



**2023 Health Care
Service Group
Annual Conference**

Preliminary Agenda

**17 - 19 April 2023
Bournemouth**

**2023 UNISON Health Care Service Group Conference
PRELIMINARY AGENDA**

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Bournemouth International Centre

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

1. Re-industrialising NHS Pay

Over the last few years, our union has been on a journey to establish a culture of industrial bargaining around the process for setting NHS pay. In addition to taking formal positions over policy on future pay determination (i.e., whether we continue to tolerate the PRB mechanism), conference notes the shift that has already taken place in building interest and activism in pay and earnings issues in our workplaces and in the way we approach the pay rounds in all four parts of the UK.

Conference further notes that:

Involving our members in setting pay policy is a vital exercise, grounding our claims in the pay, terms and conditions issues most important to NHS staff. And engagement rates demonstrate a strong appetite from members to be involved in this. Year on year, member engagement in UNISON's NHS pay consultation work is strong and continues to grow.

Our claim from 2022 has still not been met in full. Conference firmly believes that the biggest problem facing the NHS workforce is staffing and that putting pay right is critical to preventing staffing levels from getting even worse. We should use the impetus from the 2022 dispute and ballots to carry forward the re-industrialisation of NHS pay-setting.

Involving members in developing our pay policy has a positive impact on setting the goals of our pay campaigns. Campaigns targeted at pay issues that members themselves have raised prove popular, which in turn attracts the attention of prospective members. Our pay campaigns have a positive impact on the recruitment and development of activists with an interest in pay.

Conference calls on the Service Group Executive to:

1. Across all four parts of the UK, carry forward claims from 2022-23, including pressing for the urgent retention package with an inflation-busting pay increase at its heart.
2. Adopt a joint position where possible, working with other NHS trade unions to build support for the retention package through development of joint claims or public positions on NHS Pay.
3. Enshrine member and activist involvement in our work to engage with the 2023-24 pay round including running a full consultation of members.
4. Note that regional health committees in Scotland, Cymru/Wales and Northern Ireland will set the pay position for their devolved administrations and determine the strategy to achieve UNISON's overarching NHS pay objectives.
5. Set the process in place for a formal dispute to be lodged if there has been no suitable pay settlement in place by 1 April 2023, enabling a swift member consultation to identify if and where

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members wish to follow up with formal Industrial Action ballots and embed the learning from the 2022 pay dispute to achieve mandates in as many health workplaces as possible.

Health Service Group Executive

2. Flat rate pay uplifts: our approach to pay justice

Health conference 2022 committed to “embed the principle of a flat rate to make sure that the annual pay uplift rewards everyone equally without widening the gaps between the highest and lowest paid in the NHS.”

This conference calls for the Health Service Group Executive to go further and describe in detail the arguments for pursuing flat rate claims and provide a mandate for the HSGE to seek to persuade other unions, employers, government, and other stakeholders that a flat rate approach is the most just and equitable approach to increases in annual pay.

Conference notes the following facts:

A) Any percentage pay award, applied equally, increases the pay gap between the lowest and the highest paid in any reward structure;

B) Both gender and race pay gaps are fuelled in large part by gaps between highest and lowest paid staff;

C) Inflation is deeply regressive, by which we mean increases in the price of basic goods and services has a disproportionate impact on lower paid staff. This is because a higher proportion of income is taken up with costs that are non-discretionary, like energy, housing, fuel, travel and regular food shopping.

Conference believes in the importance of properly recognising and rewarding the skills, qualifications, and experience of NHS staff. These should be properly valued and rewarded through the NHS job evaluation scheme, and where staff are underpaid due to a lack of recognition of those skills, this union should support groups of workers to challenge their grading and secure proper banding outcomes.

Conference also recognises that starting salaries and band progression for registered healthcare occupations need to keep pace with external graduate comparators in order that NHS pay scales for these staff do not become ‘de-valued’. It is also the case that UNISON will want to make sure the pay scales are regularly reviewed and that maintenance of our pay scales is undertaken through the NHS Staff Council, including pay differentials between points; promotional jumps, starting salaries, and progression points. However, these can co-exist with pressing for flat-rate mechanisms within our work on each pay round.

Conference reaffirms our collective commitment to pay justice, and calls on the Health Service Group Executive to:

1. Work with external experts to identify examples of successful flat-rate mechanisms used in other pay systems.
2. Provide practical examples of how graduate salaries outside the NHS could be taken into account in a flat rate pay mechanism.

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3. Produce material to describe the different approaches to a flat rate mechanism that could be considered and provide illustrations of the potential impact on different groups of workers within the Agenda for Change pay system.
4. Ensure that a flat rate mechanism is built into all stages of our annual pay round work including member consultation on design of pay 'asks' in each round; discussion and agreement of joint NHS TU pay positions; UNISON assessment of pay outcomes.

Health Service Group Executive

3. Calling time on the Pay Review Body

Conference applauds the positive engagement of branches and regions in the Service Group's consultation on future pay determination. The responses to the consultation – carried out as part of work to implement Conference 2022's motion 7 'One team, one say – which way on pay?' – confirmed the general appetite for calling time on the Pay Review Body (PRB).

But the responses also highlighted the scale and resource implications of the work required – both to win the argument with key decision-makers and to be ready to operate effectively within any collective bargaining system that succeeds the PRB.

Conference welcomes the strategic way forward that branches and regions have provided through the consultation. Conference considers that, after a decade of pay cuts delivered through the PRB system, a positive agenda for reforming the mechanism by which their annual pay rises are set must be a key part of our member engagement. Our 2022-23 pay disputes have provided a wealth of learning and momentum with which to push this forward.

Conference endorses the HSGE's ten-point plan as set out in the report 'Our pay, our say – plotting a course to collective bargaining on NHS pay rises'. Conference welcomes the commitment to actively build support for change to the current system – with the end goal of collective bargaining on annual pay awards in each of the UK administrations within a UK-wide Agenda for Change framework – and the intention to look for scope for staged reforms which take us towards this goal.

Conference confirms the importance of key elements of the HSGE's plan which include:

- A) Developing a stakeholder influencing plan for the audiences we need to win over;
- B) Working with all parts of the union to develop a comprehensive collective bargaining operating model to reflect core activities including collective responsibility behind agreed claims and policy positions; delivering member engagement throughout the bargaining cycle and mobilising effective ballot participation when required;
- C) Drawing on learning from the Scotland health committee's experiences with maturing bargaining arrangements;
- D) Not unilaterally disengaging from the PRB where this would leave UNISON members without a voice but with the clear position that any participation does not bind the union to PRB outcomes which we will continue to challenge when they do not meet our pay positions;
- E) Building improving ballot-readiness into all pay campaign activity.

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Conference therefore calls upon the HSGE to:

1. Formally adopt the ten-point plan into its work programme and ensure that this is resourced and progress monitored;
2. Publicly confirm and promote our direction of travel and end goal of collective bargaining on NHS pay rises within a UK framework;
3. Identify immediate objectives for changes in the way the PRB process is run which take us towards this end goal;
4. Use every available opportunity to secure political and stakeholder buy-in for the establishment of our preferred pay system;
5. Work with health committees in Cymru/Wales and Northern Ireland to use devolved structures and relationships to take steps towards collective bargaining in pursuit of UNISON goals on pay awards at devolved level – and use progress to apply leverage across the rest of the UK;
6. Prioritise building capacity at every level of the union to maintain and improve ballot-readiness.

Health Service Group Executive

4. The Sun has set on the Pay Review Body – it's time to go

Conference acknowledges UNISON's previous and current evidence-based pay submissions to the Pay Review Body. They have been robust in their content and a lot of thought and research has clearly gone into them. However, over the last 10 long years despite those submissions to the PRB, they have clearly not listened to the concerns of our members and in addition to this, completely disregarded the rate of inflation in their so-called awards.

Poverty levels across the UK are at an all-time high particularly here in Northern Ireland. More than 100,000 children in Northern Ireland are living in poverty (around 1 in 4) and the number is on the rise. New figures in the Northern Ireland Poverty Bulletin have revealed that twenty-five percent of children were living in poverty in the year 2022. This is an increase compared to 23% on the previous year.

The report by the Department for Communities determines that an individual is considered to be in relative poverty if they are living in a household with an income below 60% of UK median income in the year in question. (Source Belfast Telegraph). We have members in Northern Ireland who are deliberately taking unpaid leave to reduce their income so that they can qualify for free school meals. "Health Workers in Northern Ireland can't afford to feed Children" (Source Daily Mirror Saturday 2nd Dec") this appalling situation cannot continue.

Conference fully supports an all-UNISON approach to pay, namely an award that gives all our members across all regions a pay increase that takes into account inflation. We are fully behind the UNISON campaign for an inflation busting uplift around pay as well as dealing with the issue of pay restoration. The question is: will the PRB agree to listen to the UNISON demand?

Conference it is not the evidence of the UNISON submissions to the PRB that needs to be changed, it's PRB as a structure that needs to be scrapped. It's time for a new debate about Pay,

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it's time to organise and set a path to restore full collective bargaining. The PRB is not listening nor delivering for our members. In 2022 the PRB breathed its last breath, it's time to give the PRB a respectful burial.

Conference we are fully aware that not submitting evidence to the PRB will not mean the end of low pay in the NHS, however it will be the beginning of something new. Let us not be afraid of the unknown but let us be brave and radical in the approach to treading our own path.

We therefore call on UNISON Health Service Group Executive to no longer submit evidence to the PRB on NHS pay.

***UNISON Northern Ireland;
Ulster Community and Hospitals Trust;
Royal Victoria Hospital Belfast & Muckamore Abbey;
Northern Health;
Orchard Health and Social Care***

5. Reduced working week - a new pay deal for NHS/HSC Staff

Reducing the working week has long been a key element in the goals of the trade union movement. And with the need for more flexibility and the need for a proper retention strategy across the NHS/Health and Social Care, the issue has re-emerged strongly over recent years.

The case to reduce basic hours with no loss of pay is frequently first presented to an employer as part of an annual pay claim across many sectors. Though an option at any time, such a strategy can prove particularly useful when an organisation's budget for pay rises is tight, as reduced hours raise the pay rate without the need for injections of extra cash.

70 companies and over 3,300 workers are taking part in a pilot. A survey of the companies taking part at the halfway point suggests the trial is going extremely well, with 86% of employers stating they are likely to continue with a four-day week once the trial comes to an end. Globally, we've seen a similar trend. Wherever the four-day week with no loss of pay has been trialled across the world, it's been a win-win for workers and employers. And while it might seem counterintuitive that working fewer hours can result in greater productivity, there is mounting evidence that it does.

In Iceland, the largest ever shorter-working-week trial for the public sector was an "overwhelming success" and resulted in 86% of Iceland's working population working shorter hours or gaining the right to shorten their hours. On top of increased productivity, worker wellbeing dramatically increased across a range of indicators from perceived stress and burnout to health and work-life balance.

The severe recruitment issues across the NHS/HSC are well rehearsed and action is needed to ensure our NHS continues in public hands, free at the point of use. Part of any future pay negotiations must include the four-day week with no loss in pay. This will ensure better outcomes for staff, services and ultimately patients/clients.

Conference therefore calls on the Health Service Group Executive to make the reduction to a four-day week with no loss in pay a priority in future pay negotiations

Ulster Community and Hospitals Trust

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6. Promote, defend, and improve our NHS pensions

The three NHS Pension Schemes (England and Wales, Scotland, and Northern Ireland) are a valued part of the NHS pay and reward structure for directly employed staff and those working in primary and third sector settings and are an essential aid to recruitment and retention of NHS staff. They provide defined benefits for retirement that are fully guaranteed by the government and payable for life.

Employers in England and Wales pay 20.6% of member's pensionable earnings, 20.9% in the NHS Scotland Pension Scheme and 16.3% for the Health and Social Care (HSC) Pension Scheme for Northern Ireland, into the scheme. So, employer pension contributions represent a significant investment available to health workers. In addition, the schemes contain provisions for those unable to work due to ill health plus death benefits, survivor pensions and lump sums to support bereaved families.

However, the cost-of-living crisis has resulted in many staff experiencing in-work poverty and, as a consequence, there has been a significant increase in health workers opting out of the NHS Pension Schemes. This not only denies staff the contributions from employers but potentially could lead to more health workers experiencing poverty in retirement. Reducing opt-outs is not only essential to secure a comfortable retirement for individual workers, but for maintaining the long-term health and viability of the schemes for everyone.

Therefore, UNISON has a role in promoting, defending, and improving the pension schemes to encourage people to join and remain in the schemes, securing these longer-term benefits and scheme sustainability. This will involve producing useful and simple member-facing communications about the value of each pension scheme, the flexibilities already available and the impact on retirement income. These communications will be particularly important as many members may be making decisions following the implementation of the McCloud remedies.

Conference notes with concern the recent and contentious decisions made by Government to allow recycling of employer contributions for very senior staff on the highest pay. These plans – released in response to pressure from senior staff about the tax implications of the HMRC's Annual Allowance rules – not only potentially destabilise the scheme for all by encouraging senior staff to opt out, but also widen the earnings gap between the highest and lowest paid. This is because they allow employers to give a cash sum worth 21% of salary to those earning enough for the Annual Allowance limits to have a financial impact.

UNISON will continue to oppose this divisive and undermining approach and seek agreement on the importance of stability of the schemes. We will advocate for 'additional flexibilities' that are fair to all and ensure that in calling for tweaks we do not open the schemes up to more fundamental changes. And importantly we will defend against any further changes to the State Pension Age and scheme benefits.

Conference calls on the HSGE to work with other unions and through the NHS Pension Scheme structures in each UK administration to:

1. Seek improvements in scheme administration and accuracy of information given to members;
2. Promote awareness and understanding of scheme benefits;

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3. Scope potential pension flexibilities for all with goal of reducing opt-outs, ensuring equitability and giving staff options to suit different phases and stages of their life;
4. Consider how enhanced provisions such as Early Retirement Reduction Buy Out (ERRBO) schemes might benefit staff in specific circumstances or occupations;
5. Ensure that the implementation of McCloud remedies is delivered accurately and in a way that enables scheme members to make good choices.

Health Service Group Executive

7. Winning 're-banding' Campaigns

Conference notes that when we campaign and win we not only improve our members' pay and respect but we build the union:

- more workers join the union;
- members understand and respect what the union can do;
- members are encouraged to become activists.

Our union's work on 're-banding' campaigns, so far in relation to Healthcare Assistants, has rightly brought hard-working members on lower pay the respect they deserve – to be paid according to their knowledge, skills and expertise. They had been expected to deliver day in, day out, above the level they were banded.

Conference calls on the Service Group Executive to support Regional Health Service Group Committees and branches to take a more systematic and coordinated approach to gaining more re-banding 'wins' that will continue to build and grow our union and get our members the right band for the job they do. This should include the following:

1. Continue to produce practical materials and resources that enable members to take an active role in campaigns, e.g. Put NHS Pay Right guide: 'Get the right pay for working hours';
2. Provide advice and guidance on negotiating back pay;
3. Share and promote good practice;
4. Monitor and challenge employer attempts to block progress on this issue.

Greater London Region

8. Pay nursing staff right for the work they do

Conference welcomes the success of the Pay Fair for Patient Care organising campaign, achieving re-banding success for health care support workers across UNISON. We are proud of the UNISON wins for members and recognise the huge benefits these campaigns have had on recruitment of new members and development of new UNISON activists.

Conference believes that there are similar opportunities for nursing staff, and notes that the nursing and midwifery landscape has changed significantly since the last time the national role profiles, used for job evaluation purposes, were updated. Changes in the context the NHS is

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operating, significant staffing challenges, new NMC standards and out of date job descriptions could mean that some nursing and midwifery staff may now be working beyond their band.

UNISON's recent survey of nursing and midwifery members shows that many nursing members report that their job descriptions are inaccurate, rarely (if ever) updated, and greatly understate the actual complexity of the role.

Respondents to UNISON's survey also reported undertaking additional non-mandatory training – only around 17% responded that they did not undertake such training in the past few years. This reported additional training was evenly distributed between formal or class based (30%), short training (31%), and on the job training (21%). The majority of UNISON members reported that whilst this may have increased the specialist nature of their role, they had not seen any change in banding.

Conference believes that many of the NHS job descriptions are out of date and do not reflect the incredible work that is being done. It believes that many staff are in the wrong band for the work they do and should be re-banded accordingly.

Conference calls on the Service Group Executive to:

1. Launch a campaign to encourage nursing and midwifery members to ensure their job description are updated, and support them to ask for a banding review if their role has changed significantly;
2. Develop resources to support branches to improve their local job evaluation capacity;
3. Campaign for robust workforce plans to be developed across the NHS, supported by investment in training, development and career progression for nurses and midwives;
4. Continue to engage with the national review of nursing and midwifery role profiles currently being carried out by the NHS Staff Council.

Nursing and Midwifery Occupational Group

9. Bring back overtime

Conference recognises that many trusts no longer support or pay overtime to their staff although it is part of Agenda for Change terms and conditions and have forced staff who wish to undertake extra hours to sign up to bank or sessional contracts, with subsequent loss of pension accrual and usually at existing rates of pay for staff.

Conference believes that the decision to remove any option for overtime and force staff to sign up to bank contracts if they wish to work any additional hours was done solely to circumvent Agenda for Change overtime pay rates and save money at the expense of staff, i.e., make the workforce pay for underfunding of services. We often hear from employers that pay is not within their gift, however the decision to hold down pay rates by using this method is a decision they make. Conference notes this move was done outside of partnership working and without agreement of UNISON at any level.

Conference believes that this action takes money directly from our members pockets in order for NHS employers to post a slightly lower deficit at the end of a financial year. Where trusts use in

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house bank options this is unnecessary expense in managing these arrangements. Where they use a separate contract like NHSP this is then money leaving the NHS for providing facilities keeping our members' pay down.

This Conference calls on the Health Service Group Executive to:

1. Lobby nationally for employers to stay within the boundaries set out in the Agenda for Change handbook section 3 with regards to overtime;
2. Design regional, system and local level campaigns to organise around the removal of bank as a standard practice and implementation of overtime;
3. Design clear materials to show how much our members are losing out on;
4. Raise this issue as part of the 2023 pay campaign and in the evidence to the Pay Review Body.

Bucks Healthcare and Community

10. Bring Back Overtime

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South East Region

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11. No more extra hours on the cheap – pay us overtime rates!

Conference notes that many NHS employers have been ignoring the NHS pay, terms and conditions handbook on overtime and instead only paying staff on bank rates, which are usually considerably less than overtime rates. As a union we need to raise awareness amongst members that under paras 3.1 to 3.7 of the NHS Terms and Conditions of service (Agenda for Change), overtime is to be paid at time and a half for hours worked in excess of 37.5 hours a week (and double time on public holidays) and is the agreed way of paying for these hours unless the member of staff chooses otherwise.

Conference notes that our members are being very often short-changed by working for bank rates instead of overtime rates. NHS Trusts trying to tackle in-work poverty should pay their staff according to their contract of employment on overtime as the right rate for excess hours as a matter of priority.

Conference calls on the Service Group Executive to:

1. Produce campaign materials for branches to raise awareness of this issue with members and produce templates for branches so they can request information from employers and challenge them on this issue;
2. Raise this issue in the NHS Staff Council and the devolved negotiating bodies;
3. Encourage and support branches to raise this issue with their NHS employers.

Greater London Region

12. Affordable, available and reliable NHS childcare facilities now!

Conference deplores the ongoing failure of NHS employers to engage with childcare issues, which are an increasing barrier to recruitment and retention in an overwhelmingly female workforce.

The lack of adequate pay increases set against a backdrop of the worst cost of living crisis in a generation means that childcare has become even less affordable for many health workers. We pay some of the highest childcare costs in the whole of Europe, second only to Switzerland where standards of living are considerably higher.

Conference notes that NHS staff, of which over three quarters are women and who take on the lion's share of childcare are now being forced into a position where it is no longer financially viable for them to continue to work. Providing affordable and reliable childcare could be a powerful aid to preventing more staff from leaving the healthcare workforce.

Conference therefore calls on the Service Group Executive to:

1. Embed claims for childcare provision into UNISON's input to NHS workforce policy at a strategic level.
2. Support branches to work with NHS employers to establish widespread provision of subsidised childcare and holiday play schemes which take into account the 24 /7 nature of the NHS and the spread of earnings across the workforce.

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3. Highlight and promote the benefits this would have for recruitment, retention and staffing levels in the NHS.
4. Equip branches and regions with arguments and information to promote the benefits of direct provision of childcare for NHS staff, or - failing this - the procurement of childcare providers who are of a high quality and are ethical, responsible and affordable.

Health Service Group Executive

13. Working from home and the cost-of-living crisis

Conference recognises that since the Covid pandemic, many trusts have continued to ask many community staff and managers to continue to work from home. This measure was introduced to protect staff and patients during the crisis but also to ensure that services were able to be maintained. This flexibility shown by staff to respond to the crisis has not been demonstrated by trust employers and the DOH, as staff are still waiting for decisions in relation to working from home expenses.

Whilst some staff may well save costs from having to travel to work the trusts still expect them to come in if required due to the nature of the work they do. However, this is not a reason not to discuss the expenses incurred from having to work at home, as we know that heating costs are rising enormously, and staff will see an increase in their utility bills as a result of working from home. There is also the expectation that staff will use their own broadband.

Conference also notes that trusts are unlikely to recognise the home as the staff member's base or place of work, so that they can save on any travel costs incurred (as they would then have to pay mileage if the staff member was required to travel to their former base).

Conference recognises that Trusts are saying that you can claim tax allowances rather than the £26 pound tax free lump sum for expenses for working from home. This tax-free allowance does not represent the costs involved and in monetary terms is peanuts and is no recompense for the extra costs incurred in relation to the bills faced by our members. Thus, members are yet again subsidising our employers and ultimately NHS funding.

This branch believes that a national agreement for working from home is urgent for our members so that it can be involved in the pay max campaign.

Conference requests that the Health SGE:

1. Look at the costs involved in working from home;
2. Draw up a list of demands to meet those costs if over the £26 tax free sum that can be already paid to staff, and if not, campaign for the tax free lump sum rather than the tax allowance;
3. Develop a campaign and materials to go out to members highlighting this issue;
4. Take this to the Pay Review Body and make it part of our campaign max strategy and pay discussions with employers.

Bucks Healthcare and Community

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14. VAT salary sacrifice lease cars

Our members for years have paid VAT on their Car Lease, when in the case of The Commissioners for HMRC v Northumbria Healthcare NHS Foundation Trust (A3/2019/2181) in 2021 the Court of Appeal interpreted the 1992 Order in such a way that has resulted in Northumbria Healthcare being entitled to a full refund of the VAT incurred by them regarding employee's lease scheme vehicles.

The Court found that the supply of the car was a non-business activity which permitted a full refund of the VAT under the UK's VAT refund scheme for public bodies (Section 41 of the VAT Act 1994). The scheme entitles government departments (including the NHS) to a full refund of VAT on certain services that they use to carry out their non-business public service activities). The trust had previously only been recovering 50 percent of the VAT incurred in line with HMRC's policy.

The decision meant that any government department or NHS body that operated a salary sacrifice scheme for cars, and which had recovered 50 percent of the VAT incurred, could make a claim for the remaining 50 percent. UNISON members paid VAT as part of lease car contracts. Members should be aware that employers have been reimbursed money and members in some branches are chasing this issue.

Whilst recognising this is technically a terms and conditions issue, it primarily affects our members in Health. In three health branches in the Northern Region we have secured settlements for our membership.

Conference therefore calls on the Health Service Group National Committee to encourage Health branches to:

1. Check with employers, where car lease schemes/arrangements are in place and identify if our members would be eligible.
2. Raise with employers in regular staff side meetings about the VAT car lease issue asking employers to refund the VAT for our members.
3. Highlight this campaign with the membership lead by the Regional Health Service Group and provide materials in conjunction with the National Health Team.

Northern Region

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Organising and Recruitment

15. Making UNISON a ballot ready health union

It has never been more challenging to run a successful ballot in public services. Draconian laws drawn up by the Conservative Party are designed specifically to prevent big, general unions from getting a mandate for industrial action. And the UK Government has shamefully failed to engage with trade union proposals for secure electronic balloting. This leaves our ballots dependent on a postal service decimated by a decade of government attacks.

While we recognise the political nature of these combined attacks, and in turn must challenge these through political and parliamentary means, we must also be ready to learn hard lessons and run successful industrial action ballots in the environment we are in.

Despite all these challenges, in November 2022 UNISON delivered the largest turnout we have ever seen in our NHS membership. Over 276,000 were balloted with 93,000 voting, an average 34% turnout. We were also able to harness new technologies and methods of contacting members that have not be used in previous Industrial Action ballots. We need to embed the learning about what worked and when and how we can best use these approaches in future ballots.

But we must be clear about the real bar for success. Activists can be proud of their efforts to secure some of the highest industrial action ballots we have ever seen in the NHS, but unless we secure a greater than 50% turnout, with over 40% of members voting in favour of industrial action, our members cannot take industrial action.

Conference calls on the Health Service Group Executive to:

1. Conduct an evaluation of the 2022 ballots of NHS staff, involving all health branches
2. Work with other service groups to describe and discuss common issues arising from our pay consultations and ballots, including logistics, timing, process and member data issues, feeding in our observations about the infrastructure and capacity needed to deliver threshold-busting ballot outcomes
3. Draw up a list of recommendations and liaise with other parts of the union to take forward as appropriate
4. Work with other parts of the union to make sure DOCAS agreements are optimised to support the maintenance of accurate member data in NHS workplaces.

Health Service Group Executive

16. Better and more sustainable food for all in the NHS

UNISON's long running Better Hospital Food campaign aims to improve access to nutritious, locally sourced food cooked on site recognising the important role that good quality food plays in the treatment and recovery of patients, thus contributing to less time spent in hospital.

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UNISON's campaign also aims to ensure hard-working staff can access nutritious and affordable food 24 hours a day and a place to eat it too. This goes some of the way to keeping staff healthy and able to deal with the demand of their roles. Food prepared on site in well equipped kitchens means less waste, less packaging, higher quality and value for money.

UNISON worked hard to contribute to the new NHS Food Standards, published in 2021. Many of the concerns we raised on behalf of UNISON members and patients were included in the final independent review panel report. But Conference recognises there is much more to do to embed the standards and recommendations locally. Conference is proud of our collaboration with the Soil Association and their Food for Life Served Here (FFLSH) certification scheme. We continue to work with employers to encourage them to sign up to FFLSH accreditation.

Conference re-affirms UNISON's commitment to working with employers to reduce food waste in the NHS. Up to 50% of food provided for patients in the NHS is thrown away at a cost of up to £230 million pounds per year. This will help to demonstrate the commitment to delivering a carbon neutral NHS.

Conference recognises the importance of the catering workforce in bringing about the change needed in the NHS. However, catering staff are often outsourced. UNISON remains committed to bringing them back in house to enable the benefits of direct employment in the NHS and parity of working conditions and pay. Often catering staff are a group that are over-looked for training and development and many catering staff haven't had their job description reviewed for years and therefore could be working above their band.

Conference calls on the Health Service Group Executive to:

1. Lead an occupation focused campaign which encourages NHS employers and private contractors to invest in the training, career progression and accurate banding of their catering staff, including working with the new UNISON college.
2. To produce materials to support branches to run insourcing campaigns for catering staff.
3. Encourage branches to write to their local employer, using UNISON's model letter to encourage them to participate in the Food for Life Served Here certification scheme.
4. Produce resources for local branches to run an organising campaign to improve affordability and access to food for staff.

Operational Services Occupational Group

17. Supporting our Health members working for Private Contractors in the NHS and NHS National Arms Length bodies

Conference notes the present economic situation of recession accompanied by continued inflationary pressure and rising interest rates endured throughout 2022 and now in 2023.

It is likely the Government will continue supporting private contractors in the NHS, which will lead to detrimental attacks on our members' Terms and Conditions. Private contractors range from those with whom UNISON branches and activists can have a professional working relationship to those who are exceptionally hostile to Trade Unions.

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UNISON needs to have strong membership density and effective representatives at a local, branch, regional and national level. Conference recognises the work between UNISON and those Private Contractors, also UNISON's work with the NHS National Arm Length bodies, where there is a professional relationship.

Conference recognises our Health members working in NHS National Arms Length bodies (such as NHS England, NHS Digital, NHS Property Services, CSUs etc). Conference also recognises, there may be genuine difficulties within branches to adequately support, organise and represent members within contractors, certainly where the private contractor is exceptionally hostile to trade unions.

Conference calls on the Health Service Group Executive to work with branches to:

1. Recruit and retain members employed by private contractors in the NHS and the NHS National Arms Length bodies;
2. Recruit and retain stewards, health and safety reps, union learning reps, and other branch officer's positions where appropriate, such as equality/welfare/women's etc;
3. Establish strong bargaining and organising strategies with these NHS Private contractors.
4. Aim a campaign to extend the NHS pension provision to private contractor staff working within the NHS (example is NHSSC Agenda for C employees recently returning to NHS Pension Agency).

NHS Logistics

2023 UNISON Health Care Service Group Conference

PRELIMINARY AGENDA

Negotiating and Bargaining: Health, Safety and Wellbeing

18. Mental health illness and Black staff in the NHS

Conference notes that Black staff continue to experience complex factors that significantly and adversely affect their mental health in the workplace. Black communities are more likely to experience distressing events that affect them adversely due to racism, discrimination and inequity affecting people's psychological well-being. Stress may increase a person's risk of mental illness as some experiences may even be traumatising.

Black individuals often lack access to culturally competent care. There is a need to improve cultural awareness and positive responsiveness in the health care and mental health workforce. They are more likely to be detained under the Mental Health Act than white people and are also over 10 times more likely to be subject to a community treatment order under, which people are discharged from detention but placed under conditions.

Barriers faced by Black people when accessing mental health care are waiting times for treatment, language, power and authority, awareness of services and financial factors. In some communities, mental health problems are rarely recognised, or spoken about, because they may be seen as shameful, embarrassing or a personal weakness due to negative stereotypes of instability and attitudes of rejection leading to mistreatment. Black communities are less frequently included in research, which means their experiences with symptoms or treatment are less likely to be taken into consideration.

However, where there has been research it has indicated that meeting Black communities' religious and cultural needs will help as a coping mechanism. Methods such as pastoral care, guidance, and prayers often help with destigmatising mental health, especially in the Black community to understand that mental health is an essential part of well-being, just like sleep, healthy diet, and exercise.

Conference calls on the National Health Service Group Committee to:

1. Explore how gaps in knowledge create and maintain inequalities in how Black communities and staff access and receive mental health services.
2. Work with the National Black Members' Committee to discuss the challenges of mental health for Black staff members in the NHS and how activist can support staff members in the workplace
3. Produce negotiating guidance for branches so they can ensure NHS employers are supporting Black staff with mental health recognising the unique challenges of mental illness within the Black community

National Black Members' Committee

2023 UNISON Health Care Service Group Conference PRELIMINARY AGENDA

19. Ambulance pressures and the impact on staff

Ambulance waiting times outside of hospitals are now the longest they have ever been in recorded history. In February 2022 the Guardian reported that 155,798 patients were delayed for at least half an hour with ambulance crews because emergency departments were too busy to admit them.

Conference applauds the work of UNISON members in Ambulance Trusts who have been performing under incredible pressures due to the pandemic, underfunding of the NHS and lack of social care packages for patients. This prevents emergency departments from moving patients out of Emergency departments because of lack of beds.

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. This has taken an enormous toll on the health and wellbeing of ambulance staff and has seen record numbers of ambulance staff leave the service. UNISON as the union for Ambulance staff needs to highlight the impact the pressures are having on NHS Ambulance staff.

Conference calls on the Health Service Group Executive to:

1. Develop a campaign around mental health, stress and workload specifically focussed on ambulance staff. This should include a toolkit for activists and branches on how they can raise the issue of mental health, stress and workload with their employer and campaign in their branch for health and safety improvements. It should also include health and safety webinars on the issue for activists;
2. Conduct a survey of ambulance members to identify key issues and produce meaningful data to support a UNISON report on the impact of pressures on ambulance staff. Use this data to produce materials for individual ambulance branches to raise with their employers for improvements;
3. run a media and social media campaign off the back of the report, flagging the issues our members are facing at work and campaign for changes;
4. work with the private contractors unit on this campaign to ensure private ambulance staff are included;
5. seek to work with Labour Link to take a delegation of ambulance staff to Westminster to talk to politicians about the issues facing the service and explain what needs to be done to get improvements.
6. Request that Labour Link continues to use all its influence to ensure Labour Party has a manifesto commitment to significantly increase funding for both the NHS and social care.

Eastern Region

2023 UNISON Health Care Service Group Conference PRELIMINARY AGENDA

20. Supporting NHS workers who experience declining mental health

This Conference notes with concern the evidence that the last few years have shown there to be an increasing deterioration in good mental health of workers in public services. Increasing levels of stress in workplaces can lead to workers developing PTSD unless they receive timely and appropriate support.

This impact was significantly exacerbated by the Covid-19 pandemic which saw people cut off from family, friends and support networks. On top of this was the additional stress for healthcare workers of continuing to provide high quality lifeline services in high-risk situations due both to Covid-19 itself and a regular lack of effective PPE.

Locally, our experience has been that:

- NHS Lothian reported in October 2022 that 52% of the Board's sickness absence was reported as due to anxiety/stress/depression/other psychiatric illness
- UNISON Lothian Health Branch undertook a survey of members July/August 2022 which found:
 - 65.8% were more stressed than before the Pandemic
 - 61.6% reported they had had Covid-19 – over 10% above the level reported by the Scottish Government's cumulative incident survey
 - 28.3% would like support to keep their jobs after Covid-19 (53.3% of these in Nursing roles)

Conference notes that while we are entering another wave of Covid infections healthcare workers are also having to deal with various other stressors deliberately induced by this Tory Government such as huge work backlogs and waiting lists, poor staffing levels and under-investment, and low pay as inflation breaks through into double digits while Governments across the UK hold down wages.

Conference also recognises that in all four nations that make up the UK, there are different negotiating machinery so there is a role for the health committees in Scotland, Wales and Northern Ireland to play in addressing this issue. This Conference is appreciative of the work done by UNISON in highlighting the impact of poor mental health and in providing educational materials to help activists and members recognise and combat poor mental health as well as addressing root causes.

This Conference also calls on the Health Service Group Executive to take the following actions in the next year:

1. Work with the National Disabled Members Committee to highlight the increased impact of poor mental health on disabled members.
2. To identify areas of good practice of mental health campaigning amongst UNISON branches and promote this throughout the union.
3. Work with Learning and Organising Services to promote excellence in mental health training programmes and encouraging branches and activists to take up such training, recognising that the role of UNISON representatives is to signpost members to appropriate services.

2023 UNISON Health Care Service Group Conference PRELIMINARY AGENDA

4. To work with the Scottish, Welsh and Northern Ireland Health Committee to use the negotiation and bargaining machinery to ensure that healthcare employers know their responsibilities to their staff to support their mental health and wellbeing.

Scotland Region

21. Supporting the health and wellbeing of health branch officers and representatives

As we continue to struggle with underfunding in health and social care, many within the workforce are experiencing unprecedented demands.

In addition to the cost-of-living crisis, which means many staff are forced to work additional hours just to make ends meet, staff often find themselves exhausted whilst working in understaffed and under resourced environments. It is understood that in many NHS Trust's we have seen a significant increase in demand for staffing resources which has led to an increase and use of agency staff. These staff are often paid much more per hour than NHS staff which causes resentment and further deflates morale.

Many of our members have reported issues such as unsafe staffing levels, additional work pressures whilst on duty due to supporting agency staff who are unfamiliar with workplace procedures, and issues with engaging in community activities due to increased fuel costs. This list is by no means exhaustive.

It is important to note that these additional pressures do not just sit with our members, but also our branch officers and representatives. It has become increasingly difficult for some of our activists to get time off for trade union activities due to clinical pressures. This in turn increases the workload on those of us who do have facility time for our trade union activities.

As UNISON, we must ensure that our branch officers and representatives are given the full support they need in order to ensure they maintain their health and well-being during these difficult times. Whether this be through regular supervision, health and well-being conversations or any other actions that are available, we must ensure we do not 'burn out' our activists.

We therefore call on the Health Service Group National Committee to;

- 1) Develop a strategy to promote and support the health and well-being of our Health Branch workplace activists;
- 2) Utilise the knowledge and experience of our activists in order to collate best practices so that Branches can learn from each other;
- 3) Ensure Regional Health Service Groups are engaged in proactively supporting our Branch activists as part of this strategy.

North Cumbria Northumberland & Tyne & Wear Health

2023 UNISON Health Care Service Group Conference PRELIMINARY AGENDA

22. Supporting the Mental Health and Wellbeing of Healthcare Activists

Conference believes that the NHS is currently under an unprecedented period of stress and demand with a workforce which is at breaking point.

UNISON representatives in health branches have been working full on for the last 3 years. Supporting our colleagues through a pandemic, ensuring that workplaces were safe, that members had PPE, supporting members with COVID related absences and the 7 day weeks that could be managed for short periods of time at the outset of the pandemic have not let up.

Most of the last year has been spent with pay campaigning and member engagement, on consultative ballots and the work involved in preparing for and working on formal ballots. This would be a phenomenal amount of work in a 'normal' year but is even more commitment when reps are being expected to carry out the day jobs in a system which is under unprecedented stress.

Conference recognises that the vast majority of our reps get limited facilities time to carry out their UNISON roles and regularly work is carried out in their own time. Whether it is to come in at the weekend to engage with weekend only staff or to do a health and safety inspection on the nightshift.

We have seen an increase in involvement and recruitment of new stewards during the pay campaign and the last thing we want is these new reps to become burnt out.

Conference calls on the SGE to work with Regional Health Committees to:

1. Establish the amount of time that activists are giving to UNISON activity which is over and above what is being paid by the employer as part of facilities agreements.
2. Work with Learning and Organising services to develop support packages to support the mental health and wellbeing of activists

Lanarkshire Health

23. Health and Safety expertise within UNISON health branches, post Covid pandemic

Conference recognises the tremendous strain many UNISON members across the whole NHS have had to endured during the Covid pandemic and in the last 12 months, post Covid pandemic. There has been a significant increase in stress/exhaustion at work; musculoskeletal injuries at work; assaults; harassment and bullying as well needle-sharp injuries to just give a few examples.

Conference recognises the valuable work health and safety branch stewards/officers plus other branch officers and stewards undertake to protect UNISON members in health branches. Conference notes there may be many health branches where there is no health and safety steward or the ratio per member is very high across the branch membership.

Conference believes the successful pursuit of health and safety legislation, regulations and practice in the workplace rest in the large part on the efforts of unionised workplaces.

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Conference considers the role of UNISON health and safety representatives in the NHS has never been more important in face of the present economic situation. Conference understands health and safety representatives can feel isolated at times in the face of present cuts/changes.

Conference acknowledges local/regional and national support for UNISON health and safety representatives is important in ensuring a continuing effective safety network across health branches at local and regional levels.

Conference calls on the Health Service Group Executive to examine:

1. the barriers and workload health and safety representatives encounter whilst undertaking their duties in their NHS workplace;
2. the barriers placed on H&S representatives paid release to undertake H&S trade union duties and training;
3. the growth or decline in workplace safety concerns in the NHS as a consequence of austerity measures;
4. the employer's response rate in tackling Health and Safety Representatives concerns, highlighting continuous poor and/or no responses; and
5. identify what other additional support could be offered to health and safety representatives such as national/regional training/seminars/conferences.
6. seek that Health and Safety issues are a regular agenda item for HSGE and Regional Health Committees.
7. seek there are Regional health and safety contact points as local support mechanisms for branches.

NHS Logistics

24. Covid-19 safety in the NHS

This Conference notes the November 2022 Industrial Injuries Advisory Council report that found health and social care workers in the UK are "have been exposed to significantly increased risk of Covid-19 infection."

Conference further notes:

- that the UK Health Security Agency (formerly Public Health England) and by extension NHS Trusts were some of the last public health institutions in the world to formally acknowledge that Covid-19 is transmitted by the airborne route.
- that many low-paid outsourced workers operating within the NHS lacked the job security or financial means to follow public health advice if they had to isolate thus increasing the risk of infectious workers attending the workplace.
- that infection control measures across the NHS are not consistent and some Trusts have done better than others at mitigating the risk of infection.

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This Conference believes incidence of hospital acquired Covid-19 infection and other transmissible diseases could be greatly reduced through:

- a) ensuring all workers operating in NHS buildings have secure contracts of employment and rights to full sick pay
- b) consistent application of airborne precautions, namely FFP3 masks for all Covid-19 positive patient care, adequate ventilation or, where this is not reasonably practicable, air filtration units.

Conference resolves to campaign for full sick pay for all, and airborne precautions using our rights under the Health and Safety at Work Act 1974.

Conference calls on the Service Group Executive to:

1. produce a campaign toolkit for health and safety reps that forces employers to recognise that sick workers in the workplace are a workplace hazard and that airborne pathogens require airborne precautions.
2. run a survey of branches collecting data on mask-wearing policy, sick pay arrangements for outsourced workers and use of CO2 monitors, ventilation upgrades and air cleaning devices with the aim of publishing this information and campaigning for a levelling up of Covid-safety measures across the NHS.
3. We call on the national union to contact sister health workers unions in other countries and publish information about infection control measures used by other health workers across the world.

East London Mental Health

25. Ending Presenteeism in the NHS

Presenteeism occurs when a staff member attends work, whilst experiencing the side effects of their conditions. For example, I am a member of the activity coordinator team at the inpatient mental health service for Coventry and Warwickshire Partnership Trust. On Tuesday 1st of November 2022, a member of the activity coordinator team turned up for work and stayed for the day. She expressed concerns about the soreness on her face. She believed that she did not want to let down her colleague who was a new member of the team and was due to shadow her. Another example is on Monday 28th a member of the activity coordinator team turned up for work and she felt low on energy and stayed for the day, however, the following day she worked from home.

There is a question in the NHS staff survey that states have you felt a manager pressures you to come to work. In (Coventry and Warwickshire Partnership Trust) 18 percent answered yes to the question in the 2021 staff survey but the low response level to the survey means it is not a full reflection of the whole trust.

Conference calls upon the Health Service Group Executive to:

1. Highlight good practices from employers who include health passports in their sickness absent policies.

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2. Work with the National Disabled Members Committee to further develop best practice and disseminate this to branches.

Coventry and Warwickshire Combined Health Care

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PRELIMINARY AGENDA

Negotiating and Bargaining: Equalities issues

26. Challenging racism in the NHS

Conference celebrates the fact that 2023 is UNISON's Year of the Black Worker.

It has now been six years since the NHS first started publishing the NHS Workforce Race Equality Standard (WRES). Although interrogating these statistics with NHS Trusts at a local level has helped contribute to some positive changes sadly the data set continues to show higher levels of Black workers experiencing harassment, bullying and abuse from staff and patients than their white colleagues. Employers produce statistics that show you are more likely to get access to training and career opportunities in the NHS as a white worker than a Black worker. Across the NHS Black workers are more likely to be disciplined than white workers and less likely to be appointed to a job after they have been shortlisted.

Conference welcomes the union's Race for Equality campaign that has provided materials 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 tackle racial discrimination in the NHS. However, after six years, more proactive measures need to be taken. NHS Trusts across UNISON Eastern region have signed up to Eastern Region's Anti-Racism Charter. The Charter is a proactive piece of work which sets out what leaders and organisations can do to tackle racism in the workplace as well as enhancing NHS Trusts' equality auditing over the period of 12 months. The Charter is not just a photo opportunity or tick box exercise; this is a proper commitment to change the culture of organisations.

The best way to deliver race equality in public services is for Black workers to join UNISON and then play an active role in the union's negotiations with employers. However it is everyone's responsibility to challenge racism and if employers delay progress on this work, then UNISON must campaign to ensure this work is a priority. It must not be left to Black activists or Black members to challenge alone.

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

1. continue to promote its Race For Equality campaign and across all Health branches and encourage all regional health committees to monitor and evaluate branch work;
2. promote and develop training for Health Branches about challenging racism in the NHS to tackle racist behaviour in the workplace from patients, the public or staff;
3. 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.

Eastern Region

2023 UNISON Health Care Service Group Conference PRELIMINARY AGENDA

27. Tackling Race Discrimination and aftermath of COVID on Black Workers in the NHS

Conference, Racism in the NHS is not a new concept, the Covid-19 pandemic has merely exposed the impact it can have on Black workers and has been supported by several researches, reports and surveys since 2020.

Research report commissioned November 2021 'Attracting, supporting, and retaining a diverse NHS workforce stated that:

- More than 1 in 8 NHS staff (13%) reported experiencing discrimination at work in 2020
- Nearly half (47%) of Black and minority ethnic NHS staff have worked in Covid-19 roles compared with less than a third (31%) of all staff
- The proportion of NHS staff experiencing discrimination at work from their colleagues varies, from 7% among administration and ancillary staff to 11% among ambulance staff

Three key findings also stated that:

- i. The moral and legal cases for NHS trusts to increase the diversity and inclusivity of their workforce are indisputable. There is also a robust evidence base demonstrating the benefits, including: improved quality of care for patients; a more sustainable workforce supply; and increased efficiency of services.
- ii. Discrimination and other forms of unfair treatment are evident within the NHS at every stage of the career pipeline – despite efforts to identify and eradicate them.
- iii. The Covid-19 pandemic has had a direct effect on equality in the workplace, and at no other time in recent history has the NHS's duty of care to secure the health, safety, and welfare of all its employees been as pressing.

Further research from the Equality and Human Rights Commission published in June 2022 'Experiences from health and social care: the treatment of lower-paid ethnic minority workers' with several questions from the staff survey in England form part of the Workforce Race Equality Standard (WRES) in England. However, there was an absence of data available for workers not employed directly by the NHS. The NHS staff surveys don't break down the respondents by pay grade, so we were unable to differentiate between the treatment of lower-paid and higher-paid ethnic minority workers. In addition, the NHS definition of Black and Minority Ethnic (BME) staff, for the purposes of the WRES, excludes the White Other group.

Conference the NHS has been accused of being institutionally racist, in a study led by 'Sheffield Hallam University which involved interviewing 350 black nurses, midwives and healthcare staff across the UK'.

UNISON has a range of evidence from surveys of healthcare staff that backs up the issues coming through the WRES data. For example, as part of UNISON's 2019 UK-wide "Never OK" survey on unacceptable behaviour at work, four in ten Black UNISON members in healthcare reported being subjected to racist behaviour at work from patients/public or from other staff.

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The most common experiences were being treated as inferior or less skilled because of race, nationality, or native language; being given unfair or inappropriate work; “jokes”, “banter” or name calling; unwarranted criticism. Most respondents said that they were not formally reporting what was happening as they felt nothing would be done. The behaviour is affecting the confidence and physical and mental health of Black workers, with two-thirds say it is making them want to leave/look for another job.

UNISON’s Race for Equality campaign focuses on equipping UNISON representatives to tackle workforce race discrimination in the NHS.

This campaign helps staff recognise and challenge racism in the workplace by supporting staff to work together to take on racism and deliver an NHS that respects and values all staff. UNISON will not stand by while Black staff in the NHS continue to face the injustice of racism and inequality at work. Racial discrimination is not only wrong – it is against the law. It wastes talent, damages staff, hurts patients, and holds the NHS back. UNISON’s One Team campaign promotes the visibility and value of support staff.

Conference calls on the National Health Service Group Executive to:

1. Continue to promote zero tolerance of race discrimination in the NHS and encourage branches to engage with the Race for Equality and One Team campaigns
2. Gather information on where WRES in England, have been implemented and the rich source of data about racial disparities in staff experience has been disseminated and addressed. Calling on the WRES to be extended to the rest of the UK
3. Explore how Black members can gain equal access to career development, training, and development opportunities in the NHS, examining policies and procedure to help reflect the change needed
4. Explore holding a webinar on Challenging Racism in the NHS in 2023 UNISON’s Year of Black Workers, to include the Race for Equality and One Team campaigns
5. Encourage Black members to become active in UNISON regional and national health committees to ensure UNISON is reflective of the wider membership in the NHS

National Black Members’ Committee

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28. Using the WDES to negotiate home working, disability leave and reasonable adjustments

Conference notes a recent survey of UNISON disabled workers in October 2022 which included over 1,300 disabled workers in the health service group. The survey found that one third of disabled Health service group members were now working from home more than they had before Covid. They told us that working from home was a benefit to them as a disabled person as it allowed them more breaks so they could manage their impairment better, they were closer to a bathroom, could manage their pain better or they had an impairment that meant they worked better with fewer distractions.

However, the survey found that 20% of these disabled workers in the health service group had been turned down for home working. The biggest reason given for why they were turned down was because the employer wanted to see “bums on seats” (58% of respondents). Another common reason why staff were refused working from home was because the employer was unwilling to duplicate their reasonable adjustments at home and in the workplace.

70% of those staff who were told their job couldn't be done from home said that they disagreed and their job could be done from home if the employer was willing to make changes or adjustments. Overall, a staggering 76% of those disabled health service group workers who said they needed reasonable adjustments in their job reported that they had not received some or all of the adjustments they needed. Many said that their employer never even bothered to respond to their request for adjustments. Even where adjustments were agreed, 25% of disabled workers in the health service group waited a year or more for the adjustments to be delivered.

The survey found that most of the adjustments that were delivered by employers involved changes to duties, flexible and home working and adaptable equipment such as chairs and keyboards. The most common adjustments which weren't agreed included changes to sickness absence triggers and disability leave, highlighting the impact of unfair sickness absence procedures on disabled workers. In fact, disability leave was almost unheard of amongst disabled health service group staff with only 14% reporting that their employer allowed paid disability leave.

Conference believes that this UNISON survey underlines the need to negotiate for a more equitable approach to allowing home working for those staff who want it, along with a step change in the provision of reasonable adjustments and disability leave.

Conference further notes that the Workplace Disability Equality Standard (WDES) results are now available on a Trust basis for England. Overall results show:

- 23% of disabled staff do not have the adjustments they need to perform their duties effectively
- Disabled staff are almost twice as likely to enter the formal capability process than non-disabled staff, and this excludes sickness related capability
- 25% of disabled staff have faced harassment, bullying or abuse in the last 12 months, compared to 17% for non-disabled staff
- 31% of disabled staff said they felt pressure to come to work even though they were sick (“presenteeism”), compared to 23% of non-disabled staff

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Some Trusts have performed better than the national average but there are also many Trusts that have performed significantly worse and UNISON has developed training for activists that can help identify areas to raise with management. These results chime with those in UNISON's survey and further highlight the need for reasonable adjustments and disability leave policies to be agreed with employers, in addition to action on abuse, bullying and harassment.

Conference therefore instructs the Service Group Executive to work with the National Disabled Members Committee to:

1. Circulate UNISON's bargaining guides on Disability Leave and Reasonable Adjustment Policies and Passports to branches, encouraging them to negotiate locally for these policies
2. Encourage all branches in England to consider the WDES Trust level results for their employer, raising areas of low performance and identifying potential solutions, and publicise UNISON's training on using the WDES
3. Consider ways of raising the disproportionate experience of workplace abuse, bullying and harassment of disabled staff with health service group employers
4. Raise the need for an NHS-wide approach to rolling out adjustment passports and disability leave policies through national bargaining structures where appropriate

National Disabled Members Committee

2023 UNISON Health Care Service Group Conference PRELIMINARY AGENDA

Defending the NHS and campaigning against privatisation

29. Fatal detraction? Don't let Tory cuts undermine the NHS model

Conference notes recent findings by the Health Foundation that for the decade before the Covid-19 pandemic, the UK as a whole spent on average around a fifth less per person than the EU14 countries on healthcare. If health spending in the UK had matched the EU14 average for this period, the UK would have spent around an extra £40 billion every year. Conference believes that such statistics show up the deeply damaging effect that austerity has had on the NHS and the delivery of healthcare in the UK.

Conference is dismayed that there appears to be no meaningful improvement on the way forward. Extra funding announced in the 2022 Autumn Statement for the English NHS – and, via the Barnett Formula, for Scotland, Cymru/Wales and Northern Ireland – will put more money into direct NHS spending, but Conference notes that once the wider Department of Health and Social Care budget is taken into account (including items such as capital investment and education and training) the increase for the next two years is only 1.2% in real terms, a figure that is even lower than the average seen during the previous decade of austerity.

Conference notes that the impact of such under-funding is all too clear for staff across the UK's health services – whether in the shape of insufficient pay awards, restricted opportunities for training and education, or attempted downbanding and other attacks on terms and conditions.

In addition, Conference is alarmed by the wider impact which seems set to have a detrimental effect on both staff and the future of our NHS. Years of underfunding means that the NHS is struggling with the biggest waiting lists in history across all four parts of the UK.

Worryingly, Conference notes that public satisfaction with the NHS is declining and that, while surveys suggest the public currently blame government underfunding for the state of the service, this situation is potentially worrying for the credibility of our publicly funded free-at-the-point-of-use NHS. Conference is concerned that if governments allow the NHS to be run down it makes it more likely that those that can afford it – and even those that cannot – will opt out of the NHS by paying to go private for their care.

Conference is therefore particularly alarmed by reports from the BBC that NHS leaders in Scotland had discussed a “two-tier” health service and potentially abandoning the founding principles of the NHS by having the wealthy pay for treatment. Conference believes that in the longer term such thinking emboldens advocates of alternative delivery models, such as the social insurance approach.

Conference asserts that a social insurance system would not only affect the status and quality of the healthcare delivered, but would also be dangerous for the workforce, as it would likely encourage the use of alternative employment models. Conference notes the ability of UNISON to campaign vociferously in the corridors of power and on the streets – and believes that both will be necessary in the coming months and years to support our beleaguered NHS.

Conference therefore calls on UNISON's Health Service Group Executive to work with other parts of the union as appropriate to:

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1. continue to campaign for substantially improved funding levels for all parts of the NHS, and against the introduction of further rationing or charging;
2. continue to resist any damaging attempts to use under-funding as an excuse to cut pay, terms and conditions or to adopt wider policies that undermine the NHS model;
3. increase the union's impact by building alliances that include the most influential organisations possible – with the aim of ensuring the public narrative remains in favour of the NHS model; and
4. commission research to investigate the negative impact of alternative healthcare delivery models, with a particular emphasis on the workforce, including the impact on staff health, wellbeing and workload.

Health Service Group Executive

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

Conference notes with concern the many and various examples of services that would ordinarily be run by the NHS, being handed to private companies over the course of the last few years. Private healthcare providers have repeatedly demonstrated that they are prepared to offer staff less favourable terms than those won collectively by staff on Agenda for Change contracts. The ownership of healthcare provision is therefore a terms and conditions issue, and a trade union issue at its core.

The impact of low pay in private contractors has been devastating for our members. In UNISON's survey of members working for private contractors in the NHS at the height of the pandemic in 2020, 31% said they had to ask family or friends for money to support themselves, whereas 1 in 20 had no option but to access a food bank. One in 50 reported that they had re-mortgaged their home due to the financial pressure of low pay.

Through UNISON's 'US2' campaign, many of these providers have been challenged successfully through organising, successful pay claims and industrial action. However, many more continue to inflict poverty pay on their workforce, whilst profiting from the taxpayer. If the NHS is to truly become 'One Team' and the threat of poverty pay in our health service is to be eradicated, we must ensure our campaigning, organising and bargaining to insource privatised services, as well as preventing further privatisation within our health service, continues.

Conference calls on the Health Service Group Executive to:

1. Continue to campaign for a publicly owned and run NHS, reversing the damaging tide of outsourcing and privatisation of the NHS during the pandemic;
2. Coordinate an audit of rates of pay in all NHS contracts, with a coordinated industrial response where these do not meet Agenda for Change rates;
3. Develop a service group-wide strategy, alongside resources and guidance for branches and regions, to challenge the inclusion of private sector organisations in decision making through Integrated Care Partnerships and other NHS structures;

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4. Provide guidance to branches to support local in-sourcing campaigns, including how to effectively engage politicians, patients, communities and decision makers. Encourage all parts of our union to call for insourcing as a key demand alongside any pay claims to NHS private contractors;
5. Highlight to NHS leaders and politicians the legal and reputational risks of failing to ensure ethical procurement to the NHS as a whole and all its constituent parts, as well as potential risks to the supply chain itself.

North West Region

31. Fighting privatisation in the ambulance sector

Conference notes that right across the NHS privatisation has been deeply damaging for both services and staff. Conference reasserts its belief that privatisation undermines the delivery of services and too often leads to outsourced staff receiving worse pay, terms and conditions than their NHS counterparts.

Conference notes with regret that the ambulance sector has been particularly targeted in recent years for privatisation, and that such issues are not restricted to England. Conference is particularly concerned at the increasing use of private operators in patient transport services (PTS) and NHS 111.

In recent years this has included major failures in Sussex, where a PTS contract collapsed after the disastrous performance of a private operator, but it took six years for NHS commissioners to recoup any money from the company. And there are now examples of ambulance services being brought in as “resilience partners” for parts of the 111 service that are being provided by private companies because performance levels have been unacceptable.

In line with UNISON’s “One Team” campaign, Conference highlights the dangers inherent in outsourcing such services, which should be seen as an integral part of the wider emergency services system. Breaking staff away from the NHS affects the smooth functioning of the system and damages the morale of the workforce.

Conference also notes that outsourcing in the ambulance sector is not restricted to PTS and 111. In 2022 NHS England awarded a national £30 million contract for additional ambulance service capacity to a non-NHS provider when this money could instead have been invested in services, pay and staffing at the NHS’s own ambulance services.

Conference therefore calls on the Health Service Group Executive to:

1. Continue resisting privatisation in all its forms, particularly as it relates to the ambulance sector;
2. Highlight the importance of PTS and 111 as an integral part of the wider emergency services system;
3. Work with regions and branches on campaigns to bring outsourced services back into the NHS.

Ambulance Occupational Group

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32. Involvement of Private Finance consultancy companies in the NHS

In 2018, NHS Business Shared Services appointed 107 Management Consultancy firms to assist the NHS complex strategic, organisation and transformation changes expected between 2018 to 2023 at the time. With Covid pandemic and post Covid pandemic, these particular changes would have been altered to reflect the present situation the NHS is now facing.

It is likely the large consultancy, legal and accountancy firms will be increasing their financial turnover and profits from the public purse strings across the NHS despite the UK economy entering a long slow recession combined with inflation rates at least remaining around the same levels as in 2022 autumn months.

The most likely outcome has been a complete review of all Government Departments budgetary spending including the Department of Health. Therefore, large private finance consultancy companies will have a further opportunity in boosting their share of consultancy fees from the NHS, without the use of any measures to curtail their influence.

As in the past, the consultancy companies are likely to mirror the recommendations of the Government in closing/reducing NHS Services across the country with the loss of many NHS jobs and/or the privatisation of NHS services resulting in lower Terms and Conditions been offered to any new recruits and existing staff in the NHS.

Conference calls on the Health Care Service Group Executive to:

1. Step up UNISON's campaign of opposition to privatisation of NHS Services highlighting where UNISON and other health trade unions have been successful in opposing privatisation and where services have been bought back into the NHS fold.
2. Campaign with other health trade unions in exposing the massive legal, consultancy and accountancy fees paid to these private finance consultancy companies from NHS funding.
3. Campaign for open transparency in contracts awarded by the Department of Health to the private sector including the consultancy fees.
4. Continue to campaign against the internal market in the NHS and put forward proposals, which give NHS workers, Trade Unions and NHS Service Users a real voice in the decisions on how the NHS operates and priorities.
5. Where NHS Services outsourced contracts are reverted back to the NHS fold, to campaign for any compensation awarded to be paid only on proven need.

NHS Logistics

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Professional and Occupational issues

33. We need safe staffing levels in our NHS

Staffing levels in our NHS are at crisis point.

Conference notes that low staffing levels have a significant impact on the ability of NHS staff to do their jobs effectively, and care for patients properly. Nurses, midwives and all NHS staff aspire to provide the best care they can but because of staff shortages, they are unable to do so. Years of negligent workforce planning, and underinvestment have left us short of tens of thousands of staff. Low staffing levels are leading to those staff who are left to take on more and more work, working longer and longer hours just to get the basics done.

NHS staff are working as hard as they can to care for their patients, pushing many of them to experience burnout. More than two thirds (69%) of health staff say they've experienced burnout during the pandemic, and these issues have not gone away. In another recent UNISON survey, a majority of UNISON nursing members said there is chronic short staffing, one member said that as a result "the sparkle has gone from nursing."

Unsafe staffing levels result in care being left undone and harm to our patients. They damage our health and wellbeing and the morale of our teams. The NHS is in a low staffing crisis, unable to recruit new staff or retain the experienced staff it needs. Healthcare providers are accountable through law, policy and regulation for providing safe care. But too often they're able to turn a blind eye to the real challenges staff face at work every day.

Conference welcomes the pilot campaign run by UNISON branches in Cardiff & Vale, Cambridge University Hospitals, Fife, Grampian and University Hospitals Birmingham, to end the low staffing crisis. This saw a push for UNISON members in these areas to take a survey after every shift, reporting whether staffing was at safe levels and if any incidents occurred. This new data will be analysed and taken to the employers to force them to act.

Conference calls on the Service Group Executive to:

1. Learn lessons from the pilot campaign and roll this out further to branches across the UK, empowering branches to take action on low staffing;
2. Investigate further unsafe staffing levels on night shifts, and build specific actions into the campaign;
3. Organise to ensure that staff are involved in workforce planning and setting staffing establishments. Nobody knows more about what levels are staffing are needed more than the staff themselves;
4. Continue to organise to raise NHS pay, which would help stem the recruitment and retention crisis, using the data gathered to illustrate the impact low staffing has on patient care.

Nursing and Midwifery Occupational Group

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34. Protecting members and protecting the public – the future shape of regulation

Conference is concerned by the recent fee rise consultation from the Health and Care Professions Council which proposed a 20% fee rise for registrants. The consultation comes less than two years after the HCPC previously raised its fees by 9% - only reduced from 18% thanks to a hard-won campaign by UNISON.

Conference is tired of the constant battles to stop regulators hiking their fees – a tax on registrants – at will. The HCPC claimed they would be insolvent if the fee rise didn't take place – but Conference sees this is a problem for the HCPC and the government and not a burden that should fall on the shoulders of registered healthcare professionals.

Conference believes that our long-term campaigning strategy needs to target the overall structure of the funding of regulators and to consider the options that would be available to fund regulators including registrants, employers or the government. The strategy should also develop our position on the potential merger of regulators and whether this would be beneficial to our members and to public protection.

Conference therefore calls upon the Health Service Group Executive to:

1. Engage our registrant members in the development of our position on regulation by undertaking survey work of members' priorities for healthcare regulation and healthcare regulators
2. Research and develop an options appraisal on funding options for regulators and include consideration of the structure and scope of the regulatory landscape, ensuring that we push for regulatory reform that is not detrimental to our members while ensuring patient safety
3. Work with other service groups to ensure the voices of all those registered with the healthcare regulators such as Occupational Therapists working in local government, are heard.

Science, Therapy and Technical Occupational Group

35. Retirement age parity with Emergency Services for Ambulance Staff

Conference notes that lowering the retirement age for ambulance staff in line with other emergency services workers continues to be a high priority for UNISON members working in the ambulance sector. Conference recalls that in 2018 ambulance workers travelled to Whitehall to present the then health and social care secretary, Matt Hancock, with a petition signed by over 250,000 people calling for their retirement age to be reduced from 67 to 60. This was pre-pandemic, at a time when pressures on the ambulance service were growing and taking a toll on the physical and mental wellbeing of ambulance workers. Unfortunately, such calls were unheeded.

Conference notes that since then growing pressures – including an increase in demand, patients presenting with complex health conditions, and a global pandemic – have left our ambulance services on their knees. Handover delays, exacerbated by a growing social care crisis, have led to

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ambulance staff witnessing patients dying in the back of their vehicles, while being unable to tend to other seriously ill patients.

Conference notes with alarm that the mental health impact this is having on staff – combined with low pay and worsening working conditions – is causing ambulance workers to leave the NHS in their droves. Winter pressures are now year-round pressures, the NHS has faced over a decade of underfunding, and a serious recruitment and retention crisis in the ambulance service is doing nothing but heighten the pressures that we hear so much about from our members, from our patients and, increasingly frequently, from our media outlets.

Conference does not accept that the physical impact of handling a growing number of patients and the mental impact that growing pressures are causing ambulance workers – many of whom are now suffering from anxiety and depression – should be the norm. Nor should these workers have to endure the effects of working in such a high-pressured environment well into their 60s.

Conference asserts that ambulance workers perform one of the most valuable roles in our communities and increasingly this is a role which takes so much from them but gives too little back in terms of reward and recognition.

Conference therefore calls on the Health Service Group Executive to:

1. raise awareness amongst the public and media that ambulance workers are not considered 'emergency workers' when it comes to qualifying for early retirement, despite providing what most people would deem an 'emergency service';
2. commission research to identify the physical and mental impact on specific staff groups working in the ambulance service, particularly during the later years of their working life, and promote the argument that lowering the retirement age will actually help to improve the recruitment and retention of ambulance staff;
3. seek, as a minimum, commitments from politicians to review the current retirement age for staff working in the ambulance service; and
4. promote and seek improvements to the existing Early Retirement Reduction Buy Out scheme negotiated by UNISON to share costs 50:50 between employers and staff, and work through the NHS Scheme Advisory Board to consider options to help ambulance members retire earlier than 67.

Ambulance Occupational Group

36. Protect Overseas Nursing and Care staff

As a trade union we are all extremely conscious of the nursing shortages that exist here in the NHS, Social care and the Private Sector, and these shortages are being covered by the recruitment of overseas staff.

UNISON is being alerted to more and more cases where these highly valued staff are being badly exploited by these employers, including the use of punitive repayment clauses in respect of training and recruitment costs. Branches should be aware of support agencies that can help and advise to ensure that fairness is adopted throughout. Support to these vulnerable staff must be afforded to them.

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This Conference therefore calls upon the Health Service Group Executive to:

1. welcome the establishment of UNISON's network for overseas nurse members and call upon them to ensure branches promote the network to members and prospective members, and that they work with employers to target new cohorts of international recruits so they know about the benefits of UNISON membership and the value of joining the network;
2. request that branches are supported and targeted with information and member education provision to address feedback from recent industrial action balloting, internationally recruited nurses often have concerns that voting in ballots and worry that taking action will put them at risk;
3. continue to lobby government for proper enforcement of provisions within the Code of Practice for international recruitment of Health and Social Care staff;
4. give support and advice to branches on the contents of the Code and routes for reporting breaches and abuses of staff to appropriate bodies including the Gangmasters and Labour Abuse Authority and the Employment Agency Standards Inspectorate, who can enforce minimum standards of conduct in the recruitment sector;
5. consider involving black member's officers from branches to help give further support to situations that may occur within branches/regions

South East Region

37. Bring back the bursary for all health care students

In 2016 the government made a decision to end the bursary for all health care students. Despite warnings from Allied health, nursing organisations and UNISON, the government went headlong into abolishing financial aid for future generations of health care professionals.

This saw a 40% drop in nursing applications alone with similar figures for other AHP professions. We are now in a staffing crisis the NHS has never seen before and those who became health professionals since 2016 now saddled with a debt which could take decades to pay off. This can't be viewed as a recruitment incentive, train to nurse people but go into debt in the process.

Most private sector employers train their staff, they don't deduct pay from staff. The chocolate factory down the road trains its staff, it doesn't deduct their pay. Conference, we need to make working in health attractive to people, we need to attract both young and the more mature students. This can't be achieved by saddling them with debt to work in a career which has never paid and will never pay rates of pay for jobs of other equivalent qualifications.

Conference calls on the HSGE to:

1. Campaign to reinstate paid training;
2. Raise public awareness of health student debt;
3. Lobby MPs to raise this in parliament.

University Hospitals Birmingham UNISON

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38. Ensuring consistency in education and training standards for Social Prescribing Link Workers

Conference notes the increasing use of social prescribing in the delivery of personalised care for patients who have long-term conditions or who need support with their mental health. Conference further notes the importance that social prescribing places on link workers, who are charged with taking a holistic approach to people's health and wellbeing and connecting people to community groups and local support services.

Conference believes it is necessary to assess the potential of this role for patients and the wider NHS, but also to look at how the NHS can ensure consistency in the way this group of workers are trained and how they are treated in the workplace. As a first step towards this, Conference notes that education standards for link workers were produced in 2022 by the National Association of Link Workers.

Link workers are often employed by groups of GP practices or community organisations, and conference believes that those working in the NHS should be covered by NHS terms and conditions and the job evaluation scheme to ensure that greater clarity and consistency can be brought to the employment standards of this expanding group of staff.

Conference continues to assert the importance to the smooth functioning of the NHS of all members of the workforce being treated as One Team.

Conference therefore calls on the Health Service Group Executive to work with the relevant occupational bodies and other service groups, including Community, to:

1. encourage greater consistency on training frameworks for link workers;
2. push for proper employment standards for this group of staff, including for those working in the NHS to be on Agenda for Change terms and conditions;
3. commission research to expand understanding of social prescribing roles; and
4. reinforce the importance of UNISON's One Team campaign.

Science, Therapy and Technical Occupational Group

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Motions Ruled Out of Order

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

Pay 23/24

(SOCM0041 submitted by Mid Yorkshire Health)

This conference notes

- The increased membership turnouts during the consultations, pledge campaign and strike ballot over the past two pay awards in 21/22 and 22/23.
- That both years pay consultations started in late summer and voting took place after the awards were in our members pay packets
- The government has announced a 2% limit on public sector pay for the next three years therefore making the Pay Review Body null and void.

Conference believes

- Our pay claim must be dealt directly with the government and should not be reliant on any PRB announcements
- That the 22/23 ballot should be seen as the consultative ballot for 23/24
- The last two years of activity prove that our members are angry about pay and our focus should be on achieving a 50%+ turnout in the next Industrial action ballot.

A flexible and devolution proofed NHS staff mileage allowance

(SOCM0047 submitted by UNISON Northern Ireland)

The impact of the increased cost of fuel and living costs has impacted deeply on our social care members in Northern Ireland who are part of an integrated health and social care system.

Our members working in domiciliary care have to cover extensive rural areas. Our members need a mileage scheme that is flexible and recognises employers may need to make improvements and funding adjustments.

It is essential that a revised scheme includes a devolution protocol which includes provision for flexible funding.

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

Campaigning against NHS resources haemorrhaging to PFI companies

(SOCM0005 submitted by NHS Logistics)

Conference notes £475 million was spent by the NHS in 2020-21, just to pay interest on Private Finance Initiative (PFI) loans alone. With interest linked to RPI inflation, as the costs of goods rise,

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so does the size of PFI debts, and of annual repayments too. This is at a when the NHS is facing cuts of £12 billion a year by 2024-25 as Covid funding is withdrawn, and an estimated £6 billion of increased costs in 2023 due to rising prices.

On the whole PFI contracts ensure re-payments are guaranteed with precedence over all other NHS expenditure, such as staffing and expenditure, resulting in large profits for the PFI schemes. It is reported in 2018/9 two Trusts in the East Midlands Region were paying Unitary payments of 16.51% and 10.90% of their net income for that period.

The PFI was based on Private Companies raising capital for hospital building schemes, built them and then leased them back to the NHS on lucrative contracts which may last as long as 40 to 50 years. In addition, the PFI schemes include maintenance of the buildings and may provide services such as cleaning and catering. It is calculated the PFI schemes will eventually make £80 billion for the lenders and leave the NHS with just £13 billion of assets. A third of the projects ran late and went over budget with a number of PFI hospitals having structural defects.

Conferences welcomes the decision of the Government in 2018 concerning potential future PFI schemes, but the legacy and a mountain of debt remains for NHS Trusts in making these payments.

Conference calls on the Health Service Group Executive to:

- 1 To continuing working with representatives of UNISON's General Political Fund and Labour Link to produce materials in support of our NHS and where possible in highlighting the PFI payment/interest payments in line with SGE Priorities; such as raising UNISON Health profile with UNISON Health members.
- 2 Continuing campaign against the internal market and put forward proposals, which give NHS Workers, Trade Unions and NHS Service Users a real voice on how the NHS is run and what its priorities are.
- 3 To campaign for a 'windfall tax' on the excessive profits currently being made by PFI consortia with NHS PFI lucrative contracts, highlighting where the money could be used to support NHS staff and service.

Summertime Blues

(SOCM0025 submitted by University Hospitals Birmingham)

Another normal Saturday other than the peculiar British custom of moving the clocks back one hour. This custom is called Saturday night October 30th for most of our members was just Day light saving time and gives farmers a bit of extra light in the autumn months. However, for our members who have been rostered onto nights or participating in the on-call rota in most cases above beyond their normal hours this habit of moving clocks back fills them with dread.

Not because of the dark depressing winter nights ahead but the extra hour they're expected to work. This hour is unpaid, and our members' labour is free for one hour every year. In addition to this a lot of our members will work 13 hours that night. At 2.00 am Sunday morning the clock turns back to 1 am and our members start the hour again similar to the film Ground Hog Day.

We have members rostered onto nights, work nights full time and members who work on call. All these members work for free on this particular night. Why?

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If we leave our gas fire on or lights on all night this hour of energy is still paid. We don't get a free one hour of energy but our employers get an hour free from our members. Whenever this has been brought up in conversation the reply has always been 'you get paid one hour extra when the clocks go forward'. This might be true in very rare instances but for most staff the positive doesn't override the negative.

Conference calls on the HSGE to:

- Negotiate with employers to ensure our members get paid for all the hours worked.
- Ensure our night workers are rewarded when winter ends and the clocks go forward by keeping this unworked hour paid.
- Negotiate a choice of TOIL or pay for this extra hour worked.

Black women in childbirth and the inequality they face (SOCM0034 submitted by National Women's Committee)

Conference when you find out that you are having a baby it is an exciting and beautiful experience, especially when it is your first child. You go through all the emotions, and you are not alone. You have the support of health professionals, midwives, doctors. They are with you throughout your experience, making sure that you and your baby are healthy and that your pregnancy is without any complications. However, conference notes recent reports and research show that Black women are treated very differently from white women during childbirth and face racial discrimination.

In May 2022, the organisation Birthrights published their report 'Systemic Racism, not Broken Bodies'. The findings showed that Black women often felt unsafe, were ignored and disbelieved, were subject to racism by caregivers, were not given a proper choice or the means to give true informed consent, and were subject to coercion from caregivers, were regularly dehumanised and were disproportionately affected by structural barriers to care. MBRRACE-UK research and audit maternity care in the UK to reduce risk. They report that Black women are five times more likely to die during childbirth, than white women.

Parliament has also debated disproportionate maternal deaths among Black women. A petition seeking more research into why this is happening and recommendations to improve health care for Black Women gathered over 187,000 signatures and prompted a debate in parliament in April 2021. The debate resulted in an exposure that there are 'extreme racial inequalities' in maternity care for Black women and the Government also agreed to fund a study into factors associated with the higher risk of maternal death for Black and South Asian women.

Conference agrees that as a union we fight for injustice and we want to stamp out racial discrimination in wider society as well as in our workplaces. Also, as a union of over 1 million women we particularly want to speak out on issues concerning women. Black mothers want to be treated with equality and fairness.

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

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1. Raise awareness of and support the work of MBRRACE-UK in highlighting the experience of maternity care, particularly the experience of Black women, and reducing risk for both mothers and their care professionals.
2. Seek mandatory education and training for all health professionals involved in pre-natal care, maternal care and peri-natal care on equality and race at both national and local employer levels.

Trans and Non-Binary inclusion within the NHS workforce.

(SOCM0040 submitted by National Lesbian, Gay, Bisexual and Transgender plus Committee)

Conference notes that for many Lesbian, Gay, Bisexual and Trans plus (LGBT+) people, working in public services is often seen as a 'safer' option to working in the private and voluntary sector. UNISON has played a significant role in engaging with National Health Service (NHS) employers to promote inclusive workplaces for LGBT+ employees, which contributes to this level of trust and feeling of being safe within the workplace.

UNISON's ongoing support for NHS Trusts to engage with Stonewall and to develop LGBT+ staff networks has also sent a message of acceptance of LGBT+ diversity within the workplace. This is further supported by the "Health and Care LGBTQ+ Inclusion Framework", published by the NHS Confederation in September 2022.

However, much of this good work is being undermined when it comes to transgender, non-binary and gender diverse people (referred to under the umbrella term "trans"). Whether already employed, or a potential candidate for recruitment, trans people are receiving very mixed messages. For example, trans people report a lack of faith in the NHS based on their experiences as service users. Trans healthcare in the NHS is failing beyond the levels of any other NHS service. Trans people are covered by the 18 week rule that applies to any NHS service, but many service users wait in excess of 4 years for a first appointment.

If our NHS workforce is to be truly representative of our population, we must take a stand and use our influence within NHS Trusts to promote acceptance of trans people. We need all NHS Trusts to adopt Trans Inclusion policies. We also need to use our negotiation 'privileges' to ensure that poor levels of trans healthcare is addressed, thus further restoring trust of trans employees, service users and our members.

We therefore call upon the National Health Service Group Committee to;

- 1) Engage with the National LGBT+ Committee to promote trans inclusion as part of our campaign 'Trans Equality is UNISON Business'.
- 2) Demonstrate support of our trans NHS staff by encouraging all Health Branches to run Trans Ally training
- 3) Engage with NHS structures across the devolved nations to ensure trans healthcare is acknowledged as an issue that needs to be reviewed, addressed and treated as a priority.
- 4) Provide feedback at next year's National Health Conference.

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Disabled workers, 'burn-out' and mental health

(SOCM0044 submitted by National Disabled Members Committee)

Conference notes that NHS workers are facing unprecedented demands and disabled staff are particularly affected. The impact of the pandemic is still being felt, with backlogs leading to unsustainable workloads and resulting in increased stress levels for staff. Stress levels have peaked still further due to the cost of living crisis and real terms pay cuts. The combined effect of these issues has resulted in increasing levels of staff 'burn out', leading to mental health problems for some staff, while exacerbating existing mental health impairments for others.

Conference notes that the Equality Act 2010 defines a disabled person as someone with a mental or physical impairment which has lasted, or is likely to last, 12 months or more and which has a substantial impact on their ability to undertake normal day to day activities. Many staff working in our health services have developed mental health problems from overwork and burn out to the extent that they fit this definition.

Conference acknowledges that disabled workers in the NHS are also disproportionately impacted by the cost of living crisis due to the additional costs of being a disabled person. Many disabled staff working from home pay additional energy costs due to the need to power up equipment required as a reasonable adjustment or because they have impairments that are affected by the cold. Financial worries only compound already unsustainable levels of stress from overwork.

Conference notes UNISON's Guide to Negotiating Mental Health Policies which can be used to open the discussion with health service employers and seek changes to policies and procedures to ensure staff mental health needs are acknowledged and supported, that workloads are appropriate, and that disabled staff are provided with reasonable adjustments where appropriate. Conference further notes that UNISON offers a variety of training and support for activists to help them to look after their own mental health needs as they carry out their often very demanding and emotionally draining branch role.

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

1. Circulate UNISON's Guide to Negotiating Mental Health Policies to branches and regions and encourage them to prioritise negotiating on this issue
2. Encourage branches to use UNISON's suite of health and safety resources to raise issues of workplace stress with the employer
3. Raise the growing problem of unsustainable workloads and the need for wellbeing support post-Covid with health service employers through national and local bargaining structures as appropriate
4. Work with Learning and Organising Services (LAOS) to consider what additional support can be put in place for activists in health service workplaces
5. Circulate details of appropriate UNISON training relating to mental health support for activists

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Conversion Therapy – Spread the Word

(SOCM0048 submitted by National Lesbian, Gay, Bisexual and Transgender plus Committee)

Conversion therapy refers to the practise of attempting to change a person's sexuality or gender identity. There are many different techniques, both physical and mental, that can include talking therapies and prayer, but more extreme forms can include exorcism, physical violence such as electric shocks and testosterone injections. There is no reliable scientific evidence that the so-called therapy works and sexuality or gender identity can be changed.

Every major political party in the United Kingdom (UK) pledged to ban the practice as part of their commitment to LGBT+ individuals during the 2019 general election. The Tory government at Westminster started a consultation on the practice which ended in January 2022. In April 2022, the UK Government announced that it was entirely scrapping plans for a ban, then quickly backtracked and said elements of the ban would go ahead. The current plan is to ban conversion therapy aimed at changing a person's sexual orientation - but not their gender identity. In addition, the proposed law will protect under-18s. However, it won't apply to people over 18 if they've consented and haven't been coerced. This means that Lesbian Gay Bisexual and Transgender plus (LGBT+) people working in or using Health Services may be at risk of this abusive practice.

Coercion will be very difficult to define – is a chat with a friendly church leader, coercion? What about if it is accompanied by interventions from other family members? Or if someone gets taken to a camp to learn what a “normal life” is about? When does influencing end and coercion begin?

The backtracking on excluding trans people from the ban on conversion therapy caused a major backlash. Over 100 organisations, including UNISON, called the decision unacceptable and pulled out of the government's first LGBT+ international conference that was scheduled to be held during the summer of 2022. Without the support of these organisations, the conference was cancelled.

A survey by the Ozanne Foundation found that among those that had undergone some form of conversion therapy:

- 68.7% reported having suicidal thoughts
- 59.8% experienced anxiety and depression, requiring medication
- 41.3% experienced anxiety and depression, not requiring medication
- 40.2% said they had self-harmed
- 24.6% said they had suffered from eating disorders

As staff working in the Health Service, we need to be aware of these figures as part of safeguarding. We need to understand the harm this practice does. We need to recognise the signs and know that our colleagues could be vulnerable. We need to recognise the signs and know that our service users could be vulnerable. It is vital that we raise awareness within the health service of the effects of Conversion Therapy manifest in different people.

Conference notes the adoption by 2022 National Delegate Conference of the motion “Trans equality – Louder and Prouder” which included a commitment that UNISON will continue to campaign for a ban on conversion therapy that covers all LGBT+ people

We call on the health service group executive to work with the national LGBT+ committee to:

1. Produce a factsheet containing facts about conversion therapy and UNISON's policy and circulate this widely to UNISON members in the Health Service.

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2. Call for conversion therapy to be added to the safeguarding policies of all departments, including HR, within the Health Service and of all Health Service Providers.

What our bargaining strategies need to win

(SOCM0055 submitted by UNISON Northern Ireland)

Northern Ireland Region's health members are not currently restricted with anti-trade union legislation like UNISON members in Scotland, England and Wales are. We remain committed to a whole union campaign to win better terms and conditions for our members in all parts of the NHS. We are very aware of the huge pressures the Tory legislation on voting thresholds throws up for our union.

We believe it is time to deepen our challenge to these restrictions if we are to succeed. This is an effective roadblock to successful industrial action by trade unions. Reform is vitally needed. The way in which we ballot should also be reformed. Restriction to postal voting and exclusion of electronic system has to end.

We call on the Health Service Group Executive to:

Work with the NEC to prioritise these issues and raise in all engagements with UK current and future government.

We also urge the Service group Executive to inform all our health members and branches to endorse a renewed emphasis on this reform.

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

Improving terms and conditions. Pay campaign

(SOCM0043 submitted by Cheshire and Wirral Community Health)

This Conference notes

1. That despite the exhausting and dangerous work undertaken by health and care workers during the pandemic, the government only gave a 4.75 % pay rise for NHS workers for 2021-22. That was below the current rate of inflation and comes after years of below inflation pay awards.

2. During 2022 2023 campaign Sunak and the Tory's said Unison's demand for better pay is 'unaffordable', they say we are being 'unfair' and that we are bringing the NHS to its knees by organising 'unnecessary' strike action. They accused us of not caring about the impact on patients of industrial action

3. The Tories have purposefully run the NHS into the ground in order to pave the way for further privatisation and the ending of any meaningful public health provision. Waiting lists are soaring, staff are leaving and there are 132,000 vacancies in NHS England alone. Private doctors' surgeries are being built, having to access private treatment and private insurance is becoming the norm. The daily reality for NHS staff is working in a system that is chronically underfunded with the constant fear that patients' safety is being put in jeopardy.

4. Our strikes are about all of this. They are focused on pay because the laws on industrial action say that 'political' strikes are illegal ie we can't strike to defend the NHS and demand a public system of health and social care. The same laws have been used to make taking any strike action very difficult. All unions had overwhelming yes votes for action however the laws mean that to be

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'allowed' to strike we have to have over 50% turnout and in the public sector 40% of those eligible to vote have to vote in favour.

5. Often confidence of members builds as they see others taking action, therefore planning and encouraging reballots should be an important part of our industrial strategy.
6. Co-ordinating industrial action with other unions strengthens us all.
7. The Government purposefully doesn't announce pay award until several months after the April when we should be paid. We should negotiate directly with the department for health from Jan - March . Demand the Government announces pay on 1st March and then ballot if offer is not met.
8. All NHS workers need a pay rise. We should put in a pay claim for private sector health workers and outsourced health workers at the same time as claim is put in for Agenda for change workers.

This Conference calls upon the Service Group Executive to take the following actions

1. To continue to improve our data gathering and communication to maximise turn out in future ballots.
2. To organise pay campaign in line with the timetable above. For this year, 2023, begin balloting if the Government has not already announced the offer
3. To put in a pay claim for private sector health workers and outsourced health workers at the same time as claim is put in for Agenda for change work
4. To use initial ballot results as a starting point when organising industrial action - reballoting and escalating action quickly should be part of our approach when running a dispute.
4. To co-ordinate industrial action at a national, regional and local level
5. To organise a political campaign highlighting pay and work conditions for health workers at the same time as negotiating/ balloting on pay.
6. As part of the campaign on pay, highlight the impact of the anti-trade union laws on our ability to take industrial action in defence of our members work conditions and pay.

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

Pay our Bank staff, recruit Bank staff

(SOCM0020 submitted by University Hospitals Birmingham; and SOCM0057 submitted by West Midlands Region)

Many hospital trusts employ bank staff and are dependent on these staff to cover gaps in rotas. However, employers exploit this underappreciated group of staff by not paying A4C pay. In addition to this when Unison wins a pay award bank staff don't see any improvement in their pay. Many branches try to negotiate local deals to improve pay. Unfortunately, this is a continuous battle, and it does not always work. Whereas Unison negotiates nationally for substantive staff it doesn't seem to for bank workers.

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Unison should campaign for appropriate pay for bank workers, in addition to this take the opportunity to recruit bank staff as part of this campaign. It could be suggested that a majority bank staff are also directly employed with the hospital they tend to work bank shifts. However, for many members, bank is the only source of income.

It could be an opportunity for Unison to tap into these undervalued workers; recruit them and show them that we are on their side by negotiating with the employer to improve their pay whenever directly employed members receive pay awards.

Many trusts couldn't deliver patient care without bank staff.

Conference calls on the HSGE to

- Recruit and organise bank workers
- Negotiate with employers to ensure bank workers aren't forgotten during talks on pay
- Ensure pay is back dated along with substantive employees

Restoring 24/7 sick pay in the NHS

(SOCM0039 submitted by Mid Yorkshire Health)

Conference notes that Section 14 of the NHS Terms and Conditions Handbook clearly states that "pay during sickness absence is calculated on the basis of what the individual would have been paid had they been at work".

Conference is concerned that following a series of amendments to the original Agenda for Change T&C Handbook this is clearly no longer the case. The gradual abolition of sick pay for "payments outside normal hours", culminating with the end of such payments altogether in the 2018 'Framework agreement' has resulted in shift workers being financially punished for being off sick. Regular night shift and weekend workers, in particular, suffer the most when they unfortunately fall ill.

Conference believes there should not be any inbuilt discrimination in our national Terms and Conditions Handbook and that a 24/7 NHS should have 24/7 sick pay. For the majority of our members there are no 'normal hours' in the NHS.

The Covid Guidance, jointly agreed by the government and staff side at the start of the pandemic, ensured that staff testing positive, shielding or self-isolating received their full pay as if "had they been at work", including shift allowances. This was a recognition that 'presenteeism' amongst staff exists and they would be less likely to come to work if the threat of losing money was taken away. Conference believes the principles adopted during the pandemic should be applied for all sickness episodes within the NHS.

We call on the SGE to raise this as a matter of urgency at the NHS Staff Council and prioritise restoring 24/7 sick pay into Section 14 of the Terms and Conditions Handbook. Those who care for those who are ill should not suffer financially when they are ill themselves.

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The following motions are ruled out of order because they are not competent for the health service group conference agenda:

Please Touch my Hair – Caring for Black and Ethnic Minority patients

(SOCM0018 submitted by Bath Health)

This Conference notes that the pandemic emphasised the lack of appropriate personal care for patients with black skin and hair. Normally, family would bring in products to use on their family members but during the pandemic they were unable to access the shops or couldn't bring in products, so the care inequalities were highlighted even more than usual. It was noticeable that care staff avoided black hair or skin as they didn't understand how to care for it and didn't feel they could just ask.

The Bath Health branch has already been successful in working in partnership with their employer to train staff to be more aware of the needs of black and ethnic minority patients and how to care for them in a way appropriate to their own personal care regimes. Equality of care has started to become "the norm" in that employer and the branch Black Member officer has played a huge part in pushing this agenda forward and providing ongoing support and guidance to the employer. The branch is currently providing appropriate products to the wards and departments to ensure the continuity of care but has reached agreement with the Trust for them to now provide these.

Consideration needs to be given as a matter of course for all patient physical care, taking into account their cultural needs and diversity. This care should be given as the "norm", as has always been the case for white patients, to ensure equality across the board.

This Conference calls upon all branches to work in partnership with employers providing patient care to:

- Provide equitable care to all taking into consideration their cultural and diverse needs.
- Implement training and education for all staff on the care of patients/clients with different cultural and diverse personal care needs.
- Agree to provide appropriate products for the care of Black & Ethnic minority patients/clients.
- Ensure this personal care is highlighted to new staff at induction sessions and an awareness is written into induction procedures.

Recruitment of Black & Ethnic Minority Care Leavers

(SOCM0019 submitted by Bath Health)

Conference notes that young people in care have little or no knowledge of how to access work or careers open to them, and in particular those care leavers from Black and Ethnic communities who are already disproportionately disadvantaged in the employment market.

We note that there are already charities, such as Catch 22, who work with young adults leaving care to young adults to bring about change for the better in their lives and help them to find work in their chosen careers. We believe we shouldn't rely on charities to do this work when there is a huge need in the NHS to engage and retain staff from all walks of life and diversities.

Conference calls on branches to:

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- Work with employers to engage with care organisations to facilitate discussions around care leavers starting a career path within the NHS
- Ensure employers make Apprenticeships and training more accessible for Black and Ethnic Minority care leavers.
- Work with UNISON members working with children and young adults in care to assist them in promoting opportunities in the NHS and care sector.

The following motions are ruled out of order because they were received after the deadline:

Pay Review Body

(SOCM0060 submitted by Greater Manchester Mental Health Branch)

Pay

(SOCM0061 submitted by Greater Manchester Mental Health Branch)

Safe Staffing

(SOCM0062 submitted by Greater Manchester Mental Health Branch)

Migrant Workers In The NHS

(SOCM0063 submitted by Greater Manchester Mental Health Branch)

NHS Pay claim England 2023

(SOCM0064 submitted by Greater Manchester Mental Health Branch)

ends