



**2020 Health Care  
Service Group  
Annual Conference**

**Preliminary Agenda**

**6 - 8 April 2020  
BRIGHTON**

**2020 Health Care Service Group Conference  
UNISON PRELIMINARY AGENDA**

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# 2020 Health Care Service Group Conference

## UNISON PRELIMINARY AGENDA

**Brighton Centre**

**6 - 8 April 2020**

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

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#### **1. Full steam ahead – building for the 2021 pay claim**

Conference notes the ongoing work of the service group to engage members in the development of the pay claim for 2021 and to work with other NHS trade unions towards agreeing a joint claim and securing a decent pay rise across the UK.

Conference reaffirms the critical need for sustained campaigning to secure the investment in NHS pay needed to improve our members' living standards and services for patients.

#### **Section A: Building the 2021 claim**

Conference calls on the Health Service Group Executive to:

1. Use member survey evidence and feedback from branch engagement activity to work up the core elements of UNISON's pay strategy into a final claim – with clear campaigning headlines around a specified above inflation uplift and measures to continue our progress in tackling low pay
2. Continue to engage with other NHS trade unions to seek agreement for a joint claim incorporating these elements
3. Continue to involve and engage branch activists in the claim development work through national and regional structures
4. Continue to work with the relevant regional health committees to support adaptation of the claim as appropriate in the devolved nations
5. Agree the final claim at its July AGM and seek to secure joint union agreement by the summer of 2020
6. Work towards a formal launch of the claim in September 2020
7. Develop a campaign strategy to include member mobilisation in support of the claim and political lobbying to secure government commitments to fund the 2021 claim and decent pay settlements for future years.

#### **Section B: Health Service Group pay offer consultation process**

Conference further calls on the Health Service Group Executive to adopt a consultation process for how the union will deal with any pay offers made in response to the claim based on the following framework:

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### **B.1: Offers received in respect of NHS pay claim – England and other countries as appropriate**

- a) The relevant sub-group of the SGE will receive a report from the negotiators and undertake an assessment of the offer against our claim. The sub-group will also consider a range of factors including likely responses of other unions, member engagement evidence, and other settlements.
- b) The sub-group will make recommendations for discussion and decision at a full meeting of the SGE and for consultation with regional health committees where time allows.
- c) The SGE will debate and decide next steps which could include:
  - Immediate rejection and commencement of preparations for a consultative ballot on industrial action
  - A consultative ballot recommending rejection
  - A consultative ballot recommending acceptance
  - A neutral consultative ballot (no recommendation)
  - Seeking further negotiations with a refreshed mandate for negotiators

### **Consultative ballots**

The default method used by the service group will be digital balloting with special measures for harder to reach groups, co-ordinated from UNISON Centre with support for a full programme of recruitment and organising activity led by regions.

Branches will inform members of the SGE's agreed policy position when promoting participation in the consultative ballot.

The relevant sub-group of the SGE group will:

- i. oversee preparation of consultative ballots including timetable and ballot wording
- ii. receive and verify results
- iii. bring a report to a full meeting of the SGE detailing the ballot result and recommending next steps

The SGE will receive ballot results and authorise next steps.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

### **B.2: Offers received in respect of NHS pay claim – Scotland, Cymru/Wales, Northern Ireland-specific**

- a) The relevant regional health committee (RHC) will receive a report from the negotiators and undertake an assessment of the offer against our claim. The RHC will also consider a range of factors including likely responses of other unions, member engagement evidence, and other settlements.
- b) The RHC will inform and consult with the SGE including highlighting any implications for the UK Agenda for Change framework.
- c) The RHC will debate and decide next steps which could include:
  - Immediate rejection and commencement of preparations for a consultative ballot on industrial action
  - A consultative ballot recommending rejection
  - A consultative ballot recommending acceptance
  - A neutral consultative ballot (no recommendation)
  - Seeking further negotiations with a refreshed mandate for negotiators
- d) The RHC will decide whether or not consultation could be aligned/pooled with any parallel pay consultation being run from UNISON Centre.
- e) The RHC will provide regular updates to the SGE.

#### **Consultative ballot**

The default method will be digital balloting with special measures for harder to reach groups, co-ordinated by the region with a full programme of recruitment and organising activity.

Branches will inform members of the RHC's position when promoting participation in the consultative ballot.

The RHC will

- i. oversee ballot construction including timetable and ballot wording
- ii. receive and verify results
- iii. update the SGE on results and next steps.

***Health Service Group Executive***

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### 2. NHS Pay Claim

Conference notes that the current three-year, NHS Agenda for Change pay deal concludes in March 2021. Whilst the deal improved on previous pay awards made by the NHS Pay Review Body, it did not address the fact that our members, had for several years, received below inflation increases or none at all.

From 2010 to 2018, the cost of living rose by 31%, but the average public sector worker's pay increased by less than 8%. In real terms members are still earning less today than they were in 2010. Conference asserts that this must be remedied in future negotiations.

Our members saw the Government's offer to pay all new teachers a starting salary of £30,000 or an increase of 25% by 2022, a salary that many of them can only dream of.

In June 2019, a report in nursingnotes, revealed that 81% of NHS workers including nurses, hospital staff and ambulance staff have resorted to wearing more clothes indoors, turning the thermostat down and setting the heating to come on for less time every day. This comes at a time when the NHS has significant recruitment and retention issues. Staff are the bedrock on which the NHS is built, and they must be appropriately rewarded.

Conference notes that in March 2021 many staff will be at the top of their respective bands with nowhere for their pay to progress to. Future negotiations on pay must consider this.

Conference calls on the Health Service Group Executive to:

1. Negotiate for a significant lump sum to restore value lost during the years of austerity
2. Seek percentage increases that exceed inflation in future years
3. Promote the issue of pay in branches and workplaces, to raise this issue nationally and campaign for better wages for all NHS staff

***North West Ambulance Service***

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### 3. We won't be left behind

Conference notes the strenuous efforts UNISON members in Northern Ireland have had to make to secure acceptable pay uplifts of no lesser value within the Agenda for Change Refresh framework. Our members have taken substantial industrial action in pursuit of pay parity and equality.

Conference notes in determining our whole union strategy on pay in the NHS, UNISON members in Northern Ireland expect that they should not have to repeat their battle. An injustice to one is an injustice to all.

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

Conference calls on the Health Service Group Executive to ensure that there is a clear guarantee of adequate funding for any new UNISON whole union pay claim. This means there has to be recognition that Northern Ireland has an integrated Health and Social Care system and funding should reflect that.

Conference calls on the Service Group Executive to ensure that any region does not suffer any deviation of lesser value from a UNISON whole union pay claim. This strategy applies whether devolution has been restored or within Direct Rule. No pay framework should be agreed unless and until necessary funding is secured and addresses pay parity in Northern Ireland and for any other region that is left behind.

Conference notes only a UNISON whole union framework is acceptable. No part of UNISON should be left behind.

***UNISON Northern Ireland***

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#### **4. What do we want and when do we want it - moving on with future pay determination**

Conference notes that the process of negotiating the three-year pay and reform deals was a major exercise in collective bargaining and a departure from the experience of the recent past. Under the previous few pay rounds pay awards were implemented following a Pay Review Body process heavily fettered by government pay austerity policies, and in which our members had increasingly lost faith.

Conference notes the progress in implementing motion 9 from the 2019 health conference which called on the SGE to consult widely on methods for pay determination beyond 2022. Conference commends the service group's discussion document on future pay determination currently out with regions and branches for consultation.

Conference calls on regions and branches to continue to engage with the exercise and devote resources to ensuring the fullest possible participation.

Conference calls on the Service Group Executive to:

1. Include building our capacity and readiness for collective bargaining into its work-plan for 2020/21;
2. Receive regional returns from the consultation and decide next steps based on the outcomes before the end of 2020;
3. Produce a report for Regional Health Committees on the outcomes and proposed next steps;
4. Bring a motion to Conference 2021 setting out strategic positions for future pay determination and proposals for engagement with other parties to effect necessary changes;

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

5. Continue in the meantime to use whatever mechanisms are available to us to further members' pay interests;
6. Continue to recognise that the union may pursue opportunities for change according to different timelines in England, Scotland, Cymru/Wales and/or Northern Ireland.

***Health Service Group Executive***

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### **5. The NHS job evaluation scheme –a cornerstone of earnings max success**

UNISON's earnings max campaign has seen results for members across the NHS. In all four parts of the UK, branches have put in place earnings max campaigns to defend members' terms and conditions, promote the national agreement and enhance local agreements to put more money in our members' pockets. One aspect of earnings max activity relates to ensuring members are on the right band. Many branches have won improvements in achieving bandings which reflect new duties our members have taken on.

These successful campaigns have been won by branches organising their members and working together. Re-banding can only be delivered in workplaces with well-functioning job evaluation practices. However it is clear that this is not the situation in too many employers.

UNISON undertook a job evaluation survey of branches which showed some causes for concern in the implementation and capacity of job evaluation locally. The survey flagged areas of poor practice and specific concerns around local staff side capacity; access to JE training and panel composition.

In order to equip all of our branches to win re-banding campaigns for members, Conference calls on the SGE to:-

1. share lessons and resources from branches who have achieved earnings max successes for members;
2. map out our current internal job evaluation expertise within UNISON health branches;
3. utilise the new UNISON Job Evaluation recovery tool to help branches re-establish robust implementation of job evaluation locally;
4. support regions, devolved nations and branches to build and share JE capacity and knowledge by setting up regional JE networks and buddying systems.

***Health Service Group Executive***



## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

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### **6. Job evaluation improvements for Bands 2 to 4**

This conference believes a major overhaul is needed of the Band 2 to 4 job profiles.

From the introduction of Agenda for Change in 2004 to the present day there has been a constant increase in the skills and responsibilities needed in many posts as roles previously performed by higher banded staff have been devolved downwards. Roles such as Health Care Assistants, Ward Clerks, Receptionists, Support workers, Phlebotomists etc. have been expanded with staff being left stranded on Band 2 due to employers refusing to recognise the increased levels their staff are working to.

Due to the trend towards downbanding staff in recent years many staff in Band 3 posts e.g. Medical secretaries' are still working to Band 4 level due to Trusts falsely claiming they receive 'supervision' from elsewhere. Existing Band 3 staff have been left behind while additional tasks have been imposed on them.

The option of having the "experience of" working to a specific educational standard is not available to lower banded staff who need "a level of good education" to perform their tasks. The default level of many posts is therefore the lowest possible with the lack of finance locally being a block on staff receiving the banding their skills deserve.

Conference calls on the SGE, in consultation with the Occupational Groups and branches, to:

1. Produce national profiles for all groups of staff that reflect that working to 'higher levels' is the norm.
2. Take the new profiles forward through the national job evaluation structures.
3. Encourage branch activists, in particular bands 2-4 stewards, to become active in their local Agenda for Change structures.
4. Make it a priority to secure extra funding for regular JE training and refresher training for Stewards through local negotiation and via the NHS Staff Council.
5. Produce educational material for activists to take forward banding reviews for band 2-4 staff.

***Mid Yorkshire Health***

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### **7. Negotiate Reform of High Cost Area Supplements**

Conference notes that High Cost Area Supplements (HCAS) are paid to all NHS staff groups who are covered by the Agenda for Change agreement who are working in inner and outer London and the fringe zone. These zones are based on the 2005 PCT geographical boundaries contained within strategic health authorities. HCAS has not been revised since it was introduced in 2004. The 2018 Agenda for Change pay agreement allowed for further consideration of the role of HCAS by the Pay

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

Review Body but they have not been instructed by the Department of Health and Social Care to review HCAS but they said in their 2019 Report “on a general point, we look forward to reviewing the evidence should DHSC provide us with a remit to review RRP or HCAS as trailed in the AfC pay agreement; (Paragraphs 4.130 to 4.132 and 4.140)”.

Currently an estimated 200,000 posts in England attract an HCAS payment, a significant proportion of the overall workforce. HCAS payments are expressed as a proportion of basic pay (including the value of any long term recruitment and retention premia) but are subject to a minimum and maximum level of extra pay. However, increasingly these payments have become no longer a percentage but either a maximum or minimum flat rate payment because of the new pay scales. HCAS does not count as basic pay for the purposes of calculating the rate of overtime payments, unsocial hours payments, on-call availability payments or any other payment, excluding sick pay.

Conference believes that in London and other HCAS areas, as in the rest of the United Kingdom, the value of NHS pay has not kept pace with the cost of living. HCAS is currently inadequate to compensate for all the additional costs of living and working in London. For example, Londoners have much higher costs in relation to housing and childcare.

London remains one of the most expensive places to purchase a property in England at an average cost of £472,000. It is a similar story with rents. The average rent in the capital in May 2019 was £1,602 a month. Average rents are 106% higher in London than in the rest of the UK (the average for UK rent excluding London, was £776 in May 2019). Nursery costs are 35% more expensive in inner London than the England average and 17% more than in outer London.

If HCAS payments had kept pace with inflation between 2010 and now they would be worth 21% more than they currently are. The Trust for London, an independent charitable foundation which aims to tackle poverty and inequality in London and its root causes, conducted research in 2016 that estimated London Weighting needed to be almost £7,700 per year in Inner London and just over £6,200 in Outer London to cover additional costs. The Office for National Statistics also estimated in 2016 that the cost of living in London was 8.3% higher than the rest of England.

London's recruitment and retention crisis is worse than the rest of the UK. There are now 10,356 empty nursing posts in London, this equates to 24% of the 43,617 empty nursing posts in England. Eighty percent of the shifts associated with these substantive nursing post vacancies are covered by bank and agency staff at an additional cost to the NHS.

The London Health Board, chaired by the Mayor of London, has set out its commitment to review the impact of the cost of living in London, specifically transport and housing, on London NHS recruitment and retention rates, and the options for mitigating these. However, the Mayor does not currently have any powers around NHS funding.

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Conference calls on the Health Service Group Executive to:

1. make a compelling case via all possible avenues; including, the Department of Health and Social Care, the Pay Review Body and the NHS Staff Council for reforming HCAS. This should include identifying any necessary changes needed to funding arrangements.
2. propose changes that address the inequalities of HCAS in that it is currently paid as a percentage of salary which means it gives a greater advantage to higher earners and disadvantage to lower earners although the costs of living in London are the same regardless of the basic salary received. Options need to be explored for structural reform; for example, possibly moving from different rates for Inner, Outer and Fringe areas to harmonising payments to one flat rate HCAS payment to compensate for the increased costs of living faced by all London NHS staff.
3. work with the UNISON Greater London Regional Health Committee, and the London NHS Social Partnership Forum, on the above options assessment.
4. develop an approach to HCAS reform that maximises the opportunities provided by the current NHS system transformations, such as developing STPs and Integrated Care Systems and on-going CCG Mergers. This would mean moving away from HCAS eligibility based on PCT geographical boundaries to a new fairer system that matches the new NHS, where staff move across current HCAS boundaries during the course of their NHS employment.

***Greater London Region***

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### **8. Reducing working hours**

This conference notes the Labour Party commitment to introduce legislation to cap the full time working week to 32 hours within a decade of taking office. This conference welcomes that objective and commits us to attempting to achieve this same outcome through our collective bargaining efforts on behalf of members in the health care service group before 2029. With a view to reaching that objective in the NHS this conference calls on the Health Service Group Executive to make it part of our bargaining strategy to attempt to achieve a 35 hour maximum full time working week by 2024, with an amendment to section 10 of NHS Terms and Conditions to 35 hours in paragraph 10.1 and 140 hours in paragraph 10.2.

***Salisbury Health***

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### **9. The Working Week**

Conference notes that

- the NHS working week of 37.5 hours has not been reviewed for many years;
- existing policy to reduce the working week for NHS staff to 35 hours;
- the ongoing tendency for staff to work longer than the hours they are paid for.

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Conference Supports the Labour Party declaration that the next Labour Government would move towards a 32 hour working week over the next 10 years.

Conference Instructs the Health Service Group Executive to consult members with a view to including a progressive reduction in working hours without a loss of pay in all future negotiations of Agenda for Change until the working week reaches 32 hours.

### ***Birmingham and Solihull Mental Health***

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#### **10. Make every hour count – changing the culture of under-claiming in the NHS**

Conference notes UNISON's long-standing ambition to reduce the working week. Conference notes that there are certain workplaces and staff groups where there is a heavy reliance on discretionary effort – staff regularly working for free, doing handovers after shifts finish, and not feeling able to apply for overtime. There are very different approaches between groups/workplaces with some staff routinely and rightly having all hours worked 'on the clock' and paid at the relevant rate, while others potentially work an extra shift for free most months. Conference is concerned that if large groups of staff are 'under-claiming' for excess hours, they are also potentially missing out on collective and legal advances in this area.

Conference believes that if we want to make progress on reducing the working week, we first need to change this culture of under-claiming. We want staff to be paid properly for all of the work they are expected to do. We know that – in many work environments – this will not be easy and will need good branch-led organising campaigns to change the opinion and practice of our members as well as the minds and policies of employers.

Conference asks the Service Group Executive to undertake the following work on this issue:

1. Interrogate NHS staffing data in all four countries to see if there are any patterns around 'under-claiming' for excess hours, identifying those workplaces where under-claiming has been stamped out/does not happen;
2. Work through our health occupational groups and regional health committees to promote culture change around working hours;
3. Identify useful examples of similar campaign initiatives run by health trade unions in other countries;
4. Produce materials and guidance to help branches and reps run Earnings Max campaigns to support groups that regularly work for free to claim overtime where appropriate;
5. Consider options for working with other UNISON service groups on this issue.

***Health Service Group Executive***

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

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### **11. Understanding bank working**

Conference notes the changing dynamics in bank staffing in the NHS and variations particular to England, Scotland, Cymru/Wales and Northern Ireland. This includes the profile within the bank workforce of different occupational groups and the impact of government clampdowns on agency spend. There has also been a changing picture in the relative mix of overtime and bank working and there are variations in the extent of collective agreement of rates and terms.

Conference notes the intention for the NHS Staff Council to look at this issue. Conference further notes the organising opportunities related to bank staff within our earnings max portfolio.

Conference calls on the SGE to initiate work to gain a better understanding of all these issues, in order to forge a clear UNISON policy on bank working. Initial actions should include:

1. Mapping membership data;
2. Mapping bank providers;
3. Scoping the extent of collectively agreed terms and rates.

***Health Service Group Executive***

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### **12. Payment and Operation of Additional Hours for Substantive Staff in the NHS**

The first sentence within section 2.9 of Agenda for Change national terms and conditions states:

“Any extra time worked in a week, above standard hours, will be treated as overtime and section 3 will apply”.

Section 3 then goes on to set out the detail of how overtime is operated.

Whilst it is accepted that the offer of additional hours (overtime) is initiated by the employer, the method of how those hours are carried out / paid is enshrined within national terms and conditions.

Employers have systematically set up ‘bank’ arrangements as a method of drawing substantive staff across the NHS away from their contractual rights under national terms and conditions and into inferior pay arrangements (often by stealth).

As a result, staff are regularly suffering a huge financial detriment and unwittingly engaging in ‘second assignments’ that create additional records through HMRC which in turn expose members to additional and unnecessary scrutiny and financial burden. As well as frontline staff it is often our lower paid support staff that suffer the most focussed hardship.

Conference calls upon the Health Service Group Executive to:

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1. Engage with employers through the established national machinery to bring an end to the wilful breach of national terms and conditions in relation to substantive staff working additional hours within the NHS;
2. Simultaneously communicate on a national basis reinforcing the contractual rights of staff across the NHS and defining the true definition and meaning of 'overtime';
3. Build upon our success and use this as a foundation for a strategic national organising and recruitment campaign, confirming and celebrating the UK's largest and greatest trade union.

*Eastern Region*

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### **13. Reward or Prevent Enforced Overtime**

It has been recognised by NHS employers and staff organisations that improving the wellbeing of its staff can also improve the care the NHS gives its patients. One area of wellbeing which is never mentioned is enforced overtime. Many members of staff have found themselves unable to leave work on time, it's frustrating and annoying. Managers are not compelled to arrange cover and quite often can't get cover. Staff are trapped by poor planning, scheduling and a duty to patients.

Staff regard enforced overtime as inconveniences almost as an occupational hazard. They might complain but they are bound by codes of conduct and a duty to the service they have to provide to patients. They have to stay at work and by doing so let their loved ones down, they are also letting the employer off the hook.

If employers were forced to reward enforced overtime properly they might start to manage. They might start to look at why staff are working without relief, without being asked. They might even become more efficient when they look at why staff are forced to work over.

It cannot be right that staff go to work knowing there is a high possibility they will not finish work on time. It cannot be right that employers don't have mechanisms in place to ensure its staff can pick the kids up on time or even arrange to go out with mates.

If the cost of enforced overtime is so great to employers, they will have to look at ways to ensure enforced overtime is the exception rather than the rule. There are ways, there are means to prevent enforced overtime. Hash tag teams could be set up where staff are paid a small retainer to cover areas that overrun or better planning in areas where staff simply do not know when they will finish work.

Conference calls on the HSGE to work with employers to:

1. Ensure members are compensated properly for enforced overtime;
2. Ensure members are not only paid at overtime rates they are also given the time back;

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

3. Ensure members who rely on public transport are given remuneration for using taxis to get home.

Working overtime should be a choice but due to poor management it's often enforced. Improve the management of staff and patients and improve the efficiency of the NHS.

### *University Hospitals Birmingham UNISON*

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#### **14. Overtime rates and full time working**

Conference notes that there are numerous staff who hold 2 part time contracts within the same organisation or even the same department. This allows the staff member to be able to access promotion where there are only part –time promotion opportunities available but to still be able to keep a full time (37.5 hour) contract.

Overtime rates become payable under Agenda for Change when a staff members works in excess of 37.5 hours a week. However for staff holding 2 part-time contracts, they only receive these rates when they have worked 37.5 hours in one contract, effectively meaning that for a member of staff who has 2 18.75 hour contracts, they will have to work 56.25 hours before they are entitled to be paid at overtime rates.

Conference believes that this is not only inequitable but unfair. Additionally this situation does not encourage staff to apply for promoted posts which may only be available on a part time basis.

Conference calls upon the SGE to seek to amend the Agenda for Change Handbook via negotiations through the NHS Staff Council to enable staff who have 2 part time contracts which combine to 37.5 hours to be able to be paid at overtime rate for working in excess of 37.5 hours in a week.

### *Lanarkshire Health*

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#### **15. Overuse of part- time contracts**

Conference notes that there has been a growth in part time contracts being offered by the NHS which is then supplemented by the use of either excess hours or bank shifts. There is substantial evidence that despite bank shifts being intended to fill short term gaps in staffing, individuals are working for extended periods on bank shifts to supplement their part-time hours.

Conference welcomes the payment by NHS to staff who have regularly worked excess hours as a result of UNISON's campaigning work on "Payment as If at Work" however we remain concerned that staff who have regularly worked these hours as Bank staff are effectively doing these hours on a "zero hours contract" basis.

Conference believes that bank hours should only be used for back filling short term absence and recognises the fixed term contracts should be used after 3 months. However this requires vigilance by both reps and members to ensure that the appropriate contracts are used.

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Conference calls upon the SGE to work with regions and branches to campaign for appropriate contracts being offered to meet the actual need for staffing without resorting to part time hours supplemented by bank shifts.

*Lanarkshire Health*

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### **16. On-call policies in the NHS**

Conference is aware that many health staff are required to make themselves available to be on call in their own time to cover emergency work outside of normal working hours.

Conference notes that members working on call can be on duty working up to 24 hours and in some instances even longer. Working on call can be exhausting for members and many members who are on call find sleeping difficult and, even if they are not called out, remain fatigued the following day.

Many workers are left feeling physically and mentally drained and if they request to come off on call some managers question if they can do the job anymore.

Conference notes that there are a huge number of different on-call agreements but that some workplaces may offer more flexibility and options to suit health staff than other employers.

Conference therefore calls on the SGE to:

1. Gather evidence around on-call policies to find examples of best practice and highlight it as an area for 'Earnings Max' work to ensure staff receive their full entitlements;
2. Work through the NHS Staff Council to ensure that health employers regularly evaluate whether shifts should be used in place of on-call;
3. Look into the issue of how working on-call affects the working time directive and gather evidence so that branches can push for on-call to be classed as working time; and
4. Look at the impact of on-call on the health and well-being of members.

*Science, Therapy and Technical Occupational Group*

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### **17. National Health Service National On Call agreement**

During the negotiations to implement Agenda for Change Unison was the lead union to persuade members and other unions that Agenda for Change would ensure fairness in the workplace. Before Agenda for Change members worked different hours, had different annual leave entitlements, different unsocial hours and different on call arrangements.



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When Agenda for Change was finally implemented members found they worked the same hours, had the same annual leave and unsocial hours pay with their counterparts elsewhere in the country. Except if you happen to work On Call.

Agenda for Change never solved the On Call problem and after many years employers left it to different organisations to negotiate their own arrangements. This has led to great disparities amongst staff who work On Call. A member could be On Call in a Hospital Imaging department earning a decent on-call payment with decent pay whenever called out. But in a hospital only a couple of miles away another member doing the same job gets less on-call payment and less pay for work done.

There are massive differences in pay and remuneration between employers and many members have to use annual leave or lose pay to recover after being On Call. The differences also affect members working during public holidays where some members are only having up to seven and a half hours back, despite being on duty for 12 hours.

Members who work On Call are doing so in their own time, members are on duty on their days off, on duty on their nights off. This impacts negatively not only on the member but also the member's family. Nights out and weekends with the family are ruled out due to being required to be available for work. On Call is a form of zero hours contract.

Members who work On Call are in a state of readiness and have to respond immediately when called. Members are often required to attend the work place within a set time frame. Even when members are not called out, they are often fatigued due to being in a readiness state.

Conference calls on the Service Group Executive to:

1. Survey members on how On Call negatively impacts on members lives.
2. Work with staff groups such as Operating Department Practitioners, Radiographers, physiotherapists and nurses to develop an On Call arrangement that works for all staff groups.
3. Work with employers to develop an ethical on call that gives members proper rest without losing annual leave or pay.
4. Work with employers to agree a universal public holiday TOIL for hours on duty when On Call.
5. Work with employers to ensure members who work On Call have a proper work life balance with guaranteed time off from On Call during the week and weekends.
6. Work with employers to recognise that On Call workers are often fatigued following On Call and put measures in place to ensure members are not doing excessive amounts of On Call.

***University Hospitals Birmingham UNISON***

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

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### **18. Stop pay detriment to trainees**

Conference notes that Annex 21 was written to protect staff from loss of pay when entering a training programme however some trainees suffer a pay detriment if they move into a training position which attracts Annex 21 pay.

Under Annex 21 staff are paid depending on the period of time required to complete the training course which could be between 60 and 75% of the top of the qualified rate. For example: Health Care Assistants (HCAs) who train to become Nursing Associates and Pharmacy Support Workers (PSWs) who train to become Pharmacy Technicians; the qualified rate of pay for a Nursing Associate and Pharmacy Technician is Band 4.

PSWs and HCAs are banded in 2 and 3 and the top of these Bands are £19,337 and £21,142 respectively.

The training rate would be £24,157 x 70% or 75% = £16910 or £18118.

If the person was at the top of Band 2 or 3 they would lose a maximum of £4232 and a minimum of £1219 per annum.

Other training roles like Clinical Coders and Therapy Assistants would suffer similarly. Our Trust has argued that because the member of staff has applied for the position pay protection is not applicable. This issue could compromise the NHS in their efforts to recruit staff, from within the NHS, to training positions.

This is relevant and important because the health sector employs many staff in training positions and we need to endeavour to obtain the best pay possible for staff which would follow the ethos of the UNISON Health Sector Earnings Max Campaign. Conference believes that no employee should suffer a detriment when they decide to train to obtain a qualification which is relevant and beneficial to their employee.

Conference calls on the Health Service Group Executive to work with the NHS Staff Council and NHS Employers to negotiate and issue a directive instructing Trusts not to use Annex 21 if an employee will suffer a financial detriment.

*North West Anglia Hospitals*

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### **19. Review Annual Leave Dates**

Since the coalition government followed by the Tory government staffing has been cut to the bone and team leaders are finding it increasingly difficult to grant annual leave for the date our member's request.

Most departments only allow a fixed number of staff annual leave at any one time so even with the best planning staff inevitably lose leave. The current system with everybody having to take leave between April and March also creates a pressure point towards the end of the leave year.

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

Team leaders and managers are put under extreme stress trying to ensure that services are covered while trying to ensure staff take their full leave allocation. Staff are also put under pressure to take leave when they don't really want to because the last 4 to 6 weeks is when staff numbers is at its lowest. Many employers insist staff take the bulk of leave before Christmas which doesn't leave our members much opportunity to take leave post-Christmas or early spring.

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

Conference calls on the SGE to:

1. Carry out a feasibility study to see if annual leave can be applied to individual start dates.
2. Work with employers and members who have leave linked to start dates on how the system was implemented and if it works.
3. If any study proves individual start dates alleviates the March pinch point, campaign for employers within the wider NHS to adopt similar schemes.

***University Hospitals Birmingham UNISON***

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### **20. Compassionate Leave and Health Service Workers**

We are the workforce which have the greater part of the final stage in the human journey, we are skilled in providing the physical care and emotional support to the person who is experiencing their death and to their family carers and friends. We aim to give the dying the best death possible, encouraging patients and their families to participate in the care plan, advance directive or other methods to elicit what care, interventions and when possible what post death procedures the person wishes.

With the exception for child bereavement the Agenda for Change Handbook does not give any clear guidance or advice on this it just says employers should have a policy for paid leave but details for local determination. Therefore there is wide variation on local policies that tend to rely on managers' discretion.

Wales has a special leave policy and in Scotland there's a minimum standard on special leave including bereavement leave set out in their Partnership information network model policy.

This motion seeks to gain clear and consistent compassionate leave guidance for all our staff when they need it so they don't end up going off sick or worse having to take annual leave. As a caring profession we should lead by example so Conference asks the Service Group to:

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

1. Collate examples of effective compassionate leave policies which are supportive and understanding.
2. Use these case studies to show these policies in action and then negotiate with NHS Employers to produce a good model of guidance to be published and shared as best practice in the Agenda for Change Handbook that supports all our staff who need support and understanding when they want compassionate leave.

***North Devon Health***

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### **21. Unsocial hours changes in the Ambulance Service**

Conference notes that the 2018 pay deal sought to regularise unsocial hours (USH) payments across the NHS. For fifteen years most ambulance staff received USH payments of up to 25% under Annex 5. The harmonisation of USH, under section 2 Agenda for Change, is now creating career progression and retention issues within the ambulance service.

In a survey undertaken by North West Ambulance Service Unison about these changes, 60% of respondents indicated that they no longer wish to progress within the ambulance service. Staff view any move from Annex 5 to section 2 of Agenda for Change as a pay cut and are concerned that their salary would not be enough to meet living costs. An Ambulance Technician who recently qualified as a Paramedic saw the changes as so detrimental, that they seriously considered remaining in their previous role.

This situation is not improved by perception that management will seek to reduce costs by giving those shifts attracting most USH, weekends and night, to those staff who remain on Annex 5. Members are also concerned that due to the stressful and physical nature of the job they risk losing their USH payments when off work due to ill health. For members who are off work long term, this could amount to a loss of several thousand pounds.

Those who do wish to progress are generally younger and see progression to Paramedic as an opportunity to move elsewhere, outside the ambulance service. At a time when even Unison's own evidence indicates that 82% of ambulance staff have considered leaving the NHS, can we really afford to lose yet more staff.

Conference calls upon the SGE to:

1. Launch a review of staff progression and retention in the Ambulance Service.
2. Undertake consultation and engagement with branch and regional activists to highlight this issue.
3. For the SGE and Staff Council members to raise this issue nationally with the government and campaign for all ambulance staff to retain the choice whether to stay on Annex 5 or transfer to section 2 on progression or promotion.

***North West Ambulance Service***

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

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### Negotiating and bargaining: Health and wellbeing

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#### **22. Body worn cameras in the NHS**

Conference welcomes the commitment in the NHS Long Term Plan to tackle violence against NHS staff and notes the announcement to pilot and invest in body worn cameras in the ambulance service.

Conference also welcomes the work undertaken by UNISON to tackle violence against NHS staff that contributed to the introduction of the Assaults against Emergency Services Workers Act (2018). However, conference believes that the reasons for assaults against ambulance staff remain complex and the introduction of new technology and legislation is not an instant solution to the problem.

Conference believes that tackling violence against NHS staff needs to continue to be prioritised and requires a multifaceted approach from government and employers. Conference recognises the successful body worn camera pilot that took place in the North East Ambulance Service, in particular that trade union involvement contributed to its success.

In the event of a successful pilot that leads to the introduction of body worn cameras in both the ambulance service and the wider NHS, conference calls on the Health Service Group Executive to:

1. produce advice and guidance on the implementation of local body worn cameras.
2. share good practice from across the NHS with UNISON branches.
3. campaign for the police, employers and the Crown Prosecution Service to pursue prosecutions against those who assault NHS staff.
4. campaign for the proper governance of body worn cameras, specifically to ensure they will not be used as surveillance or to monitor staff performance.

***Ambulance Occupational Group***

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#### **23. Flu jab – Encouragement, not pressure**

We acknowledge the importance of the flu jab because of the serious impact flu can have, particularly for older adults, very young children, and people with underlying health conditions.

We welcome the new flu vaccination campaign for health and social care workers, “Time to get your flu jab” which was launched for the 2019/2020 flu season by Public Health England, NHS England and NHS Improvement. However, it is important to be clear that the flu vaccination remains voluntary. While no NHS worker would ever willingly put patients or colleagues at risk, some of our members are reluctant to be vaccinated for genuine reasons.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

Unfortunately, in some workplaces the national push for employers to vaccinate as many employees as possible is resulting on significant pressure to staff. In some workplaces we know this is resulting in managers raising the flu vaccination in appraisals. In other instances, employers have asked employees to record their reason for refusing vaccination.

We believe it is important that Unison recognises this and is clear of the voluntary nature of the flu jab in all messaging to members and to the wider public. It is also important that we make this clear in our workplaces, and work with employers to ensure that the enthusiasm to deliver on flu vaccination targets does not result in our member's being forced or pressured to be vaccinated. We recognise that the highest vaccination rates are in trusts that encourage staff to get the jab, not those where employees are coerced. And pressuring staff to have the injection is counterproductive.

Conference calls on the Health Service Group Executive to:

1. Continue to work with NHS Employers to ensure that communications are clear that the flu jab is voluntary, and pressure is not put on staff;
2. Work with branches and regions to ensure that there is communication with members and employers to make clear that the flu jab is voluntary and pressure is not put on staff.

***North East Ambulance***

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### **24. Not just working 9 to 5**

Conference recognises the high proportion of healthcare staff undertaking work patterns that enable 24/7 services.

Conference further recognises that these different work patterns all carry potential risk in terms of staff safety, health and well-being – but also in terms of access to training and development, engagement opportunities, and career planning.

Conference calls on the Service Group Executive to:

1. undertake work to scope the penalties paid by staff who are continually exposed to long, rotating and/or night shifts;
2. understand and share best practice around ways to make night working as safe as possible;
3. share research on the link between shift length and errors;
4. produce advice and guidance to spread good practice and ways to make shift working safer;
5. work with other parts of the union to understand the particular issues faced by staff outside direct NHS employment.

# 2020 Health Care Service Group Conference

## UNISON PRELIMINARY AGENDA

*Northern Region*

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### **25. Long days - a hard life**

Only a few years ago almost all NHS workers worked shift patterns that revolved around a 7 and a half hour day. Where 24 hour cover was required the tradition was for employees to work a 3 shift system.

Slowly clinical areas began to adopt a system of long days and these longer days were popular amongst some staff. However some staff found long days very tiring and the union's view was that employees shouldn't be forced to work long days. Over the last 10 years most clinical areas like wards, theatres and imaging staff are now expected to work long days. Long days are now the de-facto shift pattern. Staff who found long day working exhausting were once supported, but they are now moved to other areas or have to reduce hours to cope.

Only a few years ago most night shifts started at 10pm now staff are starting the shifts at half past 7 or 8 o'clock. Where only a few years ago nights were considered long at 9 and a half hours, we now have staff at work for 12 to 13 hours. Recovering and sleeping during a week of nights is problematic for many members. Members are required to have less sleep but work longer when doing a stint of nights.

The move by employers to make staff work long days means less staff available in any given shift. These shortages are often filled by staff working their days off. Employers think long days help alleviate staff shortages but the day to day staffing is less. Our members are working longer with less staff and many are suffering mental and physical strain. At last year's conference a motion was passed to look at the impact long day working has on our members.

Conference believes lip service was paid to this motion and calls on the Health Service Group Executive to:

1. Work with staff groups to look at how long days impact on staff wellbeing;
2. Survey staff groups on how long days impact on their health and wellbeing;
3. Survey staff on how long shifts followed by commuting an hour or more are affected;
4. Work with employers to ensure quality paid rest is guaranteed on long days;
5. Work with employers to provide drowse zones for staff working long nights;
6. Support members who simply struggle with working long hours.

***Birmingham and Solihull Mental Health***

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### **26. Ambulance Service uniforms**

Conference notes the current NHS uniforms provided to emergency crews by most Ambulance Trusts are not fit for purpose:

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

- Too hot in summer,
- Too cold in the winter
- Not designed or suitable for different genders.

The majority of uniforms are varying shades of green which blend into the background contrary to regulations covering workers near vehicles and roadways which require workers (including ambulance crews) to wear hi-viz protective clothing at all times when near moving vehicles including within garages and manoeuvring areas.

Conference notes that across Europe, ambulance services have improved their uniform designs to accommodate the different genders, allowed for seasonal variations and have included hi-viz strips which meet the current regulations which regrettably we fail to achieve.

Conference further notes, with disappointment, that within East of England Ambulance Trust, a risk assessment of ambulance uniform was carried out in November 2017 but there has been no sign of any forthcoming changes.

Conference instructs the Health Service Group Executive to:

1. raise the issue with ambulance services;
2. campaign for uniforms to be redesigned to meet both the physical requirements of individual staff members and the statutory health and safety duties of employers.

***East of England Ambulance Branch***

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### **27. Mental ill health crisis in health care**

Conference notes with concern the increase in mental ill health across the UK and throughout the health service and the increase in members expressing to their UNISON rep their intent to harm themselves. Conference notes that this links to the programme of austerity in the UK since 2010, the societal impact of which goes far beyond the initial funding cuts.

As reps we often deal with members at their lowest ebb, and the pressure that the member is under, combined with the support offered by the rep can mean that they express things to the rep that they sometimes have not told others in their lives, such as feelings of self harm. It can be extremely stressful for a rep in this situation. It is important that reps feel confident to signpost members to appropriate services and encourage the member to get support in place, and disclose feelings to their GP or occupational health departments.

Conference notes that whilst UNISON reps who are registered mental health professionals are highly trained in this area, the scenario can pose particular challenges for them, whereby their scope of practice and role as rep is different to that in their profession. At work there would be strict protocols and guidance for escalation and if necessary breaching confidentiality in this scenario; whilst as a rep



## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

there is often no guidance or protocol that sets out the limits of the role of a UNISON rep in this situation.

Conference also notes that representatives who are not Mental Health Practitioners experience further difficulties as they do not possess the skills to support members in crisis nor necessarily know what support they can access for their member.

This Conference calls on the Service Group Executive to:

1. Support the development of basic signposting card for reps dealing with members who express intent to harm themselves, including the role to signpost to appropriate support services.
2. Produce specific guidance for registered mental health professionals in this scenario, distinguishing their professional role from their role and scope of practice as a UNISON representative.
3. Produce a guide for branch committees of the UNISON training available on mental health awareness.
4. To ask health branches to have a local plan in place when this scenario occurs, covering support available from main employers linked to the branch and including guidance around escalation within the branch.

***North West Region***

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### **28. Suicides of staff working in the NHS**

Conference notes that the latest data from the Office of National Statistics (ONS) shows more than 300 nurses in England and Wales took their own lives between 2011 and 2017. Previous research from the ONS showed the suicide rate among nurses was 23% higher than the national average, with female nurses at particularly high risk.

Nurses have long been considered a key high-risk group for suicide, due to the strain and level of responsibility of their role. This is just not an issue for nurses, this issue is for all who work in the NHS.

This motion calls on the Health Service Group Executive to:

1. work with the NHS Staff Council to bring about a system of good practice that if a suicide happens within the NHS workforce it is immediately investigated as a work-related suicide and it will be for the employer to demonstrate that the suicide was not work-related;
2. work with the NHS Staff Council to collate and maintain statistics about suicides of NHS staff;
3. work with NHS employers and the SPF to ensure that workplace mental health is taken more seriously and support measures are put in place:

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

- a) to work with employers and staff sides to promote better mental health policies, ideally to be standalone policies and not included in sickness policies.
  - b) mandatory training for all staff to help them with tools to support their own self-care before a crisis point is reached, and also mandatory training for all managers to assist with early identification of staff who may be struggling and to intervene positively. Some trusts already do this well, but it needs to be across the board.
  - c) much better flexible working policies to support staff suffering with mental health issues.
  - d) ringling stress as well as diagnosed depression/anxiety disorders within the remit of Occupational Health rather than, as some trusts do, keeping it separate as a health and safety issue.
4. re-commission a report into the effects of working 12hr shifts and report back to Health Conference in 2021.

*Eastern Region*

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### **29. Dying to work**

Conference congratulates the excellent TUC Dying to Work campaign and the work UNISON has progressed since the National Delegate Conference in 2017 when a motion was passed to support the campaign.

Conference notes that the Equality Act provides protections against discriminatory treatment based on the concept of Protected Characteristics. Despite the union campaigns, currently workers with a terminal illness are not classified as having a Protected Characteristic and therefore have very limited legal protection against employers dismissing them due to illness.

Conference notes that employers are therefore free to dismiss terminally ill workers once they have made reasonable adjustments to the employee's job to assist with the illness. Conference agrees that the last thing a terminally ill worker would need is to have to fight for the right to continue working and not face the indignity of being sacked.

However, too many employers are still disciplining terminally ill staff for poor attendance, or paying them off, often with limited compensation, to avoid paying death in service benefits and/or pension costs.

Conference calls on the Health Service Group Executive to seek to ensure employers sign up to the Dying to Work Charter, if they have not already so, and to commit to full implementation of all of its provisions.

Furthermore, this Conference agrees to refocus its support and determination to prioritise the TUC's Dying to Work Campaign through the UK Staff Council and the Scottish Partnership Forum ensuring employers who operate within the UK health sector sign up to the charter.

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

Conference further calls on all regions and branches to approach employers to sign up to the Dying to Work Charter which commits employers to treat workers with a terminal illness with dignity, providing security of work, peace of mind and the right to choose the best course of action for them and their families.

*Scotland Region*

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### **30. Display screen equipment in ambulances**

Conference notes that in response to the Carter Report our ambulance services have introduced modern technology to replace Patient Report Forms previously written on paper.

Ambulance clinicians are under extreme pressure to enter the information fully, accurately, contemporaneously, without mistakes or omissions in a timely manner even though time restrictions increase the pressure on the member of staff inputting the data. The accuracy of the information is crucial and any errors could have life altering or fatal outcomes on the patient if they are entered incorrectly.

The Regulations identify risks to health for users of Display Screen Equipment and these include but are not limited to (1) upper limb disorders (2) eye and eyesight effects and (3) stress or physical fatigue.

Conference believes that all ambulance service employers should ensure that appropriate and accurate risk assessments are carried out on use of screen equipment in vehicles so any risk to the physical or mental health of workers are minimised and mitigated.

Conference resolves that the Health Service Executive issues bargaining and negotiating guidance to branches.

*East of England Ambulance Branch*

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### **31. Asbestos in the NHS**

Conference notes that according to the BBC, nine out of 10 NHS hospitals trusts have asbestos in them. Out of 211 trusts that responded to a BBC enquiry 198 of them responded that they were running patient and non-patient facing services knowing that these building contained asbestos.

Conference is aware that asbestos was once widely used in construction and can cause serious illnesses including cancer. When inhaled it may give rise to asbestos-related diseases such as mesothelioma, a cancer of the lining of the chest, which causes more than 5,000 deaths in the UK each year. According to NHS buildings, between January 2013 and December 2017 there were 352 claims were made against NHS trusts, for asbestos-related diseases. These claims resulted in pay-outs of about £6.8m. Three legal firms told the BBC they had won compensation claims totalling more than £16.4m in the same period.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

Conference notes that to prop up its electoral fortunes, the weak Tory government and the Tory Health Secretary have released plans to build 40 new hospitals of a cost of 13 billion. However, with 10 years of austerity behind us many of our NHS hospitals are suffering from years of neglect and of make do repairs, which to put right would cost £6 billion.

Conference believes that replacing asbestos in NHS buildings should receive equal priority as new builds and that any new government should also identify how it is going to resolve the asbestos crisis in our hospitals and inject the necessary funds and raise awareness about the use of asbestos in our NHS as they have done in schools. That these additional funds should be extra to those already identified for new builds and other capital project already identified in NHS budgets.

Conference requests that conference request the Health SGE support:

1. a cross union campaign to raise awareness of the use of asbestos in NHS buildings and the dangers surrounding it , similar to the campaign run in schools;
2. the demand that the funding of the removal of asbestos from our hospitals comes from a separate identified capital fund, so as not to take money away from other capital expenditure and to ensure that that our NHS becomes an asbestos free zone.

***Bucks Healthcare and Community***

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### **Negotiating and bargaining: Equalities issues**

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#### **32. Racism and line management**

Conference commends the emphasis in UNISON's Race for Equality campaign on equipping health branches to make tackling racism a core organising and bargaining priority.

But Conference notes that the quality of organisational response to these issues stands and falls with how willing and well-equipped line managers are to take appropriate and robust action within their teams and workplaces. Too often the warm words and noble aspirations for racial equality and diversity made at board level are not followed through on the shop-floor.

Conference therefore welcomes the joint work with the Nursing Times which has highlighted how many line managers lack confidence, are inadequately trained, lack senior management back-up and, in some cases, do not have the levels of understanding necessary to support their Black staff. These are barriers to managers taking responsibility for acting when racism rears its head, and make it less likely that the workplace culture we want to see will be achieved.

Conference calls on the Service Group Executive to:

1. Encourage branches to use the existing Race for Equality materials in particular to audit recruitment and selection processes and disciplinary procedures;

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

2. Work with regions and branches to further develop the Race for Equality campaign and monitor its implementation;
3. Call for effective, consistent and mandatory training for all line managers to equip them to deliver on race equality and diversity;
4. Develop policy proposals for how organisations can be made more accountable for racial disparities in staff experience at work;
5. Play a leading role in promoting public discourse about the manifestations and effects of racism on staff, services and patients;
6. Collate and promote information about effective team-based approaches to tackling and preventing racist behaviour from patients and the public towards staff.

***Health Service Group Executive***

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### **33. Can we win the Race for Equality?**

Conference congratulates UNISON on its 'Race for Equality' campaign. Our union's commitment to take on racism in the NHS is unequivocal. NHS Employers need to make more progress, more quickly to tackle discrimination and race inequality. We have a vital role to play in ensuring that employers prioritise improving the disparities in the measures captured by Workforce Race Equality Standard scores year-on-year to close the unacceptable gap between the treatment of black staff and white staff.

Conference believes that all NHS staff deserve to feel valued, safe and supported at work. Conference also believes that the NHS will never be the 'best place to work' if black staff working in the NHS have poorer working experiences and opportunities. The principles of equality can only become a reality in our workplaces if we organise around them and place them on the bargaining table as a priority.

Conference notes that twenty percent of the 1.4 million people who work in the NHS are from BME backgrounds. However, Black staff are less likely to be appointed from shortlisting, more likely to enter the formal disciplinary processes, and less likely to access non-mandatory training and CPD. Black staff are twice as likely to have personally experienced discrimination. Senior leadership teams and boards are not representative of the diversity of the workforce and local communities they serve. The 2018 WRES Report showed that the percentage of BME staff experiencing discrimination in the last 12 months had actually increased from 13.8% to 15.0%. In contrast, only 6.6% of white staff reported experiencing discrimination at work. The 2018 WRES report also showed that fewer BME staff (71.5%) believed their Trust provides equal opportunities for career progression or promotion than did in 2016.

Conference calls on the Service Group Executive to:

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

1. hold the governments, the NHS Employers and ourselves to account on the progress we all make, reported in the Workforce Race Equality Standard data or equivalent;
2. encourage branches to make race equality action plans and any ongoing progress with those plans, a standing item on each NHS employer's negotiating and consultation forum / committee;
3. work with UNISON's devolved nations and Regional Health Committees to identify progress, or the lack of progress, in tackling race inequality in NHS employers across the United Kingdom in order to hold NHS leaders to account and identify employers which are making real improvements;
4. campaign for a 'whole team approach' in the workplace around dealing with patients and families who are racist to staff;
5. make the case for line managers to receive adequate training to deal with issues of racism against staff in the workplace.

### *Greater London Region*

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#### **34. Black Workers in the NHS and Disciplinary Procedures**

The NHS in England, and the rest of the NHS across the UK is dependent on Black workers in all types of roles, it's time that they put in place policies and procedures that will not just deal effectively and fairly with their Black staff, but also in 2020 it's time to have effective scrutiny in place in all areas of their employment activities.

The NHS England Workforce Race Equality Standard (WRES) 2018 Data Analysis report for NHS Trusts, states that Black staff were 1.24 times more likely to enter the formal disciplinary process than white staff. The report also states that there has been year on year improvements on this indicator since 2016, which shows that more can be done in this area. This provides a real opportunity for our union to organise around this issue. The NHS already requires all Trusts in England to comply with WRES data on an annual basis. Public Health Wales has a Strategic Equality Policy, NHS in Scotland has an Equality framework which enables each board to monitor equality impact on their workforce and there are similar policies for Northern Ireland.

This motion is intended to enhance the procedures that are already in place. The National Black Members Committee are pleased to have worked with the Health Service Group to launch the Race for Equality campaign in UNISON. We recognise that when many Black NHS staff are living with the consequences of racism everyday it's time for a serious conversation about the issue, and be the solution.

The aim of the Campaign is to help staff recognise and challenge racism in the workplace. The campaign looks to support staff, and help them support each other as we work together to take on racism and deliver an NHS that respects and values all staff.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

UNISON are keen for branches to use the Race for Equality campaign resources to start wider conversations in the workplace about what all members can do together to stamp out this problem. Everyone needs to be involved not just Black members – everyone can be part of recognising racist behaviour, challenging it when they witness it and supporting people who are subjected to it.

UNISON also recognise that ‘unconscious bias’ has been raised within health branches and statements regarding people’s background, personal experiences, societal stereotypes and cultural context can have an impact on decisions and actions. However to effectively address ‘unconscious bias’ training needs to take place with members across UNISON health structures as to why the brain makes incredibly quick judgement and assessments of people and situations to address action points in this motion.

Conference calls on the Health Service Group Executive to:

1. Work with the National Black Members' Committee to encourage branches, to seek appropriate training, facility time and support for Branch Officers to assess patterns of discrimination in disciplinary processes affecting Black members and Black staff;
2. Continue to promote the ‘Race for Equality’ campaign, specifically materials produced in UNISON that will help create an NHS that respects and values all staff and to tackle the issue of racism;
3. Raise these issues so that they can work with Health branches to change the entire approach, to disciplinary action against Black members and Black staff by promoting initiatives around ‘just and learning culture’, so that in general the NHS will focus on learning not blame;
4. Explore how UNISON Health Branches can be supported to raise awareness within the NHS, so that they may effectively address 'unconscious bias? in all aspects of the disciplinary procedure decision making;
5. Seek employer-level commitments to report key race discrimination statistics in regular staff communications and that the figures are updated on a quarterly basis;
6. Explore how to support Health branches recruitment, participation and development of more Black Members Officers/Stewards within Health branches to support these initiatives.

***National Black Members' Committee***

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### **35. Equality and diversity training for health staff**

Conference is concerned that with the growing pressure on the NHS from the Tory-led government’s unrealistic targets and cuts, growing staff shortages and growing pressure on individual NHS staff members from the cumulative impact of austerity, equality and diversity are early casualties.

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

There is a real fear from lesbian, gay, bisexual and transgender plus (LGBT+) people that progress on challenging anti-LGBT discrimination is being reversed; that homophobia, biphobia and transphobia are on the rise; and that LGBT+ concerns are treated as less important: a 'nice thing to do' that could be dropped in harder times.

Conference notes that there is an increasing reliance on e-learning for training, managers and staff may have an awareness of the legal requirement for LGBT+ equality, but not an understanding of the issues or how to address them. Conference believes that that online training has led to reduced effectiveness of the content of the training. Continued reliance on e-learning could lead to the rise of homophobia, biphobia and transphobia. Face to face training is more effective in teaching how to challenge anti-LGBT+ discrimination.

Conference affirms that rather than being a luxury for times of plenty, equality and diversity training is more important than ever at times of cuts to services and attacks on terms and conditions. Recent TUC research shows that less than 50% of LGBT+ people feel safe enough to come out at work, more than 60% of LGBT+ people have heard homophobic or biphobic remarks or jokes directed at them at work. Only 33% of LGBT+ plus people reported the latest incident of harassment or discrimination to their employer.

Conference calls on the national Health Service Group Executive to:

1. Continue to make the argument that equality and diversity training is essential and should be a priority for all staff working in the NHS, including those with line manager responsibilities;
2. Continue to push the NHS to rely less on e-learning and to re-introduce face to face training for equality and diversity;
3. Publicise good practice in campaigning for funding and release time for training.

### ***National Lesbian, Gay, Bisexual and Transgender plus Committee***

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#### **36. Increasing understanding of disability equality in health workplaces**

Conference notes that the UNISON and Nursing Times 2018 snapshot survey on line management flagged up managers' lack of awareness of equality issues. Occupational Health referrals often do not take place or recommendations are ignored. Our health workplaces frequently report that members are dragged through the stages of the sickness policy, with adjustments repeatedly recommended but never put in place.

Conference further notes that many staff and managers in health workplaces do not know that Access to Work can recommend and fund adjustments. Indeed Access to Work has often been called "the government's best kept secret". UNISON has produced a Quick Guide to Access to Work but there is a need for better awareness both amongst our members, our stewards and managers.



## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

Our members also report that managers do not always understand that non-apparent impairments, particularly those that impact Black disabled workers and disabled women workers, require tailored adjustments and there is no one size fits all approach.

Conference therefore calls on the Service Group Executive, working with the National Disabled Members Committee, to:

1. Use relevant partnership structures to negotiate for better training of managers in health workplaces so that they understand the duty to provide reasonable adjustments and the need to ensure sickness absence policies are not used to discriminate against disabled workers
2. Raise awareness of UNISON's Quick Guide to Access to Work with branches and regions

***National Disabled Members Committee***

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### **37. Transgender and non-binary Inclusion**

Conference notes that although NHS Trusts and Organisations have made great strides in improving the way Transgender and non-binary staff are recognised and supported within the workplace there is still a way to go to ensure equality for all of our members in Health.

Conference notes that there are still issues with regards to Transgender and non-Binary staff updating their gender identity on official NHS staff records and payroll systems such as ESR (Electronic Staff Record). Currently all staff using this system must identify as male or female for the purposes of payroll. The system does allow an 'other' option for gender but if a member of staff changes this through ESR self-serve it stops their payroll. These issues are linked to HMRC rules around tax and pensions and because of the delay to the reform of the Gender Recognition Act staff may have to produce a gender recognition certificate in order to correctly make a change on the system.

Conference further notes that despite the consultation on the Gender Recognition Act closing in October 2018, there are still no specific proposals on reform of the Gender Recognition Act. This will result in more Transgender and non-binary staff being unable to update their gender identity on official NHS staff records and payroll systems.

Conference also notes that although many NHS Trusts and Organisations have moved to or are moving to non-gendered language within their policies this has not happened everywhere and many policies still contain unnecessary gendered language such as the Agenda for Change NHS Terms and Conditions of Service Handbook. This can mean that these policies are not fully inclusive of Transgender and Non-Binary staff.

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

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

1. Work with the NHS Staff Council equality, diversity and inclusion sub-group to ensure that handbook updates promote the use of non-gendered language.
2. Work with NHS Employers where appropriate to encourage the review and update to NHS Electronic Staff Record and other Payroll systems so that they are fully inclusive of Transgender and non-binary people and allow staff to update their gender identity without negative consequences to their pay.
3. Encourage branches and regions to work with employers to adopt policies that are inclusive of Transgender and non-binary people and utilise UNISON's Transgender Model Policies where appropriate for this.
4. Encourage branches to negotiate for transgender and non-binary inclusive policies for staff providing NHS services for private companies
5. Promote the UNISON Equality bargaining fact sheets: Transgender workers rights, Gender equality: non-binary inclusion and the Trans equality guide and model policy

### ***National Lesbian, Gay, Bisexual and Transgender plus Committee***

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#### **38. Making the Workforce Disability Equality Standard more than just a tick-box exercise for disabled workers**

Conference notes that the Workplace Disability Equality Standard was launched in 2019 and all NHS trusts and foundation trusts in England are now required to report annually on their performance against ten measures of equality for disabled staff in NHS workplaces. However Conference acknowledges that standards such as the WDES are often dismissed as a 'tick box exercise' with no real impact on our members' experience in the workplace.

UNISON's disabled members self organised group surveyed almost 3,000 members last autumn, almost one third from health workplaces, and found that 67% of those who needed them had been turned down for reasonable adjustments. In many cases there was no reason given for the refusal and in other cases disabled staff simply received no response at all to their request – they were just ignored. Where adjustments were agreed workers often waited months or even years to have them implemented, with 23% waiting a year or more. Disability leave was virtually unheard of and most survey respondents did not know they could ask for it. As a result, many reported facing disciplinary and capability proceedings due to their sickness records.

Conference recognises that the WDES is not a 'silver bullet' and it will take much more than an equality standard to address these issues. Nonetheless, UNISON branches can help to ensure the WDES is not just a box ticking exercise and that it does result in improvements for our disabled members working in the NHS. As an example, branches in England can:

- a. Find their Trust's WDES report on the Trust website - if it is not there or easily accessible then ask that it is publicised

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

- b. Download reports from other neighbouring or similar sized trusts and compare responses with your trust
- c. Identify key areas of concern
- d. Ask your Trust to meet to discuss an action plan for how they will address the areas where they are not performing as expected

Branches can also use the WDES as a way of opening up a space to bargain with employers for new policies such as a disability leave policy and a reasonable adjustments passport policy.

The WDES does not currently extend to Scotland, Wales and Northern Ireland and some of the measures in it are based on the NHS Electronic Staff Record (ESR) which is not in use across the whole of the UK. Nonetheless branches outside England can ask employers to show their commitment to disability equality by voluntarily reporting on those areas of the WDES where they do have data and by considering introducing disability leave and reasonable adjustment passport policies.

The WDES currently applies to trusts and foundation trusts only. It does not apply to Clinical Commissioning Groups CCGs for example, and is voluntary for arms length bodies. Conference further notes that our members who work in GP's surgeries are not employed by the NHS but are in effect employees of private businesses. They do not come under the NHS and it can be difficult for reps to access them and to identify their concerns. Although they are not subject to national bargaining, more could be done to support them in accessing reasonable adjustments at work.

Conference therefore calls in the Service Group Executive to work with the National Disabled Members Committee and other appropriate UNISON bodies to:

1. Develop guidance for branches on how to use the WDES to improve disability equality in NHS workplaces and make it more than just a box ticking exercise;
2. Publicise UNISON's two key bargaining guides on Disability Leave and Reasonable Adjustment Passports;
3. Undertake research into Trusts' compliance with WDES reporting requirements and reported performance, with a view to highlighting issues of concern;
4. Use relevant partnership structures in Scotland, Cymru/Wales and Northern Ireland to negotiate to seek similar standards in the devolved nations, CCGs and in contracted NHS provision;
5. Identify ways in which UNISON can support disabled members who work in GP surgeries to better access reasonable adjustments and disability leave.

***National Disabled Members Committee***

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

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### **Campaigning and promoting UNISON: Defending the NHS and campaigning against privatisation and outsourcing**

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#### **39. OUR NHS – NOT FOR SALE, NOT A BARGAINING CHIP IN TRADE DEALS**

Conference celebrates the creation of the NHS over 70 years ago. It is the jewel in the crown of Britain and a radical achievement of the Labour Party. Established just 3 years after the end of World War II. Aneurin Bevan's ambition was to build a health service based on 4 principles:

- Free at the point of use,
- Available to everyone who needed it,
- Financed through general taxation, and
- Used responsibly.

Conference notes that when the NHS was founded, the life expectancy for men was 66 and for women, 71; now it is 79.4 for men and 83.1 for women; There were 86 deaths per 100,000 live births, now it is 46. Infant mortality was 34.5 for every 1,000 live births, now there are 2.8 neonatal deaths per 1,000 births. The NHS is vital for women's health and wellbeing. Prior to the inception of the NHS, healthcare was not a right but subject to charity or the ability to pay. Health was a luxury not everyone could afford. Women who could not pay often went without medical treatment for themselves or their children, relying on home remedies and unqualified assistance.

Conference notes that after 70 years of the NHS being accessible to all citizens, we not only rely on it but we cherish the NHS because it belongs to us and is our NHS. All women will have used its service at sometime in our lives. It has led the way on medical treatment and innovations in health. From cradle to grave we rely on the NHS and its staff. Conference notes further that UNISON has campaigned and supported the NHS and our health members and has fought against privatisation of healthcare provision and services.

Women make up nearly 80% of the NHS workforce with a higher proportion of women in the lower pay bands. There is significant evidence that privatisation has had a detrimental effect on the terms and conditions of our members. Conference pays tribute to all branches that have taken industrial action to achieve Agenda for Change pay and conditions.

Now we face the greatest threat to our NHS that it has faced since its foundation - the potential wholesale sell off through trade deals across the globe contemplated by Boris Johnson as PM and the Tory Government supported by its allies. Trade deals, from the World Trade Organisation to Free Trade Agreements, are no longer limited to setting rules about how goods cross borders. They encroach on every aspect of our lives, including our health provision. Because there already exists competition with the private sector in the NHS, this means that trade deals could include the NHS and lead to the selling of lucrative parts to the private sector across the globe.

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

Conference is concerned that our right to free healthcare would be eroded and we would be forced to pay for services or take out private health insurance to cover our health needs, including for our children.

The American President Donald Trump, has made it clear that he would want the NHS on the table in any trade deal with the USA. We know that American eyes are on the NHS. Nearer to home in Southern Ireland private health insurance plays a pivotal role in health provision. It is completely unacceptable that after 70 years, which have seen such a great improvement in the state of the nation's health, we could see the dismantling of the NHS through trade deals and an end to our right to universal healthcare at point of need, irrespective of our ability to pay. It is doubly unacceptable that dismantling the NHS would have a disproportionate impact on women's health and on their jobs.

Women should not be deterred from seeking healthcare due to its cost which would take us back 70 years. The Government should also consider how many women's jobs would be unfairly impacted and the likely knock on effect on physical and mental health, creating a vicious circle. Conference believes further that American style privatisation will drive down the pay, terms and conditions and pensions of members still further and UNISON needs to organise and challenge this at local level.

This Conference calls on the Health Service Group Executive to work with the National Women's Committee to:

1. Highlight the particular impact on women in any UNISON campaign to save the NHS from being part of trade deals;
2. Work with the Labour Party through Labour Link to protect the NHS and its predominantly female workforce and to maintain universal access to healthcare free at the point of need healthcare; highlighting how without this, women's health will go backwards;
3. Work with the TUC through our UNISON representatives to campaign to protect the NHS and its staff and as the biggest representative organisation of women in the UK, take every opportunity to highlight the impact on women in the workforce and as service users of any attempt to include the NHS in trade deals.
4. Continue to challenge attacks on terms and conditions of staff who are at risk of privatisation.

***National Women's Committee***

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#### **40. One Team - valuing our operational services staff**

Conference notes that Operational Services staff are a large part of the NHS staff team. Operational services staff make sure patients, information, resources and other staff get to the right place at the right time - safe, clean and working well.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

Conference notes that there is often poor engagement with operational services staff. The NHS staff survey engagement score for operational services staff is the second lowest across all NHS staff groups in England. Additionally, learning and development opportunities are often extremely limited for operational service staff, both in terms of funding but also release from the day job.

Conference further notes that the One Team campaign has been successful in celebrating and valuing our whole NHS team, and starting to change the perception – both public and within the NHS – of the value of our operational services staff. Polling carried out by COMRES for UNISON showed that the public overwhelmingly value non-medical employees in the NHS and believe they are just as important as clinical staff. The polling also found that a majority of the public believe that transferring NHS staff to private companies is unacceptable. However, Operational services staff are still often the first target for attacks on jobs, pay and conditions. For example, cuts to administrative and clerical posts and the outsourcing of cleaning and estates roles.

Conference believes that the One Team campaign is valued by all UNISON members in health and sends a strong message that UNISON is the union for the whole NHS. Conference further believes that while the One Team campaign is celebrated in particular at one point in the year, it is vital that we demonstrate the values of the campaign throughout the year. UNISON health branches have a vital role in ensuring the success of One Team at a local level, from active campaigns that support recruitment through to fighting attempts to divide the workforce.

Conferences calls on the Health Service Group Executive to:

1. Reaffirm support for the One Team campaign;
2. Reaffirm UNISON's opposition to a two-tier NHS workforce;
3. Look at how we can refresh the One Team campaign to ensure we continue to raise the profile and highlight the importance of operational services staff and make sure the One Team campaign supports branches campaigning to protect NHS jobs and operational services staff;
4. Promote the training and support on offer to branches to ensure activists are equipped with the skills to fight job cuts, outsourcing and to promote in-sourcing of operational services staff;
5. Call on branches to plan ongoing activity that supports the One Team campaign.

### ***Operational Services Occupational Group***

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#### **41. Fighting Subcos, Protecting Pensions**

Conference continues to be dismayed by the widespread establishment of wholly owned subsidiary companies across the English NHS in recent years.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

Conference notes that this phenomenon has arisen from trusts seeking to exploit the tax loophole that allows them to claim back VAT when using separate companies to take on the running of services such as estates and facilities management.

Conference welcomes the strength of UNISON campaigning against subsidiary companies and congratulates the growing number of branches that have fought off such threats, using a combination of industrial action, media and political campaigning – at local, regional and national level. Conference asserts that the union is able to win these disputes because the use of subcos is potentially damaging for both the staff that are transferred and for the wider workforce.

Conference reasserts UNISON's belief that the NHS always functions best as one team, with all staff able to pull together in the same direction, rather than being splintered off into separate organisations. Conference remains alarmed that the use of subcos generally involves trusts aiming to make savings off the backs of those working in the NHS by bringing about two-tier workforces in which new starters may find themselves on inferior terms and conditions to those staff transferred to new subsidiaries.

Conference notes that a key area of concern in recent years has been ensuring access to the NHS Pension Scheme for all workers employed by subcos. Conference therefore congratulates branches such as Northumbria Healthcare, who have fought successful campaigns to ensure outsourced staff get access to the scheme. Conference also welcomes national campaigning by the union that has forced the Department of Health and Social Care to confirm that wholly owned subsidiaries can apply for new starter access to the NHS Pension Scheme.

Conference therefore calls on the Health SGE to:

1. continue to fight moves to establish wholly owned subsidiary companies across the NHS and campaign to insource existing subcos;
2. highlight, as part of UNISON's "One Team" campaign, the importance of maintaining a unified NHS team in the interests of both staff and patients; and
3. campaign to ensure that all staff that end up employed by subcos can be part of the NHS Pension Scheme.

***Northern Region***

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### **42. Strengthen campaigning to prevent the implementation of wholly owned subsidiary companies**

Conference notes that the demand by NHS Trusts to explore and implement Wholly Owned Subsidiaries does not seem to be waning, despite UNISON activism and mobilisation against the prospect of these methods of privatisation. There is a continuing move by some NHS Foundation Trusts to transfer staff, services and assets to wholly owned subsidiary companies. These models are a vehicle for reducing staff costs by employing workers on less favourable terms than Agenda for Change and detrimental pension schemes compared to the NHS Pension Provision.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

There is still a perception by some Trusts that the beneficial rules for a Wholly Owned Subsidiary Company to reclaim VAT is a justifiable reason for creating a company as the Trust is unable to reclaim the VAT. This is despite the guidance given by NHS Improvement that such considerations should not be a deciding factor by Trusts when considering implementing these models.

Conference Calls Upon the HSGE

1. To campaign to remove all tax advantages for private companies operating in the NHS;
2. To campaign to include the impact on workers as part of decision making criteria that Trusts must take into account when exploring the possibility of a wholly owned subsidiary;
3. To work with Labour Link to ensure this is raised in the Labour Party and with MPs;
4. To mobilise members to lobby the Government to make taxes a level playing field for the NHS.

***West Midlands Region***

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### **43. Campaigning to Close Down Wholly Owned Subsidiary Companies**

Conference notes:

- The continuing moves by some NHS Foundation Trusts to transfer staff, services and assets to wholly owned subsidiary companies.
- The continuing restrictions on NHS finances that mean many NHS organisations are officially in deficit.
- The excuse given by some Foundation Trusts that the beneficial rules for a Wholly Owned Subsidiary Company to reclaim VAT is the main reason for creating a company as the Trust is unable to reclaim the VAT.

Conference celebrates:

- i. The active and robust resistance mounted by UNISON members to planned transfers of staff to wholly owned subsidiary companies.
- ii. Those Branches that secured votes for industrial action to try and resist transfers.

Conferences Recognises:

- iii. The need to remove tax advantages for Wholly Owned Subsidiary Companies
- iv. The need to remove the ability for public sector organisations to set up private subsidiaries.



## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

Conference Calls on the Health Service Group Executive to:

1. campaign to remove all tax advantages for private companies operating in the NHS and to remove the ability of public sector organisations to set up subsidiary private companies;
2. work with Labour Link to ensure this is raised in the Labour Party and with MPs;
3. mobilise members to lobby the Government to make taxes a level playing field for the NHS.

### *Birmingham and Solihull Mental Health*

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#### **44. Privatisation of NHS jobs – time to bring them home**

Conference commends UNISON for having a strong campaigning record against the privatisation of public services throughout its existence as a trade union. For too long the only voice against the fragmentation of services and outsourcing of our members jobs to private companies was our union.

We know from experience that members employed in the private sector are often on considerably worse terms and conditions than their directly employed equivalents. Indeed, even if Agenda for Change pay rates are paid to staff, they rarely get access to NHS pension schemes which are comparable to the NHS scheme.

Conference welcomes the industrial action taken by branches to ensure that members employed by private contractors are paid Agenda for Change terms and conditions. However, this should not be an end point for our unions and we should aim to bring all jobs that have been privatised back home to the NHS.

Conference calls on the SGE to work with regions and branches and other parts of UNISON to Campaign for:

1. All privatised contracts at a first step are paid at Agenda for Change rates;
2. All privatised contracts to pay pension contributions at a comparable rate to the employer's contribution to the NHS pension scheme;
3. Contract reviews to evaluate whether services can be provided more effectively and cost effectively in-house.

### *Lanarkshire Health*

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#### **45. End NHS Privatisation in Wales and the UK**

Whilst the NHS in Cymru Wales does not have the same level of privatisation of NHS services as in England, there are small areas where NHS Health Boards and Trusts are looking to transfer services to private companies. All NHS services should

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

be delivered by directly employed NHS staff who are employed on Agenda for Change pay and conditions.

In Cymru Wales we have seen private companies brought in to deliver staff support services, cleaning and catering services and there is a threat of external organisations providing ambulance patient services. UNISON Cymru Wales Health Committee remain steadfast in our opposition to privatisation of all NHS services.

Putting profit before people and care is something the Tory UK Govt has championed allowing privatisation across the NHS in England.

Conference we ask you to support our NHS and oppose all forms of privatisation of NHS services in Wales and across the UK.

*Cymru/Wales Region*

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### **46. Insourcing, not downbanding**

Conference welcomes the fact that several services have been “in-sourced” back into NHS control after periods in the private sector. However we are concerned that there have been examples of this having a detrimental effect on the staff who have been transferred back in with inferior terms and conditions to NHS staff.

Conference notes that as women make up nearly 80% of the NHS workforce and as the proportion of women is higher in the lowest pay bands, both privatisation and any subsequent in-sourcing inevitably have a significant impact on women.

Cases have been identified, where staff working at, for example, Band 3 were TUPE'd out to a private provider, who reduced their pay, and terms and conditions, as the employer can do under TUPE regulations. When they were TUPE'd back in to the NHS, however, they were brought across on a band 2 as this was the closest match to what they were being paid at the time, while performing the same work throughout, without any re-banding exercise being carried out.

While this may not affect many staff at present, Conference believes that this is not an acceptable practice. Staff who have been outsourced, should not be in detriment when they return to Agenda for Change terms and conditions.

Conference therefore calls upon the Service Group Executive to: -

1. Raise awareness of this potential issue, so that branches and regions are aware of the need to ensure bandings are fair.
2. Survey Health branches for examples of this practice and of successful opposition to it.
3. Work with Learning and Organising Services as appropriate, to produce training and negotiating resources to assist branches and regions dealing with this problem.

*National Women's Committee*

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

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### **47. Mobilising members in defence of the NHS in England**

Conference notes the increase in privatisation in the English NHS over the past decade, particularly since the disastrous Health and Social Care Act became law in 2012. Conference reasserts the damage that privatisation does, not just to healthcare services but also to those staff who find themselves working outside the NHS often on worse terms and conditions.

The ongoing campaign to ensure staff working for private contractors benefit from the most recent Agenda for Change pay increases is a classic case in point. Conference reiterates existing UNISON policy to continue resisting privatisation in all its forms, across the whole UK. Conference also congratulates the union on its many successful campaigns to fight privatisation at national, regional and branch level in recent years. Conference believes that this work can be strengthened further by recognising the power that UNISON's wider membership of more than 1.3 million people can wield.

Conference notes that under the current NHS market system patients may be sent to private providers for treatment without being given a meaningful say in such decisions or even realising that their care is being carried out by non-NHS providers.

Conference therefore calls on the Service Group Executive to work with the UNISON NEC to:

1. Continue resisting privatisation in all its forms;
2. Continue campaigning to ensure those employed by private contractors are not excluded from the benefits of NHS pay, terms and conditions; and
3. Work to raise awareness among the wider UNISON membership about the dynamics of privatisation and what role they can play in defending the NHS.

*Health Service Group Executive*

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### **48. Campaigning against the Private Finance Initiative (PFI) in the NHS**

Conference notes that the autumn 2019 report on PFI by the Institute for Public Policy Research (IPPR) was headlined "Hospital face "£80 billion bill due to toxic PFI Legacy". The report detailed that:

The health service faces a PFI "postcode lottery" as some trusts are faced to spend up to £1 in every £6 on PFI payments with worrying consequences for patient safety;

As a result, long term investment in buildings and lifesaving technology has been restricted with safety hazards, sewage leaks and falling ceilings now major risks at hospitals with £3billion of critical maintenance issues unresolved; increasing the risk of UNISON health members working in unsafe conditions.

In 2019, PFI schemes to fund capital spending will cost trusts £2.1 billion in repayments rising to more than £2.5bn in 2030, thereby diverting funds away from

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

patient services. In some cases, Health Trusts have to re-allocate long term capital funding/investment to patch up day to day running costs.

Conference calls on the Health Service Group Executive to:

1. Highlight these outrageous PFI repayments and how they are undermining the funding of the NHS;
2. Ask the National Executive Council and the Labour Link Committee to work with the HSGE to:
  - i) campaign for NHS PFI contracts to be scrapped;
  - ii) campaign for PFI debts to be written off;and
  - iii) to campaign for a change in the law to enable these measures if such a legal and/or technical requirement is needed.
3. To write to UNISON Branch Secretaries in PFI hospitals seeking information where PFI payments have resulted in understaffing, H&S issues, restructuring, staff levels/grading, redundancies in areas such as A&E, community nursing and surgeries.

***East Midlands Region***

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### **49. Privatisation of the NHS – in support of the One Team campaign**

The NHS Blood and Transplant (NHSBT) UNISON members' welcome the 'One Team Campaign' that highlights the privatisation, or out sourcing, of roles within the wider NHS.

UNISON members in the NHSBT recognise the importance of all roles in the NHS and the wider NHS community, including back office and clinical support, and that these have become increasingly at risk of private companies taking roles and jobs from our UNISON colleagues. In NHSBT we have had experience of the employer trying to outsource back office support infrastructure and clinical support. We believe that this area is vulnerable for attack.

The NHSBT is a multiple faceted organisation. Since the 2011 Government tripartite review of NHSBT, there has been pressure to outsource functions and roles or diminish roles within the NHSBT. UNISON NHSBT had faced down the closures of centres 2009 and were able to slow down the move to a three centre organisation. Unfortunately, we lost this battle in 2016 when all manufacturing was moved to three centres. This is when NHSBT lost the ability to say 'save a life give blood to help a friend, family or colleague' as now blood is being distributed from three centres in the North West, South West or the South East, leading to the increase in miles the blood has to travel.

In addition, we fought against the government led introduction of Shared Business Service (outsourced NHS pay role). In 2020, because of the inability to maintain

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

service level agreements, this service is now back in house. NHSBT have outsourced cleaning, portering, and catering to private organisations. NHSBT support and encourage the use of private companies to transport the NHS lifesaving products to hospitals. Their intention is to increase the use of a private organisation and to this end have instructed the Logistics Management Team and our Hospital services issues department to use these companies.

In 2019 it was the intention of the NHSBT management team to remove the choice of Annex E/5 and place Blue Light NHSBT drivers on call. The aim was to reduce significantly our member's ability to claim the Agenda for Change unsocial hours' payments. Further management stated in a meeting in 2019 that management advised that "the private provider was the preferred provider due to the reduced cost to the NHSBT and the wider NHS". The intention of the NHSBT was to train the staff from the private companies and for them to recruit 20 or more drivers to replace the 68 they were preparing to remove from the NHSBT. UNISON were instrumental in stopping this in 2019.

NHSBT UNISON members believe that the government has concentrated on outsourcing on what the general public does not see, including the back room services or clinical support services and this will destroy the NHS and the NHSBT before anybody realises how important these services are.

Conference we call on the Health Service Group Executive to: -

1. Campaign to stop the two tier system in our hospital's and the wider NHS, which is already struggling to maintain staff, or achieve safe staffing levels, because more people are opting to leave the NHS and the wider services because of these reoccurring pressures, stress and concerns which only impacts on the quality of patient care.
2. Promote and highlight the roles within the NHS that are invisible and the general public do not see as integral to a well-run health service.

***NHSBT Northern***

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### **50. Community Dental Care outsourcing**

Conference notes the increase in outsourcing of NHS services over the last 10 years. The use of NHS England as a commissioner of services has likewise increased.

In South Yorkshire one such outsourcing of Community Dental Services has led to the fragmentation of the service with unnecessary redundancy costs and, in turn, service pressures being increased in the acute sector including A&E services. This commissioning exercise led by NHS England was not consulted on in advance with the local communities affected and without any transparency with regard to oversight or scrutiny.

The service in central Doncaster was shut down for 2 months directly after the transfer of the service to the private provider and, after this, half the staff were made redundant; these costs paid for by the NHS not the contractor.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

Other staff were offered new roles with Dental Partners with reduced pay, terms and conditions and expected to travel to dental practises across the area with little or no notice as the service fragmented further.

Service delivery was changed with an emphasis on numbers of appointments rather than quality of service. All this could only be done by the private provider because of the weakness of the tendering process and contract. These changes resulted in a direct increase in referrals to A&E and onwards into acute services in the area so increasing rather than decreasing costs to the NHS.

Conference calls on the Service Group Executive to campaign for these commissioning exercises driven by privatisation dogma to cease, and organisations like NHS England are compelled to operate transparent and open scrutiny and oversight mechanisms and with full accountability to the populations within which such services operate.

***Yorkshire - Humberside Region***

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### **Negotiating and bargaining: Professional and occupational issues**

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#### **51. In a 'just culture' – are there second chances to work in the NHS?**

Conference welcomes the development of materials by NHS Improvement to help employers embed a 'just culture' where blame is replaced by learning and improvement. However, Conference also notes that changing cultures takes time and there are often setbacks before progress can be made.

Conference is concerned to note that employers introducing new additional requirements on candidates to disclose whether they have been subject to action by a professional body, whether they have been dismissed, or whether they have been subject to a police investigation could lead to workers effectively being 'blacklisted'. If someone is the best candidate for a job then spent sanctions and investigations that do not lead to conviction or the loss of registration by a professional body should not bar them from being appointed. Workers should be given the opportunity to continue a career in the NHS if past issues have been addressed.

Conference therefore calls on the SGE to raise this concern with the other Staff Side unions and seek to establish a consensus before negotiating a national policy and better guidance on recruitment and 'just culture' so that workers are not prevented from working again in the NHS where there is no professional body sanction outstanding or no criminal conviction.

***Central & North West London Mental Health Trust***

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#### **52. Health and Care Professions Council fees campaign**

Conference congratulates the Health Group on its campaign against the proposed fee rise by the Health and Care Professions Council (HCPC).

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

The HCPC consulted on a shocking 18% fee increase which would have meant HCPC fees had increased by 40% since 2014.

UNISON surveyed our HCPC-registered members and 99% disagreed with the fee increase and many said that they felt they got nothing from the HCPC in return for their fees. What's more, 90% of respondents to the HCPC's consultation itself disagreed with the fee increase.

UNISON's campaign included a full briefing for all MPs about why we thought it was excessive and unfair; a letter signed by 47 MPs and peers to the HCPC asking them to reconsider; an early day motion denouncing the fee increase; a Westminster Hall Debate including another full briefing for MPs attending the debate; a briefing to all MSPs, particularly the Health and Sport committee. This last action resulted in the Cabinet Secretary for Health and Sport in Scotland telling the HCPC that she could not support the legislation necessary to bring forward the increase.

Conference welcomes moves by the HCPC to revisit their consultation and change the proposed fee increase. We also welcome the initial moves by the HCPC to make itself more open and to engage better with registrants. Conference notes that the Nursing and Midwifery Council argues strongly for nurses to be provided with funded, allocated time for their CPD for revalidation. Conference notes that the HCPC has not been as supportive of its own registrants.

Conference therefore calls on the SGE to:

1. Press the HCPC to continue with moves to create a more open and engaged culture;
2. Press the HCPC to continue to improve engagement with registrants and to improve its processes so that procedures such as fitness to practice can be dealt with more swiftly and without the overly lengthy delays which can cause severe stress for registrants; and
3. Work with the HCPC to make sure they stress the importance of funded, allocated CPD time for all registrants.

### ***Science, Therapy and Technical Occupational Group***

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#### **53. A living bursary for healthcare students**

Conference notes that according to the Universities and Colleges Admissions Services (UCAS), student nurse and midwifery applications have fallen by 13,000 since the removal of the student bursary in 2016.

NHS workers are already under increasing pressure due to the large number of vacancies for healthcare workers across the NHS.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

The replacement of bursaries with student loans means that nurses and healthcare professionals will be saddled with long-term debt. This will put potentially insurmountable barriers in the path of working class students and those with caring responsibilities.

Conference believes that the decline in applications must be reversed in order to address the staffing crisis in the NHS. Conference welcomes UNISON's campaign against the replacement of bursaries with loans, and calls for continued campaigning on this issue. Furthermore, conference believes that bursaries for healthcare students must be provided at a rate which affords a decent living standard.

Conference calls on the Health Service Group Executive to:

1. Continue to campaign for a living bursary for all healthcare students;
2. Work with the National Young Members Forum to campaign on this issue, and to promote UNISON membership to healthcare students;
3. Work with the NUS and other organisations as appropriate to campaign on this issue;
4. Continue to campaign against cuts to NHS funding, and for improved pay and conditions for all NHS workers.

### ***National Young Members' Forum***

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#### **54. Reducing restrictive practices in mental health and learning disability care**

A decade or more of austerity policies have seriously impacted upon the levels of mental distress in society and the resources available for mental health and learning disability care. Despite a welcome policy commitment to community care and reform of the Mental Health Act to suit this, levels of compulsion and coercion have actually increased year on year since 2007.

The Conservative Government's failures to manage the health and social care workforce and their disastrous decision to scrap the student nurse bursary have resulted in falling numbers of mental health and learning disability nurses joining the register whilst demand for these skills grows.

The latest report by the CQC on the state of health and social care highlights that people are being detained in mental health services because they didn't receive help early enough. The situation in inpatient care for people with learning disabilities is described as 'unacceptable' and it warns that people with learning disabilities and autism are both at risk of being un-necessarily hospitalised and segregated, and being placed in overly restrictive environments. A lack of specialised staff is highlighted a key factor in this.

Associated with this are intolerable levels of conflict on mental health and learning disability wards which often necessitate the use of various restrictive practices, including physical restraint. This state of affairs can result in physical and emotional



## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

injury for staff and service users. High levels of conflict, violence and aggression are bad for both groups.

A number of initiatives have been developed in an attempt to minimise use of restrictive practices. One of these at Tryweryn Ward, Betsi Cadwaladr has recently won the 2019 Nursing Times Team of the Year Award sponsored by UNISON. These approaches result in better working environments for our staff, more peaceful relationships with service users and greater job satisfaction. Hence, both the mental health and learning disability workforce and people who use these services have a shared interest in reducing levels of conflict in their services. We must, however, recognise that the politics of austerity that feed high levels of conflict also obstruct attempts to resolve it. This is most obviously related to insufficient resourcing of safe staffing levels, but also the underfunding of supportive training and poor built environments all play a part.

Conference calls on the SGE to:

1. campaign alongside other organisations and service user groups for more investment in the reduction of restrictive practices;
- 2 promote and share good practice across the NHS to reduce the use of restraint and improve staff wellbeing;
- 3 campaign for investment for staff to have the time for such initiatives;
4. continue to highlight the damaging effects of the withdrawal of health student financial support on services and to continue campaigning for the introduction of living bursaries.

### ***Nursing and Midwifery Occupational Group***

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#### **55. Value our Patient Transport Service (PTS)**

Far from being a glorified taxi service, for many patients PTS provides the only means of attending appointments or getting home from hospital. Our PTS members are required to risk assess, understand the intricacies of patient's mobility needs and provide vital basic care and assistance. PTS staff can be the decisive factor in whether a patient attends a medical appointment. Transporting patients to the right setting in this way is a vital part of the ambulance sector service.

The demands being placed on PTS as a result of funding pressures nationally and locally are continuing to increase. The expectations of our PTS members are growing as a result. However, there remains a reluctance amongst employers to recognise and value the importance of the contribution of PTS to the ambulance service, and a resistance to accept that the services are an integral part of the healthcare system.

More and more is being expected of PTS, but they are feeling less valued and rewarded.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

At the same time, increasing numbers of Clinical Commissioning Groups across the country are awarding PTS contracts to the private sector and this is resulting in the fragmentation on the NHS. Where PTS remains in-house, the threat of outsourcing means that Trusts are cutting costs in ways that often impact staff pay, to avoid outsourcing.

Conference calls on the Health Service Group Executive to:

1. Work with branches and regions to campaign for PTS and the important work they do to be valued by employers and the public;
2. Work with branches and regions to measure the impacts where PTS has been outsourced;
3. Work with NHS employers to reinforce the value of PTS and the benefits of keeping PTS in-house;
4. Support the North East Ambulance Branch in opposing the privatisation of PTS and the resulting fragmentation of the NHS;
5. Ensure PTS are included in health service materials and resources for recruitment and organising.

***North East Ambulance***

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### **56. Transforming the perceptions of nursing and midwifery**

Government policy makers are showing increasing interest in the public image of nursing and midwifery and how it influences the decision to take up a career in nursing. 2020 is the WHO 'Year of the Nurse and Midwife' and also the culmination of the three year 'Nursing Now' campaign to improve health by raising the status of nursing and midwifery worldwide. Subsequently, various efforts have gathered pace collecting ideas and stories that can be used to help improve perceptions of nursing and midwifery.

To some extent, this work takes place against a backdrop of damage to the public image of nursing, associated with scandals such as Mid Staffs, Winterbourne View and Whorlton Hall. Some commentators have argued that the public have lost confidence in nurses, even to the point of suggesting that nursing has lost its way. Perhaps more insidiously, there is a lower-grade threat to the perception of nursing, as the public faces denuded quality of care and less time available with caring nurses and midwives because of austerity driven cuts to services and staffing levels.

Overlain on this is a substantial workforce crisis, with huge numbers of vacant nursing and midwifery posts and training universities struggling to educate the next generation of practitioners in sufficient numbers to make up the shortfall. Struggling against this are nurses and midwives in trade unions who embrace a progressive critique of the context and circumstances driving the threats to quality of care.

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

Furthermore, despite the efforts of initiatives such as the 'perceptions' programme, media representations of nurses are often denigrating, demeaning or undermining of professional esteem.

UNISON is proud to represent members working across the entire health and social care service, including a great many members in the nursing and midwifery family who make an outstanding contribution to the health of the nation. Conference recognises that valuing and respecting the contributions that nurses and midwives can make to national and global health policy will be integral to efforts to achieve universal health coverage.

Conference calls on the SGE to campaign to support and extend a positive and progressive image of nursing and midwifery such that public perceptions improve by;

1. Contributing to the appraisal of the positive contribution and impact of nursing and midwives on standards of care and patient outcomes;
2. Promoting the esteem in which the public hold nurses and midwives by challenging unhelpful or derogatory representations of nurses and midwives as and when they arise;
3. Articulating a positive and progressive nursing and midwifery identity and communicating this in the output of the union, particularly the work of the Nursing and Midwifery Occupational Group;
4. Promoting work and research that demonstrates the positive impact of nurses and midwives on health and health policy;
5. Working to demonstrate that such a positive professional identity should helpfully embrace radical ideas, trade union activism and effective alliances with other interested social movements.

### ***Nursing and Midwifery Occupational Group***

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#### **57. Supporting the correct use of job titles**

With increasing frequency in health care, there is incorrect use of job titles being used by staff and those who work in the media who have a reach and influence that should be used in an informed and responsible manner. Some of the terms used are at best clumsy and inaccurate, at worst, insulting and derogatory to those staff working in the roles that are being misidentified and impacts negatively on public perception of many roles within health care.

A recent example of this was in a major health care publication referring to health care assistants as unqualified staff. This language is disrespectful to every single member of staff who perform this vital role as all are required to be qualified to perform it. This is just one instance of many examples that we encounter every day at work.

Conference calls on the Service Group Executive to:

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

1. Release a statement in U magazine highlighting this issue
2. Compose a fact sheet to help our stewards challenge this issue
3. Include the support of correct job titles in UNISON's one team campaign

### *Nursing and Midwifery Occupational Group*

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#### **58. Setting standards for NHS Managers**

Conference notes that across the NHS there are a variety of codes of conduct/practice relating to senior managers' accountability for their services.

Conference believes that such codes should be a tool to promote positive workplace cultures and that managers should also be held to account for the way they manage and support their staff.

Conference calls on the Health Service Group Executive to initiate conversations within the relevant policy bodies with a view to:

1. refreshing, updating or introducing codes of conduct for managers;
2. creating enforcement mechanisms for the codes which are transparent and accessible to staff.

### *West Midlands Region*

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#### **59. Support for overseas nurses**

The NHS has a staffing crisis. In England alone there are now more than 43,000 unfilled nurse vacancies with many more in Scotland, Cymru/Wales and Northern Ireland. Since the EU referendum many fewer nurses from the European Economic Area are joining the UK nursing register.

Nursing remains on the UK shortage occupation list. To fill these shortages NHS organisations are recruiting from overseas in bigger numbers than ever before. 6,157 nurses and midwives from outside the EU joined the nursing register last year, more than double the year before. The current Interim NHS People Plan recognises we need to 'increase international recruitment in the short to medium term' so this trend is likely to continue.

These overseas nurses are joining an existing NHS workforce that is overstretched, placing them in a vulnerable position. They also face particular difficulties as they enter the workforce, including racism, exploitation, and challenges adapting to the UK clinical context. In addition, they are required to pay additional charges – such as the ever increasing Health Surcharge – in order to be able to access the very services they help deliver. Their difficulties are not assessed at regular intervals, nor properly understood outside formal procedures such as disciplinary and capability processes.

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

UNISON has a large and diverse membership amongst nurses from overseas including many stewards and activists. As well as supporting nurses at local level, our union has been a vocal force at a national level; challenging racism, tackling employment agencies that have exploited nurses from overseas, and lobbying organisations and regulators to treat overseas nurses fairly.

But in order to effectively advise, nurture, recruit and retain overseas nurses and promote the valuable diversity, knowledge, training and experience they bring into the NHS, conference calls on the SGE to:

1. Lobby government and regulatory bodies to improve their support for overseas nurses;
2. Provide materials and resources to branches and regions to help them recruit and organise amongst this group;
3. Research the spread of overseas nurse recruitment around the UK along with gathering information about the experiences of overseas nurses;
4. Continue to campaign against racism in the health service;
5. Organise an event or events to bring overseas nurses together to discuss issues facing this group and to promote activism;
6. Continue and increase our campaigning and lobbying efforts against the Health Surcharge.

### *Nursing and Midwifery Occupational Group*

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#### **Campaign for a greener NHS**

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##### **60. Carbon neutral NHS**

Conference notes the extent of the climate crisis and recognises the urgent need for society to take action to protect the environment before it is too late.

Conference notes that in 2019 the UK became the first major economy in the world to pass laws committing it to bring all greenhouse gas emissions to net zero by 2050. Scotland had already committed to reducing emissions to net zero by 2045, while Wales has a target to cut emissions by 95% by 2050 but wants to go further and also reach net zero.

Conference further notes that other UK political parties have championed bringing the 2050 date forward to either 2045 or 2030.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

Conference is aware that the NHS currently accounts for around 5% of all UK greenhouse gas emissions – not far behind that generated by the airline industry – so will find itself a major focal point for improvements in the years to come.

Conference agrees that the NHS must play its part in working to reduce environmental degradation and there are some easy wins that would also directly benefit staff and patients – such as clamping down on inappropriate out of area placements in mental health, which can mean patients having to travel hundreds of miles by car. However, Conference also notes the potential for such laudable aims to conflict with other priorities for the NHS and the terms and conditions of its staff.

For example, Conference notes the established UNISON policy of campaigning for free car parking as a way of improving members' living standards and reducing the financial burden on patients. Conference is also acutely aware of the scale of work that is required by the NHS to reach carbon reduction targets, which would necessitate the replacement of most of the NHS's existing boilers along with much other equipment and even entire buildings.

This situation is worsened by the fact that capital spending has been cut by 7% in real terms since 2010 as capital budgets have been raided to cover the day-to-day running costs of the NHS, meaning that there is already a substantial maintenance backlog and much of the NHS estate is in poor condition.

Conference is concerned that the financial implications of reaching net zero could be used by a future government as a reason to deny spending money on other essentials such as staff pay rises.

Conference therefore calls on the Service Group Executive to:

1. undertake a scoping exercise to ascertain the likely costs to the NHS of achieving carbon reduction targets;
2. use this information to strengthen the union's campaigning work for improved NHS funding, including the necessary investment in NHS buildings, equipment and infrastructure;
3. collate good practice on the green travel policy element of UNISON's car parking charter
4. ensure net zero commitments are not delivered at the expense of NHS services or staff terms and conditions.

***Northern Region***

# 2020 Health Care Service Group Conference

## UNISON PRELIMINARY AGENDA

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### Post-election strategy for the NHS

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#### **61. Health and the new Westminster government**

Conference notes the outcome of the December 2019 general election.

Conference calls on the SGE to develop a strategy for responding to the agenda of the new Westminster government.

*Health Service Group Executive*

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### Health Conference organisation

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#### **62. Focus Groups – a vital part of conference**

Conference notes the overwhelming support for continuing with our two and a half day Conference when debating the Scottish Health Committee's review of Conference motion last year.

We have taken on board the strong feelings that the focus groups were an integral part of Conference and that delegates demanded that they should remain.

To that end we ask that the SGE make attendance at the focus groups mandatory for delegates. This would ensure that the wishes of the 2019 Conference delegates are not only listened to but enshrined within HSGE Conference policy for years.

*Scotland Region*

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### Partnership working

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#### **63. Partnership Working**

This conference reaffirms its commitment to support partnership working between trade unions and employers at all levels (national, regional, system and organisational).

This is especially important in the present context : A published interim people plan. An upcoming full people plan (delayed of course by Brexit and the Election!). This potentially involves large scale cultural change and puts transformation of the workforce and the development of a “new offer” for all NHS staff at its heart (in an attempt to address the staffing crisis which threatens to destroy the vision of the NHS long term).

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

Conference recognises that the benefits partnership working can deliver for our staff can only be realised when that partnership is meaningful and robust. Furthermore, for our members to benefit we need UNISON involvement at the heart of this.

As such conference instructs the Service Group Executive to consider how it might gauge/assess the health of partnership working (at all these levels) from the perspective of UNISON involvement (for example utilising surveys, regional health committees, social partnership forum members etc) with the aim of monitoring our influence at this important junction and report to next year's conference with any recommendations.

***South West Region***



## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

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### Motions Ruled Out of Order

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**The following motions were ruled out of order because they were considered to be issues for National Delegate Conference rather than Health Group Conference:**

#### **Motion Campaigning against Toxic NHS PFI Legacy** *(SOC 0009 submitted by NHS Logistics)*

The respected think-tank (Institute for Public Policy Research (IPPR) in Autumn 2019 produced a headline “Hospital face “£80 bn bill due to toxic PFI Legacy” with a report detailing:-

The health service faces a PFI “postcode lottery” as some trusts are faced to spend up to £1 in every £6 on PFI payments with worrying consequences for patient safety. As a result, long term investment in buildings and life saving technology has been restricted with safety hazards, sewage leaks and falling ceilings now major risks at hospitals.

In 2019 – PFI schemes to fund capital spending will cost trusts £2.1 bn in repayments this year rising to more than £2.5bn in 2030, thereby diverting funds away from patient services. In some cases, health trusts have to re-allocate long term capital funding/investments to patch up day to day running costs. The IPPR said there are £3bn of critical maintenance issues unresolved, including fire hazards, sewage leaks and falling ceilings

Even at NHSSC depots, spending on building maintenance etc has been kept to a minimum during the last 9 years of Tory Government, with several of the depots now having to undergo extensive serious maintenance programmes to bring in line with H&S legalisation.

Conference call on the Health Group Service Group Executive to:

- 1 To highlight these gross PFI repayments /percentages and how they are crippling the funding of the NHS.
- 2 To campaign for these excessive profits currently being paid to PFI consortia to be returned to the NHS.

#### **Motion Campaigning against the Private Finance Initiative (PFI) in the NHS** *SOC 0013 submitted by South Derbyshire Healthcare)*

Conference notes that the autumn 2019 report on PFI by the Institute for Public Policy Research (IPPR) was headlined “Hospital face “£80 billion bill due to toxic PFI Legacy”.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

The report detailed that: The health service faces a PFI “postcode lottery” as some trusts are faced to spend up to £1 in every £6 on PFI payments with worrying consequences for patient safety; As a result, long term investment in buildings and lifesaving technology has been restricted with safety hazards, sewage leaks and falling ceilings now major risks at hospitals with £3billion of critical maintenance issues unresolved.

In 2019, PFI schemes to fund capital spending will cost trusts £2.1 billion in repayments rising to more than £2.5bn in 2030, thereby diverting funds away from patient services. In some cases, Health Trusts have to re-allocate long term capital funding/investment to patch up day to day running costs.

Conference calls on the Health Group Service Group Executive (HSGE) to:

- 1 Highlight these outrageous PFI repayments and how they are undermining the funding of the NHS;
- 2 Ask the National Executive Council Campaign and the Labour Link Committee to work with the HSGE to:
  - i) campaign for NHS PFI contracts to be scrapped;
  - ii) campaign for PFI debts to be written offand
  - iii) to campaign for a change in the law to enable these measures if such a legal and/or technical requirement is needed.

### **Mental Health Services in England**

*(SOC 0048 submitted by Yorkshire and Humberside Region)*

Conference deplores the continued underfunding and cuts to Mental Health Services in England. Over the last 10 years of austerity this process has accelerated with the budget pressures forced on Local Authorities and the NHS.

In Sheffield mental health workers have fought back against these cuts and a disastrous reconfiguration of the service in 2017 which has led to an exodus of experienced staff due to work related stress which has resulted in record numbers of staff being off work.

On their return they find that huge waiting lists remain and many vulnerable service users and their families are still not getting the service they deserve which only adds to their own stress levels.

The members in Sheffield had a huge yes vote for strike action in a recent Industrial Action ballot and are demanding the reconfiguration is abandoned and a properly funded service put in its place. Conference supports all mental health staff in their efforts to oppose these cuts across the country.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

Conference calls on the Health Care Service Group Executive to demand that the government ensure Mental Health Services are guaranteed ring fenced percentage funding from the NHS budget and a return to pre 2010 funding of Local Authorities in order to reverse what is a crisis in mental health care services.

### **Motion Decriminalisation for Health**

*(SOC 0066 submitted by West London NHS)*

Conference recognises as the largest Union for public service health workers we have a responsibility to call for what is in the public health interests of the people we serve or care for. This includes being involved in Unison policy around sex work. Conference notes that UNISON's current policy on sex work, adopted in 2010 on the basis of a motion from UNISON National Women's Conference, is to support proposals which decriminalise the selling of sex acts while introducing a "sex buyers law" criminalising those who purchase sex acts.

However conference further notes that UNISON National LGBT Conference takes a different view, based on motions to their conference which:

Recognise that criminalisation of any kind, including of buyers, increases the risks for sex workers and hinders the global fight against HIV and AIDS;

- 1) Oppose the introduction of a sex buyers law;
- 2) Reflect the view that sex workers are workers, who should have the same rights and protections as workers in other industries.

Conference acknowledges that there have been significant developments since UNISON agreed its policy in 2010 including:

- a) Amnesty's 2016 publication of its policy on sex workers, which includes advocating for the decriminalisation of all aspects of consensual adult sex work;
- b) Full decriminalisation is also supported by many other organisations including the World Health Organisation, the Global Alliance Against Traffic in Women, and by sex workers organisations;
- c) The rejection by 2018 UNISON National Women's Conference of a motion "Nordic Model Now!?" which called for women's conference to affirm its policy of supporting the Nordic Model, a legal model based on decriminalising the selling of sex acts while introducing a "sex buyers law".
- d) The Royal College of Nursing 2019 conference decision to support a policy of full decriminalisation in order to safeguard sex workers, improve their health and reduce the impact of HIV/AIDS
- e) A 2018 study by aid agency Medecins du Monde, found that the law in Sweden- which make it illegal to buy sex, but not to sell the use of one's own body for such services- had a detrimental effect on sex workers' safety, health and overall living conditions.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

Conference further notes New Zealand decriminalised sex work in 2003. The legislation recognises sex work as work, and it is therefore covered by employment law. Sex workers have the legal right to refuse any client for any reason at any point – the law treats sex workers consent as crucial and trafficking remains illegal.

The “New Zealand model” has been praised by women’s rights organisations, human rights organisations, and international bodies such as the World Health Organisation, as the best legal approach to protect the safety, rights, and health, of people who sell sex.

Conference recognises that decriminalisation is not about “encouraging” sex work – it’s about the safety and health of all people who sell sex. Conference also recognises that as a trade union we should be listening to the workers – to sex workers – and should not be calling for laws that put sex workers, health and safety at greater risk.

Conference therefore calls on the Health Service Group Executive to:

- 1) Begin a dialogue with the NEC the National Women’s Committee, the National LGBT+ Committee, and other appropriate bodies within the union with a view to reviewing and advancing UNISON policy in support of full decriminalisation

### **UNISON members will resist a Trump trade off** *(SOC 0068 submitted by UNISON Northern Ireland)*

Conference notes with alarm, The Tory party intentions to enter into US trade agreements that include a detrimental impact on the NHS.

While Health Services in Northern Ireland are devolved, any such agreements would undoubtedly threaten the very existence of our public health service.

Conference notes that UNISON members in Northern Ireland will strongly resist any developments that privatises or removes Nye Bevan’s vision that health should be from the cradle to the grave and free at the point of need.

Conference calls on the Service Group Executive to build a whole UNISON campaign of opposition to detrimental trade deals which will weaken or sell off the NHS.

### **Democratising and renationalising the NHS** *(SOC 0072 submitted by Mid Yorkshire Health)*

The 2019 General election campaign has highlighted the gulf between Tory and Labour party visions for the NHS.

While the Tory’s refused to exclude the NHS from any future trade deal with Donald Trump and US ‘Big Pharma/Insurance companies’ the Labour Party is committed to the reinstating the NHS and renationalising existing privatised services.

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

The debate also raised the issue of not just what kind of NHS we want but how it is organised and made accountable to the wishes of local communities.

Conference believes the neo liberal, top down meritocratic centralised systems introduced in 1992 with the introduction of the internal market and corporate management structures has failed miserably. The never-ending organisational changes, always introduced with the intention of opening up the NHS to further competition and private sector involvement have resulted in fractured services competing against each other rather than in cooperating together for the benefit those who rely on the Health Service.

The latest Tory reorganisation of NHS and Local Government services under the umbrella of Accountable Care Organisations are accountable to no one and will sit beyond scrutiny by the local communities they serve. They are ripe for privatisation and potential rich pickings for the big business interests the Tory party represents.

Conference therefore resolves to take forward our vision for the NHS of the future. To roll back the failed policies of corporatisation, commercialisation and privatisation and replace it with a democratically accountable NHS based on cooperation, workers democracy and public ownership.

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**The following motions were ruled out of order because they are not sufficiently clear:**

### **Motion Health pay considerations 21/22**

*(SOC 0003 submitted by Bucks Healthcare and Community)*

This branch notes local govt have recently put in a pay offer for 1920/21 of £10/ hr or 10 per cent alongside a reduction in hours to 35 hrs per week.

This branch believes that for parity Health workers and the SGeE should consider this proposal for 21/22.

This branch requests conference support of a pay demand for 2021/22 of £10 an hour or 10 per cent whichever is greater and that included in the motion the issue of a shorter working week, eg 35 hours, in line with Unison and TUC policy.

### **Motion re-opening multi year pay deals in future**

*(SOC 0004 submitted by Bucks Healthcare and Community)*

This branch notes that during the recent 3 year health pay deal that it was not able to be re-opened easily. Thus members at the top of their band received wage rises below the rate of inflation and below the average wage rises achieved by other workers (3.2 per cent). This resulted in experienced health workers having real term pay cuts once again.

To ensure that this does not occur again in multi year deals over two years this branch requests that conference and the sge support

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

- 1) we only agree to three year pay deals if there are significant gains for all our health members in all three years
- 2) that in multi year pay deals over three years that the final year is to be discussed at the conference before the final year to decide whether or not to request that it be re-opened, should members increases be below the average wage inflation/inflation. Thus any final year should build in a re-opening clause before being accepted to allow this to happen.

### **Motion in relation to industrial action taken by other hospital staff in the private sector**

*(SOC 0020 submitted by Bucks Healthcare and Community)*

This branch notes that the amount of the NHS budget going to private healthcare firms has reached this is unprecedented levels in NHS history. Since 2014 the sum has seen an increase of 14% rising from £8.1bn that went to profit-driven healthcare companies, to more than £8.77bn in 2017-18.

This branch recognises that some of these private companies e.g. Sodexo and Compass are contracted to run hotel services for many different NHS trusts. These large multi-nationals run many through PFI contracts and run services employing some of the lowest paid staff in the NHS, if the staff are on NHS term and conditions. However, many staff are not on A4C and are paid just the minimum wage with only statutory employment rights. Alongside this we also see the use of zero-hour contracts. Historically many of this staff group were directly employed by the NHS with NHS pay and terms and conditions. The introduction of these private companies into the NHS, has led to the erosion of pay and terms and conditions for many of the people and staff we work alongside and who are part of the NHS staff team.

This branch feels that our colleagues working for these companies are being exploited to boost the profits that these companies make, with for example Sodexo making £997 million pounds in profit last year. This branch recognises that the three year pay deal has had enormous benefits for our lowest paid staff who remain working on NHS staff terms and conditions with the abolition of band 1. This pay deal has led to the widening of the gap between those directly employed and those staff who are contracted out which could mean staff undertaking the same roles seeing a pay difference of up to £3500

This branch welcomes Unisons recognition of these inequalities and the campaign to get all staff who are working for these private companies, and who are employed on minimum pay and conditions to be given the same pay as those on AFC. This campaign amongst our private sector colleagues has been gaining momentum and unison has won same pay and conditions for this staff group in four NHS trusts who are managed by Sodexo, which we all welcome. This struggle from the workers has in some cases resulted in them taking strike action.

This branch notes that with each successful outcome it puts pressure on the contracts they have in other areas and that the companies will become more and more reluctant to pay up as it will hit their profits, as their profits are built upon the fact that they pay minimum wage to their staff. We have seen this in Bucks and

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

elsewhere, as when strike action has been called by a group of workers in other unions, working for the same company, the company has bussed in company staff from other contracts, offering time and half, £35 expenses and overnight accommodation, to try to break the strike. Staff are not informed that they are going to be used to undermine and break the strike.

Our branch when we heard of this immediately distributed leaflet to sodexo workers, sent emails to them and contacted the chief executive of the trust to inform them that Sodexo was taking staff from the trust to another trust which may have an impact upon the performance within the trust that the staff they were taking were employed for. We highlighted that this would undermine the campaign that we were running to get NHS terms and conditions and that staff could refuse to undertake this work. We pointed out that it was in Sodexos interests to keep workers pay low so as to encourage staff to work for them when they offered time and a half to a low paid workforce. We also pointed out that they were desperate if they needed to rely on other workers from outside London to this. As a result of this immediate intervention very few staff participated, and it raised the profile of our campaign and highlighted that it was in Sodexos interest to keep people on low pay.

Our branch believes that if Sodexo can afford to pay time and a half to break a strike, they can afford to pay their staff NHS terms and conditions and we will be using this in all our materials in future. We also believe that Unison responded quickly to this development. This branch recognises that solidarity is an important part of trade unionism and we were proud that Unison was able to respond quickly once we were aware of the strike action taking place by another union.

Thus, our branch asks conference and the sge to support the following measures if similar occurrences happen in future:

- 1) Through the SGE and health officers' branches who have staff in private sector companies are made aware of strike action being undertaken by other unions in the company when known, to ensure that Unison branches can talk to their members as soon as possible and to encourage them not to fall for company promises.
- 2) The SGE produce a standard leaflet for members who are being encouraged to work outside of their trust, highlighting that it is in the private companies interests in keeping wages low and that if they can afford to pay higher wages to undermine industrial action why cant they pay their staff NHS terms and conditions.
- 3) The SGE provide a standard letter branches could send to the chief executive of the Trust for staff being asked to work outside of the trust, highlighting the possible impact that this may have on the contract this company has with them if they are taking staff away from their place of work, alongside all the other potential consequences that there might be ie providing agency cover for those staff who have gone.
- 4) The SGE to work with Labour link to highlight these practices of private companies in the NHS.

## 2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA

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**The following motion was ruled out of order because it was considered to be an issue for the Local Government Service Group Conference rather than the Health Group Conference:**

### **Free care for all ages and appropriate remuneration to attract staff** *(SOC 0019 submitted by Bucks Healthcare and Community)*

This branch recognises the crisis in social care and the difficult conditions that our members are working in to provide care to individuals with complex health and social care needs.

Tens of thousands of people have died waiting for a care package to be put in place and it is estimated that there are over a million people in the UK with an unmet care need.

While we welcome the commitments to free care for those over 65 years of age, we believe that care should be free to all regardless of age. Around 50% of people needing care are under 50 years of age, following an accident, illness or disability. Care workers are aware of the anxiety caused to people having to pay for their care if their total assets are over £14,000 including any equity in their property, savings and their pension fund.

Councils are under pressure to drive down care costs and NHS continuing Healthcare funding is difficult to obtain despite people having high health needs. Many of the organisations that provide care services are charities, housing associations or not for profit providers.

Care workers are working in a highly pressured environment which is understaffed and underfunded. Often care homes have vacancy rates of over 75%.

Care workers are usually paid around the minimum wage with only minimum statutory employment entitlements. Most care workers do not receive enhanced rates for unsocial hours, weekends or night shifts. This undoubtedly has an affect on the recruitment and retention of staff within this sector and encourages the growth of agency work in this area

This branch recognises that the responsibilities of Care workers are underestimated, and these responsibilities often increase during unsocial hours due to the increase in lone working and support being provided by one On-call manager who may cover many counties and hundreds of people needing care.

This branch believes that free care for all is a principal that the NHS and Social care was founded on and that this is slowly being whittled away. We believe that staff supporting clients with continuing health and social care needs working in the 3rd and private sector require similar terms and conditions to those in the health sector, recognising their hard work and dedication.



## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

We ask conference to support and ask the Health SGE to work alongside Labour link and other trade unions to develop:

1. A union campaign for all health and social care workers to be entitled to unsocial hours payments and terms and conditions that reflect the work that they undertake.
2. To highlight that care is currently not free for all and to campaign for care to be free to all who need it, regardless of age.
3. To identify how care can be funded nationally through central government, to reduce the inequalities in care services and prevent post code lotteries.

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**The following motion was ruled out of order because it conflicts with Rule K:**

### **Campaigning for all NHS Health Temporary Agency Workers (TWA) to receive pay parity across the NHS.**

*(SOC 0010 submitted by NHS Logistics)*

One of the changes as part of the Government's Great Work plan is for the "Swedish derogation" within the Agency Worker Regulation 2010 to be abolished in April 2010

In NHS Supply Chain over the last 12 years. Agency workers have now reached around 25% of the Operational workforce with many employed through agencies under Regulation 10 of the Agency Workers Regulations (AWR).

The TWA gives over the right to pay parity with comparable permanent staff in return for a guarantee to receive a certain amount of pay, when they have gaps between assignments.

It is estimated, according to the Government figures 10% of Agency workers in the UK, are in Swedish derogation contracts. No doubt across the NHS there are many Trade Unions members, with these contracts.

The agency works (Amended) Regulations will come into force on 6th April 2020 and will remove the Swedish derogations provisions set in Regulations 10 and 11 of the AWR from that date.

Conference, this means all agency workers will be entitled to pay parity as direct employees, once agency workers have undertaken the same role with the same employer for 12 continuous calendar weeks.

This includes any sum payable in connection with the agency worker's employment, i.e continuous payment, holiday pay, overtime, shift allowance and unsociable pay, pension contributions and redundancy pay.

( it does not include bonuses which are no directly attributable to the output or quality by a worker and which are given to a worker for a reason other than their personal

## **2020 Health Care Service Group Conference UNISON PRELIMINARY AGENDA**

output, such as to encourage the worker's loyalty or to reward their long-term service).

By now later than 30th April 2020, TWA's must provide workers, whose existing contracts contain a Swedish derogation with a written statement telling them with effect from 6th April 2020, those provisions no longer apply. Agency workers across the NHS can bring a claim in the Employment Tribunal, where their TWA fails to provide the statement in time. These NHS Agency workers can asserting their rights under these new regulations will be protected from detriment and unfair dismissal.

Conference Calls on the Health Service Group Executive.

- 1 To produce organising material covering the changes of legalisation, where branches have Unison Health members under a TWA agreement.
- 2 If after 30th April 2020, Unison Health members with a TWA contract have not received a written statement from their agency informing the member from 6th April 2020, the Swedish derogation provisions no longer apply. Where Unison is advised by members, as a matter of urgency to approach NHS Bodies who the TWA operate within, that legal options will be seriously considered in line with Agency Workers (Amendments) Regulations 2019 against the appropriate bodies.
- 3 To campaign for all NHS workers to be received pay parity, therefore encouraging all NHS employers to take on more permanent employees, so providing some greater level of certainty and security to those NHS employees.
- 4 To campaign for our Unison Health members affected by these regulation changes, that zero hours contracts are not a viable option

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