



**2022 Health Care
Service Group
Annual Conference**

Preliminary Agenda

**25 - 27 April 2022
ACC Liverpool**

**2022 Health Care Service Group Conference
UNISON PRELIMINARY AGENDA**

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

1. NHS pay outcomes for 2022-23: conduct of member consultations across the UK

Conference underlines the critical importance of delivering 2022-23 pay outcomes for health workers across the UK that meet the aspirations of our members and the needs of the service.

Conference re-affirms the respective responsibilities of the Health Service Group Executive (HSGE) and the relevant Regional Health Committees (RHCs) in the devolved administrations to ensure that members are fully mobilised in the union's fight for better pay; and fully engaged in decision-making on how the union responds to pay outcomes.

Conference therefore calls on:

1. The Health Service Group Executive to oversee the process of member consultation on outcomes in all four parts of the UK;
2. The Health Service Group Executive to manage the digital consultation of members in England in response to the outcome of the Pay Review Body round for 2022-23 and make preparations to move to formal industrial action processes if that is what members want to do;
3. Regional Health Committees in Scotland, Cymru/Wales and Northern Ireland to manage the consultation of members in response to the outcome of relevant pay processes;
4. The Health Service Group Executive and Regional Health Committees to work through joint union structures to align timetables where appropriate;
5. The Health Service Group Executive to ensure this work is aligned with outcomes from the 2021 Special Health Conference relating to the outsourced workforce in the NHS.

Health Service Group Executive

2. Time for a 35-hour working week

Conference believes as we gradually begin to recover from the Covid 19 Pandemic there is no better time to consider a 35-hour working week for the benefit of our members.

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Conference considers it is time to work towards fulfilling the promises made under the original Agenda for Change scheme. Conference recognises that many of our members are considered the “Working poor”, overworked, underpaid, and very often struggling to make ends meet.

Conference Notes:

- The rise in the cost of living,
- The increase in National Insurance payments,
- The effects of Brexit are being felt across the union.

Conference calls on the Service Group Executive to prepare a case for introduction 35-hour week with no reduction in pay.

This should include the arguments that this would:

- Lead to a better work life balance.
- More time would be spent with family and children.
- Reduce childcare costs.
- Facilitate more flexible work schedule.
- Raise hourly rates on AFC pay bands.

UNISON Northern Ireland

3. Getting organised on flexible working and delivering homeworking policies fit for the future

Conference notes the work led by UNISON in all four administrations on flexible working including negotiating improved handbook provisions; negotiating updates to local flexible working policies; promoting workplace cultural change; and supporting members to access their rights.

Conference commends the composite passed at special health conference in September 2021 which highlighted the crucial role that increasing opportunities for flexible working could play in addressing the chronic staffing shortages that have only escalated during the pandemic. Lack of work-life balance was already a major reason for staff leaving the NHS pre-Covid and the experience of working through the pandemic will leave many staff desperate to get some of their lives back. If the NHS gets flexible working right, some of these staff could be convinced to stay. The actions in the composite set out a positive bargaining and organising agenda for UNISON which will make a real difference to members.

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Conference notes that staff survey figures from the NHS in England showed 36% of staff in 2020 had been required to work remotely/from home. National and/or local infection control requirements, shielding, risk assessments, reasonable adjustments for disabled workers, and other issues such as school and childcare closures - all led many of our members to experience homeworking for the first time.

For some that experience was positive and one they want to continue, while for others it was negative and stressful. It threw up a range of issues which employers dealt with on an ad hoc basis, or not at all, ranging from health, safety and wellbeing to expenses and taxation.

Looking to the future, homeworking and hybrid working will continue to arise as an individual flexible working choice – but also as an employment model that employers seek to move to as an alternative to providing office space/work bases. Conference therefore recognises the need for comprehensive policies and procedures covering homeworking that ensure fairness and protect the rights and interests of staff.

Conference calls on the Service Group Executive to:

1. Carry forward the flexible working priorities agreed at the 2021 special health conference.
2. Lead negotiations through NHS Staff Council structures to produce homeworking policies which deal with:
 - a. health, safety, and wellbeing considerations
 - b. interaction with allowances, expenses and tax
 - c. equalities implications
 - d. impact on workplace culture, covering line management; inclusion; choice and autonomy.
3. Provide negotiating advice and materials to support UNISON health branches on these issues.
4. Encourage active involvement of self-organised groups in bargaining, organising and policy development work.

Health Service Group Executive

4. Paying to work – mileage rates in all health roles

Conference notes with concern:

- a. The rapid rise in fuel costs during the Autumn/Winter of 2021.
- b. That a number of health roles continue to require the use of a car as public transport, cycling etc, cannot be used. This is a particular issue in rural areas.

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- c. That the current rates of mileage for both lease car and private vehicle users under Agenda for Change have not been reviewed since 2014 and cannot reflect the current costs of driving for work.
- d. That the effect of this is that the gap between the amounts paid out, and the actual cost of work-related driving has become much wider.
- e. That many staff such as support workers and Health Care Assistants who may do upwards of 50 miles a day, are disproportionately affected.

Conference therefore calls for action as follows:

1. Regions and Branches to collect evidence of the financial hardship incurred by our members working in health as a result of increased fuel costs, and the failure of official mileage rates to keep up.
2. UNISON representatives on the NHS Staff Council to raise this issue as a matter of urgency.
3. To present evidence of the impact of poor reimbursement rates to both the Staff Council, and as part of UNISON's evidence to the Pay Review Body.
4. Via Labour Link, to liaise with elected representatives in both the Westminster Government and the devolved Governments to press for an urgent uplift in the amounts allowed by HMRC so that a rise in mileage rates is not wiped out by an increased tax burden.
5. To include fair mileage in campaigns such as Earnings Max and Fair Pay for Patient Care.

Yorkshire - Humberside Region

5. 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. 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 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 call payment and different compensatory rest

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arrangements. There are massive differences in pay, remuneration and bank holiday TOIL between employers with many members having to use annual leave or lose pay to recover after being On Call.

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 ODP's, Radiographers, physios and nurses to develop On Call arrangement that works for all staff groups;
3. Work with employers to develop ethical on call that gives members proper rest without losing annual leave or pay;
4. Work with employers to ensure members who work On Call have guaranteed rest time without impinging on the individual's terms and conditions.

University Hospitals Birmingham UNISON

6. A proper rate of pay for NHS bank work

Conference is deeply concerned by the race to the bottom approach that is being taken across the country around pay and conditions for NHS bank work. Although, it is not the solution to the ever-growing staff crisis in the NHS, it is recognised that the flexibility that bank working arrangements provides is beneficial to some staff. What is troubling however is the trend towards NHS Trusts picking away at the terms of those bank working agreements and the sickening rates of pay that are offered to staff to undertake this much needed work. NHS bank working agreements must mirror Agenda for Change terms. In addition to this, rates of pay must at a minimum match Agenda for Change pay scales.

Regardless of the so-called agency cap, Trusts are reaching more and more to staffing agencies, such as Thornberry, to bolster their staffing numbers. Despite the eye-watering rates that are charged by these organisations, a fraction of it is received by the agency worker, with a large portion falling into company profits and shareholder dividends. A preferable solution is to see bank rates of pay being bolstered so as to attract sufficient staff to undertake this work as and when needed, which would in return then see savings delivered to an NHS in deep financial crisis. There have been several successful agreements reached between UNISON led staff sides and Trusts around the country that have seen uplifted rates of pay attributed to Bank work, which has assisted those Trusts in alleviating staffing pressures and benefited our members in being paid properly for the work they undertake.

Conference calls on the Service Group Executive to:

1. Work with the NEC and other unions to campaign for the ceasing of rogue NHS Bank work agreements which move away from mirroring Agenda for Change terms and conditions.

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2. Seek an agreement through the NHS Staff Council to establish a proper set of national bank rates to be adopted by all NHS Providers which will seek to at least surpass the real living wage as a minimum for entry banded NHS work.

West Midlands Region

7. One Team One Say – which way on pay?

Conference notes that the OneTeam2k pay campaign shone a spotlight on the many issues and complications with the Pay Review Body as a way of determining the annual pay increase in the NHS.

By the time we debate this motion at health conference 2022, UNISON's Pay Determination discussion document will be launched, setting out the facts and considerations for us in reaching a position of principle about whether we want to support the current system or adopt a position where we advocate for collective bargaining to be the default pay-setting process. This motion fires the official starting pistol on conversations on this topic in all our regional committees and encourages participation of all health branches in reaching the decision that is best for the union.

The establishment of the Pay Review Bodies pre-dated devolution legislation, so we will need to make sure that the implications of the current and any future pay mechanisms are explored and set out in the context of UNISON's devolution protocol.

Of course, a UNISON decision alone will not cause governments to shift their approach, and we should be in no doubt that - if we opt to push for collective bargaining – this will not be immediately deliverable across the four parts of the UK. As matters stand, only Scotland has secured a government commitment to establish bargaining structures, and many of the 17 NHS Trade Unions covered by Pay Review Bodies retain a strong policy commitment to this route. But the experience and frustrations of the recent pay round, together with the experience of bargaining structures being set up in Scotland, may make this the right time to coalesce support around an alternative to the Westminster approach.

We will also want to ensure that – whatever the route used to determine the pay uplift – UNISON retains a clear One Team approach to our pay work, so that we have a distinct voice within the health sector and use whatever routes are in place to make arguments common to all members across the whole UK. This motion calls on the union to ensure that all future claims or evidence embed the principle of a flat rate, to make sure that the annual pay uplift rewards everyone equally without widening the gap between the highest and lowest paid in the NHS. It is also a matter of shame that there are parts of the UK where rates at the bottom of the structure lag behind the Foundation Living Wage (and in some cases the legal minimum wage) or require a top-up from government in order to stay above it. So, along with the flat rate principle, this motion calls on the union to ensure that fixing low pay is a core priority of any future pay processes.

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Conference calls on the Service Group Executive to adopt the following measures:

1. Note a discussion document and agree a timetable for consultation on future mechanisms for determination of annual NHS pay uplifts (PRB v collective bargaining)
2. Embed UNISON's devolution protocol in this consultation, noting that the Health Committees in Scotland, Cymru/Wales, and Northern Ireland will determine the positions adopted by UNISON in those administrations
3. Embed the flat rate principle as a long term pay policy objective to be pursued in all evidence/claims
4. Ensure all evidence/claims put forward include practical and specific proposals to drive out low pay in the NHS

Health Service Group Executive

8. Collective bargaining – the way to win

It's time for collective bargaining, it's time to walk our own path to improve NHS pay.

Conference notes the great work carried out by the UNISON staff, lay reps, and members behind the UNISON 2K campaign. Conference considers the UNISON 2K award would have recognised every health worker equally for their contribution fighting this pandemic. Conference believes the PRB did not sufficiently take into consideration in its final report our submission and the overwhelming evidence submitted of the heroic work of our members.

Conference believes UNISON must go back to what we do best, and this is collective bargaining. Bargaining that leaves no one behind including any devolved jurisdiction and collective action that restores our strength. A strength that benefits our members at the employers bargaining table and when negotiating with the UK and devolved governments.

Conference agrees:

- It is time to disentangle ourselves from the obstruction to collective bargaining that engagement with the PRB has become.
- It is time to restore confidence in our members that we can organise to win.
- It is time to use our trade union will to fight back.

Conference calls on the Health Service Group Executive to adopt the following actions:

1. UNISON UK will no longer submit evidence to the Pay Review Body;

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2. UNISON UK will demand direct negotiations with government at a national level on funding to support to get a better deal on pay in all jurisdictions for NHS staff;
3. Demand the UK government recognise the specific funding requirements needed for any pay agreements within the devolved administrations;
4. Any collectively bargained agreement or framework on pay should be subject to an equality impact assessment across all jurisdictions within the UK.

UNISON Northern Ireland

Negotiating and bargaining: Health, safety and wellbeing

9. Protect health workers from the staffing and workload crisis

Conference notes that in the decade leading up to the pandemic UNISON was vocal about the lack of investment in staff and services and the consequences that cuts would have on them. Our regular staffing survey documented the growing concerns about shortages among many health occupations and settings.

So while the pandemic may serve as a helpful cover story for politicians wanting to explain away the worst waiting lists since the 1990's, we know that it took years of disinvestment and poor decisions to create the crisis our members are now working through.

At our Special Conference in September 2021, we refreshed our campaign for optimum staffing levels across the UK. We also heard about the impact that short staffing was having on members, and people shared their fears that the backlog following the pandemic would make pre-existing pressures worse. Sadly, there are no signs that the load is getting lighter. Almost every team is short of at least one member, meaning that any holiday or sick cover required, increases the workload for everyone. Team managers spend a significant proportion of their time finding people to fill gaps in rotas, meaning that time to support people in other ways is stretched ever thinner.

We know that overtime is not made universally available, so - in some settings - members are put under pressure to work hours in excess of their contract on bank rates. In other settings, poor planning and short staffing leave people forced into involuntary overtime at the end of already-long shifts. In the worst cases, members are routinely working unpaid in order to maintain safer conditions. Registrants are rightly concerned that they are not able to fulfil their codes of practice, fearing that working too quickly; being constantly tired from excess work and lack of rest breaks; and having too few colleagues to assist them is compromising the quality of care they are able to deliver.

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With predictions of the elective treatment backlog increasing further over the next three years, policymakers must act now to reduce the impact of these pressures on our members before they become intolerable.

As well as taking forward our own package of work around safe staffing and workload management, we must also use our collective strength to protect members from the impact of working in the current climate. Working time must be better controlled and plans put in place to reduce the amount of unplanned shift overruns and unpaid overtime undertaken. Staff rest and recovery must be prioritised to enable respite from the intensity of work and prevent a worsening of the wellbeing crisis. We must also make sure that bank arrangements are not designed to undermine the ability of members to get proper overtime rates.

Conference calls on the Service Group Executive to carry forward priorities agreed at the 2021 special health conference on these issues and to:

1. Work through Partnership structures to secure protections that limit the impact on NHS staff of the backlog and recovery on working time, work pressure, standards and staffing numbers
2. Work with regulators to manage the impact of the current workload and staffing crisis on standards of care and individual codes of conduct for health workers
3. Provide support and advice to health branches in their work to collectivise and campaign around the impact of the staffing crisis on standards in their services

Health Service Group Executive

10. Staff wellbeing

This Conference congratulates the UNISON Health Team and its staff and the Health Group Executive for the work it has done on highlighting the at times intolerable workload pressures health staff have been under in the last years and the resultant damage to staff physical and mental well-being.

The Unison 'Worry to Mind' survey conducted amongst health members highlighted the significant stressors that were affecting staff with 51% of respondents stating they had sought out mental health support and that 48% had not coped well during the pandemic. The survey highlighted more than workload pressures with one in five replying that the pandemic had placed them or their family in financial difficulty.

This Conference also understands the physical toll that working during the pandemic has caused for health staff both in lives needlessly lost and in long-term health damage when working to provide world class health care at a time of emergency but let down by governments and employers that were ill prepared in providing proper safety equipment and at times saw health care workers as collateral damage.

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This Conference calls on the Health Group Executive to continue to build on its outstanding record of putting members first and in ensuring members well-being is at the top of our agenda.

Conference asks the Health Group Executive to:

1. re-engage with members in a survey to re-examine the impact on their health of working through the pandemic, what support they have had from their employers and what they would look for from their trade union in respect of well-being support.
2. explore opportunities with other organisations of promoting well-being that would benefit our members.

Furthermore, Conference instructs the Health Group Executive to continue to campaign and lobby Governments throughout the UK to:

3. continue to provide free access to well-being technology.
4. ensure health care staff are provided with free access to bereavement counselling where appropriate.

Finally, Conference calls on the Health Group Executive to continue its good work on promoting health and well-being amongst its members and promoting to UNISON branches the importance of ensuring health and well-being is well to the fore of local bargaining agendas as well as producing materials to assist in this area.

Scotland Region

11. Mental health: a trade union issue

Conference notes the huge impact of the COVID-19 pandemic on mental health, whether on staff working under stressful conditions, people isolated from friends and family by lockdown measures, the physical impact of the virus itself, and the continuing uncertainty due to changing and unreliable government advice and public health policies. Health sector staff have been on the frontlines of the pandemic response, often working in stressful and even traumatic working environments.

Conference notes the June 2021 study by Queen Mary University of London which found that 1 in 4 healthcare workers have sought mental health support during the pandemic. Conference notes that UNISON surveys have found that young workers, Black workers, and LGBT+ workers consistently report worse mental health outcomes as a result of the pandemic.

Conference recognises that mental health is a workplace issue which must be addressed by trade unions in negotiations with employers and by direct support for affected workers. We recognise the efforts made by health workers since the beginning of the pandemic and the importance of addressing workers' mental health across the sector.

Conference asks the Health Service Group Executive to:

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1. Promote UNISON's updated bargaining advice on mental health to branches in the Health service group;
2. Encourage branches to share examples of good practice in employer policies and procedures, including occupational health services, employee health and wellbeing programmes and employee assistance programmes;
3. Encourage and support continued recruitment of health and safety representatives across the sector, and promote UNISON's Be On the Safe Side campaign to branches in the Health sector;
4. Promote UNISON's Learning and Organising Service (LAOS) resources on mental health in the workplace to branches.

National Young Members' Forum

12. Ambulance pressures – the impact on all ambulance sector staff and patients

Conference notes with concern, the detrimental impact of ongoing pressures within ambulance services on both staff and patients. Across ambulance services, staff working in a wide range of roles work together to deliver the best care for patients. Now increasing demands on already-stretched services mean staff are experiencing poor mental health as they work under immense pressure in under-staffed teams.

The strain within services has been exacerbated further by the impact of the coronavirus pandemic. Since March 2020, staff working in ambulance services have often been at the forefront of the pandemic response putting patients first as they manage difficult conversations in control rooms, comfort patients in homes, and worry about whether they themselves had suitable Personal Protective Equipment. Conference is concerned that members will no longer be able to manage the unacceptable levels of pressure within services, and be forced to seek opportunities outside the sector, resulting in potential loss of knowledge and worsening existing recruitment issues.

Conference notes that winter pressures across services is no longer confined to a season, as services are struggling to cope all-year-round. Members have advised that hospital handover delays have worsened significantly, with hospital bed shortages leaving staff queuing with patients in ambulances as they seek treatment they need. Conference highlights the damaging impact that government's underfunding of services has had. Inadequate investment means that ambulance services are now stretched more than ever – presenting a danger to staff and patients.

Conference therefore calls on the Service Group Executive to:

1. Continue to raise concerns about the impact of pressures within services on staff mental health, calling on employers to provide adequate support.

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2. Continue to call for suitable funding that ensures services are well-equipped to support staff and patients throughout the pandemic and beyond.

Ambulance Occupational Group

13. Post Covid-19 Syndrome and Healthcare workers

Conference notes that in the two years since Covid-19 emerged, we can see the devastating affects it has had on those impacted by Post-Covid-19 Syndrome.

Common symptoms of Post-Covid-19 Syndrome include (but are not limited to) fatigue, brain fog, shortness of breath, difficulty concentrating, pain and changes in mood. Symptoms can often be fluctuating which adds another layer of complexity in managing the condition, both personally and within the workplace. Conference notes that there is common ground with other Energy Limiting Chronic Illnesses. Looking at the common barriers this group of people face, rather than the individual diagnoses, will only strengthen the case for appropriate support and action.

While reasonable adjustments may be advised by Occupational Health or other health professionals, employers, including healthcare employers, don't always agree to implement them or implement them in a timely manner. In addition to this, phased returns are historically very difficult as they're often rigid and do not allow enough flexibility to deal with the fluctuating nature of Post-Covid-19 Syndrome. It is vital that employers understand the importance of flexible and timely implementation of reasonable adjustments and the benefits to both employer and worker.

Many of our members were exposed to Covid-19 in the workplace before the true nature of the transmissibility of Covid was known and the long-term impact it can have. Whilst some healthcare employers have been sympathetic and still designate Post Covid Syndrome as special leave, conference is aware that many of our members are facing employers who use punitive measures such as formal sickness absence hearings, capability procedures and even dismissal rather than offer people the support they need.

Black workers with post-Covid 19 syndrome are often particularly subject to such punitive measures and misuse of the sickness absence and performance management system due to systemic racism. UNISON has produced new guidance to help branches to support members with Post Covid syndrome, including looking at whether the member may be a disabled person and entitled to protections and adjustments under the Equality Act 2010. However, more needs to be done to raise awareness with employers of their duties and responsibilities when it comes to supporting staff with Post-Covid-19 Syndrome.

Conference therefore calls on the Healthcare Service Group Executive to work with the National Disabled Members Committee to:

1. Continue to produce guidance and training to help branches seek to prevent members being penalised for having Post-Covid-19 Syndrome, with particular reference to the intersectional experience of Black disabled workers.

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2. Promote the current range of resources available to support our regions and branches, including:
 - a. Quick guide to Reasonable Adjustment,
 - b. Reasonable Adjustments Passport and policy guide
 - c. Disability Leave bargaining guide and model Policy
 - d. Bargaining to support those with Long Covid guide
3. Learn from the experiences of those with Energy Limiting Chronic Illnesses, including the challenges of supporting staff at work and preventing punitive processes and ultimately capability dismissal, when there is still a lack of knowledge and recognition for the condition by employers, the medical profession and even broader society.

National Disabled Members Committee

14. Access to staff spaces in Healthcare work places

Conference is aware of the significant financial cuts in our Healthcare services in all four UK nations in at least the past three decades. Conference notes that where new facilities have been built, they have generally maximised the amount of clinical space but have minimised the amount of space allocated for other areas including changing and rest areas for staff. This has impacted hugely on welfare issues and working conditions of our members. The recent pandemic both highlighted and intensified many issues that had been of increasing concern for a long time.

Conference is agreed that we must lobby for all our members regardless of their grade or role in the Health Service to have access to adequate and comfortable break out spaces. We note that many parts of our Health Service are still operated in an antiquated and hierarchical manner and that in many areas, adequate break out facilities for Junior Doctors, Consultants and very senior staff members still exist while our ancillary support teams and others are left with limited space to go for a well-earned break. This practice of apparent discrimination to the lower-paid members of staff must stop. Conference is clear that all staff, regardless of grade, sex, gender, cultural background, disability must be afforded the same break out facilities and they must be adequate.

Conference notes further that we are now seeing cuts in the times of day our canteen services provide hot food to our members so not only is there a lack of space for break out but there is often nothing for them to eat during their working shift. Members on night shifts should not be limited to deliveries from burger chains to sustain them.

Women form the majority of our healthcare service workforce, yet no consideration is given for a ventilated area where women experiencing menopausal symptoms can go for a break and cool down. Indeed, the strategies that are often suggested for

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managing menopause that form parts of menopause policies across the NHS are not open to staff who need to wear both standard uniform and PPE as part of their working day. This makes having appropriate space available even more important. This is just as important for pregnant workers, breastfeeding mothers and for the significant proportion of women who experience problems during their periods. Therefore, it is important that not only space is available but that there is a need for space where women can get some aspects of privacy.

Conference calls on the Service Group Executive to work with the devolved nations to use the negotiating and partnership arrangements to:

1. Establish standards for staff spaces in all healthcare environments, including spaces which can be accessed 24 hours a day and have a level of privacy
2. Co-ordinate campaigns for the availability of hot food for staff who are working outside times that onsite catering is available.

National Women's Committee

15. Staffing levels

This Conference notes the last twelve months has seen a significant nursing staffing crisis develop within all of the countries of the United Kingdom. Staffing shortages have increased on an almost daily basis over the last year to the extent that regions and individual hospital and community services are now experiencing nursing vacancies of up to 20%. These shortages are due to persistent and deliberate decision making, mainly of Conservative Governments, to underfund the NHS, to increase workload and to make the NHS a less attractive place to work. This Conference believes these actions are deliberate and are aimed at undermining the NHS in an attempt to inflame public disenchantment in order to make privatisation more palatable.

This Conference believes that during the past twelve months lives have been lost and health impacted on by these staffing shortages. While recognising and appreciating the valuable contribution made by retired staff, nursing students, overseas nurses and military nurses in the past twelve months this Conference believes these are only stopgap measures that are not sustainable in the long term, and without significant changes and improvements in nursing and midwifery recruitment there will continue to be lives needlessly lost and long term health damage to patients throughout the UK as nursing and midwifery staff continue to leave the NHS. This is on top of the damage to the mental and physical wellbeing of NHS staff who continue to work to provide world class care to those at a time of their most vulnerability.

This Conference believes the Health Service Group Executive have well represented the concerns and fears of our members on the subject of staffing in the last twelve months. In going forward this Conference calls on the Health Service Group Executive to campaign and lobby the UK and devolved Governments on the following issues:

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1. to recognise that in order to recruit and retain nurses and midwives within the NHS it is essential to have a fair remuneration package for staff of which pay is the central plank. To this end NHS staff need to be awarded a pay increase in 2022/23 that is higher than inflation in order to recover some of the losses of the last ten years.
2. to invest in and retain older and more experienced staff within the NHS.
3. to review educational routes of entry into the nursing and midwifery professions, particularly encouraging apprenticeship routes for staff currently within the NHS.
4. to initiate and build significant further education and professional development schemes to be offered to all nursing staff to develop learning and progression.
5. to ensure ethical recruitment of nursing staff from abroad particularly from those countries which already have significant nursing and midwifery staff shortages.

Scotland Region

16. Supporting Widening Access to Nursing

Conference notes that UNISON branches have been dealing with the effects of staffing shortages for years but over the last 2 years there have been massive shortages of registered nurses across all specialties. This puts patient care at risk

Conference believes that there is an urgent need for more registered nursing staff. Given that there is a global shortage of registered nursing staff and the effects that both the pandemic and Brexit have had on the ability and willingness of people to relocate internationally, this needs to be addressed within the four countries of the UK and the Nursing and Midwifery Council.

Conference welcomes the multi-disciplinary team approach which involves nursing staff at Bands 2,3 and 4 and has provided training, development and a career pathway up to the Band 4 level.

However, this does not substitute for the need for registered nurses. Sadly at this point, a highly skilled member of staff would only be able to become registered by leaving their substantive post to become a full-time student to get the qualification at degree level. For many of our members, they simply can't take this step for financial and personal reasons.

Conference further believes that in the current climate we need to make things easier for highly experienced members of the nursing team to achieve the qualifications required for registration. In addition to this, we require vastly larger numbers of places on pre-registration courses across all nursing disciplines both at undergraduate and postgraduate levels while continuing to maintain their employment. This is important to prevent the dilution of skill mix.

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Conference re-affirms existing Health Conference policy that NMAHP students should be salaried rather than receive bursaries and/or student loans whilst on full time courses to become registered. We believe that a radical rethink of Nursing, Midwifery and Allied Health Professions (NMAHP) training is required to meet the demands of a service which was under stress even before Covid.

Conference calls on the Service Group Executive to work with the National Nursing Sector Committee to build a case for change that can be used to lobby the NMC, Higher Education, NHS Employers and ultimately the Government to make changes to how we deliver Nursing Pre-registration courses which support wider career development of currently unregistered nursing staff and provide more funded places for pre-registration courses to achieve 'registrant' status.

Lanarkshire Health

17. Parity in access to funds and opportunities to train and develop

Conference notes that the NHS employs over 1.3 million staff who are not professionally registered. They are valuable and necessary to the provision of safe patient care.

“Nursing, midwifery and care staff, working as part of wider multidisciplinary teams, play a critical role in securing high quality care and excellent outcomes for patients” (excerpt from How to ensure the right people, with the right skills, are in the right place at the right time - A guide to nursing, midwifery and care staffing capacity and capability).

Many staff would like to progress but often are denied opportunities to additional training. To provide safe staffing having merely the right number of staff is inadequate.

Conference calls on the Health Service Group Executive to survey members to:

1. Ascertain how many unregistered staff access training over and above the minimum required and what percentage only access the required minimum.
2. Discover how many feel they could deliver safer, quality care if they had improved access to training.
3. Establish what percentage of overall training budgets are allocated to non-registered staff.
4. Campaign for improved access to relevant training over and above the minimum, mandatory training.

Eastern Region

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18. International recruitment and support for migrant healthcare workers

For a long time, the UK has benefited enormously from the skills and knowledge of healthcare workers who have come to live and work with us. From the early days of the NHS and the 'Windrush' generation to our own times, where many tens of thousands of nurses and doctors from all over the world provide care and support to our patients and communities, we have benefited from this migration. Around 190,000 NHS staff report their nationality as being something other than 'British.'

Our NHS truly is an international health service, and many more overseas staff work in social care settings around the UK. Our services are more effective because of the skills and knowledge they bring. They also help in making them more diverse and understanding of the needs of the populations we serve. As members of a great trade union and a solidarity-based movement, we are proud to work alongside these colleagues and learn a great deal from them.

The heavy recruitment of healthcare workers internationally is, however, ethically questionable. We support the right of our colleagues to travel and work with freedom, but we must question our government's heavy dependence on overseas recruitment in order to maintain a health workforce capable of meeting the demands of our ageing society. The UK is one of the largest net 'importers' of healthcare workers in the world and continues to increase international recruitment. This is because our Government has for a long time, with terrible consequences, failed to invest to educate and train enough nurses, doctors and allied health professionals.

The UK Government recently revised its code of practice on international recruitment. This has opened up more than 100 countries that were previously off-limits to 'active' recruitment of their healthcare workers. We are very concerned by the questionable tactics of some 'cowboy' recruitment agencies who operate in this field, many of whom give misleading information to potential recruits. We are also worried by the potential for this decision to undermine the building of stronger health systems in developing countries.

And while we aim to attract healthcare workers, our own Government continues to pursue policies of the 'hostile environment' which make life more difficult for them once they arrive. Many migrant health workers faced impoverishment during the Covid-19 pandemic if they faced an emergency because they had 'No recourse to public funds.' Many are unfairly separated from their families because of the Government's harsh attitude towards family reunification.

In the workplace many continue to face racism, wider discrimination and unfair employment practices. Many report being unable to progress their careers fairly in the NHS and the operation of 'repayment clauses' forces some to remain in exploitative workplaces because they cannot afford to leave.

UNISON has many migrant healthcare workers as valued members of our union. This Conference agrees that it is time to make the UK truly a place where all of our colleagues can thrive. The UK must have a properly ethical approach to the international recruitment of healthcare workers.

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Conference calls on the Health Service Group Executive to:

1. Work to influence the UK Government and other relevant organisations, including the WHO, to implement stronger, enforceable safeguards to protect the rights of healthcare workers recruited from overseas; and to reduce the impact of regressive immigration policies on health and care workers.
2. Lobby for healthcare workforce planning that reduces the need to recruit heavily from developing countries and, where it remains necessary, insist on a sustainable, reciprocal approach that supports these countries to develop their workforces and health systems.
3. Engage with the Government, the NHS and other health and care employers to ensure migrant healthcare workers have the same rights as UK workers, and are treated respectfully, as individuals, supported to progress in their roles and to develop their full potential. This should include specially adapted transition and preceptorship programmes as part of their inductions.
4. Work with other organisations to build a consensus and safeguards on the use and operation of 'repayment clauses' so they cannot be used to trap migrant health and care workers in exploitative workplaces.
5. Together with elected lay members, establish a network for overseas members of our nursing family for peer support and to their development within our union.
6. Build links with international organisations campaigning against the exploitation of migrant healthcare workers, working in close collaboration with the Black Member's Self-Organised Group.
7. Produce more resources for branches to support them to recruit and engage overseas health and care workers, encouraging stewards to undertake anti-racist and equalities training; and work with partner organisations and networks of migrant workers to ensure overseas health and care workers have access to UNISON membership at the earliest opportunity.
8. Highlight and campaign to reduce the difficulties overseas healthcare workers face in finding suitable, affordable accommodation on their arrival in the UK.
9. Encourage health and care employers to improve their awareness and understanding of cultural and language differences in the practices and beliefs of colleagues from overseas so they are treated equitably.

Nursing and Midwifery Occupational Group

19. Recognition and reward for Peer/Lived Experience workers

There is increasing involvement of Peer/Lived Experience (LE) workers within mental health services. These are individuals whose role is framed by making constructive use of personal experience of their own mental health difficulties and vulnerabilities. Such roles exist in a number of different contexts where such use of self is valued as

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the key element of professional identity, adding a unique contribution to the work of wider teams where they are working openly from an experiential lens.

Such workers are employed in a variety of settings including NHS, voluntary sector and private mental health services, also in universities responsible for mental health research and practitioner education, and within broader NHS systems such as NHSE and HEE. Indeed, some individuals are operating in unpaid roles. Job titles are varied and reflect the proliferation of roles. Examples include:

- Peer support workers
- LE Researchers
- LE Consultants
- LE Educators, Trainers and Facilitators

LE workers are either already UNISON members or are potential UNISON members. Arguably our union needs to provide a bespoke offer to this particular group of workers to better service their needs and interests.

From an employment relations perspective there are a number of points of concern with regard to fair terms and conditions, job security and career advancement opportunities. LE workers are concentrated in lower AFC bands, subject to inequities of fixed term contracts or sessional work, and do not typically progress to senior pay bands or managerial positions. The national picture is varied, but it is not necessarily typical that LE workers are managed or receive supervision from more senior LE workers.

There are also reports of tensions between the wider workforce and LE workers, and services would benefit from support, education and development to improve these relations and more supportively accommodate the contribution of LE workers. It is important that these roles are used appropriately and not as a way of undercutting the skill-mix and terms and conditions of the wider workforce.

This interface is often between nurses and LE workers. The requirement in these job roles to draw upon one's own history of mental health problems and disclose shared experiences and vulnerabilities is cumulatively taxing and stressful for this workforce. Appropriate, supportive supervision is an essential requirement to protect workers' welfare, though this is not always available.

Conference calls on the Health Service Group Executive to:

1. Commit the nursing sector, reporting to the Service Group Executive, to a piece of work to shape Unison's response to the employment needs of LE workers. This to involve production of guidance for the whole workforce to better support the contribution of LE workers.
2. Conduct a scoping exercise of the range of LE roles and terms and conditions with a view to building a campaign for improved terms and conditions, job security and career progression for LE workers.

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3. Work with stakeholder organisations to develop the education, training and supervision requirements appropriate for this group

4. Accomplish these objectives in alliance with appropriate groups, such as the NSUN (National Survivor User Network).

Nursing and Midwifery Occupational Group

20. Supporting the AHP support workforce

Conference welcomes the work by Health Education England on developing the role of Allied Health Professions Support Workers. Their AHP support workforce programme has been established to provide national leadership and support on recognising, developing, and expanding the non-registered AHP workforce.

Conference also welcomes the work that UNISON has been doing jointly with the professional bodies to promote the voice of AHP support workers and recognises that UNISON has always promoted the value of the whole team including registered and non-registered health and care staff.

The programme provides a valuable path through which support workers can develop within their role and ensures that they have access to training and develop as appropriate. Conference wants to make sure that all AHP support workers are aware of this opportunity and that employers promote this programme fairly and equitably.

Conference therefore calls on the Health Service Group Executive to:

1. ensure that branches are aware of the support workforce programme and are equipped to encourage AHP support staff to make use of the training and learning opportunities made available to them through the work programme.
2. work through appropriate channels (including the Social Partnership Forum) to highlight the need for an increased number of AHP support staff roles and for improved education and career development opportunities for AHP support staff
3. encourage branches in the devolved administrations to work with employers to promote the work of AHP support staff and to make training and learning opportunities available to them.

Science, Therapy and Technical Occupational Group

21. Fair jobs for admin staff

Administrative and clerical staff are at the heart of making the NHS effective, efficient, and friendly. But for many years admin staff have been under attack. Some staff have had vital tasks removed from their job descriptions, resulting in downbanding, others have taken on more responsibility or skills but have not seen their pay increase as it should have done.

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A lack of planning across the whole of the NHS has resulted in seen many of these staff receiving little in the way of training or development, with few if any career development opportunities.

This lack of planning is compounded by the education attainment gap, particularly with lower paid women, where a lack of the formal qualifications required to apply for higher banded roles means NHS staff can become stuck and unable to progress, but they also are not able to access the in-house education and training that would help them attain those qualifications.

Without action, a huge part of our membership risk being left behind in roles that do not reflect their skills or potential, with little opportunity to develop their roles or their careers.

Conference calls on the Health Service Group Executive to:

1. Lead an occupation-focused campaign to improve admin jobs, improve career progression opportunities, and campaign for fair pay and rewards for administrative and clerical posts, including rebanding/regrading submissions for individuals and groups of staff;
2. Learn from existing initiatives and campaigns to improve jobs and career progression in administration roles, including the Transforming Patient Administration program in Scotland, and share best practice across the union;
3. Research the likely skills, knowledge, and experience that will be needed in administrative roles in the future, in order to guard against outsourcing and help ensure the fair grading of posts;
4. Recognising that admin staff often find it difficult to prove their knowledge and training is equivalent to a certain level of qualifications, make the case that “equivalent experience” should be used as an alternative to formal qualifications at all pay bands, where appropriate – not just at degree level and above.

Operational Services Occupational Group

22. NHS Ambulance uniforms

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

- 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.

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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 bands which meet the current regulations which regrettably we fail to achieve. Our service carried out a joint risk assessment of the current ambulance uniform which confirms the uniform is not fit for purpose, but there has been no sign of any forthcoming changes.

Conference instructs the Health Service Group Executive to raise the issue with the NHS Ambulance Services and campaign for uniforms 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

Negotiating and bargaining: Equalities issues

23. Domestic Violence is still a workplace Issue

Conference recognises that a lot of work has been done in all 4 countries of the UK to raise awareness of gender-based violence as a public health issue and to keep it on the agenda at a strategic level.

Gender-based violence is an umbrella term that encompasses a spectrum of abuse experienced mostly by women and perpetrated mainly by men including: domestic abuse, rape and sexual assault, childhood sexual abuse, sexual harassment, stalking, commercial sexual exploitation and harmful traditional practices such as female genital mutilation (FGM), forced marriage and so-called 'honour' crimes. It is recognised that in excess of 80% of those on the receiving end of gender-based violence are women.

Conference notes however, that while our healthcare services are the largest employers of women within the UK, and while work has been done by both the Scottish Government and the NHS Staff Council to set out responsibilities that the NHS has as an employer to support staff who have experienced violence and abuse both at home and at work, this was a significant period of time ago. There also does not seem to be much evidence of any work done on implementing and monitoring policies to address gender-based violence.

Conference further believes that the pandemic has increased levels of gender-based violence and employers need to be reminded of their duty of care for staff. Women who have been experiencing gender-based violence require a level of both understanding and practical support from their employer. This can require moves of job, base, hours or even pay bands and a need to meet the criteria for Universal Credit.

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Conference calls on the Service Group Executive to work with the devolved nations to use the negotiating and partnership arrangements to renew and reinvigorate the existing policies on employers' support to staff who have experienced gender-based violence. This needs to include both implementation and monitoring plans.

National Women's Committee

24. The unacceptable sexual harassment culture in nursing

The murders of Sarah Everard and Sabina Nessa in England in 2021 prompted widespread anger and a very public debate over the issue of violence against women in all parts of society.

The #MeToo movement has shown repeatedly that sexual harassment is still common with insidious, often devastating consequences for those affected. Though sexual harassment should never be downplayed, tolerance of supposedly 'minor' behaviours creates a culture in which violence, mainly directed against women, is overlooked and allowed to escalate.

Nursing is a heavily female dominated profession and has long been affected by sexualisation through our wider culture and irresponsible reporting and stereotyping in the media. Many nurses are expected to put up with a constant level of sexual harassment. This can also particularly affect or harm LGBT+ nurses, an issue which requires a considered response.

UNISON joined with the Nursing Times to explore this issue and how it affects our nursing family in 2021. Previous evidence from staff attitude and research showed unacceptably high levels of sexual harassment of staff across the NHS, from unwanted personal comments or touching, to propositions, rape threats and stalking. The picture we uncovered is appalling. 60% of nurses reported that they had experienced sexual harassment, either from colleagues, or from patients and members of the public. More worryingly 75% of respondents said they had not reported this. We know that many who do are not well supported by their managers. 75% of nurses said they did not feel safe going home after hours/at night.

In the coverage of the survey, interviews with nurses, including UNISON members, who had experienced sexual harassment showed that there is still a belief that "it's just part of the job" or "you have to deal with it and move on", and that many members of the public still retain a "Carry On" style perception of nurses. One respondent stated that 'The issue of sexual harassment is ignored like it doesn't exist'.

More and more care is being delivered in patients' homes where staff may be in a less than safe environment, alone with patients and families, and therefore at a higher risk of inappropriate behaviour. We must also recognise that many of our nursing family care for people who may not necessarily always be able to control their actions or understand the consequences of their words or actions. While punitive action may not necessarily always be ethical or appropriate, nursing staff must be given every support to challenge this behaviour and to deal with the consequences.

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Sexual harassment is not acceptable. Our nursing family provides expert, compassionate care to the population and must be able to do so safely, with dignity, free from the blight of sexual harassment. This requires a culture change. Now it is time to build on what we know, and on the high public regard for nurses, to challenge and change this culture.

Conference calls on the Health Service Group Executive to:

1. Restate its opposition to sexual harassment of any kind, whoever is the perpetrator.
2. To compile and share further the results of the 2020 survey, along with specific resources for branches and members to prevent the sexual harassment of nurses and other healthcare staff and to support those affected.
3. To examine our own structures and enhance the support available to victims of sexual harassment, to improve the confidence of nurses in reporting instances of these behaviours to stewards and representatives.
4. Work with the SGE and nursing and midwifery occupational group committee to revisit the available data to formulate a new and improved work programme around freedom from sexual harassment for the nursing family as part of safety and dignity in the workplace.
5. To pressure employers to develop skills training packages for members who work in areas where patients with substantial impairments may exhibit sexually harassing/inappropriate behaviour.
6. Support branches to campaign for safe and robust lone working policies, so that issues around sexually inappropriate behaviour, especially in patients' homes can be dealt with promptly and effectively.
7. Empower UNISON Health and Safety reps to work with managers and employers to ensure the safest possible environment around hospitals, clinics, and health centres, so that staff and members of the public feel safe using the premises at all times of night and day.

Nursing and Midwifery Occupational Group

25. We are One Team against Racism in the NHS

Conference is alarmed by the force with which Black communities have been hit by the pandemic and how this has highlighted the long-term impact of racism on people's physical and mental health, leaving them more vulnerable to Covid-19.

Conference welcomes the union's Race for Equality campaign that has provided materials for and equipped branches to challenge racism in the NHS. And Conference recognises and welcomes the growing strength of feeling across all levels of the NHS that more must be done to fight racism. Conference welcomes the continuing work that has been done in England on the Workforce Race Equality

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Standards – to collect data on racist incidents and racial discrimination in the NHS – in order to highlight the main areas where work must be done. However, tackling racism cannot start and end with collecting data – action needs to be taken too.

We acknowledge the valuable work that has been taking place across the UK in branches to fight racism. We also commend the important work that takes place every day through community groups, local networks and other organisations fighting racism such as Hope Not Hate and Show Racism the Red Card and encourage branches to work together with these organisations to tackle racism experienced by NHS staff.

Conference supports the idea that it is everyone's responsibility to challenge racism. It must not be left to Black activists or Black members to challenge alone. We welcome the 'One Team against Racism' ethos that is being promoted through the union's Race for Equality campaign and wish to see it promoted in every workplace.

Conference recognises that it is imperative that we are at the forefront of the movement to fight racism and therefore calls on the Health Service Group Executive to:

1. Take forward priority actions agreed at the special health conference 2021.
2. Support branches to develop practical measures to tackle race discrimination through effective partnership working with:
 - a. employers using the UNISON Race for Equality pledge
 - b. staff networks using the Staff Council good practice guide
 - c. local staff sides using the NHS unions' 'health check' guide
3. Promote and develop team-based approaches emphasising that it is everyone's responsibility to challenge and prevent racist behaviour in the workplace from patients, the public or staff - 'One team against racism'.
4. Ask regional health committees to oversee progress on branch use of the Race for Equality materials to push for practical action on approaches to recruitment and selection; bullying and harassment; and disciplinary proceedings – with a particular focus on implementing just and learning culture programmes through partnership activity.
5. Call for effective and consistent training and accountability measures for all line managers to equip them to deliver on race equality and inclusion.
6. Work through partnership structures and through direct engagement with Westminster and devolved governments to influence NHS race equality strategies/plans and push for greater employer accountability where racial disparities persist.

Health Service Group Executive

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26. Disproportionate Impact of COVID on Black NHS Staff

This conference notes the even the NHS acknowledges that “there is evidence of disproportionate mortality and morbidity amongst black, Asian and minority ethnic (BAME) people, including our NHS staff, who have contracted Covid-19.” This was backed by the tragic facts that emerged during the pandemic:

- Of the first 106 staff that died in 2020, 63 were known to be Black.
- This rate of death was 3 times greater than the proportion of Black staff in the NHS.
- In a survey for ITV News in February this year they estimated that Black NHS Staff were seven times more likely to die from Covid-19.

The ITV study identified a number of factors that potentially lead to this appalling tragedy:

- Higher proportions of frontline staff are Black
- There was unfair allocation of Black Workers to frontline posts
- A culture of not listening to staff concerns
- Discrimination in the NHS

This conference further notes that both the Government and the NHS establishment sought to downplay the role of the airborne spread of the virus partly because of the low supply levels of appropriate PPE. Many NHS staff suspect this to be the case which highlights lack of trust among the workforce in the government’s handling. Workers at all levels were putting their lives at risk to provide a service because of Government mismanagement of the NHS over years including the Lansley reforms and forced privatisation of the supply chain.

This conference agrees that this must be tackled urgently and agrees the Health SGE work with the National Black Members’ Committee to:

1. Step up the public-facing aspect of the Race for Equality against race discrimination in the workplace, in particular drawing on the experience of the pandemic.
2. Identify what structural and institutional systems prevent Black workers from playing a full role in the NHS at all levels, including the Trusts themselves, and working to eliminate discrimination from them.
3. Ensure that Branches have access to support for members through the Race Protocol, if required.
4. Actively striving to recruit more Black UNISON Health & Safety reps in the workplace.
5. That all UNISON Health & Safety reps are provided with guidance on how to support Black members during the COVID pandemic including the use of individual

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Risk Assessments, Section 44 of the Employment Rights Act and other powers they can use to keep members safe.

6. Support UNISON campaigns for full protection in the workplace with regards to PPE, safe health protection and prevention practices, and the right of members to back those campaigns with action and where necessary lawful industrial action.

National Black Members' Committee

27. The Workplace Disability Equality Standard (WDES): Two years on, a programme for action

Conference notes that the Workplace Disability Equality Standard is a list of ten metrics which measure the extent to which health Trusts in England deliver disability equality in the workplace. The first WDES report, covering 2019, was published in March 2020. The second WDES report, covering 2020, was significantly delayed and was not published until October 2021.

Some of the key findings of the most recent report are as follows:

- a. 26.3% (one in four) of disabled staff reported harassment, bullying or abuse, compared to 18.5% of non-disabled staff. This rises to one in three for ambulance trust staff and London also has higher levels.
- b. Disabled staff were 1.54 times more likely to enter the formal performance management capability process. Ambulance trusts and the South West region have roughly double the rate of disabled staff entering capability proceedings compared to non-disabled staff.
- c. 30.6% of disabled staff stated they felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. This compares to 21.2% of non-disabled staff and is a particular problem in the ambulance service.
- d. 26.2% of disabled staff felt that their employer had not made adequate adjustments, with the ambulance service and London region reporting the worst results for this metric
- e. Disabled staff are 10% points less likely to feel satisfied with the extent to which their organisation values their work compared to non-disabled staff and this gap has widened over the last few years.
- f. Disabled staff in trusts in London and the ambulance service were least likely to feel that their trust provided equal opportunities for career progression or promotion.

Conference is concerned that, with over a quarter of disabled staff not having the adjustments they need, 42% of trusts reported that they had not yet introduced a reasonable adjustments policy. The overall percentage of disabled staff who agree their employer has made adequate adjustments has remained largely unchanged over the last five years, demonstrating a lack of prioritisation of this issue by trusts.

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Unfortunately, the WDES report does not include trust-level data, making it more difficult to identify those trusts where the most work is needed to ensure equality for disabled workers.

Conference calls on the Service Group Executive to work with the National Disabled Members Committee to:

1. Develop a campaign to work with branches and regions in England, and with sector committees, on identifying the key issues in the WDES report and raising these with the employer at all levels;
2. Produce resources highlighting the barriers disabled workers face in NHS workplaces;
3. Produce materials that can also be used in trusts in the devolved nations, and campaign for the extension of the WDES beyond England;
4. Call for trust level data to be published so that we can make a real difference to disabled workers lives.

National Disabled Members Committee

28. Equality and diversity training for health staff

Conference is concerned that even before the Covid-19 pandemic the growing pressures 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 and the pandemic has taken us to breaking point. Despite the continued efforts of our members, we have seen many areas of best practice fall by the wayside and equality and diversity are early casualties.

There is a real fear from lesbian, gay, bisexual and transgender plus (LGBT+) workers 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 during difficult and harder times.

Conference notes that there is an increasing reliance on e-learning of the "read a screen and click" approach for training. Managers and staff may have an awareness of the legal requirements for LGBT+ equality, but not an understanding of the issues or how to address them. Conference believes that this type of e-learning has led to reduced effectiveness of the training. Continued reliance on e-learning could lead to the rise of homophobia, biphobia and transphobia. Face to face training, either in person or virtually, is more effective in giving participants understanding and having the confidence to challenge anti-LGBT+ discrimination.

Conference affirms that rather than being a luxury for times of not being in crisis or plenty, equality and diversity training is more important than ever at times of cuts to services, staff feeling under pressure and attacks on terms and conditions. The ongoing expansion of this type of e-learning has also seen staff undertake these modules during their own time rather than being given appropriate time during their

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working hours. 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 further notes that adults learn in a variety of ways and e-learning does not suit everyone. In particular, some disabled staff may have different access needs which are not met by online training modules. The only thing that can be proven by 'read and click' e-learning is that people have completed the module, not that they have taken on board the subject that they have been studying.

This conference has previously agreed that line management should be trained to an appropriate standard. Training on equality and diversity and the actions that managers need to take to act not only lawfully but to practice the values of the NHS cannot be delivered using the "read a screen and click" approach to e-learning that the NHS currently uses.

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 interactive face to face training, either in-person or by virtual 'classrooms', 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

Recruitment and organising

29. Recruiting, supporting and developing young activists across the Health service group

This Conference notes that recruitment of young members continues to increase year on year, including in the Health sector, with over 27,000 new young members joining UNISON in 2020.

This conference notes that young members continue, however, to be under-represented as UNISON stewards, representatives and officers. Conference notes the success of the student nurse network in engaging healthcare students to participate more actively in UNISON and develop as workplace activists.

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Conference believes that the full participation of young members is vital to the success of the union in developing a sustainable activist base for the future and making sure that the voices of young workers are heard.

Conference asks the Health Service Group Executive to:

1. Work with the National Young Members Forum (NYMF) to develop a strategy to increase the numbers of young activists across the Health sector;
2. Promote the NYMF's report "Getting Active in UNISON" to Health branches who want to develop a plan to increase activity by young members;
3. Survey branches across the sector to identify both challenges and success stories in developing young activists;
4. Encourage and support Health branches to develop mentoring and buddying schemes to support new young activists, including promoting UNISON's Learning and Organising Service's (LAOS) resources on mentoring.
5. Continue to promote UNISON's student membership to student nurses, midwives, and other members in relevant education pathways;
6. Continue to work on developing effective ways of engaging healthcare students in UNISON activism during their period of study and beyond.

National Young Members' Forum

Strategy for a greener NHS

30. Delivering a just transition to a carbon neutral NHS

In 2021, the UN's COP 26 event in Glasgow brought focus to the global challenge of climate change.

Conference notes the launch of UNISON's report Getting to net zero in UK public services: The road to decarbonisation on 8 November 2021 and health branches' ongoing involvement in the accompanying consultation. We look forward to engaging with the outcome of that exercise. Conference also notes the ambitious plans to reduce both the directly controlled and indirect carbon emissions produced by the NHS.

As well as engaging with the wider social movement on climate change and working with local green campaign groups on specific projects, UNISON needs to act to ensure that the cost of de-carbonising the NHS does not fall on health workers. Without trade union involvement, there is a danger that well-intentioned changes to help NHS organisations meet carbon targets could result in direct or indirect financial consequences for members. At an extreme, travel policies preventing access to car parks for petrol cars or decisions to stop central laundering of uniforms would have unjust consequences for health workers, hitting those with least money hardest.

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UNISON wants to ensure that health workers do not get a raw deal from plans for the NHS to meet its Carbon-Neutral targets. Conference acknowledges the scope and scale of the challenge of reducing NHS emissions and that the union is keen that health members and activists engage in conversations and decisions about how their own services and specialties can adopt greener ways of working. However, Conference also notes that there are issues on this agenda that cut across many different NHS occupations and settings and where decisions could have the potential to make some roles vulnerable, cause financial detriment for individuals or lead to significant change in the way that jobs are done.

Conference calls on the Service Group Executive to engage in the de-carbonisation work across the NHS, in order to identify and prioritise those aspects that have the most immediate and biggest impact on work roles, job security and earnings for NHS staff including: food policies; staff transport, uniforms and laundry, etc, and to:

1. Work with external bodies with expertise in these areas to provide branches with
 - practical advice and information
 - training
 - negotiating guidance including specific reference to ethical procurement policies.
2. Support branches to be pro-active in encouraging the involvement of activists from our self-organised groups in this agenda to ensure approaches are inclusive of diverse experiences and perspectives.
3. Work to influence discussion and policy development on these and related matters through the relevant partnership and bargaining structures within the 4 UK administrations.

Health Service Group Executive

31. Science, Therapies and Technical staff as drivers for change for a greener NHS

NHS staff have a significant role to play in helping the NHS to achieve its net zero emissions target by 2040 and we welcome the work that has been taking place which highlights how staff such as AHPs, healthcare science and pharmacy technicians can support environmental sustainability. If anything, COP26 has demonstrated just how ill prepared the government is in terms of ambition and commitment to reach its own net zero target by 2050. The NHS contributes towards 5% of the UK's total emissions and every single member of the NHS workforce has a vital role to play in implementing paths for decarbonisation.

The UNISON National STAT Committee recognises that the interventions set out in the 'Delivering a Net Zero National Health Service' report published in 2020 by the NHS Expert Panel are ambitious but necessary in order for the NHS to lead by example. In particular, we recognise that there are areas of practice for those working as Operating Department Practitioners that could contribute to net zero emissions. It is recognised that anaesthetic gases have a particularly high carbon

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footprint and contribute to 5% of the carbon footprint for acute NHS organisations. Of these, inhalation anaesthetic gases such as Desflurane Nitrous Oxide, a potent greenhouse gas have a great atmosphere longevity. We recognise that ultimately, whilst the decision around the use of anaesthetic techniques lies with the anaesthetists, that ODPs play a pivotal role in reminding and promoting more sustainable anaesthesia.

Furthermore, we recognise that AHPs, healthcare scientists and pharmacy technicians more generally should have an understanding of the climate emergency, the impact on communities, the patients they care for and how sustainability will need to be built into every area of practice, extending beyond the use of anaesthesia and medicines.

Conference therefore calls upon the SGE to:

1. Campaign for sustainability to be built into training and education standards for AHPs, healthcare scientists and pharmacy technicians as well as for the wider NHS;
2. Lead as drivers for change in raising awareness around the importance of adopting sustainable practices in the delivery of care by equipping branches with the resources to promote more sustainable ways of working;
3. Campaign for those working in community AHP settings where travel is more likely to be necessary to minimise emissions wherever possible, and adopt working patterns and technologies that reduce the need for short journeys and maximise efficiencies.

Science, Therapy and Technical Occupational Group

32. Promoting and supporting NHS Green Travel Plans

NHS organisations should be reducing their carbon footprint as part of the NHS commitment to reach net zero carbon emissions by 2040. The NHS accounts for 5% of the UK's total amount emissions, with 14% of this being made up of emissions caused by travel. At the same time, the cost of motoring is at an all-time high meaning many staff, especially rural community staff, are subsidising the NHS out of their own pockets. Therefore, reducing mileage and seeking green alternatives should be part of all NHS organisations' green plans.

The pandemic has demonstrated that NHS staff are adaptable and flexible when it comes to how and where they work. During the past 18 months, millions of patient consultations have taken place over the phone or virtually via video conferencing. This natural shift towards digital care has meant a reduction in the need for staff to travel which no doubt helps to reduce the environmental impact of NHS work and is something which should be encouraged where appropriate.

Where travel is unavoidable, for example due to issues relating to patient safety or for those working in remote areas in community roles, vehicles purchased or leased should be greener, zero-emissions or ultra-low emissions models. COP26 has highlighted that urgent action is needed, by everyone, at all levels, to tackle the very

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real climate crisis happening right now. Staff should be encouraged to use public transport, walking or cycling as their main modes of transport where it is safe to do so and in line with the latest Covid advice. Employers should also help promote, support and subsidise the individual's chosen Green Travel mode of transport.

The introduction of priority parking schemes for those using pool cars should also be considered as well as discounts and financial incentives for staff using public transport or less carbon intensive methods for work related travel.

This motion calls on the Health Service Group Executive to:

1. Promote green travel plans through partnership structures in the devolved administrations;
2. Provide practical support to branches on negotiating green travel plans;
3. Seek a commitment to reducing overall mileage in the NHS;
4. Argue for dedicated green pool car fleets for staff to use for work-related travel;
5. Encourage low emissions transport alternatives for all NHS areas (including deliveries, intra-site transfers etc);
6. Promote safe public transport use for NHS staff, making the case to include any additional travel time as working time.

Northern Region

Defending the NHS and protecting and improving health and care services

33. Campaigning against Toxic NHS PFI legacies

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

- a. Prior to Covid-19, the health service faces a PFI "postcode lottery" as some trusts faced spending up to £1 in every £6 on PFI payments with worrying consequences for patient safety.
- b. As a result, long term investment in building and lifesaving technology has been restricted with safety hazard, sewage leaks and falling ceilings now major risks at hospitals

In 2019, PFI schemes to fund capital spending cost Trusts around £2.1 billion in repayments and at the time were calculated rising to more than £2.5bn by 2030, thereby diverting funds away from patient services. The IPPR reported there are £3bn of critical maintenance issues unsolved as highlighted in point 2 above. It very likely during the last 2 years of Covid, the PFI bill has grown since the report.

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Conference calls on the Health Group Service Executive to:

1. highlight these gross PFI repayments/percentages and how they are and will continue to undermine the funding of the NHS.
2. contact NHS Unison Branch Secretaries in PFI Trusts/Hospitals, where these toxic PFI payments have resulted in understaffing, restructuring, down grading, redundancies and Health and Safety issues in areas such as Accident and Emergency, Community Nursing and Surgeries. The HGSE to support branches in requesting the information from their Trusts/Hospitals to support the HGSE campaign.
3. liaise with other Unison Key stake holders such as Unison Labour Link campaigning for:
 - i) A review of these NHS PFI debts - to start reducing the payments with the aim of the NHS PFI debts to be written off
 - ii) To continue the call for the NHS PFI contracts to be scrapped

NHS Logistics

34. Ensuring our Public Health Services are fit for purpose in a Post-Pandemic future

When Covid 19 happened in March 2020 we entered a period of rapid change across the public sector in which many of the previously insurmountable barriers to change appeared to fall away. This was nowhere more evident than in the case of the National Health Service. Our healthcare system, faced with transforming almost overnight to cope with unprecedented demands. Especially in the immediate, crisis response, there was a clear message about how much could be achieved at pace. when people were united by a common purpose. Over the last 2 years, services have reacted quickly to changes in demands as new variants emerge and changes happen.

We also need to recognise that this was only possible because the NHS paused a number of services. To cope with the demands of this world wide pandemic public health departments became the centre for expert advice and support in managing through these uncharted waters. A public health system that over a number of years had seen cuts to budgets, reduction in staffing number with little or no capacity to deal with a public health crisis that would soon be overwhelming and sent the whole nation into lockdown.

There is no doubt the UK has experienced one of the most prolonged and acute set of Covid 19 restrictions in the world. This was not only avoidable at the outset but the ideological zeal to privatise has literally cost lives and livelihoods. Introducing a track and trace system where multi-nationals rely on low paid contact centre staff repeatedly try and get individuals who have been exposed to the virus to answer the phone had minimal effect on controlling the virus and where local public health teams were involved in contact tracing, there was a more positive impact on controlling the virus spread. As time has gone on, contact tracing has become

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more complex as individuals naturally have more contacts due to the lessening of interactions.

However, simply operating Track and Trace within the NHS will not solve all of the issues within the service. There needs to be a public health service which has the expertise to work across the public sector to identify, isolate and ultimately prevent spread of disease. This requires services which have local knowledge and credibility. The pandemic has proven that across the country, public health has been understaffed and underfunded. Conference fundamentally believes that public health services with the appropriately qualified clinical and analytical staff at the heart of the public sector are necessary to prevent another pandemic putting the NHS under pressure to the extent that COVID has again.

Conference calls on the Service Group Executive to establish a communication and engagement campaign to:

1. Highlight the work of members within public health in all four countries in the UK to show the importance of their work within the context of public safety;
2. Establish that to better understand the epidemiology for all cases of Covid 19 public health teams need investment and a move away from years of cuts through the UK government's austerity agenda. This will be vital to ensure that any pandemic in the future will be managed in a better way;
3. Recognise that we will need to have COVID measures in place for a much longer period of time and that contact tracing should be properly invested in with the skills of the staff recognised. This should involve lodging banding claims for a minimum Band 5 payment for all contact tracers;
4. Actively recruit Contact Tracers into membership of UNISON.

Lanarkshire Health

35. Ambulance and hospital pressures

Conference notes that across the UK, NHS Hospital and Ambulance staff have been performing under incredible pressures due to the Pandemic and that overcrowded wards prevents emergency departments from moving patients forward.

This over-crowding also prevents NHS Ambulance crews from bringing their patients into the hospitals; instead, the crews remain outside with their often critically ill patients being denied the health care they deserve.

Previous governments decided to sell off District Hospitals and Cottage Hospitals, claiming the money raised would go towards paying for "Care in the Community"; but it hasn't. And it will not. Not unless we hold them to task.

Conference instructs the Health Service Group Executive to raise the issue with the NHS Hospitals and NHS Ambulance Services, and to campaign for the return of District and Cottage Hospitals, where patients may undergo and recover from elective surgery.

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This will enable NHS Accident and Emergency Hospitals and NHS Ambulance Services to cope with emergency admissions and to provide that good level of emergency medical care which Aneurin Bevan introduced in 1948.

East of England Ambulance Branch

36. Reserve Pool of Staff

Everyone knows that the NHS is facing an increasing problem of recruiting and retaining staff. The recommendations on Flexible Working will hopefully do something to alleviate the difficulties in recruiting and retaining people as will hybrid working but these are not the only solutions. The NHS needs to adopt modern working practices and also learn from its own history.

Many people will remember when the NHS ran a pool of staff, who were not allocated to a particular team or workplace. These staff included people who needed to be redeployed, people who liked variety in their work and others. This reserve pool of staff were permanent employees who could be deployed as needed and provided much needed back up for planned long term leave, maternity cover and emergencies. The use of the reserve pool meant there was no need to hire agency staff or use "Bank" staff and if people in the reserve pool were surplus on the day they were deployed to assist teams which meant that teams had some extra hands for a change.

This Conference calls upon the Health Service Group Executive Committee to promote the Reserve Pool of Staff as part of the future of employment options in the NHS.

Birmingham and Solihull Mental Health

Calling for a fair and just culture in the NHS

37. Whistleblowing in the private sector

This conference believes that Freedom to Speak up policies and guardians in the NHS is a positive step toward improving quality and transparency within the NHS.

Recent cases in private care homes and hospitals demonstrate that there is a need for similar roles and processes to be rolled out in the private sector that is not self-regulated by the companies, but by an external body. This could be Clinical Commissioning Groups / Integrated Care Systems, the Care Quality Commission or a fully independent body that has the authority to investigate concerns raised by individuals and to hold to account companies and accountable officers should the concerns be validated.

These companies and hospitals may be privately owned and run but are funded by the public sector and as such should be open to scrutiny to ensure that residents are

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getting the best care possible and that public money is being spent where it is needed, not lining the pockets of the owners.

Therefore, this conference instructs the Service Group Executive to:

1. Raise this with NHS leaders and their Local Authority counterparts as a significant issue that must be dealt with
2. Lobby CCG/ICS and Local Authorities to only award contracts to companies that can demonstrate good employment practices for the staff they employ and that those companies must be able to demonstrate a whistleblowing procedure that protects staff who raise a concern
3. Lobby all relevant parties to either extend the power of the national Freedom to speak up guardian to the private sector or appoint a separate Freedom to Speak up guardian responsible for issues raised within the private sector.

Eastern Region

38. Just and restorative culture, a wolf in sheep's clothing

Just and Restorative Culture is an employer initiative being rolled out through NHS England, focused around resolving cases at the informal level and reducing stress for those involved. The basic idea around Just Culture is to focus on the wider, systemic issues as opposed to the individuals. It began as a way of approaching patient safety issues but some employers are applying Just Culture to grievance cases too.

Many employers and even UNISON Branches have already adopted the Just Culture platform in workplaces, as on paper, it appears to be a pragmatic route to positive outcomes for our members. In practise, however, it can be used in much more sinister ways, potentially giving managers the licence to bully their staff.

When collective and individual grievances are submitted against a bullying manager Just Culture allows the employer to consider external factors even if the manager has objectively acted maliciously. Some employers are very image conscious and will use this platform to protect their public image instead of addressing the issues essentially gas-lighting our members who are only sticking up for themselves.

In more extreme cases, an employer could even prevent grievances from going through a hearing, undermining the right to appeal, timing out any legal avenues and effectively freezing the union out of casework altogether. The arbiters of these processes are always going to be the employer and we can never rely on the employer to do what is right and just.

Conference calls on the Health Service Group Executive to:

1. Allow Branches to make their own choices on whether or not to adopt Just Culture.
2. Review the Union's position on Just Culture.

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3. Seek to ensure that Just Culture isn't applied in cases of bullying and discrimination.

Nottingham University Hospitals & Allied Services

39. End Nepotism in the NHS

The NHS is meant to be an equal opportunity employer but time and again the best paid jobs go to people well connected or within influence of those in powerful positions. We see jobs going to favourable people who don't seem to go through any formal interview process and jobs created without any formal job advert going to those connected to highly placed managers. We even see senior managers retire and are rehired on senior graded posts which seem to be created specifically for them. This practice isn't in line with the Nolan principles of public office and isn't transparent or in the taxpayer's best interest. The job should go to the person best for the job not best placed for the job.

Conference calls on the Health Service Group Executive to:

1. Highlight the jobs for the boys-girls culture within the NHS to employers;
2. Call out nepotism within the NHS;
3. Give branches the tools and confidence to challenge employers where suspected equal job opportunities have been bypassed by the employer.

University Hospitals Birmingham UNISON

40. End Nepotism in the NHS

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Conference calls on the Health Service Group Executive to:

1. Highlight the jobs for the "who you know" culture within the NHS to employers;
2. Call out nepotism within the NHS;
3. Give branches the tools and confidence to challenge employers where suspected equal job opportunities have been bypassed by the employer.

West Midlands Region

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Motions Ruled Out of Order

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

Motion Supporting dismissed Sri-Lankan PPE Workers

(SOCM0001 submitted by NHS Logistics)

Conference notes that many of the medical supplies to the commodities to NHS are manufactured across the world under the remit of large multi-national companies. These Multinational Companies may have contracts with local companies across several countries and where some of these factories are located in Free Trade Zones. Some of these manufacturing companies are producing PPE gloves for the NHS, where it seems exploitation of migrant labour from neighbouring countries is common, example by having large so-called recruitment fees. To pay off these large fees, workers would have to undertake 150 hours overtime per month.

The Australian Trade union - Australian Nursing and Midwifery Federation (ANMF) is supporting 11 sacked Sri Lankan Trade Unionists leaders of Free Trade Zone and General Services Employees Union (FTZ&GSEU) by a large Australian Multinational Company in 2013, who are struggling for union rights, compensation and to abolish “debt bondage” arrangements, while making gloves and other PPE for this large Australian multinational company. The Sri Lankan court instructed the Multinational Company to reinstate these Trade Unionists.

The International PPE Solidarity Campaign held solidarity actions on Saturday 15th October 2021 in Australia, UK, Belgium, Sri Lanka, Nepal, Indonesia and Malaysia. These included a PIRC/Unison webinar.

Conference welcomes the statement placed on the UNISON website on 4th November 2021 - with UNISON General Secretary co-signing a letter addressed to the Investors of the Australian Multinational Company ahead of its AGM held on 11th November 2021 – “to help change the culture change of worker exploitation in Sri Lanka”.

The letter continues with “Even during the Covid- 19 pandemic, when workers have been at greater risk of infection and immense pressure, due to exponential rise in global demand for PPE not negotiating with FTZ&GSEU, who have been alerting management to safety oversights on the behalf of its members”

Conference calls on Health Service Group Executive :

1 To continue liaising with UNISON’s NEC International Committee and the International Unit in sending messages of support to ANMF and the solidarity campaign

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2 To report back to the Health Conference/branches on the solidarity campaign for the 11 Sri Lankan (FTZGSEU) Trade Union leaders at the Australian Multinational Biyagama Free Trade Zone complex in Sri Lanka as supported by ANMF members.- to pay compensation as awarded at an 2020 arbitration. Also to feedback on the other important aspects raised in the letter, eg covering recognising FTZ&GSEU, at the time payments of workers overtime as set by Sri Lanka's commissioner-general of labour and ensuring safe working conditions in accordance with the Sri Lankan ministry health's updated Covid19 guidelines.

3 To explore with the UNISON's NEC International Committee and the International Unit – requesting UNISON sponsored MPs/MSP's/MA's to raise questions with Department of Health's on NHS England/Scotland and Wales' procurement policies where workers are denied their basic rights.

Fighting Privatisation in the NHS

(SOCM0002 submitted by NHS Logistics)

Conference – According to the Government's own figures , 2018 -2019 more than £9bn of the NHS Budget went to profit making companies. In some areas of NHS are particularly susceptible to privatisation for example Ambulance trusts in England spent £92 million on private ambulances and taxis . Nearly half of all spending on Child and Adolescent Mental Health Services went to private providers.

Conference re-asserts UNISON 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. This has been strongly enhanced over the last 2 years during the Covid 19 pandemic

Conference recognises the strength of UNISON campaigning against subsidiary companies prior to the pandemic. Conference congratulates the branches that fought off of such threats, using a combination of industrial action, media and political campaigning.

Conference calls upon the Health Group Service Executive:-

- 1) To continue to fight NHS privatisation in all its forms.
- 2) To support branches/regions campaigning at local levels.
- 3) Work with sympathetic campaign groups and alliances, which may call for National and/or Regional events such as Rallies/Demonstrations /lobbies post Covid pandemic
- 4) To continue to campaign with other UNISON key stakeholders for legislative change that moves the NHS away from the market.

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Fighting Privatisation in the NHS

(SOCM0014 submitted by East Midlands Region)

Conference – According to the Government's own figures , 2018 - 2019 more than £9bn of the NHS Budget went to profit making companies. In some areas of NHS are particularly susceptible to privatisation for example, Ambulance trusts in England spent £92 million on private ambulances and taxis . Nearly half of all spending on Child and Adolescent Mental Health Services went to private providers.

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4. To continue to campaign with other UNISON key stakeholders for legislative change that moves the NHS away from the market.

Trans equality – louder and prouder

(SOCM0027 submitted by National LGBT+ Committee)

The toxic debate ignited by the UK government's public consultation on reforming the Gender Recognition Act (GRA) underlined the importance of our union, including branches in the health service group, supporting and representing our trans members effectively.

Attacks on trans rights have continued to escalate. There has been a sustained attack on Stonewall's trans inclusive Diversity Champions programme, which some health service group employers are members of. The programme gives advice, support and resources to employers on meeting their statutory requirements under the Equality Act 2010 and provides support and tools for organisations to improve their practice beyond the legal minimum.

Attacks are being coordinated to undermine support for Stonewall's work on Lesbian, Gay, Bisexual and Transgender (LGBT+) equality at work. There have been repeated false claims that Stonewall is misinterpreting the Equality Act's protected

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characteristic of gender reassignment in its advice to organisations. Stonewall's advice is based on the Equality and Human Rights Commission's Equality Act Code of Practice, which was reaffirmed by the High Court in May 2021 when it threw out an attempt by one of the co-founders of the anti-trans LGB Alliance to launch a judicial review against the EHRC's guidance.

In September 2021, the Council of Europe published a detailed report 'Combating rising hate against LGBTI people in Europe', which states "In the United Kingdom, anti-trans rhetoric, arguing that sex is immutable and gender identities not valid, has also been gaining baseless and concerning credibility, at the expense of both trans people's civil liberties and women's and children's rights"

The report goes on to say "The 'gender-critical' movement, which wrongly portrays trans rights as posing a particular threat to cisgender women and girls, has played a significant role in this process, notably since the [consultation on updating the GRA] In parallel, trans rights organisations have faced vitriolic media campaigns, in which trans women especially are vilified and misrepresented".

The tactics being used by those campaigning to roll back the existing rights of trans people, including 'gender critical' and anti-trans groups, are almost identical to the tactics seen around the time of Section 28, when gay men were portrayed as sexual predators and a danger to children to spread fear and mistrust. Conference recognises that recent years have seen a concerted international campaign against trans people and there is growing evidence of this being linked to the far right and religious-right.

Conference notes that:

- 1) The Southern Poverty Law Centre in the United States (US) reported that in 2017, at an annual right-wing, fundamentalist event called the Values Voter Summit, transphobia was discussed as a tactic to be deployed, because rallying against homosexuals was not working any more, One of the far-right panellists said: "Trans and gender identity are a tough sell, so focus on gender identity to divide and conquer...trans activists need the gay rights movement to help legitimize them...If you separate the T from the alphabet soup, we'll have more success".
- 2) The International Centre for the Study of Radicalisation's study on the evolution of extremism in the first 100 days of the Biden Administration found that "Transphobia has long been one of the most major and ubiquitous narratives around which the far right mobilises... Transphobia should be recognised as a security concern."
- 3) Some anti-trans individuals and groups in the UK have links with far right and religious-right groups in the US and elsewhere
- 4) Targeting a minority, and spreading false information to provoke hatred and distrust by preying on people's fears, are classic far right recruitment tactics

UNISON's position is clear: trans women are women, trans men are men and non-binary identities are valid. Conference recognises, however, that UNISON must now

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become more visible and more vocal in promoting Trans equality inside and outside the union.

Conference therefore calls on the Health Service Group Executive to work with the National LGBT+ Committee and other parts of the union as appropriate to:

1. Explore ways to increase the strength and visibility of UNISON's work to promote Trans equality in the health service group
2. Encourage health branches to urge employers to join the Stonewall Diversity Champions programme if they are not already members
3. Promote the UNISON fact sheet 'How to be a Trans ally' and the UNISON trans all training widely within the service group
4. Produce and promote materials to help branches and members in the health service group to counter the 'gender critical' narrative and provide information on the links between the gender critical movement in the UK, the far right and the religious-right.

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

Campaigning for Improved Sick Pay for Agency/Private Contractors working in the NHS

(SOCM0006 submitted by NHS Logistics and SOCM0013 submitted by East Midlands Region)

Conference - Many Agency/Private Contractors Employers working in the NHS delivering public services offer very restrictive sick pay/occupational health schemes or have no sick pay scheme at all.

Some Agency/Private Contractor Employer's pay no sick pay for the first 2 days of sickness or in the case of Covid 19 related illnesses just pay Statutory Sick Pay. This can have an immediate detrimental financial effect (certainly for Agency Unison members who are paid weekly), if need to take a short period off work. Thus having to rely on other institutions such as charities and food banks. The Covid-19 Pandemic highlighted the structural inequalities for low pay Agency/Private contracted members and the disparity compared to members working directly for NHS Public service employers.

Conference notes that many agency/private contracted members were compelled to work or due to financial reasons attended work while having Covid 19 Symptoms, when they should have been self-isolating at home as per the Government Covid-19 guidelines. The same situation generally arises in the winter months with an increase in illnesses and Agency/Private Contractor members having either been compelled or due to severe financial reasons having to rush back to work, leading to a situation which can be very counterproductive not only for the individual, but potentially spreading the illness to other employees and service users.

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Conference calls on the Health Group Service Executive:-

- 1 To campaign with the relevant Private Contractors in the NHS and also the NHS bodies who hold the contracts – for Agency/Private Company Employers to implement a full statutory sick pay scheme for all employees working in the NHS.
- 2 To promote the campaign across major Agency/Private Contractors Employers and the contracting NHS Bodies. To have an indication where the campaign is successful with Agency/Private Contractors as part of the key aim full sick pay is a basic right for every worker.
- 3 To work closely with other UNISON bodies and other key stakeholders where these Agency/Private Contractors have contracts in other Public Services. The campaign would include lobbying political parties in powers and position of influence across the 4 administrations of England, Northern Ireland, Scotland and Wales.

Mandatory Vaccinations

(SOCM0008 submitted by North West Region)

Health Conference recognises the dangers posed by a variety of viruses – significantly flu, which kills an average of 8,000 people in England every year, and COVID-19 which plunged the world into a deadly pandemic in early 2019 and has taken over 141,000 precious loved ones, family members, colleagues and comrades from us in the UK.

The failures of the UK Government to ensure adequate PPE within the social care sector at the onset of the COVID pandemic was not the responsibility of the staff working within that sector, or the NHS, nor was that failure and its consequences on lives lost, the responsibility of health and social care staff.

Conference firmly believes that it is appropriate for health and social care staff to have access to, and take up, appropriate, effective vaccinations, and that staff should be encouraged by both employers and trade unions to do so, when offered,. Conference notes that this approach is generally reflected in previous jointly agreed national statements and within national campaigns, such as the annual Flu Fighter Campaign.

However, Health Conference notes with concern the UK Government's implementation of a mandatory approach to COVID vaccinations. Conference also notes that numerous research and guidance, including that from NICE, does not recommend mandatory vaccination.

Conference acknowledges the challenges experienced within healthcare settings annually regarding the supply of vaccinations; these supply challenges did not evade the supply of the COVID vaccination.

Health Conference believes that the decision to receive a vaccination should be a matter of personal choice and that the decision of a worker or potential new recruit to decline a vaccination should be respected, not imposed through a contract. Health

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and social care workers should be allowed to work in their chosen field, be deployed into treatment and personal care settings, without facing sanction or detriment if they choose to decline a vaccination, never mind experiencing informed consent becoming coerced consent or consent under duress if they opt to acquiesce to enforced employment conditions.

Health Conference understands the stringent safety assurances both the flu and COVID-19 vaccines, and others, receive before they are authorised, however, it is clear that vaccine hesitancy exists as a real concern for some and is more prevalent within certain groups of our society. Actions should be taken to support members of these groups, to learn their concerns and address them in an informed manner, rather than take a wrecking ball to crack a hazelnut.

Our members, whether working in care homes, personal homes, in hospitals or in general practice, accept their responsibility to avoid preventable harm to the people whom they are there to care for; they have, in large numbers, become fully vaccinated in terms of COVID-19 and many also take up the annual flu vaccination in large numbers too. But they are not the only ones these and other viruses find; visitors to these care settings are also able to carry these viruses into the care settings. Mandating vaccination to workers within health and social care settings will not close the door to these viruses.

In early November 2021, social care homes faced the prospect of dismissing around 50,000 staff who had not received their mandated COVID-19 vaccination, placing a significant additional burden on our NHS. A burden which would happen just as winter pressures commence.

Sick pay within the private social care arena is often non-existent, whilst staff within the NHS face the prospect of sanction if they absent themselves from the workplace beyond a very low provision of days or occurrences, yet these policies of sanction often give no consideration to symptomatic staff who then bring a virus into care settings.

Health Conference calls on its Service Group Executive to:

- (1) Campaign for a national sick pay which will allow workers to take appropriate time away from the workplace when they are ill, in particular when infected by either flu or COVID-19 viruses.
- (2) Continue to work with employers nationally to promote the voluntary take-up of free vaccinations by workers.
- (3) Provide support to branches who are negotiating policies regarding sickness absence, ensuring that exemplar policies include provisions that allow staff appropriate time outside the workplace to recover and recuperate from infectious viruses with fear of sanction.
- (4) Provide support to branches who are faced with members being placed through disciplinary processes for refusing vaccination, ensuring that Representatives have information available to represent within disability, race and age discrimination

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cases, as well as any other protected characteristic as defined within The Equality Act 2010 which may apply to our members.

Three Ballots is Too Many

(SOCM0040 submitted by Bucks Healthcare and Community)

This branch believes that holding three ballots on pay is too many. We believe that consultative ballots are positive in identifying the mood of our members on how they might feel about things including pay and is the correct initial approach, but once members have been asked the service group should act upon the outcome- unless it is too close to call. We recognise that online surveys, etc. rarely receive more than 30 % of the targeted audience and that the only way to achieve more is by having active and vibrant branches and regional structures -with those active in the union out talking to members. This is what will increase turnout -and ensure that we will receive the required turnout- in any industrial action ballot.

This branch recognises that Tory anti-trade union laws and rules have been put in place to try to stop unions from taking industrial action and thus the best way of opposing these laws and rules is by visibly getting out and talking to members when we feel we need to take action over our pay terms and conditions.

This branch asks the conference to request that the SGE :

Hold consultative ballots to survey and identify the mood the mood of our members prior to holding a ballot for industrial action, as part of the preparation/campaign and build up to any action; and that any second consultative ballot be used when it is too close to make an informed decision on how the members are feeling about taking action.

Compulsory Vaccinations

(SOCM0048 submitted by Greater Manchester Mental Health Branch)

This conference notes plans by Government to introduce mandatory vaccination from Spring 2022. We support the encouragement of all health workers to have the vaccination. We stringly believe this must be done by encouragement, not compulsion.

We believe making vaccinations mandatory will lead to many 10,000s staff being forced to leave the NHS. This will occur at a time when we have over 80,000 vacancies. We also have the biggest waiting lists ever, predicted to rise to 13million. We have hospitals way over capacity , with huge waiting times at A+E, for ambulances and at GPs. We cannot afford to lose any staff.

This conference agrees oppose all attempts to make Covid vaccinations compulsory, to support any staff threatened with termination of employment. And to support any staff who want to resist the impact on their own health and safety by the reduction in staff which will inevitably result. We agree to look at lobbies of MPs to call on them to oppose this measure which will further hit an NHS on its knees.

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Crisis in NHS

(SOCM0062 submitted by Greater Manchester Mental Health Branch)

This conference believes the NHS is at crisis point with -

Predictions of 13million on waiting lists soon.

80,000 unfilled NHS posts.

Dangerous Occupancy levels in hospitals of over 90% routinely for most of the last 2 years, not just at winter.

Hours long waits for patients needing ambulances and then long waits outside A+E

Funding which does nothing to recoup losses of 17,000 beds during Cameron's "austerity"

Despite the huge effort of staff, we cannot compensate for years of continued government neglect. Sadly, despite the best efforts of exhausted and overwhelmed staff, the NHS now fails many of those who need it as well as those who work in it.

We believe the time has come for a national demonstration in defence of the NHS. Unison should try and get as many other trade unions, campaign groups like Keep Our NHS Public and Health Campaigns Together, users of service groups, charities, celebrities to support this.

Motion 6. Oppose Health and Social Care Bill (Or Act if passed)

This conference believes the reality of the Health and Social Care Bill (or Act if passed) will make the NHS worse, encourage more privatised health care, risk national pay and terms and conditions. It needs to be rigorously opposed. We need to fight for a fully publicly funded, publicly provided NHS, with no separate commissioner/provider function. Which works closely with a fully publicly funded, and publicly provided social care service.

The following motions are ruled out of order due to legal jeopardy:

End Fire and Hire

(SOCM0003 submitted by University Hospitals Birmingham UNISON)

Not printed on the advice of the legal officer.

Halting privatisation and driving the insourcing agenda: ending low pay in our health service

(SOCM0009 submitted by North West Region)

Not printed on the advice of the legal officer.

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The following motions are ruled out of order because they include actions that are beyond the remit of a health service group conference:

Ending the Employer's Stranglehold on Facility Time – Partnership Working that Actually Works

(SOCM0025 submitted by Nottingham University Hospitals & Allied Services)

Facility Time is the foundation of all the work that we do, without allocated time to discharge our duties we are left doing this work in our own time, barreling towards burnout, barely able to do any more than the bare minimum of our members' expectations. This position suits the employer just fine, we know they don't want us to excel and, in order to consolidate their position, they have adopted the argument that backfilled Facility Time is all tied up in the Staff Side Lead positions.

UNISON is by far the largest Union in Health, yet for the sake of their twisted view on equality; if a representative of a smaller Union or staff association became a Staff Side lead they will be granted the same amount of backfilled Facility Time as a UNISON Representative with a fraction of the membership responsibility. This may be equal to them but it is far from equitable for us.

When challenged on this, the employer may fall back on the argument of reasonable release and relies on the minimum provision as required by law. There are a number of problems with this approach:

1. The lack of backfill provided often leaves our stewards playing catch up in their substantive posts.
2. A mountain of work to return to following a case is not an attractive recruitment tool for new reps.
3. This position forces us into the role of a servicing union undertaking only casework not allowing for any campaigning.
4. The employer knows that most managers won't be aware of the duty to provide reasonable release and because of this we will be forced into lengthy negotiations with local managers.

The issues outlined above allows the employer shift their responsibilities around the duty to provide release onto individual managers which makes release, essentially, a postcode lottery; allowing employers to, effectively, choose who gets to become a representative. This motion seeks to place this responsibility back onto the employer's doorstep, exactly where it belongs.

It is worth noting that we don't have this problem in other sectors, it is certainly not as widespread as in Health, Local Government Branches appear to be much better resourced when it comes to Facility Time with some Branches holding up to 5 WTE worth of release when some Health Branches of a similar size have less than 2 WTE.

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We do not negotiate pay employer to employer as that would be a pointless duplication of effort; conference therefore asserts that Facility Time should be negotiated nationally.

Conference calls on the SGE to:

- Seek to negotiate a national framework through the national NHS Staff Council for Facility Time as outlined below.
- Instruct our NEC representatives on the SGE to bring this motion to the NEC for discussion at the Policy Sub Committee.

The framework would mandate employers to allocate a budget for backfilled Facility Time to be allocated as the Branch instructs. The framework would look like this:

Membership numbers	WTE
999 members or fewer	1
1000 - 1999 members	2
2000 - 2999 members	3
3000 - 3999 members	4
4000 + members	5

This framework would work alongside any provisions for reasonable release that are currently working well for Branches; this motion seeks to aid Branches who may be struggling with release. This would mean case-working stewards could have reasonable release to undertake casework and Branch officers could have dedicated, protected time to undertake the crucial organising work that we do.

Don't Forget Our Expenses

(SOCM0039 submitted by Bucks Healthcare and Community)

This branch notes that for many years expenses for NHS staff have not been raised to meet the extra cost incurred of driving or working from home. With inflation rising over 3 % and the likely prospect that we will see interest rates rise and with the outcome of our pay dispute uncertain, expenses have fallen behind pay, let alone the area cost of living awards.

We also recognise that many NHS staff are now being encouraged to work from home and that this will be the new normal. Most trusts have signposted staff to the HMRC website to claim tax relief for working from home which does not recompense one for the costs incurred of heating or lighting your home, let alone broadband and telephone use. This branch believes that dedicated NHS staff are still being asked to subsidise the health service through not asking for expenses to meet these costs. We believe that expenses are just and staff should not have to subsidise the health service for the lack of funding from the government.

We ask that the conference supports this motion and requests that the SGE and staff council members, as part of the 2022 pay campaign incorporate the following expenses and allowances into our pay demands and look to have them increased:

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1. High cost of living allowances for those receiving them and those areas that fall within the zones and where the high cost of living has been recognised as an issue, such as the southeast of England
2. Mileage allowance (both agenda for change rates and HMRC rates), acknowledging that they have not moved or been increased for a whole period. With emphasis on looking at how green travel can be developed where staff have to use cars to visit clients, etc.
3. Working from home expenses that recognise the true cost of heating, lighting and broadband, as we could receive up to £26 per month tax free from employers if it was added to expenses.

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

Safe staffing/Stress due to excess workloads

(SOCM0061 submitted by Greater Manchester Mental Health Branch)

This conference notes

the ongoing underfunding of the NHS

the ever growing waiting lists in the NHS predicted to reach over 13 million people.

the 80,000 unfilled NHS vacancies.

the impact this has on all our working lives, as we often do 2 or 3 people's jobs every shift.

the impact on our mental and physical health of this stress, as more of us become unwell due to stress from inadequate staffing levels/excess workloads. We worry about making a mistake as we have not got time to do all that is asked of us. Unison will often represent members who have made a mistake due to pressures of excess workloads and then face investigation and disciplinary action.

the massive impact on quality of patient care as we struggle to deliver good care with so few staff and resources.

We believe that risk assessments, grievances can all help to highlight these difficulties and should be encouraged and supported. But sometimes these are ignored by Trusts. We note the dispute in Early Intervention Teams in Manchester with caseloads twice what they should be, fighting for safe staffing levels. They resisted attempts to extend their work from 5 days to 7. They balloted and won a 95% vote for strike action. They have won the support of users of services.

This conference believes it is possible to have legal disputes about safe staffing and excess workloads of NHS staff. These should be fully encouraged and supported by Unison, to prevent more staff becoming unwell and/or leaving. We know they will be incredibly popular with the public and users of our services.

We believe Unison health service executive should organise an online day conference for health members who want to organise to fight for safe staffing and to resist excess workloads so endemic in NHS. This should be a conference where members can contribute as well as hear of successful campaigns run around the UK.

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The following motions are ruled out of order because they are statements and not motions:

Staffing and Pay

(SOCM0012 submitted by Yorkshire & Humberside Region)

Over the past 20 months the NHS has been tested to the maximum, the country has relied on one team of workers in Social Care and the NHS to get us through the pandemic. The NHS and Social Health Care are chronically understaffed, with high numbers of vacancies. In short, the workforce is in crisis.

Staff shortages are widespread and exist across all disciplines. The NHS is on the brink, with too few nurses, midwives GP's, mental health workers, porters, domestics - the list is endless. Staff are leaving because of poor pay, low job satisfaction, lack of recognition. Whilst recruitment and retention is a problem that continues to grow. The fourth wave of Covid has exacerbated retention and recruitment. The biggest of these issues is in nursing, especially in acute and mental health posts as staff are just burnt out. Posts need to be urgently filled to make sure our communities receive the best care possible and alleviate the strains that health teams continue to face. This, against a backdrop of spiralling workloads and ever-growing backlogs for treatment.

- UNISON insist the Government provide urgent investment for the NHS and Health Care workforce. This should start with an increase in pay!
- NHS workers have suffered 19% real terms pay drop since the Tories took power in 2010. UNISON need an agreed campaign plan against the Government for investment in pay and staffing
- Branches and Reps need to be having 1-1 conversations with members and the public about staffing issues and pay. Every conversation will drive up participation
- Branches and Regions continue to campaign in all Health Sectors
- Branches and Regions continue to defend A4C terms and conditions and improvements in pay.

NHS Pay - fight for Decent Pay to save the NHS

(SOCM0058 submitted by Greater Manchester Mental Health Branch)

This conference notes

that NHS pay has continued to deteriorate in real terms. NHS staff have lost up to 15% over the last 11 years of Tory austerity.
by November 2021 inflation RPI was 4.9% well above the 3% given by Pay Review Body.

This conference believes that

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the loss of real terms pay rises contribute to the poor recruitment and retention rates of NHS staff, b) this leaves an already overwhelmed NHS with shortfall of at least 80,000 unfilled posts.

if this persists this threatens the continued future of the NHS

after the worst 2 years of our working lives, NHS workers see no end to austerity, cuts, privatisation, health and safety threats to our lives and well-being. We are angry about the way we have been treated and pay is the icing on this horrible cake.

the 80% indicative vote prepared to take industrial action reflects that anger.

we have no choice but to fight for Decent Pay to save the NHS.

We need to link pay with crisis in NHS provision.

We need to build an invigorated campaign including industrial action, strikes, rallies, protests. This has to be a priority for Unison.

We need to call for a yes vote for any industrial action, within Unison rules, as it will take this for us to win.

We need to work alongside any of our other service groups who are fighting over pay, and with other unions where possible. we need to learn from other public sector unions like UCU, CWU how they have worked to get 50% turnouts.

Learning from NHS Pay Campaign 2021

(SOCM0059 submitted by Greater Manchester Mental Health Branch)

This conference is disappointed

that the health exec did not recommend a call to fight the 3%, including voting for industrial action, but left the choice to members. We believe it would have built confidence of members and activists if the health exec had given a strong lead

that having got an 80% vote for strike action in the first indicative ballot, we did not accept what members said and moved to an industrial action ballot. Endless ballots can be dispiriting.

that the Unison claim was for only £2000, which was only 10-5% for ordinary NHS staff, when we have lost 15% over the last 11 years. This had a demoralising effect on some of band 5/6 who are hardly high paid workers.

that Unison health effort was put into criticising other unions and their demands, when it was more important to work together for more than 3%, for better NHS pay, rather than focus on detailed differences.

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NHS Pay Claim

(SOCM0060 submitted by Greater Manchester Mental Health Branch)

This conference believes it is important that pay claims do not leave behind the lowest paid and should not be just a percentage claim. We all pay the same for bread, electric, rent etc.

We believe that any claim has to look at restoring the pay we have lost over the last 11 years ie average loss of 15%.

We believe it is important we put in a claim of flat rate of £3000 or 10% whichever is the larger

ends