# UNISON Health Service Group Conference
# 25-27 April 2022

# Record of decisions – text of resolutions

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**Strategy for a greener NHS**



**Defending the NHS and protecting and improving health and care services**



**Calling for a fair and just culture in the NHS**

## 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.

### 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.

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.

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**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.

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.

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## 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, community nursing in particular, continue to require the use of a car as public transport, cycling etc, cannot be used. This is a particular issue in rural areas.

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 community and district nurses, 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 Pay Fair for Patient Care.

6. To raise with employers, via the partnership forums in England, Scotland, Wales, and Northern Ireland, the fact that mileage calculated 'as the crow flies' is an unfair policy.

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## 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. Despite having a clear set of principles set out in Annex 29 of the NHS terms and Conditions of Service Handbook, we are not confident that all employers treat all staff groups equally when it comes to on-call. We also know there is nothing to make employers act consistently outside their own organisation. 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 arrangements. There are massive differences in pay, renumeration 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. Request that the NHS Staff Council audits application of the Annex 29 Handbook arrangements;

3. Work with staff groups such as ODP's, Radiographers, physios and nurses to develop On Call arrangement that works for all staff groups;

4. Work with employers to develop ethical on call arrangements that are consistent with Annex 29 of the Terms and Conditions of Employment, and that give members proper rest without losing annual leave or pay;

5. Work with employers to ensure members who work On Call have guaranteed rest time without impinging on the individual's terms and conditions.

## 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.

It is noted in some parts of the country bank shifts are offered as the only option to work overtime. It is further noted the increased dependency of bank contracts across occupational groups such as operational services, are effectively zero hours contracts. It is also clear from members when bank shifts are offered, this can often be at a lower substantive grade than the grade they are covering.

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.

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.

3. Across the four parts of the UK, press for inclusion of Bank staff in workforce data collection and staff survey activity.

## 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.

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

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**8. Collective bargaining – the way to win**

This motion FELL as a consequence of motion 7 being CARRIED.

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## 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.

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. Lobby the government to address the recruitment and retention issues and the mass of vacancies across all sectors of the NHS

2. 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;

3. 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;

4. 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.

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**10. Staff wellbeing**

This motion FELL because there was no speaker to formally move it.

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**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.

COVID-19 restrictions, such as lockdowns, working from home, school shutdowns, and remote learning, are likely to have exacerbated LGBT+ mental health disparities. Young LGBT+ people have been proven to be disproportionately affected by the pandemic. This is more prevalent in those who live in unsupportive homes are, who vulnerable to abuse, do not feel safe to express themselves, or are cut off from supportive peers. Research has shown that this is further exacerbated by widespread discrimination that LGBT+ people face in healthcare settings. Evidence shows young LGBT+ prefer to receive help from LGBT+ specific services as they are more understanding of the issues faced.

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:

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.

5. Promote the work third sector organisations such as PAPYRUS, Chasing the Stigma and the LGBT Foundation that can provide branches with specific materials and resources for young LGBT+ people.

6. Promote training opportunities for mental health awareness and equalities to reduce the root cause of the issues faced by young LGBT+ people.

## 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.

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

## 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.

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.

## 14. Access to staff spaces in healthcare workplaces

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 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.

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

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**15. Staffing levels**

This Conference notes the last twelve months has seen a significant 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% and significant vacancy rates for allied health professionals (AHPs) and healthcare scientists. 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, healthcare 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 the recruitment of healthcare professionals there will continue to be lives needlessly lost and long term health damage to patients throughout the UK as 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:

1. To recognise that in order to recruit and retain healthcare professionals 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 for nurses, midwives, AHPs and healthcare scientists, 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 healthcare professionals from abroad particularly from those countries which already have significant staff shortages healthcare professionals.

## 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.

Conference re-affirms existing Health Conference policy that NMAHP students should be salaried or receive living bursaries whilst on full time courses to become registered. We believe that Nursing, Midwifery and Allied Health Professions student fees should be abolished. 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.

UNISON officers, with the support of our national nursing and midwifery committee, are engaged with the NMC and partners in discussions on how nursing and midwifery education standards can be modernised following the UK withdrawal from the European Union.

Survey work of UNISON members, undertaken for the committee, recently revealed a widespread dissatisfaction with many aspects of the current system. In its engagement with the NMC and other partners, Conference calls on the Service Group Executive to:

1. Support the expansion of the use of simulation in nursing and midwifery education, with appropriate investment, standards and safeguards

2. Approach any suggested reduction in clinical placement hours requirements with caution; only considering this alongside ways of compensating by investing in education and improving placement quality.

3. Oppose any efforts to grow the workforce by reducing the programme lengths or educational requirements for nurses and midwives as these would weaken professional standards.

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.

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**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.

5. Gauge what percentage would like to develop their career within Nursing or Allied Health Professional roles;

6. Find out whether trusts have allocated funding or created pathways to enable further development of unregistered staff.

## 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.

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.

## 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 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.

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).

## 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.

## 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.

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.

## 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.

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 NHS Employers and campaign for uniforms be redesigned to meet both the physical requirements of all NHS staff members regardless of gender and the statutory health and safety duties of employers.

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## 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 are 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.

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.

## 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.

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.

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**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

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.

## 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 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.

## 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.

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.

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**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 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.

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## 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.

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.

## 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.

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.

## 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 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.

## 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 UKs 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 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.

## 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.

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

## 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 one, contact tracing has become 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.

## 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.

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.

## 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.

## 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 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.

## 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.

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

## 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.

Whilst this might be most visible at senior levels, bias and poor process are experienced at all levels. Across many of our employers, poor practice on recruitment and selection acts as a block on progression and is a barrier to achieving the diverse and equal workplaces we want NHS organisations to be.

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.

4. Engage with allies to produce examples of equality-proofed recruitment practices and work with employers to embed these in HR practice across the NHS.

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