2018 Health Care Service Group Annual Conference

Final Agenda

16 - 18 April 2018
BRIGHTON
<table>
<thead>
<tr>
<th>Contents</th>
<th>Motion no.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Negotiating and bargaining</strong></td>
<td></td>
</tr>
<tr>
<td>Agenda for Change, pay, terms and conditions</td>
<td>1 – 16</td>
</tr>
<tr>
<td>Health and wellbeing</td>
<td>17 – 23</td>
</tr>
<tr>
<td>Equalities issues</td>
<td>24 – 30</td>
</tr>
<tr>
<td>Professional and occupational issues</td>
<td>31 – 37</td>
</tr>
<tr>
<td><strong>Recruitment and organising</strong></td>
<td>38 – 43</td>
</tr>
<tr>
<td><strong>Health conference organisation</strong></td>
<td>44</td>
</tr>
<tr>
<td><strong>Campaigning and promoting UNISON</strong></td>
<td>45 - 57</td>
</tr>
</tbody>
</table>
Negotiating and bargaining:

Agenda for Change, pay, terms and conditions

1. NHS Pay

Conference notes the UNISON-led initiative to successfully bring together the NHS unions to submit a joint pay claim for the 2018-19 pay round. The ‘claim’ approach has helped engage and enthuse members and encourage campaigning, as well as supporting union solidarity.

Conference acknowledges the hard work of health branches across the UK in supporting the Pay Up Now campaign, putting pressure on Government and decision makers. Conference notes that ‘lifting the 1 percent cap’ is cheap talk from the government and a long way from putting cash in NHS workers’ pay packets. Turning that into a meaningful pay rise will be difficult.

Conference notes the importance of continuing our work to improve the NHS pay structure for the longer term – with our goals of getting all staff to the full rate for the job faster, as well as ensuring the lowest paid workers in the NHS get a fair wage.

Conference notes the NHS trade unions’ goals for refreshing Agenda for Change: removing overlaps in bands, shortening bands to reduce the length of time it takes to reach the full rate for the job, and restructuring bands 1-3 to improve pay for the lowest paid workers in the NHS. Conference notes that pay is an ongoing conversation, both in our democratic structures and in our places of work, and this needs to continue as the 2018-19 plays out.

Conference therefore calls on the Health Service Group Executive to:

1) Whatever the outcome or offer, use the joint NHS trade union pay claim of inflation plus £800 for all NHS staff as a yardstick to judge the merit of any outcome from this pay round;

2) Consider the model of the claim approach as the basis for future NHS pay rounds;

3) Continue work to bring together all the NHS trade unions in our approach to pay in the future, including ongoing discussion about a coordinated approach to industrial action in line with all relevant UNISON rules;

4) Press for positive reform of our pay structure as set out in the NHS trade union ‘refresh’ mandate.

Health Service Group Executive
2. Pay: In the aftermath of the 2017 budget

This Conference welcomes the possibility of funding to deliver our 2018/19 pay claim, however note with grave concern the strings that the Government is seemingly trying to attach to such a package.

Jeremy Hunt in his post-budget pronouncements has indicated that the Junior Doctors contract could be a model for the talks between unions and employers – a clear pointer to his desire to attack enhancements.

This conference accepts the need for our negotiators to enter into talks to scope out the potential to realise these extra funds for our members. This should be based on the broad principles already established with NHS Employers around the Agenda for Change refresh and in line with our pay strategy.

As a result of the Government’s attempts to control the narrative around pay modernisation and what it should look like we instruct the SGE to:

1) Reiterate our pay strategy and the rationale behind it;
2) Take back control of the narrative and emphasise the intrinsic merits of a decent pay rise;
3) Emphasise our very clear policy not to negotiate on unsocial hours and our willingness to respond with industrial action to any attacks on this;
4) Consult with branches and members on any proposed deal.

South West Region

3. NHS pay, Pay freeze lifted - time for a decent pay rise

Conference notes that UNISON and the staff side unions have lodged a pay claim of 3.9% plus a flat rate increase of £800. Jeremy Hunt and the Conservative government have publicly called time on the 1% pay cap for NHS workers. No extra finances were made available in the November budget to pay for inflation or above increase in pay and the talk from government ministers after the budget was all about increasing productivity and/or modernising Agenda for Change.

It is likely that the Pay review Body will not have made its announcement before the start of conference. Conference believes that any unfunded pay rise will inevitably lead to an attack on our terms and conditions in order to pay for it. We do not accept that we should fund our own pay rise.

Conference resolves to:

1) Fight for our claim, fully funded by central government, which would start the process of recovering the 14 percent pay cut in real terms that NHS staff have suffered over the last 8 years;
2) Resist all attempts to dilute our Agenda for Change terms and conditions in order to pay for our pay rise;

3) Immediately start the process, via UNISON’s agreed procedures, of taking legal industrial action in pursuance of our claim;

4) Start the process of lodging our claim for 2019/20 as soon as possible to continue the fight to recover previous years pay cuts.

Mid Yorkshire Health

4. Eradication of Band 1 – mobilise for a fight on pay

A recent report from the Joseph Rowntree Foundation has stated that 14 million people are living in poverty in the UK, over one in five of the population. This is made up of 8 million working age adults, 4 million children and 1.9 million pensioners. Many of these work or have relatives in the NHS. This is a disgrace and immoral in one of the world’s richest countries.

UNISON in Scotland effectively have abolished Pay Band 1 in Scotland, a great achievement. In October 2016 over 97 percent of Band 1 staff in Scotland transferred to Band 2. The pay increase now means that the lowest paid full time member of staff in NHS Scotland is in receipt of a salary of £3,000 more than the equivalent member of staff in the NHS elsewhere in the UK, including Greater London. It is little wonder that such staff members feel angry and undervalued. In London most of this wage can barely pay the exorbitant rent charges to keep a roof over their heads let alone buy the basic essentials of life.

The London Living Wage is currently £10.20 per hour, eclipsing the hourly rate of workers on NHS pay band 1. The National Minimum Wage now known as the National Living Wage is £7.50 per hour.

As part of the evidence submitted to the Pay Review Body for the 2017-18 UNISON has called for a restructuring of bands 1-3 to deliver the real Living Wage and maintain the pay differentials between bands, alongside a pay increase for all health workers of 3.9 percent and £800 back pay. None of this should be done by trading in unsocial hours payments or tied to productivity. Health workers are at breaking point and cannot work any harder.

This conference agrees that Band 1 should be eradicated, to lift our members out of real working poverty.

This Conference calls on the National Health Service Executive Group to:

1) lead the fight for the abolition of Band 1 on the NHS pay scales and to assist each region locally with the means to do this.

2) campaign in the broadest way possible to prepare our health membership for ballot for legal industrial action to support our pay claim put in to the PRB, NHS Employers and the Government.
3) reject any suggestion that we accept an offer below inflation or with strings attached to any agreed Agenda for Change terms and conditions or cuts in jobs and services in the NHS.

4) mobilise alongside all other health and public sector unions wherever possible to achieve this.

5. Next steps in UNISON pay campaign

Conference acknowledges UNISON’s current policy of evidence based pay submissions to the PRB. The submissions have been clear in their analysis and robust in their call for a decent pay award for NHS workers. However, over the last seven long years, despite these submissions, the Pay Review Body has delivered recommendations which have clearly been inadequate to meet the needs of our members.

Conference notes that poverty levels across the UK are at an all-time high and that more than 100,000 children in Northern Ireland are living in poverty. New figures revealed in the Northern Ireland Poverty Bulletin have revealed that twenty-five percent of children were living in poverty in the year 2014/15. This in an increase of 23 percent on the previous year.

Conference further notes that the report by the devolved Northern Ireland Department for Communities determines that an individual is considered to be in relative poverty if they are living in a household with an income below 60 percent of UK median income in the year in question (source Belfast Telegraph 2017.)

Conference is appalled that health workers in Northern Ireland are deliberately taking unpaid leave to reduce their income so that they can qualify for free school meals. (“Health Workers in Northern Ireland can’t afford to feed Children” (source Daily Mirror Saturday 2nd Dec 2017”). This appalling situation cannot continue.

Conference recognises that Northern Ireland Region fully supports a UNISON UK wide approach to pay awards and is fully behind UNISON’s campaign for a 5% up lift in pay as well as dealing with the issue of pay restoration. The big question to be answered is will the PRB recognise the UNISON and TUC pay claim for 2018/19 and recommend a decent pay award.

Conference therefore calls upon the Health Service Group Executive to:

1) send a clear message to the PRB that UNISON will no longer accept its failure to respond to NHS staff’s need for a decent pay rise and that in future UNISON will no longer submit evidence to the PRB;

2) agree that UNISON will instead submit a statement of no confidence to the PRB for its continued failure to act independently of any political constraints;

3) resolve that the Health Service Group Executive will continue a campaigning pay strategy to achieve better pay for our members.
6. Campaign and build confidence for collective industrial action in Health

Conference welcomes the pay max campaign as a way of preparing members for potential industrial action over our pay claim of 3.9 percent and £800. It is also positive that all health unions have lined up and are behind the claim and that the claim announcement received a great deal of publicity and meant that UNISON was very visible during this period.

Conference also welcomes the fact that the claim has been presented to the Department of Health and Jeremy Hunt and that it request additional funding to be able to pay the claim. As we recognise that it is the government who has determined what recent pay awards have been, rather than the so called independent Pay Review Body whom have agreed with every pay cap demanded by the Government. This approach will allow branches to campaign on pay now rather than waiting until the end of the pay year to begin any campaign on pay, which then allowed employers to impose the small amount offered. This approach makes it clear to all, members employers, and the government what we are asking for.

Conference notes that the pay max campaign involves a focus on campaigning on what are day to day trade union issues, such as downbanding, regrading, car parking charges, cuts and closures, which many branches are already organising and involved in and we believe that this campaigning activity be encouraged and continued after the end of any pay campaign.

Conference notes that whilst many branches are already involved in the pay max campaign and are fighting for their members on a day to day basis, there will be some members and branches that are either unaware or unable to participate for a variety of reasons.

Conference notes that as part of a pay campaign the Public and Commercial Services national union in the civil service held a consultation ballot nationally indicating significant votes in favour of industrial action and if this was carried through to a formal ballot would have met the new government anti trade union laws.

Conference believes that national consultative ballots can be a useful tool to raise the visibility of the union in relation to issues of a national nature and those that cross the four nations. Consultative ballots can assist the national union and local branches in preparing for co-ordinated action and can demonstrate the national union leadership’s determination to use our collective strength in any pay campaign. Thus it can help prepare our membership for the future battles to come and build confidence in the union amongst our members. It can also highlight nationally and locally if the ballot is designed well the areas where the union has strength and those where the campaign needs to be developed to ensure that we have the strongest response in any formal ballot.

Conference asks that for any future pay claims that the Health Service Group Executive:
1) Use a consultative ballot at the start of the pay campaign to begin to identify the strengths and weakness within the areas balloted;

2) Use a consultative ballot to prepare members for any potential industrial action if the pay demands of the union are not met;

3) Use the ballot to allow members to update their details on the system;

4) Use the ballot to explain why collective industrial action may be required to be taken if the demand is not met.

Bucks Healthcare and Community

7. Pay restoration in Northern Ireland

Conference notes that workers in the NHS in Northern Ireland are currently in a pay deficit.

All Agenda for Change pay bands are affected. The facts tell the story of a widening gap affecting not only current earning but pensions will also be poorer. At the end of 2017, a Band 2 worker at the top of their scale is paid £1,304 less per year than a Band 2 worker in Scotland. A Band 5 worker at the top of their scale in the same period is paid £854 less per annum than their equivalent in Scotland. This is unacceptable when all these workers are part of the whole UK NHS delivering high standards of care to the people.

Conference recognises that UNISON Northern Ireland is committed to re-establishing pay parity. The region has launched demands around pay restoration and this will form a large part of the regions’ campaigning work in the coming year.

Conference therefore calls upon the Health Service Group Executive to support our colleagues in their efforts to achieve pay restoration.

UNISON Northern Ireland

8. Organising around pay

Conference congratulates the Scottish Health Committee on a successful Scrap the Cap campaign which has led to the Scottish Government publicly announcing an end to their 1% public sector pay policy.

Conference notes that this was down to the organisation within branches by both activists and members which included the Scrap the Cap Facebook page with over 7000 members that led to demonstrations at Health Board Accountability Reviews; a Pay Review Body evidence gathering session in the Scottish Borders and Scottish Parliament and Conservative constituency offices. These were followed up by a fair pay not scare pay Halloween event and a Christmas card campaign aimed at Members of the Scottish Parliament.

These events were followed up by a highly successful march and rally in Edinburgh on 7 October 2017, where thousands of health workers accompanied by their families took to the streets before enjoying a free family fun day.
Conference believes that member led participation is vital if we are to ensure that the pay cap is scrapped and not simply scraped!

To that end Conference calls on the Service Group Health Executive and Devolution Working Group to have a review of the work done in the four countries on pay and to ensure best practice is followed in any future campaigns.

Scotland Region

9. Earnings Max – organising to win for UNISON members

Conference commends the work done by branches and regions to embrace the ‘Earnings Max’ strategy endorsed by Health Conference last year. Conference applauds the work done so far to organise and engage members in actions focused on getting the ‘right pay’ and other conditions due under Agenda for Change.

The signing of the Agenda for Change agreement was hard-won and represented a landmark in industrial relations at the time. More than a decade on – and in a very different financial and political environment – the need for us to defend, maintain and improve Agenda for Change is more pressing than ever. Conference recognises that where we allow it to be breached and members to disengage from it, we put our future in jeopardy. Implementing the earnings max strategy, and ensuring it becomes part of what every health branch does, are crucial to safeguarding Agenda for Change and engaging a new generation of activists.

Conference calls on the SGE to work with regions and branches to:

1) publicise and celebrate wins;

2) ensure that experiences, including successes and barriers, are shared effectively across the union;

3) ensure that supporting resources and materials are pooled and accessible to all branches;

4) ensure that any earnings max activity takes organising and involving members as its starting point, and is not seen as purely a negotiating objective;

Conference further calls on the SGE to:

5) continue to produce organising materials on relevant topics;

6) further develop the package of training and learning resources that supports earnings max activity;

7) explore effective means of evaluating the impact of earnings max within an appropriate timescale.

Health Service Group Executive
10. Pay Max Campaign and Building confidence for collective industrial action in health

Conference welcomes the pay max campaign as a way of preparing members for the campaign and potential industrial action over our pay claim of 3.9 percent and £800 and to meet the challenge from employers on the revision of agenda for change. That all health unions have lined up and are behind the claim is a very positive move.

Conference also welcomes the fact that the claim has been presented to the Department of Health and Jeremy Hunt and that it request additional funding to be able to pay the claim. As we recognise that it is the government who has determined what recent pay awards have been rather than the so called independent Pay Review Body who have agreed with every pay cap demanded by the Government.

This approach will allow branches to campaign on pay now rather than waiting until the end of the pay year to begin any campaign on pay, which allowed employers to then impose the small amount offered. This approach makes it clear to all, members, employers, the public and the government what we are asking for.

Conference welcomes the focus on campaigning and communicating with member on what are day to day trade union issues, such as down banding, regrading, car parking charges, cuts and closures, etc, which many branches are already organising around.

Conference believes that this approach will be successful and urges all branches to support the pay max campaign.

South East Region

11. No role for private consultants in job evaluation

Conference has recognised that there is an inequality in pay banding across the NHS. Many NHS workers are doing similar roles in trusts for different pay. These differences can even be in neighbouring NHS Trusts. The inequality in pay banding becomes more apparent when the job role does not fit the national job profile or a new post has been created.

With the introduction of Agenda for Change in 2004 a matrix was put in place so job roles were evaluated through a standard process. This process took into account what the staff member did and the responsibility of their role. Previously pay was decided by General Whitley Council, and more than 20 individual joint committees and subcommittees for the different occupational groups; each with responsibility for its own grading and pay structures as well as terms and conditions of employment.

Agenda for Change banding was introduced in an attempt to bridge the gap in pay inequality and ensure that there was a rate for the job with the creation of national profiles. However to respond to external labour markets and severe recruitment and retention problems we are seeing Trusts deviating from agreed profiles and in some instances employing outside consultancies to evaluate and match posts. We have found that even in high cost areas like Buckinghamshire and Oxfordshire local NHS trusts are at variance, banding staff doing the same job role up to two bands lower.
In the South East trusts all have major recruitment and retention issues of up to 18 percent vacancies. These vacancies are only exacerbating the impact it has on staff and how they feel valued especially if they know people doing a similar role are being paid more. The pressure of austerity and cuts is also being seen through the banding process as Conference is aware that there are a growing number of trusts using external companies to perform this role. This not only goes against any partnership working but is also a possible conflict of interest as the Trust can dictate what they wish to pay, as the company is unlikely to bite the hand that feeds it.

Conference calls on the Health Service Group Executive to:

1) undertake a Freedom of information request to ask Trusts in England if they use a private consultancy firm to undertake job evaluation and whether this was done in agreement with staff side unions or not, to understand how many and why they might be used when it goes against any partnership agreements with the unions;

2) develop a campaign guide for branches where job evaluation has been outsourced to bring it back in house;

3) work with those branches who wish to organise a campaign where there are private consultants involved, to bring back job evaluation in house.

_Bucks Healthcare and Community_

**Amendment 11.1**

After action point 1) insert new action point:

‘2) undertake a survey of health branches’ experiences of outsourcing of Job Evaluation to include asking for more detail about the manner and extent to which agreement was reached with unions;’

Renumber remaining action points sequentially: 3) and 4)

Add new action point at end:

‘5) investigate the feasibility of UNISON regions establishing Job Evaluation networks so that branches can share experiences and co-ordinate action to push employers to share the costs of running JE training between them.’

**Science, Therapy and Technical Occupational Group**

12. **Pay apprentices in health the rate for the Job**

Conference welcomes Unison recent guidance on apprenticeship pay and recommends it to all branches when negotiating pay rates for apprentices, as we believe that apprentices should be paid the rate for the job and not used to undermine our terms and conditions or be exploited because of their enthusiasm to work in the health service.
Conference recognises that there is a massive shortage if not crisis in staffing within the health service and that employers will be looking to apprenticeships to fill the ever widening gaps. As a union we encourage learning and see apprenticeships as a positive step forward, providing they do not exploit those in them. However there will be some employers that will seek to exploit those who wish to have a career in the NHS by employing apprentices at rates that are unacceptable to us as trade unionists, for example the minimum wage for young people under 25. This also goes against the guidance in the Agenda for change handbook which provides guidelines for staff working towards gaining qualification to specific posts.

Conference believes that those employers not following the good practice guide and who do not pay the rate for the job, be exposed and that the local branch be assisted in helping raise this as a campaigning issue, to ensure that apprentices are paid the rate for the job regardless of age.

Conference calls on the Health Service Group Executive to:

1) write to each trust through an FOI request asking for their remuneration rates for apprentices and whether it follows UNISON's good practice guide or Agenda for change rates;

2) provide a press release for those areas where employers are not paying the rate for the job to expose them;

3) assist branches and regions where Trusts are not paying the rate for the job to develop a local campaign should they wish.

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Bucks Healthcare and Community

13. Agenda for change mileage rates, eligible mileage and new patterns of working

Conference notes that revised arrangements for travel costs took effect in July 2013 (set out in Section 17 of the Agenda for Change Terms & Conditions Handbook.)

The section on ‘Eligible Mileage’ (17.15) is causing growing concern in that where a member starts and/or ends work anywhere but at their official base their home– base mileage is automatically deducted from their mileage claim. Historically, members' mileage has been calculated on the basis that they start or finish work at their official base. Home to base mileage is normally automatically deducted from any mileage claim.

For traditional patterns of working where members attended a team base to start and finish their work each day this arrangement may be reasonable but with the growth of agile working we are seeing problems emerge. As many members do not attend their base daily in the traditional manner, updating records electronically in their home, or a convenient health centre, rather than at their team base, and may only attend their base for the occasional meeting.

Many community based members now access and update patient records remotely and start and finish their days seeing patients in their homes or at GP premises.
rather than at a team base. Some may only attend base once or twice each week for 
team meetings.

In other cases employers have centralised their team bases in hubs at a distance 
from where members do much of their community work, increasing their home-base 
deduction. This may also cause significant increases in time and cost of travel for 
other groups of staff such as administrators and facilities staff. Also, many 
employers have moved to a hub model where there are fewer bases, widely spread, 
in an effort to reduce costs on estates. There is also a continuous process of 
reorganisation and relocation as teams are adapted to meet this. This may increase 
the distance between home and official base, and increase travelling costs and time 
for all staff, including administrators.

This pattern of working significantly reduces members’ eligible mileage claims, to the 
point that some no longer qualify for an NHS lease car. And other staff have lost 
significant amounts of money due to them for mileage actually covered.

Conference believes that 17.15 needs revising so that where the official base is not 
the normal starting and finishing point of a member’s working day (i.e. where the 
majority of working days start and /or finish away from the official base) the first/last 
visit of day should be counted as the start/end of the working day. Conference 
further believes that an equitable system of excess mileage payment should be 
reintroduced nationally so that staff who are compulsorily relocated do not 
experience financial hardship, regardless of the way they travel to work.

Conference requests the Service Group Executive to work with the national 
negotiating team to promote the renegotiation of this aspect of Agenda for Change 
terms and Conditions.

Leeds and York Community Health

14. Agenda for change mileage rates, eligible mileage and new patterns of 
working

Conference notes that revised arrangements for travel costs took effect in July 2013 
(set out in Section 17 of the Agenda for Change Terms & Conditions Handbook).

The section on ‘Eligible Mileage’ (17.15) is causing growing concern in that where a 
member starts and/or ends work anywhere but at their official base their home–base 
mileage is automatically deducted from their mileage claim.

For traditional patterns of working where members attended a team base to start and 
finish their work each day this arrangement may be reasonable but with the growth 
of agile working we are seeing problems emerge.

Many community based members now access and update patient records remotely 
and start and finish their days seeing patients in their homes or at GP premises 
rather than at a team base. Some may only attend base once or twice each week for 
team meetings, etc. In other cases employers have centralised their team bases in 
hubs at a distance from where members do much of their community work, 
increasing their home-base deduction.
This pattern of working significantly reduces members’ eligible mileage claims, to the point that some no longer qualify for an NHS lease car.

Conference believes that 17.15 needs revisiting so that where the official base is not the normal starting and finishing point of a members’ working day (i.e. where the majority of working days start and/or finish away from the official base) the first/last visit of the day should be counted as the start/end of the working day.

South West Yorkshire Partnership Health

15. Agenda for change mileage rates, eligible mileage and new patterns of working

Conference notes that revised arrangements for travel costs took effect in July 2013 (set out in Section 17 of the Agenda for Change Terms & Conditions Handbook).

The section on ‘Eligible Mileage’ (17.15) is causing growing concern in that where a member starts and/or ends work anywhere but at their official base their home-base mileage is automatically deducted from their mileage claim. For traditional patterns of working where members attended a team base to start and finish their work each day this arrangement may be reasonable but with the growth of agile working we are seeing problems emerge.

Many community based members now access and update patient records remotely and start and finish their days seeing patients in their homes or at GP premises rather than at a team base. Some may only attend base once or twice each week for team meetings, etc... In other cases employers have centralised their team bases in hubs at a distance from where members do much of their community work, increasing their home-base deduction disadvantaging these staff. Recognising that there are a number of staff in varying organisations that are required to work ‘flexibly’ by becoming mobile workers many are at detriment with the current system for the calculation of mileage claims.

This pattern of working significantly reduces members’ eligible mileage claims, to the point that some no longer qualify for an NHS lease car resulting in members driving for work with no remuneration. Conference believes that where the official base is not the normal starting and finishing point of a member’s working day (i.e. where the majority of working days start and/or finish away from the official base) the first/last visit of the day should be counted as the start/end of the working day as well as the current rule of deduction of home to base mileage, whichever is the least distance from home, to ensure that all mobile workers are able to accrue mileage for when they are working and not undertaking mileage at their own cost and that no group of staff are at detriment by undertaking their mobile working role.

Conference calls for a review of the current expenses to include an increase of the drop down rate from 20p per mile to 45p per mile or for a realistic rate after the 3500 miles reduction, to ensure that members receive fair and proper remuneration for the running costs of vehicles when using their own vehicle for the purpose of work.

Sheffield Community Health
16. Stop Bank Holiday Discrimination

Conference notes that bank holidays are calculated pro-rata for part-time workers and believes in fair and equitable treatment for all. Giving part-time employees a pro-rata Bank Holiday entitlement frequently leaves members who work on Mondays with a loss of annual leave.

For example in the leave year 2017/18 an employee who works 16 hours over 2 days is entitled to 29 Bank Holiday entitlement hours. This example employee works 8 hours on a Monday and a Tuesday only. There are 7 Bank Holidays which fall on these days in 2017/18 therefore 56 hours are needed to ‘pay for’ the Bank Holidays.

As this member only receives 29 hours of Bank Holiday entitlement the remainder has to be ‘paid for’ from their annual leave entitlement.

In this example the member has to use 27 hours of their annual leave entitlement to pay for their time off on the Bank Holidays.

Full-time workers never have to use any of their annual leave entitlement to ‘pay for’ time off on Bank Holidays.

This issue is relevant and important as the health sector employs many part-time workers.

Conference believes that part-time workers who end up suffering a detriment when compared to full time workers should be protected.

Conference calls on the Service Group Executive to work with the NHS Staff Council to negotiate a way to stop this discrimination.

North West Anglia Hospitals

Negotiating and bargaining:
Health and wellbeing

17. Protect NHS staff against violence and aggression

Violence and aggression against NHS staff should never be tolerated. In England, some 70,555 NHS staff were assaulted in 2015/16, up four per cent on the previous year. Similar levels of violence are reported in the devolved nations. These assaults can have a catastrophic effect, not only the physical impact of the injury, but also the long-term effect of the psychological impact. People are traumatised and it takes many months to recover. Deliberate needle stick injuries, bites and spitting increases the risk of contamination of blood-borne viruses (BBVs) leaving staff receiving long courses of anti-viral treatments and regular tests to see if they have contracted a disease. UNISON is also concerned by the increasing reports of sexual assaults against health workers, many of whom are lone workers.

In the early 2000s, the UK government launched its “Zero Tolerance” campaign in response to an increase in violence against NHS staff, creating a new organisation
called NHS Protect to take a national role in England reducing violence and aggression, setting the strategy on violence and supporting NHS organisations in the prosecution of offenders.

However, despite the year on year increase in attacks, conference notes that in England, NHS Protect ceased its functions on 1 April 2017. This has meant there is no national body with responsibility for protecting NHS staff. UNISON believes staff have been failed by the government, who seem as though they care more about fraud than they do about their safety. Conference notes that local NHS organisations have been left responsible for violence and aggression but without the leadership and strategic oversight that comes from a national body. Despite calls from a number of NHS leaders, trade unions, safety organisations, and groups of Local Security Management Specialists (LSMS), no one has accepted responsibility for what should be in place to ensure the functions and responsibilities formerly covered by NHS Protect are still met.

NHS Protect were responsible for setting the violence and aggression standards contained in the standard NHS Contract. They had a role in inspection and audit of NHS organisations, sharing alerts and links between police and LSMSs about members of the public who pose the greatest risk to NHS staff, and giving advice to employers on prosecution. In addition, they had a role collecting and providing statistical data to benchmark performance and proactively share good practice plus production of annual violence and aggression data. They also led on training, setting the competencies for conflict resolution and de-escalation training.

Conference agrees that NHS organisations carry the health and safety responsibilities for their staff and we should continue to campaign and ensure they are meeting their legal and ethical duties.

Conference calls on the SGE to campaign and lobby NHS England and the Department of Health to ensure that:

1) functions that were previously the responsibility of NHS Protect, are covered by an organisation through a formal national agreement with NHS England;

2) similar arrangements are in place to protect NHS workers in Scotland, Wales and Northern Ireland;

3) staff continue to receive de-escalation and conflict resolution training based on national competencies;

4) the Assaults Against Emergency Service Workers Bill is brought into law and leads to greater prosecution of offenders;

5) anyone expected to undertake restraint as part of their role must receive adequate training to do this safely.

Health Service Group Executive
18. Mental health

Mental health services have been underfunded in the UK for a number of years, having a negative impact on both staff and service users. Funding cuts mean that teams are often under resourced, with staff working long hours and struggling to deliver the highest levels of care. Service users are left on long waiting lists or only able to access support when they are at crisis point and their mental health has worsened. Conference notes with concern, that the health and wellbeing of staff is also being placed under increasing pressure, as members feedback that there is often little support provided by their organisation.

UNISON’s “Struggling to cope” mental health report outlining findings from a September 2017 survey of members working in mental health settings, identified that almost 75% of respondents reported feeling stressed at least once a week because of their work. In addition, 48% stated they were either planning to leave their work in mental health, or were thinking about it. The poor working conditions that staff face are resulting in increased turnover, and contributing to the recruitment and retention crisis. Conference notes publication of UNISON’s mental health resource pack launched earlier this year, as a useful guide for health branches including factsheets on key mental health statistics, advice on running local campaigns, and template letters to MPs.

Staff working in mental health services should feel well supported, in order to be able to provide the best help to those who need it most. UNISON continues to highlight the increased demand for services, worsening health and wellbeing of staff, and the impact this has on service users.

Conference calls on the Service Group Executive to:

1) recognise the recruitment and retention crisis in mental health;

2) promote the mental health resource pack and other materials available to health branches;

3) undertake research exploring the current turnover rates of mental health staff, and what action can be taken by employers to ensure staff want to join and remain working in mental health.

Health Service Group Executive

19. Workplace Stress

Conference notes that work-related stress is one of the biggest health hazards in the workplace.

Conference notes the latest estimates from the Labour Force Survey (LFS) which shows the total number of cases of work-related stress, depression or anxiety in 2015/16 was 488,000 cases, a prevalence of 1510 per 100,000 workers. The data also notes that public service industries, including healthcare, show higher levels of stress compared to other jobs and that the main work factors responsible for causing work-related stress include workload pressures and a lack of managerial support.
Conference notes that UNISON’s 2017 survey report of mental health staff ‘Struggling to cope’ reported that almost three-quarters of respondents (74%) reported feeling stressed because of their work at least once a week while more than a third (36%) felt stressed every day. It was also noted that more than one in five (22%) took time off within the last year because of stress. Conference further notes that UNISON’s 2017 safe staffing report on staffing levels in health care settings ‘Ratios not rationing’ reported that almost one in ten respondents (9.9%) said that they did not want to carry on nursing and that increased workloads and stress at work were the main two factors for this. Whilst the data on those leaving nursing and healthcare due to work-related stress is not available, the recruitment and retention crisis within the NHS is well documented and the link between the two is self-evident.

‘Ratios not rationing’ also noted that three in five nurses said that there were not adequate staff numbers to deliver safe, dignified and compassionate care. This is a structural issue yet healthcare staff are encouraged to attend courses such as mindfulness and well-being, thus seeking to individualise the issue of stress. As Hugh Robertson in ‘Distressing Failure’ says “the problem is that tackling stress can mean changing working practices, increasing staffing levels or changing management systems and so it is clear that the majority of employers are just sticking their head in the sand ... or trying to fix the workers.”

The drop in workforce supply means that there is more pressure on existing registered staff to train and support the next generation of nurses, an additional stress for nurses to contend with.

Conference notes that the government’s austerity cuts and cuts to NHS funding and services have played a role in (as the TUC points out) “increasing work related stress for those working in the public sector who have experienced increasing hours of work and workloads, excessive monitoring, accountability, performance management, target setting, badly managed change and bullying management.”

Conference therefore calls upon the Health Service Group Executive to:

1) call on NHS employers and independent providers within the NHS, to recognise stress as a workplace hazard;

2) campaign for NHS employers and independent providers within the NHS to adopt the Health & Safety Executive stress management standards, undertake suitable and sufficient risk assessments and negotiate a work-related stress prevention policy;

3) continue to campaign for improved workforce planning and recruitment processes as a strategy that employers should be focussing on;

4) continue to campaign for safe staffing levels;

5) encourage branches and members to challenge employers and get employers to talk about stress, carry out stress audits and take steps to manage and reduce stress at work;
6) encourage branches to promote the use of the new UNISON stress toolkit, launched in November 2017.

Nursing and Midwifery Occupational Group

20. Safe staffing in the community

Conference applauds the work done by our union on highlighting the need for increased staff-to-patient ratios, including the 2017 Safe Staffing survey.

However, conference is concerned to note that reports from NHS staff working in the community, the majority of whom are women, suggest that they are subject to the same levels of stress and staff shortages as their colleagues in hospitals.

These members report that: staff sickness due to workplace stress is commonplace; staff regularly work unpaid overtime; administrative tasks are undertaken in the staff’s own time, at home, to the detriment of family life; and scheduled breaks are rarely taken. Whilst time off in lieu is technically possible, it is never taken as there are insufficient staff to cover absence.

Staff ‘wellbeing’ measures, whilst well-intentioned, do nothing to alleviate the pressure of working in these conditions, and staff’s physical and mental health inevitably suffers.

Conference calls upon the Service Group Executive to:

1) conduct research into safe staffing for our NHS members working in the community;

2) use the results to highlight the unsafe working conditions for our members;

3) continue to campaign for safe staffing levels for all NHS staff.

National Women's Committee

21. Stress and the staffing crisis

Conference notes that stress in the workplace is a long standing problem for NHS staff, and research (Hannah Flynn 2016) indicates that almost 9 in 10 practice nurses, GPs and other primary care workers find their work life stressful, leading to some to have suicidal thoughts.

Conference believes that health staff are in responsible positions caring for ill patients and so the symptoms of stress (depression, panic attacks, anxiety disorder, and so on) can have a critical effect. It is a step forwards that stress is being talked about more openly with less stigma, but disappointing that we cannot be confident that it will be addressed. Whilst some individual factors can bring about stress, there are many factors in the workplace that contribute to it including bullying, verbal and physical abuse, low pay, and especially staff shortages.

Conference welcomes UNISON’s ‘Guarding Against Stress – A Tool Kit for Success’ launched in 2017, and believes it is vital that it is not just another leaflet to be left on the shelf but instead is used to lead the way to a better and healthier workforce.
Anecdotally too many members and employers are still unaware of the good practice and advice that the toolkit contains.

Conference calls on the Health Service Group Executive to:

1) publicise “Guarding against Stress – A Tool Kit for Success” to branches;

2) back branches to raise the issue with members and employers;

3) campaign for enforceable staff / patient ratios to protect staff from stress and ensure quality care for patients.

Grampian Health

22. Long working hours and the impact on health and well-being

Conference recognises that there is an increasing amount of our healthcare members working shifts of 10-12 hours plus. There are a variety of reasons why staff are working these shift patterns. For some it is a matter of personal choice and allows them to balance work and life commitments such as caring responsibilities. However, for some this is not a choice, it is a demand that is placed upon them either by financial pressures or by expectations of the employer. A survey was conducted by UNISON West Midlands Regional Health Committee earlier this year on working hours. The responses showed for instance that a majority of Band 5 Nurses are now working 12 hour plus shifts. Also, since the ongoing pay freeze, an ever increasing number of staff are having to undertake bank work, overtime or second jobs. We believe that further research needs to be conducted on the amount of hours and shift patterns our healthcare members are working regularly and the impact of these working hours on health and wellbeing.

This issue is important and relevant to all healthcare members because the structuring of shifts in this manner is now being rolled out to more and more staff groups, as demonstrated by the recent dispute by the Porters at Royal Devon and Exeter Foundation Trust. We believe that where members express a choice or where there is an option to work these hours and/or take up the overtime, we wish for members to have information available on the potential effects of long working hours on their health and wellbeing in order to make an informed choice. In addition to this, where our members are looking to resist the imposition of such shift patterns, having this research available will allow UNISON to better campaign and negotiate.

Conference calls upon the Service Group Executive to:

1) conduct further research into what shifts patterns and hours our healthcare members are working, the reasons why they are doing so and the long and short term effects on their health and well-being.

2) make available bargaining advice to branches based on the outcome of the survey.

West Midlands Region
23. Agile or Fragile? Impact of Hot-desking on NHS Staff

Conference notes that NHS Employers are moving more towards agile working. The argument for implementing agile working is to increase productivity and to save money in the face of massive Cost Improvement Programmes forced on to NHS organisations.

Conference understands that where agile working is implemented and driven as a measure to cut costs it can have a detrimental impact on employees and productivity. A major part of agile working is ‘hot-desking’, where employees either share a desk with others or are not assigned a permanent desk and must find one when needed. Recent research has shown those employees without an assigned desk often complain of desk shortages, difficulty finding colleagues and wasting time. Hot-desking has also been found to result in higher levels of distrust, fewer co-worker friendships, as well as creating tension within the workforce between those who use spaces regularly and those who don’t. Some employees have complained that they don’t get the managerial support expected, with many complaining that it is increasingly difficult to have private and confidential conversations and even to concentrate fully. Employees also complain that hot-desking has led to them having to carry equipment and supplies around more and can even create additional work, as they must find and set up the workspace, move between locations, and then remove everything at the end of the day. This can be particularly challenging for disabled staff. Conference calls on the Health Service Group Executive to:

1) Assess the impact of hot-desking on staff within the NHS;

2) Work with the Health and Safety Committee and Self-Organised Groups to develop guidance for health Branches and Regions to assist with negotiating around hot-desking, promoting best practice and challenging poor practice.

Newcastle Hospitals Unison Branch

Amendment 23.1

In paragraph 2, insert after 2nd sentence:

‘For disabled members in particular, this may mean the loss of hard-won reasonable adjustments to their workspace. For some disabled members, being forced to hot-desk could be a breach of the Equality Act. For example, government advice states that allowing someone with social anxiety disorder to have their own desk instead of hot-desking would be a reasonable adjustment.’

In action point 1) after ‘NHS’ insert ‘, with particular focus on whether reasonable adjustments to the policy are being made where necessary and whether those reasonable adjustments already in place are protected.’

In action point 2), after ‘hot-desking,’ insert ‘including seeking reasonable adjustments to the policy and the protection of reasonable adjustments already in place,’

National Disabled Members Committee
Negotiating and bargaining:
Equalities issues

24. The NHS at 70

Conference notes with pride that our National Health Service celebrates its 70th anniversary in 2018. As this milestone is reached the diversity of the NHS workforce should be a theme for public celebration.

Conference notes that 1948 was also the year that the Windrush brought 492 migrants to the United Kingdom in what became known as the start of the Windrush Generation. The people of that generation and their families went on to contribute – and continue to contribute - significantly to all aspects of British life, particularly to our public services. This is particularly true for the NHS, which has been a diverse organisation from its creation to the present day, and will be into the future.

Conference also notes that the NHS is now a five-generation employer, with the largest spread of working ages the service has ever seen. Conference believes that these anniversaries are significant, and that the diversity of the NHS workforce is of real value to the service and the public. Conference resolves to celebrate our past and our diversity with action as well as words in order to build an NHS that is genuinely open, inclusive and empowering for all workers.

Conference therefore calls on the Health Service Group Executive to:

1) use the NHS at 70 anniversary to articulate a positive vision of what the NHS should be and how it can celebrate diversity as both an institution and an employer;

2) work with other organisations who share our values to ensure our vision reaches as wide an audience as possible;

3) campaign to make the NHS a model employer that promotes fair and equal opportunities for all staff;

4) examine how UNISON should celebrate that diversity ourselves, including how we can encourage wider and broader participation in health branches.

Health Service Group Executive

25. Racism in the NHS

Conference notes that those who work in our NHS come from across the world with different experiences, backgrounds and beliefs, working together to deliver the best services possible.

Conference believes that there is no room for racism in the NHS, yet unfortunately is aware of an increase in racist incidents following the EU referendum last year. No
one should experience such hate and abuse, and UNISON is working hard to ensure that these incidents are challenged.

Conference is in support of a formal reporting mechanism as a means of monitoring race equality in the NHS and Conference therefore welcomes the Workforce Race Equality Standard (WRES) report published this year, and its work analysing race equality. Conference is alarmed however about some of its findings. The reality that “BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers” is unacceptable. The report also outlines that staff from these backgrounds are less likely than white colleagues to believe that their trust provides equal career progression opportunities. Conference recognises that the experiences of Black staff often differ to other colleagues and therefore continues to raise awareness about the discrimination present within the NHS, and actions branches can take to help campaign against this.

Conference notes publication of guidance for health branches, including the “Challenging prejudice” leaflet and “Challenging racism in the workplace” toolkit and resources, for use in negotiation and bargaining around race equality in the workplace, and for activists to feel confident in tackling such behaviour when it arises.

Conference also notes with concern that the Westminster government is planning to enforce new changes which will mean that hospital departments in England will be legally required to check the paperwork of every patient, before deciding whether they need to pay up front. Conference believes that this puts our members in a difficult position and could damage the relationship of trust patients have with healthcare staff, as where it is determined treatment is not urgently required, those unable to pay will be turned away until they make payment.

Although it is proposed that the final decision on whether to charge for treatment will lie with a doctor, it is likely that other staff including administrators will be expected to make initial decisions. Conference believes that our members are here to make healthcare decisions, not act as immigration officials.

Conference calls on the Service Group Executive to:

1) continue work to highlight the positive contribution that staff from across the world make to the NHS;

2) promote UNISON’s “Challenging racism in the workplace” materials, and other national resources produced to allow health branches to remain well informed on policies;

3) engage with health branches, using feedback to contribute to the work of policy makers, ensuring trade union involvement in work to challenge racism;

4) use lobbying routes and policy channels to raise concerns about the impact of proposed new charging regulations of overseas patients, making sure branches are aware of UNISON’s position;
5) highlight the damaging effect that discrimination at work has on Black staff, and continue to challenge this behaviour.

Health Service Group Executive

26. Disability awareness training

Conference recognises that there is a lack of disability awareness training for managers and is concerned about the impact this is having on disabled members in health branches and employers. There continues to be a lack of understanding of the needs of disabled employees in the workplace leading many employers to fail to make reasonable adjustments and eliminate discrimination.

Under the Equality Act 2010 employers have a duty to make reasonable adjustments to meet the individual needs of their disabled employees. They must provide reasonable support and resources to meet these needs which can include support through Access to Work (ATW). Some managers fail to support ATW claims because they don’t understand how it works, believe it will cost them money or think it will be difficult to manage.

UNISON recognises that many disabled employees became disabled during their working lives, it is therefore vital that employers provide the correct reasonable adjustments and ATW for their employees so that they can remain in employment and work in a safe environment that meets that individual’s needs.

In the 2017 UNISON equality survey, 1778 health members responded to the survey, 91% answered the following question: Have you had any employer-organised training on equality issues? Of those who answered, one third said ‘yes, in the past year’, 23% said ‘Yes, between 1–3 years ago’ and over a third said ‘No.’ The National Disabled Members Committee believe this is not good enough. Disability awareness training is important for all employees but is vital for managers who need to provide support to disabled employees. This is even more important as financial pressures are leading to heavier workloads and increased stress levels within NHS settings.

We have seen an increase in employees affected by mental health issues, including stress, depression and anxiety and account for almost 70 million days off sick a year, however many of us know very little about mental health and don’t spot the signs that a colleague or employees are struggling and this can delay help and recovery. Additionally managers are not being trained in how to deal with mental health issues so are failing to take action.

Sickness absence procedures should include providing additional support for disabled people to return to work. Managers should be considering what reasonable adjustments they need to make to help disabled people return to work. But no training is provided to help managers understand the steps they need to take.

Conference calls on the Health Service Group Executive to work with the National Disabled Members’ Committee to:
1) use the NHS Staff Council and partnership bodies in all four countries of the UK to promote the development of mandatory disability awareness training in NHS employers;

2) to support and raise awareness of the need for mental health awareness training amongst NHS staff and to encourage the growth of Mental Health Champions in the workplace;

3) work with branches and regions to promote the need for employers to provide mandatory disability awareness training to all staff and in particular to managers;

4) encourage members to participate in and promote disability awareness training both in the workplace and UNISON's education programme and to share examples of good practice.

National Disabled Members Committee

27. Disability leave

Disability leave is time off from work for a reason related to someone’s disability. It is a type of ‘reasonable adjustment’ which disabled workers are entitled to under the Equality Act 2010.

Conference is aware that there is still inequality for many of our disabled members and they continue to be treated unfavourably at work. This inequality still happens even though the Equality Act 2010 makes it unlawful to discriminate against employees because of a disability. There is currently very little evidence of the quality and number of disability leave policies within NHS employers.

Removal of the disadvantage that a disabled employee has when considering formal action due to sickness absence would go some way towards rectifying this unfavourable treatment. Therefore, the recording of disability absence separately from sickness absence helps to ensure that disabled employees are not penalised under absence management schemes or capability procedures for being disabled.

The creation of a Disability Leave Policy is seen as good practice in the Equality and Human Rights Commission's Employment Statutory Code of Practice. Doctors, employers or even occupational health, cannot decide what a reasonable adjustment is for a disabled person. A medical diagnosis can say what an employee’s impairment is, but it is only possible to know the effect on an employee by consulting with them about their experience of barriers to full inclusion in the workplace.

Conference welcomes the UNISON Disability leave fact sheet with model policy, which explains why disability leave is important to your branch; how to organise around it; and how to negotiate a good disability leave agreement. The second half of the factsheet is a briefing on disability leave which branches can share with their employer.

Conference calls upon the Health Service group Executive to work with the National Disabled Members Committee to:
1) use the NHS Staff Council and Partnership bodies in all four countries of the UK to promote the development of disability leave policies in NHS employers with a view to implementing disability leave policies across NHS employers;

2) collect information on existing disability leave policies within NHS employers and to share good practice;

3) circulate to health branches the UNISON disability leave factsheet and urge them to raise and negotiate disability leave policies within their employers.

National Disabled Members Committee

28. Effective equality and diversity initiatives in health

Conference welcomes the acknowledgement of the need to tackle bullying across the health service and to promote equality and diversity. However, conference believes that health employers’ equality intentions are not always backed up by effective actions.

Conference notes that with health employers across the UK, essential and mandatory equality and diversity training is increasingly delivered online. Conference believes that while online training can have a place in imparting facts, it rarely changes attitudes and beliefs. The growing understanding of how unconscious bias perpetuates disadvantage at work shows the importance of appropriate equality training.

This is underlined by 2017 research published by Exeter University that measured the difference between staff that had undergone online equality and diversity training and those who had not undergone any training and found virtually no measurable difference in their awareness or their equality and diversity intentions.

Conference welcomes other work to evaluate equality initiatives, including the research project based at York University, seeking to gain a better understanding of how Lesbian, Gay, Bisexual, Transgender (LGBT) staff networks are run, what they can do to improve relationships between colleagues, and ultimately, improve the wellbeing of LGBT employees. This project focuses on LGBT employee networks within the NHS, from different parts of the UK. UNISON is represented on the strategic oversight board.

Conference notes different branch experiences with staff networks, which vary in their representativeness of the full diversity of LGBT staff, across bands and job roles, and the degree to which they acknowledge the legitimate role of unions in negotiating equality and representing our members. Conference also notes the power of simple visibility, with branches in a number of trusts and other NHS employers using rainbow Out in UNISON lanyards to great effect.

Conference therefore calls on the Health Service Group Executive to:

1) work with employers through partnership bodies in all four UK countries, to push for equality and diversity training across the NHS that is based on the principles of effective training, including active learning, and is properly evaluated;
2) Encourage branches to seek to engage with LGBT staff networks where they exist, urging the networks to work in collaboration with union initiatives;

3) Urge branches to take steps to promote LGBT visibility as part of our strategy to promote LGBT workers rights.

National Lesbian, Gay, Bisexual and Transgender Committee

29. Negotiating good Trans equality policies with health employers

Conference notes that despite lack of data collection by health care employers on the experiences of trans staff, we know that trans health workers experience disproportionate levels of harassment and discrimination. A 2017 TUC report showed that 48% of trans workers had experienced bullying and harassment, compared to a third of non-trans workers. Stonewall’s most recent report on LGBT equality in health services showed that 20% of patient-facing staff had heard colleagues make negative remarks about people who are trans.

Conference also notes a lack of knowledge and information about trans equality in many health service HR departments. In an August 2017 research paper on supporting trans employees in the workplace, ACAS noted that only 20% of Stonewall’s top 100 employers have trans-specific HR policies and processes.

In many cases, draft trans equality policies brought to UNISON health branches for comment include mistakes in law, outdated language, ignore non-binary identities and are far from best practice. Conference therefore welcome UNISON’s new trans equality guide and model policy, launched at LGBT conference last November, adding to our library of trans equality bargaining resources. Conference also welcomes early progress in health branches using the new model policy to negotiate agreements.

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

1) Promote the UNISON trans equality guide and model policy, along with UNISON’s Trans workers rights factsheet, Guide for reps supporting trans members and guide to non-binary inclusion, which complement the model policy;

2) Urge branches to check any trans equality policies against the model policy and negotiate for necessary improvements

3) Urge branches where the employer has no trans equality policy to negotiate the adoption of UNISON’s model policy

4) Collate and publicise examples of where such agreement has been reached.

National Lesbian, Gay, Bisexual and Transgender Committee

30. Non-binary inclusion

UNISON has a long standing history of campaigning and helping those who face discrimination. In the past few years UNISON has made great strides in helping our transgender members. However there is still more to be done. A survey of non-
binary trans people done this year by the Scottish transgender alliance showed that 60% of non-binary people are not comfortable being out in the NHS in general, with 50% not comfortable being out to their GP.

50% of non-binary transgender people were not comfortable being out at work. That's half of our non-binary workforce feeling unable to be themselves in the workplace. We know LGBT people who do not feel able to fully be themselves at work can suffer from mental health conditions; 88% of transgender people struggle with depression and 75% struggle with anxiety.

This is a big issue for our non-trans workforce too, who find the idea of treating a transgender individual intimidating at times as they have a lack of knowledge. It’s important we do our best to help all staff understand and meet the needs of these patients; looking at e-learning as well as written guidance as a lot of our workers on wards will find e-learning more suitable.

As UNISON representatives there are steps we can take to make the workplace more inclusive; such as asking that any new bathrooms are non-gendered or asking staff to use non-gendered language. However the NHS Spine and IT systems used throughout the NHS are not inclusive, only allowing patients to pick between male or female.

Conference calls upon the Service Group Executive to:

1) work with NHS Digital to update the NHS Spine to include ‘non-binary’ as a gender option should patients wish to self-identify to NHS services;

2) produce guidance and an e-learning module for our healthcare workers on using non-gendered language;

3) produce guidance and an e-learning module for our workers on the specific healthcare needs of transgender patients.

Cambridge University Hospitals

Negotiating and bargaining:

Professional and occupational issues

31. Lifelong Learning

Conference recognises the continued under-funding of education and training for NHS staff. The NHS Constitution states that employers have a responsibility for ensuring the ongoing learning needs of their workforce are met. Maintaining skills and supporting personal development is a vital part of supporting a quality service that fully meets the needs of patients and the public.

Despite this, central funding for continuing professional development provided by Health Education England, for instance, has been reduced in the last two years to zero. Arguably, the situation for staff other than nurses and allied health professionals is even worse in terms of lack of availability for course fees and study time. Despite some formal commitments in the devolved nations, the actuality is that
staff find it very hard to access monies to support learning or have protected time for study, wherever they are employed and in whichever roles.

In UNISON we assert the value of education and learning, and see this as a lifelong right for all of our members. We seek to influence government and employers so that this right is endorsed and meaningfully supported within the NHS and associated employers. For this to happen there is a need for an adequate central resource to fund lifelong learning for all staff and an accompanying fair process for allocation of learning funds. The latter ought not to favour one occupational group or grade over another.

Conference resolves that the Service Group Executive makes the case and lobbies employers and government for:

1) Provision of an adequate central resource to fund lifelong learning for all staff;
2) Development of a transparent process ensuring fair access to learning funds.

Nursing and Midwifery Occupational Group

32. Diverse routes to qualification – assuring quality, identifying the issues

Conference notes and welcomes efforts by employers and policy-makers to diversify routes into the healthcare professions. We are now seeing the development of a variety of options into different professions including traineeships, secondments, apprenticeships and postgraduate fast-track routes like Nurse First.

However Conference is concerned that there does not appear to be any overarching strategy or comparative evaluation of these options, and it is not clear how individuals can make informed decisions about which route is best for them.

Conference is also concerned that these schemes place additional and varying demands on services to find sufficient qualified staff who have the time and training needed to provide consistently good quality mentorship, supervision, training and assessment.

Furthermore, there is the real possibility of friction in workplaces which will throw up complex management challenges. Depending on their training route students/trainees will come into practice placements with differing expectations, and on very different terms. The big divide will be between those on ‘earn as you learn’ programmes where they earn a salary and have their tuition fees paid – and those who are students incurring up to £50,000 in student debt, and trying to support themselves through university while working part-time jobs on the side.

Conference calls on the Service Group Executive to:

1) monitor the availability and take-up of places on the different routes into healthcare professions where UNISON has an interest;
2) analyse the types of issues encountered by a) students/apprentices/trainees and b) qualified staff involved in supporting, supervising and assessing them;
3) report back to conference 2019 on the findings;

4) provide advice to branches as appropriate.

**Science, Therapy and Technical Occupational Group**

### 33. Protection of Non-Registered Clinical Grades from Exploitation

Conference notes that due to the policies of the Coalition and recent Conservative Governments that the training of registered members of healthcare staff is in a precarious state. An effect of the Government’s abolition of the bursary for students has led to a substantial fall in the number of applicants for the Nursing degree. According to the RCN in July 2017 the reduction in applications stood at 19%.

This drop in numbers is enough to cause a recruitment crisis on its own. When considered alongside the equally dramatic drop in applications from EU Nurses which according to an article in the Guardian in June 2017 stood at 94%, it is clear that crisis is already here. There has been an increase in Foreign National Nurses from outside of the EU but that increase is nowhere near enough to stave off the crisis.

Many Trusts are planning to use the new Nursing Associate Role as a way of allaying this crisis. Much of the current role and responsibilities of a Band 5 Nurse is to be devolved to Band 4 non-registered staff with the Band 5 registered Nurses delegating duties to those staff who have the competencies to fulfil those duties.

Agenda for Change does not allow for these Band 4 Non-Registered Nurses to be paid any higher than the top of Band 4. Many employers will be ‘growing their own’ and encouraging staff to pursue the role of Nursing Associate by promising supported career progression through the Non-Registered grades, from Apprentice to Band 4 and onto Band 5. A laudable aim, but a process which could be open to abuse and there are likely to be employers who would be very content to keep a cheap cohort of band 4 labour with enhanced skills on that banding with, in effect a glass ceiling.

Therefore, we call on the Service Group Executive to:

1) work towards developing a best practice guide for branches;

2) work with NHS unions, NHS Staff Council and NHS Employers to encourage them to adopt and possibly implement this best practice;

3) help stop the potential exploitation on non-registered Health staff and ensure that there is a genuine path for career progression through non-registered into registered grades.

**Eastern Region**

### 34. Campaigning for quality clinical placements

The abolition of the NHS bursary in England took effect on 1 August 2017. The 2017 Health Conference called on the Health Service Executive Group to “monitor the quality of placements if there are additional training places” among other things.
Conference notes that the finalisation of the funding arrangements for clinical placements in England happened too late in the process. Universities were made aware of the additional funding for placements on 9 August, less than a week before A-level results.

Conference also notes that increasing placements requires careful management due to the need for an adequate number of qualified mentors and a range of learning experiences. Nurses are already under considerable pressure trying to mentor the current levels of students and government plans to increase student nurse places by 5,000 places next year which will increase that pressure. There needs to be sufficient registered nurses to act as mentors. It is not yet clear whether the quality of placements and the student experience has been affected by the changes introduced earlier this year; more work needs to be done on this.

Conference calls on the Health Service Group Executive to:

1) Ensure we continue to provide a strong workplace presence for healthcare students;

2) Continue to collect information about the quality of student placements and information on the hardship students experience, including the impact of travel costs when students are on placement;

3) Campaign for high quality placements and encourage activism around supernumerary status for students on placements;

4) Continue to support the work that branches do in supporting healthcare students.

*Nursing and Midwifery Occupational Group*

Amendment 34.1

Add a new action point 5)

‘Ensure health branches also support those staff who supervise/mentor healthcare students on placement and raise with employers any problems of insufficient capacity, time or training for supervisors/mentors.’

*Science, Therapy and Technical Occupational Group*

35. Regulation that works for patients and registrants

Conference notes the ‘Promoting professionalism, reforming regulation’ consultation by the four UK governments which closed in January 2018. This consultation was long overdue but now that it is finally moving forward, Conference believes it presents opportunities to rationalise the system of professional regulation in healthcare and make it fit for the 21st century.

Conference notes that the current regulation landscape is without rhyme or reason. Nursing Associates in England will be regulated but not Assistant Practitioners. Biomedical scientists are regulated but Clinical Physiologists are not. Pharmacy technicians are regulated in Great Britain but not in Northern Ireland.
Conference believes that a more consistent and rational approach to regulation will benefit patients, staff and NHS services.

Conference calls on the Service Group Executive to:

1) Use the next stages of the government review to push for progress on rationalising regulation and, where the risk to patients is deemed to warrant it, extending it. This could include groups such as clinical physiologists and physician associates;

2) Continue to lobby and campaign for safeguards to prevent excessive fees being charged, and curb fee hikes which outstrip pay rises;

3) Push for any cost savings achieved through economies of scale to be fed back to registrants through lower fees;

4) Push for new requirements that all regulators must offer pro-rata fees for part-time registrants and a monthly payment option;

5) Lobby and campaign for regulation to offer more support for professionals and professionalism, and more sanctions for employers that do not respect and support professionals to uphold standards.

Science, Therapy and Technical Occupational Group

36. Disclosure and Barring Service – Electronic Update Service - Employer Efficiencies and Savings achieved by costs to workers

Conference is fully aware of the continuous pressures placed upon NHS Organisations to make efficiency savings in both costs and systems. The NHS Employers have highlighted the work undertaken from the Junior Doctor recruitment experience in London, and a National Streamlining Steering Group was established to roll out the collaborative working programme on a regional basis.

In the Northern Region we have received information of the Streamlining Project where collaborative working is taking place between Health Education England and the 11 trusts in the North East Region. The project has established three work streams to reduce duplication in recruitment and induction processes. These investigations claim that mutual benefits will be offered to both employers and staff who choose to move between NHS employers.

The Northern Region project is to improve administrative efficiencies, removing unnecessary tasks associated with the processes used in recruitment, statutory & mandatory training and occupational health. Trusts are working together and information on the project stages has been shared with Staff Side Chairs in the form of regular newsletters and presentations.

The recruitment work stream has advised that trusts maximise their use of the Electronic Staff Record (ESR) Programme. This is a cost free service to NHS employers and the work has focused on ‘inter-authority transfers’ of staff.
Conference notes that NHS Improvement guidance to NHS and recent recommendations from CQC inspections have advised a consistent and efficient regional approach to Disclosure and Barring Service (DBS) checks. In particular, trusts are being recommended to sign up to the DBS Update Service. Currently, trusts fund this cost for employees. However, the Streamlining Project Network has moved towards the revised cost for the annual fee of £13 to be passed back to the Employee. This is in addition to the initial DBS check fees, £30 for a standard DBS check and £49.40 for an enhanced DBS check.

NHS workers should not pay the cost for public protection. These charges should not be thrust on to staff, in particular, our lowest paid workers who have not had proper pay rises and are already struggling to cope. We know our members are already leaving to take less stressful roles outside the NHS. Extra financial burdens on staff will mean reducing earnings under the living wage.

Research in the Northern NHS Region has revealed trusts are interpreting this differently and the guidance is not clear. The current NHS Employers guidance reports that as these checks are regarded as an employment requirement, and because of this, a large number of NHS trusts across the country have put in place arrangements to either pay for, or reimburse, fees to staff. The decision should not be for local discretion when the warning is given for ‘the need to be mindful of the impact upon individuals and full consultation within Staff Sides’.

In the Northern Region we have identified this issue to use as one of our Maximisation of Earnings campaign priorities.

Conference therefore calls upon the Service Group Executive to:

1) undertake research to establish which employers use the Disclosure and Barring Service (DBS) and electronic DBS update service across health branches;

2) collate information to identify which employers fund or reimburse staff for these costs, and establish whether there has been proper consultation within health branches;

3) raise this issue within Staff Council and NHS Employer discussions to challenge this emerging practice to impose a further cut in the earnings of staff. Workers in the NHS should not be required to fund any initiative that offers tax relief claims for employers;

4) develop further guidance for our branches to understand the variations in the DBS systems and provide support to encourage Staff Sides to reject any proposals where the plan is to impose charges.

5) develop campaigning guidance in accordance with UNISON’s Pay Campaign and Maximisation of Earnings strategy. UNISON’s national policy should be to campaign for this charge to be funded by the NHS and not faced by workers in the NHS.

Northern Region
37. Support health workers asked to collect fees from migrants. Stop blaming migrant workers

Conference notes; that this government is attempting to blame and scapegoat the relatively small number of migrants who use NHS care. They estimate the horribly phrased ‘health tourism’ at £200million. Somehow this is identified by the government as a key problem for the NHS when they have cut £22,000 million, (over 100 times more), from NHS budgets.

The NHS and care sector would collapse overnight if those not born in the UK left. Migrants collectively already contribute more to public services than they take out.

This government has introduced passport checks and charges for all but a small number of emergency procedures.

Conference believes these proposals;

i) are discriminatory and will lead to BME patients whether migrants or not, whether entitled or not, being refused treatment they are entitled to and not presenting with illness due to fear of being charged (both of which has already happened) eg an 8 day old baby asked for their passport;

ii) will lead to patients who fear being charged, delaying presentation at health care until their illness has developed into an emergency, costing them and the NHS more;

iii) are not cost effective, as mechanisms to check all NHS patients and charge those not entitled, at all appointments, with all the training, form-filling, the bill will cost more than any money gained from the charges.

iv) will open staff up to accusation of institutional racism and to anger from patients being asked.

v) potentially open up staff to professional criticism if they refuse treatment to someone in medical need with adverse consequences.

Conference calls the Health Service Group Executive to:

1) campaign against these proposals, writing to our government, lobbying MPs, supporting protests as appropriate;

2) issue clear guidance for health service staff faced with this moral dilemma of being asked to implement these proposals. And support as appropriate, within UNISON guidelines, those who feel unable professionally to cooperate with this discriminatory practice.

Greater Manchester Mental Health Branch
38. Organising and recruiting the Nursing Associate in England

The NHS nursing workforce is changing owing to the growing shortage of registered nurses. In an aging workforce, large numbers are retiring owing to the sheer pressure they are under trying to juggle staff shortages and more complex patient needs. They are worn out and demoralised and to add to this the intake has dropped for student nurses particularly in England owing to the withdrawal of the bursary.

To fill the gap Jeremy Hunt has come up with the new role of Nursing Associate. In England we have over 2000 Trainee Nursing Associates who have just completed their first year and the plan is for more. At the Conservative Party conference Jeremy Hunt made a speech in which he pledged to triple the number of Nursing Associates from the current 2,000 in the test sites, with a possible 5,000 Nursing Associates starting in 2018, and 7,500 per year thereafter.

This is the time we as a union need to focus on recruiting these new workers, comprising a group which is clearly in its infancy and will initially struggle for recognition in the workforce. We are the best union to support these workers and we need to be leading on this as we are the union for all our staff. These Nursing Associates will be tested in many ways and not only that, they will be registered with the NMC who still have not sorted out the competencies or fees for regulation.

This motion is focused on the role in England as the devolved counties have yet to decide if there is a need for Nursing Associate roles, but they are watching as the nursing crisis is getting worse everywhere. By us as a union focusing on these workers now, we will be ready with the right tools and knowledge to support our colleagues in the devolved countries should it be needed.

Conference therefore calls upon the Health Service Group Executive to:

1) provide specific recruitment material to enable branches to engage with trainee Nursing Associates;

2) collate as much data as possible on the pilot sites where the trainee Nursing Associates are, so branches and regions will be able to focus on them for recruiting;

3) support the trainee Nursing Associates and ensure they are being given the time within their working day to do their studies;

4) provide bespoke training and support for the trainee Nursing Associates so when they step fully into the workforce they will not be used and abused;

5) continue to be fully involved with the NMC as they get further along the road to registration;

6) fight for fairness and equity when it comes to registration fees.

Nursing and Midwifery Occupational Group
39. Organisational consistency for student health care professionals

Conference welcomes the work undertaken by UNISON to recruit and organise student health care professionals.

Conference notes, however, that there is inconsistent practice between regions as regards whether a student health care professional should be allocated to a health care or higher education service group branch.

Conference believes that there are clear organisational advantages to being in the Health Care service group, especially as regards support needed any for work placement issues.

Conference calls on the Health Service Group Executive to:

1) survey current practice across regions on allocation of student health care professionals to service groups;

2) refer the matter to the NEC’s Development and Organisation Committee, with the aim of establishing a consistent practice across the union which is in the best interests of student health care professionals.

National Young Members’ Forum

40. Recognition for Operating Department Practitioners

Conference notes that Operating Department Practitioners have been working within the NHS for over 50 years under varying titles. ODPs have only been regulated by the Health and Care Professions Council since 2004.

Conference further notes that there are over 13,000 registered ODPs and they are a valued member of the multi-disciplinary team, they are covered by published standards of proficiency and the title ‘Operating Department Practitioner’ is a protected title in the UK. However, it took until the 7th April 2017 for ODPs to get the professional recognition deserved. ODPs are now classified as Allied Health Professionals and can stand proud amongst other AHPs.

Conference believes that UNISON is the trade union for ODPs and that we should be organising to raise the profile of the profession and recruiting ODPs into the trade union and into activism. As such, ODPs should have a national day of recognition to celebrate the profession and those who work within it.

Within the Northern Region we held ‘celebration’ events in trusts across the region in partnership with the employers and as a result have recruited ODPs as well as raised the profile of UNISON as the union of choice for ODPs.

Conference calls on the Health Service Group Executive to:

1) work with the Occupational Sector Group and the College of Operating Department Practitioners to establish an annual National Recognition Day for Operating Department Practitioners;
2) provide the appropriate resources for regions and branches to put on regional events to support the National Recognition Day.

*Gateshead Health*

41. **Accountable care systems in England - Expand our organisation in primary and community care**

Conference notes that the NHS in England can currently appear to be operating as two separate systems at the same time. On the one hand we have the NHS of Jeremy Hunt, the Department of Health, the Health & Social Care Act, CCGs and Trusts while at the same time we have the NHS of Simon Stevens, NHS England, the Five Year Forward View, Sustainability and Transformation Partnerships and Accountable Care. At the same time the devolution settlement for Greater Manchester (with other areas in the pipeline) complicates things still further.

In areas designated as early adopters of Accountable Care (and more widely at a smaller scale) we have seen new commissioning and service delivery bodies emerging. GP Federations (which are not legally NHS bodies but typically not for profit Community Interest Companies (CICs)) are emerging as taking a greater role, sometimes in both service provision and commissioning.

Services from multiple NHS employers, often with Local Government and private and voluntary sector providers, are being brought together under ‘Alliance Contract’ arrangements. Dealing with these bodies it can be difficult to identify who is taking the decisions – indeed the biggest question about Accountable Care is often ‘who is it accountable to?’ Conference welcomed the briefing ‘Accountable Care: ACSs, ACOs and New Models of Care’ issued by the Health Team in September 2017 and hopes this will continue to be updated and reissued.

Accountable Care could offer the prospect of more collaborative and integrated care and an opportunity for UNISON to expand our organisation in primary and community care. There is a risk however that members’ jobs, terms and conditions will suffer, that they will face TUPE transfers to organisations where unions are weak or not recognised, and that our organisation in these areas is weakened.

Conference believes that meetings of all Health branches in each STP/ACS area need to take place on a regular basis and that we need to be pressing for consultative / Social Partnership arrangements in each STP/ACS area where they do not already exist. We then need to roll this out to the ‘place’ level – typically local authority areas – where the key changes are taking place, and to press for trade union recognition and Social Partnership arrangements in new structures such as Alliance Contracts and Multi-Speciality Partnerships.

Conference calls upon the Service Group Executive to issue further guidance to branches and regions in support of this.

*Yorkshire and Humberside Region*  
*South West Yorkshire Partnership Health*
42. Raising the bar in North West Social Care

Conference notes the continued success of the North West Region's Social Care Organising Project ‘Care Workers for Change.’ Funded by the Region and participating branches, its aims are to recruit new members and activists, to establish organising committees, to achieve recognition in 25% of the sector, National Minimum Wage compliance and the Living Wage in 25% of the sector. Working in key providers including Bupa, Four Seasons, and Community Integrated Care, at the end of its first year of operation the project has achieved:

i. The high visibility for the ‘Care Workers for Change’ campaign publicity, and the engagement of thousands of individuals and community and faith groups in the ‘Demanding Dignity in Social Care’ borough campaigns;

ii. The successful passing of Council motions securing union access to private sector social care providers in several Councils;

iii. The securing of progressive social care manifesto commitments from the Greater Manchester Mayor, Andy Burnham;

iv. An increase in membership of 88% in the initial target providers, with significant membership growth in some areas including 250+ across Four Seasons and Methodist Homes, 160+ in BUPA homes (despite great hostility from the employer);

v. The lodging of 150+ National Minimum Wage claims against 13 employers plus support for 22 national claims.

Conference welcomes the cross service group approach to this project and the growing acknowledgement in the public policy discourse that our health and social care systems are inter-related and interdependent. 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.

Conference calls on the Service Group Executive to:

1) share the learning of the North West and other regional campaigns with regions/nations through UNISON publications such as Activist magazine, digital media and circulars to Regional Service Group Committees;

2) in conjunction with UNISON Regions and Branches and the local government service group continue to produce guidance on best practice for cross service group campaigning in the Social Care sector;

3) work with the local government service group to ensure that the ethical care and residential care charter are relevant to health commissioners;

4) work with the local government service group to develop the ethical care and residential care charters to include a commitment to cease commissioning care services from companies who avoid taxes.

North West Region
43. Structure of the Service Group Executive

Conference notes that the structure of our SGE has pretty much remained unchanged since the formation of UNISON nearly a quarter of a century ago. However within this time period there have been considerable changes to both the NHS and to pay for healthcare workers.

The UNISON definition of Low Pay is based on the average weekly wage broken down into an hourly rate and reviewed annually. This can mean that someone can meet the criteria of being low paid one year but not the next, dependent on salary uplift implementation dates and when UNISON redefines the definition of low paid for the purposes of our internal democracy.

Conference congratulates the Scottish Health Committee for achieving the abolition of Band 1 in NHS Scotland & reaffirms this as a bargaining aim for the Healthcare Service Group. Therefore conference recognises that a long term aim of the service group is to have no-one working in healthcare in the UK who would meet the criteria for the Low Paid seats.

Conference recognises that definition of ‘low pay’ is not directly a matter for this body and that the SGE will require to make representations to the National Executive Council to make any changes to its structure.

This conference calls on the Health Service Group Executive to consult with all stakeholders on how we involve more members in lower pay bands in the work of the Health Service Group Executive including structural changes to the Service Group Equivalent if required with a view to bringing a report to the 2019 Health Conference.

Scotland Region

Health Conference organisation

44. Devolution and conference

Conference welcomes the work done by the Service Group Executive and the devolved nations in setting up the Devolution Working Group and congratulates them on the work done so far.

However we still have a bit to go when finalising the Conference agenda and particularly guest speakers. Health is a devolved matter so when the Secretary of State for Health or indeed the Shadow Health Minister are invited to speak, they are only speaking on English health matters.

Conference therefore asks that the Conference organisers look to invite Health spokespersons from all four countries to future health conferences on a rotating basis of two per year.

Scotland Region
45. NHS wholly owned subsidiaries

Conference notes with concern the growing practice of NHS Trusts in England establishing wholly owned subsidiary companies to provide support services. Under this approach members who are directly employed by the NHS are seeing their jobs and services outsourced to limited companies that are owned by NHS Trusts but are no longer part of the NHS.

Conference notes that one of the main reasons being cited by NHS Trusts to establish wholly owned subsidiaries is that it will allow them to save money on VAT. This loophole exists in UK tax law but it appears that so far it has only been used by English employers. Conference believes that this is a case of NHS Trusts in England exploiting a loophole in order to avoid the level of tax for which they have been funded. Even if this tax avoidance delivers a financial benefit at a local level, there is an overall net loss to the exchequer and as a result the whole NHS suffers.

Conference is particularly alarmed that the majority of NHS Trusts who have established wholly owned subsidiaries have introduced non-Agenda for Change contracts for new starters as well as denying them access to the NHS pension scheme. Conference believes that attacking the Agenda for Change agreement in this manner is the primary reason for the growing numbers of wholly owned subsidiaries in the NHS.

The use of wholly owned subsidiaries is entirely cosmetic in that it does not improve efficiency or productivity it exploits a tax loophole, exploits future NHS staff and is further fragmentation of the NHS.

Conference therefore calls on the Health Service Group Executive to:

1) support regions and branches in campaigning against the establishment of wholly owned subsidiaries as a means to undermine NHS pay, terms and conditions.

2) support regions and branches that are campaigning for all staff employed by NHS wholly owned subsidiaries to be on NHS pay, terms and conditions including access to the NHS pension scheme.

3) continue to be vigilant against employers in Wales, Scotland and Northern Ireland exploiting the same loophole.

4) work with the Labour Party to seek a closure of the HMRC loop hole that allows NHS Trusts to use wholly owned subsidiaries to avoid tax.

Health Service Group Executive

Amendment 45.1

At end of paragraph 1 insert:
2018 Health Care Service Group Conference
UNISON FINAL AGENDA

‘Many of the support services affected, which often include cleaners and porters, have a high proportion of low paid, Black and women workers and of disabled workers.’

In paragraph 3, at end of first sentence, after ‘pension scheme’ insert: ‘, resulting in a two tier workforce that particularly impacts low paid, Black, disabled and women workers.’

In paragraph 4 after ‘fragmentation of the NHS’ insert: ‘, and is a step towards privatisation of these services, which is likely to lead to further diminished terms and conditions, including loss of reasonable adjustments for disabled members, and job cuts where disabled members are often first in the firing line.’

Insert new action point 3): ‘work with all of UNISON’s self organised groups to campaign against these changes and to highlight the impact on disabled, women, Black and low paid members in particular.’

Renumber subsequent action points.

National Disabled Members Committee

46. NHS wholly owned subsidiaries companies

Conference notes with concern, the increase of wholly owned subsidiary companies being established by NHS trusts in England. This damaging practice sees members who are employed directly by the NHS, transferred to limited companies owned by NHS trusts but crucially, no longer a part of the NHS.

Conference is concerned that members will be negatively impacted, as almost all of the wholly owned subsidiaries have in place contracts for new starters that are non-Agenda for change, and do not provide them with key benefits, including access to the NHS pension scheme.

Wholly owned subsidiaries are being used as a way to undermine Agenda for Change, whilst exploiting an existing UK tax loophole. Conference does not believe that the practice of establishing these companies to avoid paying tax is one that should continue. The damage to members and their terms and conditions, as well as the impact to our NHS cannot be justified.

Conference calls on the Health Service Group Executive to:

1) continue to provide support to regions and branches who are campaigning against the establishment of NHS wholly owned subsidiaries;

2) campaign for all members who work for an NHS wholly owned subsidiary to be employed on NHS terms and conditions including having access to the NHS pension scheme;

3) work with the Labour Party to reform the HMRC tax loophole that allows NHS Trusts to avoid VAT via wholly owned subsidiaries;
4) remain aware of the possibility of the practice beginning in Wales, Scotland and Northern Ireland, and ensure that action is taken to campaign against the spread of wholly owned subsidiaries.

Operational Services Occupational Group

47. Wholly owned subsidiary companies, the death knell of the NHS?
This conference believes that it is vital to oppose the trend of NHS Trusts setting up wholly owned subsidiary companies.

This phenomenon is sweeping the country in the guise of tax savings that will be ploughed back into patient care. The reality is an attack on our Agenda for Change terms and conditions, with the possibility of their loss for at least a sector of our workforce.

This conference calls on the Health Group Executive to:

1) support health branches to bid for extra funding to employ fighting fund organisers to work in the affected Trusts.

2) help co-ordinate the communication links between health branches in order to share information.

3) assist in the education of all health branches about this back door privatisation scheme so that they can adequately inform members and organise against this threat to our NHS.

South West Region

48. We are 100% NHS – ‘No’ to Special Purpose Vehicles
Conference notes with great concern the rapid growth in the formation of Special Purpose Vehicles (SPVs) within the NHS. In the Yorkshire and Humberside region alone at least 10 acute Trusts have set up or are considering setting up companies, often described as being ‘outside the NHS’, into which 1000’s of NHS employees could be transferred.

Conference condemns the secrecy surrounding the formation of the SPVs, which is usually outside the established local negotiating procedures and with trade union access to outline and final business cases denied on the grounds of ‘commercial confidentiality.’

Conference believes that the setting up of these companies by NHS employers is a blatant attempt to save money by avoiding paying both VAT to HMRC and Agenda for Change terms and conditions to NHS staff and future employees.

As is the case in West Yorkshire where the West Yorkshire Association of Acute Trusts (WYATT) are proposing that a multi Trust SPV is formed, the employers are often collaborating over the formation of larger SPVs including more services, departments and jobs. This, if allowed to happen, will lead to more and more jobs
and services being privatised. A national campaign against SPVs is therefore necessary to counter the threat to our member’s jobs, terms and conditions.

Conference resolves to:

1) prioritise work against the formation of SPVs in the forthcoming year;

2) encourage the coordination of UNISON branches and staff sides within the regions to work together to dispute and resist the spread of SPVs;

3) encourage branches to lodge local disputes when any Trust decides to move staff into a SPV;

4) support branch campaigns against SPVs and members who vote for lawful industrial action in defence of their NHS contracts;

5) campaign for the return of existing SPV’s back into the NHS and for Agenda for Change T&C’s for all staff;

6) continue to expose the lack of transparency and accountability of the SPV’s and the potential tax avoidance that has been used to justify their establishment by senior NHS managers.

Mid Yorkshire Health

49. Special Purpose Vehicles

Conference notes with concern the growth of various Special Purpose Vehicles (SPVs) across the NHS.

These are companies set up and owned by NHS Trusts which are able to employ staff outside NHS Agenda for Change terms and conditions and outside the NHS Pension scheme. While so far used mainly to provide support services such as Estates and Facilities there would be no barrier to these being extended to both clinical support and frontline clinical services.

The initial attraction of these structures for Trusts appears to have been some tax benefits, including an ability to reclaim VAT, but these are likely to be a short term windfall as the HMRC (Her Majesty’s Revenue and Customs) appears unlikely to let these loopholes continue. The feature that concerns us most as UNISON is that new staff are being employed outside Agenda for Change terms and conditions (sometimes with a higher basic rate of pay but inferior terms and conditions), and staff not being part of the NHS pension scheme (the reduced cost to the employer of a typical stakeholder pension vs the NHS scheme being in the order of 10 percent.)

The Queen Elizabeth Trust in Gateshead appears to have been the first to adopt these arrangements in the North of England (and it has marketed them heavily to other Trusts) but they have since been adopted or are being actively considered by Barnsley NHSFT and the Trusts making up the West Yorkshire Association of Acute Trusts (WYAAT) in the Yorkshire and Humberside Region.
Whilst TUPE protections and continued NHS pension scheme membership will apply to staff transferring from direct NHS employment into these bodies, this will allow the setting up a two tier workforce within the NHS. There are also concerns that such bodies might be sold off in the future, and that they will waste time and money marketing themselves seeking ‘commercial opportunities’ while Trust Directors may take additional salaries for their SPV roles.

Conference welcomes the opposition to these schemes from the Labour Front Bench when the matter has been raised with them. Although promoted as a ‘soft’ alternative to outsourcing the impact on our members will be just the same.

Conference resolves:

1) to oppose these schemes wherever they are proposed by a variety of methods such as lobbying, campaigning and lawful industrial action within UNISON’s rules.

2) that if circumstances dictate that we do have to deal with them we will of course negotiate for the best deal for our members, but will remain clear that we believe that everyone working for the NHS should be employed by the NHS, and will campaign for their return to direct NHS employment at the earliest opportunity.

50. Defend Essential Services

Conference notes with concern the growing trend for Trusts to establish new companies with control over essential services – facilities, estates, procurement, finance and workforce services among them.

Many of these staff will be low paid women workers, and it is likely that numbers will grow as the reach of the companies is extended.

Conference believes that this is a first step towards privatisation of services, as these staff will no longer be NHS employees, and although their terms and conditions may be guaranteed, any new staff will not have the right to equal terms and may be excluded from the NHS pension scheme.

Job losses are also inevitable, as the drive to cut costs impacts on staffing levels. Our members are already under enormous pressure and this added attack on staffing will further demoralise an already struggling workforce.

Conference believes that this privatisation by stealth, and the creation of a two-tier workforce, must be resisted.

Conference calls upon the Health Service Group Executive to:

1) take all action necessary to safeguard the interests of our members threatened by the creation and existence of such companies;
2) issue advice and guidance to branches on how to respond to such initiatives.

National Women’s Committee

51. The funding crisis and its impact on the workforce

Conference notes that the NHS continues to be alarmingly under-funded. Since 2010, successive Westminster governments have failed miserably to produce a funding settlement that works for the NHS – either directly in England or via the Barnett formula in the devolved nations.

Conference notes that the impact has been deeply worrying for many patients. For example, there are increasing reports of widespread rationing of services as the local NHS struggles to make ends meet, and waiting times are on the rise in most parts of the UK for planned surgery, A&E attendance and cancer referrals.

But Conference also highlights the damaging impact that cuts are having on NHS staff and their ability to deliver the level of care they want to. Conference believes that government must heed the dire warnings from providers that the NHS does not have the numbers of workers it needs to guarantee the delivery of safe high quality care – this represents a danger to patients and also to staff.

Conference asserts that there are further issues around staff morale, particularly if workforce shortages result in clinical staff having to take on tasks that could result in deskillling, or when more junior staff are obliged to take on work for which they lack the necessary training.

Conference further notes that this lack of funding increases the likelihood of providers looking for short-term solutions to their financial woes, such as outsourcing and privatisation. This is particularly the case in England, where initiatives such as the Carter review and the Naylor report are encouraging trusts to look increasingly to the private sector, with all the accompanying threats this creates for staff jobs, pay, terms and conditions.

Conference therefore calls on the Health SGE to:

1) continue to demand that the NHS gets the level of funding needed to deliver a comprehensive, safe and high quality service;

2) work with the NHS Support Federation, the TUC and other trade unions to continue campaigning for an improved financial settlement;

3) campaign for safe staffing levels to be enshrined in legislation in all countries of the UK; and

4) repeat UNISON’s warnings to providers that any attempts to use lack of funding as an excuse for privatisation or an opportunity to alter the pay, terms and conditions of the workforce will be resisted in the strongest terms possible.

Health Service Group Executive
52. NHS Meltdown – Fight the Tory Cuts

Since last year’s UNISON Health Conference, the meltdown of the NHS has continued. In the Autumn months of 2017, the Care Quality Commission Inspectorate report identified the following:-

- Massive staff shortages, with vacancy rates in the NHS rising by 16% over the two year period from 2015 to 2017;
- Hospital bed shortages with occupancy levels being consistently above recommended levels since April 2012: decreasing the number of beds down by 4,000 in two years;
- More people not getting support for their social care needs and a 20% increase in people detained under the Mental Health Act.

The crisis is the result of successive governments’ toxic policies of cuts, under investment, Private Finance Initiative (PFI), privatisation and outsourcing, rip-off drug prices and medical supplies costs. All at the time of several disastrous NHS reorganisations leading to NHS Trusts competing against each other.

Under this present Tory Government all this is set to intensify with the misnamed Sustainability and Transformation Plans leading to a further £22 billion of cuts to be implemented throughout the NHS by 2020. NHS Trusts are to clear their accumulated deficits by 2020, leading to more A&E and ward closures, resulting in increasing the loss of hospital beds, along with unfilled nursing posts and cuts to GP services, while they are presently saddled with enormous PFI debts.

Conference supports the call by Shadow Chancellor John McDonnell’s to scrap PFI and bring health services back in-house.

Conference calls on the Health Service Group Executive to:

1) continue to build high-profile UNISON campaigns, such as in the past two years the “One Team Campaign” and “Safe Staffing Levels Campaign” following on from the successful “A Million Voices for Change Campaign” against further privatisation in the NHS;
2) continue to put the blame for the current NHS financial crisis on the Tories political decision to continue with austerity policies across the public sector;
3) work with representatives of UNISON’s General Political Fund and Labour Link in producing materials in support of the NHS;
4) continue taking these campaigns into the TUC for wider support and involving community campaigning groups who share our views;
5) assist branches and regions in maximising publicity across the UK against privatisation and cuts, and in supporting and organising local, regional and national demonstrations/days of actions in defence of the NHS;
53. Crisis in the English NHS and the impact of cuts on patients and staff

This year the NHS is 70 years old. In 1948 when it was established, the UK had just come out of the most horrific war, with 100,000s houses and businesses destroyed. Yet out of this crisis, a Labour Government chose to prioritise ordinary people’s welfare and created not just the NHS, free to all (yes, even migrants, something Nye Bevan was very clear on) but built 200,000 houses a year, set up pensions and unemployed and disability benefits, social care free at the point of delivery, nationalised rail, coal, steel, gas, and electricity.

70 years on, when the wealth of the UK is worth so much more, the NHS no longer pretends to provide for all. It charges (for prescriptions, dentistry, aids and adaptations, all non UK except emergency care.) It is often full and turns people away. No NHS mental health bed in the whole of the England is not an unusual event. Most hospitals are on ‘black alert’ regularly, especially in winter but also in summer as well now - where there is not a bed in the hospital and they can no longer treat people safely. 35,000 beds have closed since 2000, leaving England with the third lowest number of beds in the EU: England - average 2.3 beds per 1000 population; EU - average 5.2; France - average 6.2; Germany – average 8.2. No wonder we have no beds and queues outside hospitals.

Simon Stevens head of NHS England told the government in November 2017 that the NHS desperately needs the £350 million a day promised by Brexiteers just to provide safe, good, basic care.

Health workers do their jobs because they want to help make people feel as well as possible. But increasingly as the NHS and its staff are starved of money to do this, it is harder to achieve, despite the incredibly hard work we do. Many staff watch as there are not enough hours in the day to do what is needed. As many have to say: sorry, no there is appointment available, sorry, there is no bed available, sorry, I am trying to get around to you but I have too much to do, sorry, we don’t do this anymore, sorry I am in such a rush, sorry I know it’s not very good but I have no time/equipment/contract to do this.

It is only the amazing dedication which allows the NHS to deliver what it does. The 2016 UNISON NHS staff survey results found that almost six in ten staff (59 per cent) regularly do unpaid overtime, and nearly three in ten (29%) are not satisfied with the standard of care they are able to give patients. We do our best, but still see patients undergoing unnecessary suffering. £22billion of cuts cannot be compensated by just harder working. It wears out staff. Not being able to deliver the quality we want all the time has a devastating impact on staff, who become demoralised, angry, upset and ill.
Our response has to be twofold:

a) We must fight for staff - to ensure staff are not overworked, are paid for the work they do, have nationally agreed minimum staffing levels in all posts (not just nursing), and have the support to manage the stress, physical and mental ill health that constant overwork can cause. We need to fight for more UNISON reps to ensure this happens.

b) But we know our Trusts are under funded. We need to run wider campaigns, engage our health worker members. Health workers must lead the fight for a better NHS, fully funded from general taxation, free for all. We must stand together with patients individually and in groups, carers, NHS trade unionists and other trade unionists, sympathetic politicians. It is part of this wider fight that individual health workers ground down by the impact of cuts, can overcome some of the guilt, blame and demoralisation that wears them down as well as getting the desperately needed more money.

Conference should therefore welcome the health service group decision to affiliate to Health Campaigns Together, an alliance of local health campaigns and trade unions.

Conference also recognises the confidence-building experience that local and national demonstrations fighting for the NHS have on health workers, as they see the support the NHS still has 70 years on. We would therefore support the calling of a national demonstration in the NHS 70th year, that supports the NHS and its staff, led by its users and staff, and calls for the proper funding needed for it to keep going for a further 70 years.

Greater Manchester Mental Health Branch

54. Patient Transport Services - the impact of privatisation and a better way forward

Conference notes with concern, the continued privatisation of Patient Transport Services (PTS), and the negative impact this is having on patients, in particular, when services fail.

In January 2017, UNISON ran a survey of members working in PTS. Findings included 70% of staff saying they felt services were better when provided by the NHS. In addition, many felt the focus was no longer on providing good services to patients, but instead on profit. Members have advised of the often poor treatment of patients, worse pay and terms and conditions when working in privatised PTS, highlighting also, the low level of training opportunities made available.

Users of PTS are often for those who are vulnerable, and therefore dependant on the service to ensure they are able to access critical appointments. Failures in the PTS services have a knock on effect for both the patients directly affected and other patients who are awaiting beds and treatment.

The repeated failure of PTS contracts highlights a flawed approach in which services are commissioned at unrealistic running costs then fail, costing more in the long run to rescue the service. Conference notes the publication of UNISON’s 2017 report on
the impact of privatisation in PTS, and its recommendations, including the consideration of national standards and a single operating model.

Conference calls on the Service Group Executive to:

1) Continue to raise awareness about the negative impact of the privatisation of Patient Transport Services on staff, and those reliant on services;

2) Continue to raise concerns around the failure of Patient Transport Service contracts, the effect on patients and the wider implications including cost to the NHS;

3) Promote UNISON’s 2017 report into Patient Transport Services as a useful influencing tool for health branches;

4) Challenge the ways in which Patient Transport Services are commissioned, remaining vocal about the impact to patients when contracts fail.

Ambulance Occupational Group

55. 'We Are All Chatsworth' campaign

Conference condemns the threatened closure by Sherwood Forest Hospitals NHS Trust of the Chatsworth Neuro-rehabilitation Unit at Mansfield Community Hospital.

This unit provides essential care and rehabilitation services to patients throughout central Nottinghamshire with long-term neurological conditions. The original statement from the Trust claimed there were other services for these patients in the region. The other services are already fully used and are too far away for families and friends to provide the on-going support needed.

Conference applauds the #We Are All Chatsworth campaign set up by staff on the ward, patients, former patients, their families and local supporters. This bold campaign has already won a postponement of the planned closure date in early November and recognition by the Clinical Commissioning Group that a local service is needed.

The #We Are All Chatsworth campaign recognises that Chatsworth ward’s proposed closure is part of a wider attack on the local NHS as part of the so-called Sustainability and Transformation Partnership (STP).

Conference resolves:

1) that any attempt by Trust management to discipline staff for participating in a campaign in defence of the service to their patients will be strongly opposed by the Health Service Group Executive;

2) to send a message of support to the campaign and to circulate information about the campaign to Health branches of UNISON, requesting that those branches also send messages of support to weareallchatsworth17@gmail.com;
3) to make clear to Sherwood Forest Hospitals NHS Trust Board that #We Are All Chatsworth campaign has the union’s support.

**NHS Logistics**

### 56. Supporting members through service change

Conference notes that the NHS in England continues to exist in a state of near-permanent reorganisation. Following Andrew Lansley’s dismantling of the system in 2012, NHS England now appears to be attempting to rebuild some of the previous architecture, albeit with a vast array of new terms and acronyms.

Conference welcomes attempts to reinstate the importance of strategic planning in the health service and for more of the NHS to be organised on the basis of regional or sub-regional health economies – rather than focusing on individual providers competing against one another in the open market.

However, Conference is also deeply sceptical about the ability of the NHS to achieve the level of change sought at a time when NHS funding is painfully inadequate, when there is an unseemly rush to move to new structures, and when staff engagement and patient involvement has been patchy at best.

The establishment of Sustainability and Transformation Partnerships (STPs) and the potential use of Accountable Care Systems or Accountable Care Organisations remain highly controversial, and Conference believes that the flawed implementation of such reforms runs the very real risk that any of the potential benefits will be lost.

Conference notes that running alongside this there are specific threats in a number of areas, such as the proposed “consolidation” of pathology services and the threatened outsourcing of corporate services. Such developments potentially threaten health workers’ jobs, pay and terms and conditions, to say nothing of the impact on staff morale, that has already hit rock bottom for many.

Conference reasserts its opposition to privatisation and its support for a collaborative public NHS. Conference continues to support the principles behind health and social care integration, but this should never be used as a means of pushing through cuts and proper safeguards must be provided for staff on job security, pay, terms and conditions.

Conference therefore calls upon the Health Service Group Executive to:

1) continue to campaign against any proposals made by STPs or other reorganisations that present dangers to staff, patients or the wider NHS;

2) work to resist privatisation in all its forms, including through the work of the One Team campaign;

3) continue to produce guidance and targeted support to help branches cope with the changing landscape;

4) work to ensure that jobs and staff pay, terms and conditions are protected where there is service change or integration;
5) work with Health Campaigns Together and other like-minded organisations to ensure that UNISON remains in touch with those fighting cuts and privatisation in our communities;

6) seek a new regulatory regime that protects NHS organisations that collaborate from private sector competition, in order to minimise the risk of privatisation;

7) build a positive, credible vision for service change that is in the interests of patients, staff and the wider NHS.

*Health Service Group Executive*

57. Defending the NHS - Influencing and engaging with local decision makers

Conference notes the hard work of activists and members in running successful local campaigns to celebrate and defend the NHS, particularly on issues that have a direct impact on staff and the workforce. Conference also notes the importance of UNISON branches in coordinating successful campaigns of great importance to local communities.

Conference notes that navigating local political structures and finding decision makers and influencers can be complex, particularly for new activists. Conference notes that an “Influencing in the NHS” guide was published by UNISON following the 2012 Health and Social Care act. This was well received by activists, but the health sector has changed a great deal since then.

Conference notes that activists are taking different approaches to local campaigns across the four countries, reflecting the different political environments. Conference reaffirms our commitment to building a strong and capable activist base to campaign on the NHS locally, on issues affecting staff and by extension the communities and patients they serve.

Conference therefore calls on the Health Service Group Executive to:

1) Provide support for branches and activists to help increase understanding of decision making at local level.

2) Encourage and support branches to engage with influencers, decision makers and policy makers, including politicians at all levels, on matters affecting NHS staff as workers.

3) Share and learn from best practice in different countries

4) Ensure that, through these measures, UNISON members become even more powerful champions, advocates and defenders of the NHS.

*Health Service Group Executive*