more likely to be doing 'extended day' or weekend working, our members are coming under pressure to follow suit.

It is clear that at national level, the NHS has not been adequately funded to provide the additional staffing required for seven-day working. There is a clear risk that the existing NHS staff workforce risks simply being 'spread more thinly' and this pressure is likely to be present, but 'hidden' in extended day/week working changes proposed at ward and department level. So our members will be looking to UNISON representatives for support and protection against 'impossible' workloads combined with unwelcome changes to shift patterns.

Conference also notes that implementation of computerised systems such as 'e-Roster' or 'Health Roster' has been associated with an increasingly 'rigid' approach to flexible working patterns.

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Conference calls on the SGE, working with the NHS Staff Council where appropriate, to produce specific guidance to equip members and UNISON activists to support members facing shift changes.

Eastern Region

Recruitment and Organising

33. Make UNISON the number one choice for healthcare workers

This Conference recognises the importance of all NHS trade unions co-operating in order to defend the NHS, to protect jobs within all areas of health care and defending hard won staff terms and conditions. Conference also recognises however that UNISON have been the driving force behind the trade union campaigns behind protecting the NHS and NHS workers.

This Conference recognises and appreciates the lay leadership role of the Health Service Group Executive over the past years while at the same time coming to the view that now is the time to launch a new and significant recruitment campaign amongst NHS and outsourced staff.

Conference recognises that strategies in relation to recruitment and retention are multi-faceted but that it is the hard work done day in and day out by UNISON activists on behalf of our members in being available for them, representing them and negotiating positively on their behalf which is central to recruitment and retention.

In the past few years it is has been UNISON who has led the fight to defend the NHS and has delivered success stories such as the Band One Review in Scotland which put almost three thousand pounds per annum in our members pockets. This Conference calls on the Service Group Executive to ensure that UNISON fully publicise such success stories so that members and non-members are fully aware who the leading progressive trade union is in the NHS.

UNISON is undoubtedly the strongest and most effective trade union in the NHS. We have achieved that because of our successes, because we have won the trust of our members and most importantly because of our strengths in recruitment and retention. It is only through a vigorous and successful recruitment and retention strategy that UNISON will maintain its rightful place as the lead NHS trade union.

To this end Conference calls upon the Service Group Executive to liaise with the Health Committees of the devolved nations and English Regions and to set up a four country Working Group which will examine all of the recruitment success stories and strategies within health in UNISON, such as the resource centres set up by Lothian Health Branch in order to construct a specific recruitment plan for UNISON Health. This recruitment plan should have at its heart the message that UNISON values the whole team approach to successful health care and effective trade union organisation and that UNISON should be the number one choice for all health care workers.

Scotland Region

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33.1

Insert new fifth paragraph:

‘UNISON also leads the way on equality. Our well resourced and active self-organised groups and young members organisation are unrivalled across the union movement. Self-organisation and young members organisation are frequently the stepping stone to other branch, regional and leadership roles in UNISON. This gives us authority when we negotiate on workplace equality issues and appeal when recruiting at work and in the community.’

In final para, after ‘set up by Lothian Health Branch’ insert ‘and equalities initiatives’

National Lesbian, Gay, Bisexual and Transgender Committee

Campaigning and promoting UNISON:

Defending the NHS and campaigning against privatisation

34. Campaign to defend our NHS

This Conference welcomes the significant improvements in the health of people in Scotland including overall health, life expectancy and survival rates for a number of conditions such as heart disease. The 2016 Audit Scotland report however suggests that the NHS in Scotland is entering a period where the most important of all public services is under threat financially.

Scottish Health Boards are being required to make £492 million in cash savings in an attempt to balance the books in the financial year 2016/17. This is at a time when the drugs budget has increased by 10 percent between 2012/13 and 2014/15 and is predicted to rise by between 5 percent and 10 percent each and every year. It is at a time when the Agency staff spend has risen to £175 million pounds a year and the temporary staffing bill has almost doubled. This is on top of areas regularly working under-staffed because vacancies are not being filled and are not being even filled on a shift by shift basis. In Health Visiting for example the unfilled vacancy rate is now running at 9 percent. Although there is clear evidence that staff shortages and a reliance on temporary staff is detrimental to patient care nothing is being done to tackle this problem.

The closing of hospital beds before fully funded and comprehensive community services are in place is also putting the most vulnerable in our society at risk with the biggest area of concern being an increasing elderly population who are seeing cuts in health care provision at the same time as an underfunded home care service.

While the opening paragraphs of this motion have highlighted concerns around the NHS in Scotland this Conference recognises that issues of under-funding, increased service demand and the needs of an ageing population will apply right through the United Kingdom.

This Conference recognises the outstanding campaigning work done by UNISON and the Service Group Executive in highlighting the need for an appropriately funded health care service publicly funded if we wish to be able to maintain our rightful claim that the NHS is a world leader in health care and is a service that we can all be rightly proud of. To that end

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this Conference calls on the Service Group Executive to work with the Health Committees of the Four Nations and with Regional Health Committees to:

- 1) Produce clear and detailed blueprints for the future provision of health care across the four countries of the United Kingdom.
- 2) That the overarching principle of those blueprints will be NHS services publicly funded, publicly owned and staffed by public employees.
- 3) To Work with the representatives of UNISON's General Political Fund and Labour Link to produce materials in support of our NHS.
- 4) To Examine the Partnership Model of Industrial relations in Scotland which has delivered significant gains for NHS staff at the same time as avoiding the privatising of public services.
- 5) To Lobby the Governments and senior opposition parties in all of the four countries in the United Kingdom to engage in serious, meaningful discussion with UNISON about the future of health care provision.

Scotland Region

35. Shared Services in the NHS

Conference notes that that in the wake of continued NHS austerity, pressure to 'share' corporate and other functions across multiple provider organisations has become more prevalent across the UK. To date, experience of these shared services initiatives has been mixed. In England, the marketised nature of the NHS has resulted in a strong focus on establishing joint ventures and private companies; while in the other devolved nations the emphasis has been on sharing services that are retained within the public sector.

Conference notes with concern the National Audit Office's 2016 investigation into Cabinet Office's Next Generation Shared Services strategy that sought to reduce the civil service running costs by outsourcing "back office" functions to two private shared services companies. However, the National Audit Office found that to date the project has been poorly managed and has not achieved value for money. Conference recognises these valuable lessons learnt from elsewhere in the public sector. Conference also notes with caution the work being undertaken in England by NHS Improvement who are instructing NHS Trusts to formulate and implement plans to merge corporate services across geographical areas, starting with those in four 'pathfinder' areas. Conference is clear that any attempt to use shared services as a guise to cut operational services' jobs will be met with strong resistance.

Our flagship One Team campaign argues that staff outside of clinical roles play an important part in delivery of health care. As part of the One Team campaign, UNISON should make the case that the best and most efficient use of NHS resources is delivered by keeping all the functions required to organise and deliver care retained inside the health services. Conference therefore resolves to promote public-sector models for all proposed shared services projects, and oppose proposals to move functions from the NHS to private companies.

Conference therefore calls on the Health Service Group Executive to:

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- 1) Use the One Team Campaign to promote the benefits of retaining 'corporate' services within the NHS
- 2) Where shared services models are proposed, branches and regions should work with the UNISON centre to actively promote NHS bids/options, and ensure that staff retain NHS employment on Agenda for Change terms
- 3) Provide support to regions and branches organising against the privatisation of corporate shared services ensuring that recruitment activity is included in plans
- 4) Provide support to regions and branches campaigning against job cuts that are a result of the creation of shared services.
- 5) Use branch and other communication channels to distribute learning about the spread of the shared services agenda, taking particular note to compare and contrast the approach taken in each of the four UK countries.
- 6) Work through national and regional partnership structures to insist on local trade union involvement in any discussions about corporate shared services, using this as an opportunity to press for national commitments to keep staff and services in the NHS.

Operational Services Occupational Group

36. Nottingham University Hospitals and Carillion

Conference congratulates the Nottingham University Hospitals (NUH) and Allied Services branch, UNISON East Midlands and Nottinghamshire Keep Our NHS Public for the successful campaigning that had led to the announcement that:

"The NUH Trust Board continues to be concerned about the performance of the Carillion contract. The Board has therefore decided that significant changes to the arrangements with Carillion are required. NUH and Carillion are jointly exploring a managed exit from the Carillion contract. NUH and Carillion are commencing discussions to determine next steps. Estates and Facilities staff will remain employed by Carillion until such time as future arrangements are agreed by both parties, which we anticipate to be January 2017. We will continue to keep our patients, partners and external stakeholders informed as there are further developments"

Conference calls on the Health Service Group Executive to:

- 1) send a letter of congratulations to Nottingham University Hospitals and Allied Services branch, UNISON East Midlands and Nottinghamshire Keep Our NHS Public.
- 2) offer support to branches that are campaigning against outsourcing or campaigning for outsourced functions to be brought back in-house.

South Derbyshire Healthcare

37. Automation and effects on NHS Workforce

Conference notes the report published in the autumn by Deloitte, highlighting the potential of automation to reduce the workforce of the public sector.

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Within the NHS, areas which were highlighted were medical records, clerical functions, finance and procurement.

Early pilots of the automated systems which were built on the premise that there would be a reduction in the workforce and this is a cost saving. However, once implemented these schemes meant that to provide a quality service to patients they required more staff and these staff to be more knowledgeable and skilled than had previously been expected.

Additionally, automation of roles such as portering and laundry now require staff to be confident in the use of computer technology. The staff who work in these areas are some of the lowest paid across the public sector.

Conference believes that the level of computer knowledge to carry out these roles meet the criteria for a level 2 at knowledge, training and experience (KTE) using Agenda for Change. Conference recognises the work of UNISON Scotland to secure band 2 as a minimum for all NHS Scotland staff.

Conference calls on the Service Group Executive to challenge the myth that automation saves money and highlight the increase in skills the automation requires from our members.

Lanarkshire Health

Campaigning and promoting UNISON:

NHS Service Transformation – supporting members and influencing change

38. Supporting members through service transformation

Conference notes that across the UK there are a number of current initiatives seeking to bring about service transformation. These include, but are not limited to, Sustainability and Transformation Plans (STPs) in England, the ten year vision for health and social care based on the Bengoa report in Northern Ireland, and further moves towards more integrated health and social care in Scotland and Wales.

Conference remains deeply concerned that, as a direct result of the actions of the UK Conservative government, service transformation across the UK is taking place at a time of prolonged austerity with the NHS experiencing the poorest funding settlement for a generation.

Conference notes that there are many challenges for staff from such reforms, including cuts to services, the threat of privatisation, mergers and the use of shared services, issues around harmonised terms and conditions in integrated workplaces, and attempts to deskill or downband staff.

Conference reiterates UNISON policy in favour of the principle of greater health and social care integration, but with a number of important caveats around the need for integration not to be used as a cover for cuts, the need for full patient and staff engagement, and crucially the need for integration not be used to level down pay, terms and conditions in a race to the bottom.

Similarly, Conference notes that UNISON members have always been open to discussing new ways of working and to consider change if this is demonstrably in the interests of

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patients. However, where change is just a smokescreen for cuts, privatisation or attacks on our members' pay, terms and conditions, Conference is adamant that UNISON must continue to act decisively and firmly to defend jobs, terms and conditions and the services that our members provide.

Conference asserts that the most effective and enduring innovations in our health services have come when workers and trade unions are properly involved and engaged, as well as the public. Conference therefore expresses its anger that too often this has not been the case, with the secrecy and lack of transparency around the development of STPs in England being a particularly worrying recent example.

Conference notes the contrast between this approach in England and the attempts in Northern Ireland to root plans for change more clearly in partnership working and the fact that the Bengoa report seeks to use set criteria to evaluate changes in the light of clinical evidence and workforce considerations.

Similarly with shared services, Conference notes the differences between England, where this is too often based around private companies or joint ventures, and the devolved nations, where there has been more of an emphasis on public sector shared services.

Conference notes that while many transformation initiatives may have new names or be promoted as using revolutionary approaches to achieve change, in many cases they simply represent cuts, privatisation or threats to terms and conditions so the way in which UNISON responds will need to be rooted in traditional campaigning against these threats.

However, given the lack of money in the NHS and given the wide geographical spread of such plans, Conference is clear that UNISON branches across the UK must be fully equipped to respond to these challenges.

Conference therefore calls upon the Health SGE to:

- 1) condemn in the strongest possible terms any attempts to use service transformation as a smokescreen for cuts, privatisation or attacks on pay, terms and conditions;
- 2) use every means at the union's disposal to challenge damaging plans – whether in the media, in councils, in Parliament, or through protests and demonstrations;
- 3) challenge plans where there is a lack of evidence for change and consider the use of set criteria to evaluate the feasibility and desirability of plans;
- 4) where shared services are used, campaign for these to be within the public sector and established in such a way that guards against future outsourcing;
- 5) ensure that work takes place with local government colleagues in UNISON to provide a joined-up response where necessary;
- 6) spread best practice from across the UK, both in terms of approaches to service transformation and tactics for challenging damaging plans;
- 7) demand that the workforce is involved from the start in the development and implementation of service transformation plans;

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- 8) as appropriate, work with the TUC, other trade unions, patient groups and campaigning organisations to build alliances against damaging changes; and
- 9) continue to produce guidance and provide campaigning support where branches are fighting damaging changes.

Health Service Group Executive

38.1

At end of motion, insert a new action point:

‘10) Campaign for outsourced services to be brought back in-house.’

East Midlands Region and South Derbyshire Healthcare

39. Supporting members through service transformation

Conference notes that across the UK there are a number of current initiatives seeking to bring about service transformation. These include, but are not limited to, Sustainability and Transformation Plans (STPs) in England, the ten year vision for health and social care based on the Bengoa report in Northern Ireland, and further moves towards more integrated health and social care in Scotland and Wales.

Conference remains deeply concerned that, as a direct result of the actions of the UK Conservative government, service transformation across the UK is taking place at a time of prolonged austerity with the NHS experiencing the poorest funding settlement for a generation. Taking this into account and despite the positive spin being put on the STP plans by NHS England the evidence suggest that in most cases they are nothing more than a smoke screen for making the planned NHS savings promised by 2020 and not plans for the improvement of the NHS.

Conference notes that these STP bodies set up to draw up the plans for the 44 ‘footprints’ do not have any formal legal status and it is therefore unclear how they can produce plans which will be accountable to both the staff and the users of the services in the particular ‘footprint’ they are transforming. Bearing in mind this lack of a legal basis, it is also unclear how these STP bodies can facilitate any consultation on the proposed transformation plans.

Conference also notes that there are many challenges for staff from such reforms, including cuts to services, the threat of privatisation, mergers and the use of shared services, issues around harmonised terms and conditions in integrated workplaces, and attempts to deskill or downband staff.

Conference reiterates UNISON policy in favour of the principle of greater health and social care integration, but with a number of important caveats around the need for integration not to be used as a cover for cuts, the need for separate investment in social care not money transferred from the already stretched NHS budgets, the need for full patient and staff engagement, and crucially the need for integration not be used to level down pay, terms and conditions in a race to the bottom.

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Similarly, Conference notes that UNISON members have always been open to discussing new ways of working and to consider change if this is demonstrably in the interests of patients. However, where change is just a smokescreen for cuts, privatisation or attacks on our members' pay, terms and conditions, Conference is adamant that UNISON must continue to act decisively and firmly to defend jobs, terms and conditions and the services that our members provide.

Conference asserts that the most effective and enduring innovations in our health services have come when workers and trade unions are properly involved and engaged, as well as the public. Conference therefore expresses its anger that too often this has not been the case, with the secrecy and lack of transparency around the development of STPs in England being a particularly worrying recent example.

Conference notes the contrast between this approach in England and the attempts in Northern Ireland to root plans for change more clearly in partnership working and the fact that the Bengoa report seeks to use set criteria to evaluate changes in the light of clinical evidence and workforce considerations.

Similarly with shared services, Conference notes the differences between England, where this is too often based around private companies or joint ventures, and the devolved nations, where there has been more of an emphasis on public sector shared services.

Conference notes that while many transformation initiatives may have new names or be promoted as using revolutionary approaches to achieve change, in many cases they simply represent cuts, privatisation or threats to terms and conditions so the way in which UNISON responds will need to be rooted in traditional campaigning against these threats. However, given the lack of money in the NHS and given the wide geographical spread of such plans, Conference is clear that UNISON branches across the UK must be fully equipped to respond to these challenges.

Conference therefore calls upon the Health Service Group Executive to:

- 1) condemn in the strongest possible terms any attempts to use service transformation as a smokescreen for cuts, privatisation or attacks on pay, terms and conditions;
- 2) use every means at the union's disposal to challenge damaging plans – whether in the media, in councils, in Parliament, or through protests and demonstrations;
- 3) challenge plans where there is a lack of evidence for change and consider the use of set criteria to evaluate the feasibility and desirability of plans;
- 4) where shared services are used, campaign for these to be within the public sector and established in such a way that guards against future outsourcing;
- 5) ensure that work takes place with local government colleagues in UNISON to provide a joined-up response where necessary;
- 6) spread best practice from across the UK, both in terms of approaches to service transformation and tactics for challenging damaging plans;
- 7) demand that the workforce is involved from the start in the development and implementation of service transformation plans;

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- 8) as appropriate, work with the TUC, other trade unions, patient groups and campaigning organisations to build alliances against damaging changes; and
- 9) continue to produce guidance and provide campaigning support where branches are fighting damaging changes.

Greater London Region

40. Health and Social Care Integration – Closing the Gap

Conference notes the findings from a recent report identify that here in the North East Combined Authority (NECA) area, the health and wellbeing gap with rest of the UK remains high, facing challenges in cancer, chronic obstructive pulmonary disease (COPD), diabetes, mental health problems and rising levels of excess life expectancy.

The Region is served by a strong hospital network including three Foundation Trusts rated 'outstanding' by the Care Quality Commission and strong partnership between research and healthcare delivery have led to the region being recognised internationally as a leading academic and innovations centre for bioscience research and trials.

However, despite these strong regional health and wellbeing assets, the regions health and wellbeing outcomes remain challenging. Life expectancy and healthy life expectancy for women and men are lower than the national average. Research is showing that a baby born in the NECA area can expect to live more than a decade fewer years in good health than one born in Richmond on Thames or Wokingham.

Public finance for health and care across the Northern Region is increasing and it is clear that the spend on managing the costs of ill health completely dwarfs that spent on keeping people well. The low spend on preventive activity increases pressures, and the need, to spend on hospital care.

Over the next five years resources are expected to become increasingly constrained through a combination of increased life expectancy and increased complex health and care needs. Social care budgets are under particularly intense pressure, raising serious risks for the health system.

This trend certainly doesn't fit with the NHS England plans for greater efficiencies and savings via the Sustainability and Transformation Plans (STPs). The key priorities in the Region's STPs are focussing around 'Health and Care in our Communities and Neighbourhood' but this can't be delivered without massive increases in funding for health and social care in our area.

This report and the STP Plans are shared via the Local Authority Health and Wellbeing Boards (HWBs) and these discussions are taking place with these system leaders. The decision-making in the NHS has always had questions asked about the democratic deficit in that decision making. The increasing devolvement of powers to Clinical Commissioning Groups and GPs has increased this deficit and HWBs as proposed have some influence but no real powers.

This conference is concerned about the lack of power of HWBs, the democratic deficit in commissioning of health services and the lack of input from trade unions to ensure that the staff voice is heard. The UNISON document 'Stronger Together – A UNISON Guide to

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influencing the new NHS' 2012 - provides a great tool for our members to become active in our campaigns to stop damaging cuts and privatisation.

Therefore this Conference instructs the Service Group Executive to:

- 1) Re-emphasise and encourage the role that trade unions can have in influencing and advising HWBs and local partnership forums.
- 2) Share the UNISON Guide – 'Stronger Together – A UNISON Guide to influencing the new NHS' with branches to reiterate its continued relevance.
- 3) Develop political organising training so our members build relationships to make our influence count.
- 4) Support and encourage regional cross sector discussions within branches to develop HWB links to engage with their local government counterparts with a view to influencing their local HWBs.
- 5) Work with Learning and Organising Services to provide scrutiny and HWB training to representatives in branches to ensure there is sufficient expertise to deal with the issues we will face.

Northern Region

41. Health and Social Care Integration and New Commissioning and Organisational Models

Health Conference welcomes the growing acknowledgement in the public policy discourse that our health and social care systems are inter-related and interdependent.

Health Conference believes that, where there are problems with the availability and quality of social care provision, the knock-on effects are felt in the NHS – both in increased demand for front-end health services and greater difficulties in discharging patients into the community.

Health Conference notes with concern the systemic underfunding of council-commissioned social care services caused by years of central government cuts to local authority budgets. Health Conference further notes with concern that the social care sector is characterised by predominantly low-paid private sector employment and a funding regime that involves user charges and means testing.

Health Conference notes that:

- 1) NHS commissioners are increasingly working together with council commissioners in taking more joined-up decisions about health and social care provision.
- 2) NHS provider organisations are increasingly becoming part of various new organisational forms ('new models of care') that involve them more closely in the provision of social care services.

Health Conference believes that these moves toward more integrated commissioning and organisational arrangements hold some potential to improve services through making the

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patient experience more seamless, treating more people in (or closer to) their own homes, and improving work on prevention.

However, in a context of underfunding for both health and social care, Health Conference is concerned that the current policy direction also holds threats including:

- a) More expensive acute services could be decommissioned to meet cost targets before improved community provision is both in place and proven in practice to reduce the need for acute care. This could lead to significant unmet need.
- b) Efforts to cut costs may involve the integration of so-called 'back-office' functions that could lead to job losses and could prove to be a false economy where medical staff are required to undertake more administrative work.
- c) Where staff on NHS and council terms and conditions are brought together there can be complications in regard to a number of employment issues such as job evaluation and continuity of service.

Health Conference calls on the Service Group Executive to:

- i) Provide branches with information about the various new organisational forms emerging such as integrated care organisations.
- ii) Collate good practice from around the country.
- iii) Issue comprehensive advice to branches and regions on equal pay issues where staff are doing similar work drawn from the same funding source.
- iv) Work with the local government service group to agree a 'one union' approach to proposals
- v) Develop a bargaining strategy to defend and extend NHS terms and conditions in new integrated care organisations, and to resist the further privatisation of NHS services.

North West Region

42. Sustainability and Transformation Plans

Conference is hugely concerned that the plans by NHS England to develop Sustainability and Transformation Plans (STPs) have to date had no local involvement of the key groups and stakeholders who will be affected by these plans.

Local politicians, trade unions and more importantly local communities have been excluded from all discussions and initial consultations on the Plans which NHS England expects to be finalised and approved in early 2017.

While STPs may well create opportunities for improved health care there is a real concern that these will be used to close the NHS funding gap and site closures, shared services and mergers could be the outcome.

In the Northern region we have structures in place via our UNISON Branch Area Forums and Area Public Service Alliance Groups to discuss these developments, and to

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encourage the participation of our lay people to influence the key decision-makers. This work also carries through to our Labour Link work with local Politicians.

This Conference calls on the Service Group Executive to call on NHS England and the STP to commit to an open and transparent engagement with the all stakeholders in the community along with the appropriate trade unions and that a revised realistic timescale for consultation is introduced.

Northern Region

43. Sustainability and Transformation Plans

Conference notes that Sustainability and transformation plans (STPs) are plans for the future health and care services in England and were to support the NHS to deliver the changes set out in the '5 Year Forward View'.

They first appeared in planning guidance at the end of 2015 and their original purpose was to: 1) Improve care quality and efficiency; 2) Develop new models of care; 3) Promote prevention and public health.

These could be seen as laudable aims and indeed there was the positive prospect that they could potentially signal a decisive shift from the market place which the Health and Social Care Act 2012 put at the centre of the legislation by the need for collaboration rather than competition between organisations.

Conference further notes (and will not be surprised) however that these aims were quickly subverted and the emphasis shifted to focus on how STPs can bring the NHS into financial balance through rigid central control exemplified by the 'financial reset' in the middle of 2016. This has manifested itself in their development being in secret including:

- a) No meaningful engagement with clinicians and frontline staff
- b) No involvement of patients and the public (central diktat was to resist freedom of information requests!)
- c) Extremely variable engagement of Local Government partners
- d) Impossible timescales
- e) Further increase in the use of management consultants
- f) These plans are the only 'game in town' at the moment and as such we need to engage head on with the challenges that arise.

Conference therefore resolves through the Service Group Executive to take a twin track approach to this by:

- i) Concentrating a campaign on STPs to highlight the chronic underfunding of the Health and Care system which undermines this whole policy (leading to the totally unacceptable developments outlined above).
- ii) Making our opposition clear to a 'cuts' agenda by taking the lead in emerging campaigns with the growing body of opposition to these plans as they become clearer.
- iii) Ensuring branches through their staff side are engaging in SPF forums (as per National Social Partnership Forum guidance) to protect our members interests when system

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wide strategies including workforce are being developed. We well remember a previous area strategy towards pay – the ‘Pay Cartel’ which was developed in isolation.

This Conference needs to send a loud and clear message that these plans are doomed to fail if the underlying issue of funding is not addressed and UNISON will campaign vigorously against any cuts agenda.

South West Region

44. Sustainability and Transformation Plans in England and the Funding Crisis in Our NHS

Health Conference notes with alarm the growing crisis of underfunding in our NHS. The King’s Fund has reported that the share of Gross Domestic Product (GDP) spent on health has dropped from 8.8 percent in 2009, to 7.3 percent in 2014/15, and is projected to be just 6.6 percent in 2020. Conference condemns these cuts that do not match the public’s spending priorities and are the root cause of the increasing work pressures on our members.

Health Conference notes that the crisis is such that public calls for more funding have been made by NHS Providers’ Chief Executive Chris Hopson, Chair of the House of Commons Health Select Committee Sarah Wollaston, and even former Health Secretary Andrew (now Lord) Lansley.

It is in this context of underfunding that NHS England has set up 44 newly-defined sub-regional areas to develop ‘Sustainability and Transformation Plans’ (STPs). NHS providers, NHS commissioners and local authorities have been set the task of formulating plans to integrate health and social care services for their ‘footprint’ area.

Health Conference believes that sub-regional planning of this type is an important and useful method of organising services – where it relies on collaboration rather than competition.

However, Health Conference condemns this STP process because:

- 1) Decision-making is being done without public scrutiny and without clear lines of democratic accountability.
- 2) The funding environment and the requirement for STPs to make a combined saving of some £22bn in England means that this is a process of planning for cost reductions rather than for service improvements.
- 3) Some STP plans include proposals to privatise clinical support services and “back office” admin; and to establish Accountable Care Organisations (ACOs), the model preferred by US private healthcare, to manage all care in a locality, ACOs could themselves be privatised.
- 4) The hospital reconfigurations, A&E downgrades, and transfers of care from the acute to the community sector, are not based on rigorous evidence from peer-reviewed evaluations of pilot studies; they are a massive gamble driven by the Treasury.

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Health Conference is particularly concerned that inadequate funding will result in the STPs leading to local controversies about where the deepest cuts to services should take place. Conference believes that there is a danger that public attention could be distracted from the true cause of the cuts – decisions taken by central government to underfund and privatise the NHS.

Health Conference calls on the Health Service Group Executive to:

- a) Campaign to highlight the Government's underfunding of the NHS.
- b) Work with branches and regions in efforts to keep the focus of public anger at service reductions and privatisation on central government decisions.
- c) Condemn the lack of openness and transparency in the formation of the STPs
- d) Support branches and regions in strongly opposing proposals which lead to the erosion of health and social care services, reduction of jobs and/or the erosion of terms and conditions, and further privatisation.

North West Region

45. Tackling the underfunding crisis in health and social care

UNISON Health Conference notes the alarming news that the government is encouraging councils to increase council tax in an attempt to fund massive funding gap in health and social care provision.

The King's Fund has reported that the share of Gross Domestic Product (GDP) spent on health has dropped from 8.8 percent in 2009, to 7.3 percent in 2014/15, and is projected to be just 6.6 percent in 2020. Spending on social care has fallen by over 9 percent since 2010 and is set to fall below 1 percent of GDP by 2020. Even if every council added the 2 percent precept to council tax bills every year for the next four years, there would still be a £2.3bn funding gap.

It is in this context of underfunding that NHS England has set up 44 newly-defined sub-regional areas to develop 'Sustainability and Transformation Plans' (STPs). NHS providers, NHS commissioners and local authorities have been set the task of formulating plans to integrate health and social care services for their 'footprint' area.

UNISON Conference believes:

- 1) The funding environment and the requirement for STPs to make a combined saving of some £22bn in England means that this is a process of planning for cost reductions rather than for service improvements.
- 2) Decision-making is being done without public scrutiny and without clear lines of democratic accountability.
- 3) Private sector employers who provide health services are in a position to get a say in the content of the STP, thereby paving the way to further outsourcing and ultimately the privatisation of health services

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- 4) UNISON health conference notes with concern that inadequate funding may result in the STPs leading to local controversies about where the deepest cuts to services should take place.
- 5) That an increase in council tax to pay for the Social Care underfunding is unfair since funds raised in this way will put pressure on individuals and families who are 'just about managing' instead of targeting those with the most wealth (wealthy individuals and corporations, for instance).

UNISON Health Conference resolves to:

- a) Campaign to highlight the Government's underfunding of the NHS and social care and the impact on vulnerable service users and the predominantly low-paid female workforce, including supporting local and national protests calling for additional funding for the NHS and social care sectors.
- b) Oppose local service reductions or closures, and consistently highlight the root cause in the underfunding of services by central government.
- c) Condemn the lack of openness and transparency in the formation of the STPs and call for public and staff engagement in planning future service provision.
- d) Use the avenues available at combined authority-level or working jointly with councils to oppose STPs and promote greater investment and better employment standards in social care and health services for all workers.

Bolton Salford & Trafford Mental Health

45.1

In action point a), at end of sentence, insert: 'where these are in line with UNISON policy'

In action point b), after 'Oppose local service reductions or closures,' insert 'where these are detrimental to patients and services,'

In action point d) delete "STPs" and insert "those STP proposals that lead to the erosion of health and social care services, reduction of jobs and/or the erosion of terms and conditions or further privatisation,"

Health Service Group Executive

46. Sustainability and Transformation Plans

Conference opposes the impact of the Sustainability and Transformation Plans (STPs) which are aimed at reducing beds in the acute sector (with no realistic plan to provide the necessary funding to community services), close or downgrade Accident and Emergency Departments, cut staffing levels, merge (so-called) back-office functions and extend privatisation.

Conference calls on the Health Service Group Executive to organise a co-ordinated campaign to oppose any detrimental consequences for staff of the Sustainability and Transformation Plans.

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South Derbyshire Healthcare

47. Stop the Programme (STP) of Cuts

This Conference notes that the sustainability and transformation plan (STP) is just another cover for cuts. This has nothing to do with either growth or sustenance. It is clear to this Conference that now £22 billion of efficiency savings (cuts) can't be found and that the current fashionable word for cuts is sustainability.

The Department of Health has come up with more spin to hide cuts to our NHS. Even the employers state that the NHS is one of the most efficient health services in the world. This Conference notes that STPs will mean that in Berkshire, Buckinghamshire and Oxfordshire £432 million needs to be found for the anticipated growth in these counties.

Rather than provide these funds, the Government expects Trusts and NHS organisations to identify ways to manage this increased growth. Thus we can expect further attacks on bed numbers, hospitals provisions and staffs' terms and conditions.

This Conference believes STPs should be opposed where it is clear that this is against staff or public interest and that local branches work with the local campaigns that will develop, if they are not already formed to oppose these cuts when they become public.

This Conference calls upon the Service Group Executive to:

- 1) Work together with branches and community associations to assist in publicising these cuts
- 2) Provide information and press contacts to branches and community organisations to expose these cuts
- 3) Support any national calls to lobby and /or assist with developing a national campaign against STPs involving not only unions but also community campaign groups.

Bucks Healthcare and Community

47.1

In action point 1) after 'with branches' insert: 'including working with other Service Groups,'

Delete all text in action point 3) and replace with:

'Support branches and regions in strongly opposing proposals which lead to the erosion of health and social care services, reduction of jobs and/or the erosion of terms and conditions or further privatisation.'

Insert new action point 4) 'Continue to campaign nationally across the four countries for proper funding for the NHS working with community campaigns, health organisations, the TUC and other unions as appropriate.'

Health Service Group Executive