

**One Team  
Fighting for our future**

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**UNISON Health Service Group  
2023 Agenda and guide**



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## **Checklist**

A reminder of what you need to bring with you to Conference:

- This conference agenda and guide
- Annual report
- Voting cards (one set per branch)
- Credential card with photograph
- Confirmation of childcare arrangements
- Details of your accommodation in Bournemouth

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

<b>Motions for debate</b>	<b>Motion no.</b>
<b>Agenda for Change, pay, terms and conditions</b>	<b>1 – 14</b>
<b>Organising and recruitment</b>	<b>15 – 17</b>
<b>Health, safety, and wellbeing</b>	<b>18 – 25</b>
<b>Equalities issues</b>	<b>26 – 28</b>
<b>Defending the NHS and campaigning against privatisation</b>	<b>29 – 32</b>
<b>Professional and occupational issues</b>	<b>33 – 38</b>

# 2023 UNISON Health Care Service Group Conference FINAL AGENDA

## Welcome to UNISON's Annual Health Care Conference 2023

Dear Member

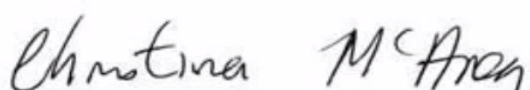
I wish you a warm welcome to UNISON's 2023 Annual Health Care Conference, especially if you are attending for the first time.

The theme for our conference this year is *One Team, Fighting for our future*, which describes UNISON's campaign for sustainable funding to secure the future of the NHS. Central to this is the need to properly invest in and support the NHS workforce. And just as we challenge health service leaders to do better by their staff, it is essential that UNISON remains a staunch defender of the principles of the NHS and continues to fight to make sure that it is resourced properly.

The Health Conference provides an opportunity to bring our activists together, to debate and shape UNISON policy. This booklet contains the business of health conference, including a preliminary timetable, motions and amendments, and a guide to conference procedures. As well as debating the motions, there will be a programme of activities including focus groups, fringe meetings, and a lively and interesting exhibition.

I hope you will participate fully in all aspects of the conference and I wish you an enjoyable and productive time in Bournemouth.

Best wishes.



Christina McAnea  
UNISON General Secretary

# 2023 UNISON Health Care Service Group Conference FINAL AGENDA

## Preliminary Timetable

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### Sunday, 16 April

#### 5.00 – 5.45

Briefing for new delegates

Windsor Hall

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### Monday, 17 April

#### 9.30 – 12.30 morning session

Windsor Hall

#### Opening of Conference

Chair's opening address

Standing Orders Committee first report

Address by Wilma Brown, Chair of Service Group Executive

Address by Andrea Egan, UNISON President

SGE Annual Report 2022/23

#### Motions for debate

Equalities issues

Agenda for Change terms and conditions

#### Motions

26 – 28

5 – 14

#### 11.45 – 12.30pm Guest Speakers

Anita Charlesworth, Director of Research and Economics,  
Health Foundation

Kate Bell, Assistant General Secretary, TUC

#### 12.30 – 2.00 Lunch Break

12.35 – 1.00 Meeting for Disabled members

Windsor Hall

1.05 – 1.30 Meeting for Black members

Bourne Lounge

#### 2.00 – 5.00 afternoon session

Windsor Hall

#### Motions for debate

Agenda for Change terms and conditions (cont)

Organising and recruitment

#### Motions

5 – 14

15 – 17

#### 5.15 – 6.15 evening fringe events

Ambulance

Operational Services – winning insourcing in the NHS

Meeting for LGBT+ members

Bourne Lounge

Tregonwell Hall

Tregonwell Bar

# 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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**Tuesday, 18 April**

**9.30 – 12.30 morning session**

Windsor Hall

**Pay presentation (30 mins)**

**Motions for debate**

Agenda for Change pay

**Motions**

1 – 4

**11.15 – 12.30 Focus Groups**

**Venue**

<p><b>Focus groups are a core part of conference business, if you are a delegate, please ensure you attend</b></p>
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Race for Equality

Re-banding and job evaluations – victories and next steps

Tregonwell Hall

Tregonwell Hall

(seminar suite)

NHS Pensions – helping you get pensions confident

Organising to win disputes

Tregonwell Bar

Bourne Lounge

**12.30 – 2.00 Lunch Break**

12.35 – 1.25 NHS Blood and Transplant Forum

Bourne Lounge

**2.00 – 5.00 afternoon session**

Windsor Hall

**Guest speaker:**

Christina McAnea, UNISON General Secretary

**Motions for debate:**

Health, safety and wellbeing

**Motions**

18 – 25

**Guest speaker:**

Baba Aye, Health and Social Sector Officer,  
Public Services International

**5.15 – 6.15 evening fringe events**

Science, Therapy, Technical, and Occupational Therapy

Nursing and Midwifery

Managers in Partnership

**Venue**

Tregonwell Hall

Bourne Lounge

Tregonwell Bar

# 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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**Wednesday, 19 April**

**9.30 – 12.30 morning session**

Windsor Hall

Workers Memorial Day commemoration

**Member Engagement Project update (20 mins)**

Claire Williams, Regional Secretary, Northern region

**Motions for debate:**

Professional and occupational issues

Defending the NHS

**Motions**

33 – 38

29 – 32

**1.00 Close of conference**

# 2023 UNISON Health Care Service Group Conference FINAL AGENDA

## IMPORTANT INFORMATION

### **UNISON Conference App**

Don't forget to use the conference app.  
The code for the app is Uhealth23. The hashtag is #uhealth23. For Twitter please use @UNISONOurNHS and for Facebook please use UNISONhealth. If you need help, please go to the conference desk.

### **Monitoring for Fair Representation and Proportionality**

All delegates will be asked to complete an online form which enables the Conference to be monitored in order that UNISON can check on progress towards its objectives of fair representation and proportionality at all levels of the union. This exercise is conducted at all UNISON conferences and at regional level.

The form is available at: <http://s.alchemer.eu/s3/2023Health>

Or by scanning the QR code:



Please assist us by completing the online form before the end of conference.



## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

### Focus and Fringe programme – Monday 17 April 2023

<b>LUNCH TIME FRINGE</b> <b>Monday 17 April 2023</b>	<b>Location</b>
<b>Meeting for Disabled members’ - 12.35 – 1.00pm</b>  This meeting is for all disabled members and visitors. It provides a meeting point, an opportunity to share information on agenda items, discuss strategy, support members, and build our disabled members organisation.	<b>Windsor Hall</b>
<b>Meeting for Black members’ - 1.05 – 1.30pm</b>  All delegates and visitors who identify as Black are welcome to attend the Black members’ caucus meeting to network and discuss issues which appear on the conference agenda and are of interest to Black UNISON members. This is an informal meeting to help facilitate conversations between members around identifying issues of mutual interest they wish to discuss in a confidential environment.	<b>Bourne Lounge</b>

<b>EVENING FRINGE</b> <b>Monday 17 April 2023 - 5.15 – 6.15pm</b>	<b>Location</b>
<b>Ambulance</b>  This fringe event is an opportunity for ambulance delegates to network with colleagues from across the UK. It will also give us a chance to thank our ambulance members for their valuable contribution in our NHS pay campaigns, and to those who have participated in strike action over pay. Come and meet the chair of the national Ambulance Occupational Group, Bryn Webster, and find out more about the latest developments when it comes to your terms and conditions.	<b>Bourne Lounge</b>
<b>Operational Services</b> <b>Bringing Services Home – Winning Insourcing in the NHS</b>  UNISON members working in operational services roles in the NHS have seen first-hand the negative impact of outsourcing on staff terms and conditions, service quality and lack of investment. Ruth Levin, Senior National Officer, UNISON will be talking about our new organising campaign to support insourcing of UNISON members in the NHS and hear from branches who have recently won insourcing campaigns, including Liverpool Hospitals branch.	<b>Tregonwall Hall</b>
<b>Meeting for LGBT+ Members</b>  We invite all members who identify as LGBT+ to come along to our meeting. We’ll consider our priorities at health conference, provide an update on our national campaigns including trans equality and how your	<b>Tregonwall Bar</b>

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

<p>region and branch can get involved. We'll also discuss the LGBT+ national committee motions to National Delegate Conference and how you can support them.</p>	
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### Focus and Fringe programme – Tuesday, 18 April 2023

<b>FOCUS GROUPS</b> Tuesday 18 April 2023 - 11.15am – 12.30pm	<b>Location</b>
<p><b>Race for Equality – tackling the disproportionate levels of disciplinarys against Black NHS staff</b></p> <p>Black staff across the NHS are more likely to enter the formal disciplinary process than white staff – in some employers over three times as likely. We need to help stamp out this discrimination. Come and hear from UNISON branches about their work to tackle this issue in their workplaces and hear about the next steps in UNISON's Race for Equality campaign to challenge racism in the NHS.</p>	<b>Tregonwall Hall</b>
<p><b>Re Banding and Job Evaluations</b> <b>Organising around re-banding – victories and next steps</b></p> <p>In September 2021, UNISON launched its Pay Fair for Patient Care campaign to re-band healthcare assistants from band 2 to band 3. Since then, many thousands of band 2 HCAs have been involved in UNISON organising campaigns in their workplace to win the reward and recognition they deserve.</p> <p>This focus group will feature speakers from successful HCA re-banding campaigns across UNISON. We will hear how branches have mobilised HCAs to have their voice heard and how branches have expanded their campaigning to other occupational groups. We will explore the future opportunities for organising around re-banding and share new campaign resources and support available.</p>	<b>Tregonwall Hall Seminar Suite</b>
<p><b>NHS Pensions – helping you get pension confident</b></p> <p>The NHS pension schemes are a valued part of the NHS pay and reward structure. Join this focus group to help build your confidence in promoting the benefits to support members to get the most from pension flexibilities and remain in the scheme(s).</p>	<b>Tregonwall Bar</b>
<p><b>Organising to win disputes</b></p> <p>Taking learning from successful organising campaigns around UNISON this focus group will explore the key components to winning local disputes and consider how the approaches could be scaled up and rolled out more widely. From building a strong base of member engagement to</p>	<b>Bourne Lounge</b>

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

<p>establishing local organising committees and putting pressure on the campaign target – we will explore how we give ourselves the best chance of winning.</p> <p>The focus group will share findings and proposals of UNISON's Organising and Recruitment Strategy Development Project on how UNISON can support branches to building strong and participative local organisation ready to escalate and win disputes.</p>	
<p><b>LUNCH TIME FRINGE</b> <b>Tuesday 18 April 2023 - 12.35 – 1.25pm</b></p>	<p><b>Location</b></p>
<p><b>NHS Blood and Transplant Forum</b></p> <p>You are invited to join the UNISON NHS BT forum fringe meeting to discuss the work programme of the forum, current issues being faced by reps with the employer and supporting and leading Blood and Transplant branches to build and organise membership. This forum is for Blood and transplant branches primarily, but all are welcome.</p>	<p><b>Bourne Lounge</b></p>
<p><b>EVENING FRINGE</b> <b>Tuesday 18 April 2023 - 5.15 – 6.15pm</b></p>	<p><b>Location</b></p>
<p><b>STAT &amp; BAOT</b> <b>Social event for Science, Therapy and Technical occupations members and BAOT</b></p> <p>Join us for an informal and friendly event with UNISON's Science, Therapy and Technical (STAT) committee and members of the British Association of Occupational Therapists (BAOT) – we cover a huge range of health and care occupations.</p> <p>We'll hear speakers from the National Institute for Health and Care Excellence (NICE) UNISON branch who will share their thoughts about how they got the highest percentage turnout in the pay ballot across the country and their strike action. Networking and drinks will be available. If you're a lab technician; pharmacy staff; radiographer; phlebotomist; occupational therapy staff; scientist; audiology staff; dialysis assistant; operating department practitioner and any other STAT role, come along!</p>	<p><b>Tregonwall Hall</b></p>
<p><b>Nursing and Midwifery</b></p> <p>We know that the NHS is in a retention and recruitment crisis. Cuts, below-inflation pay rises, the pandemic and increasing demand for services have left NHS staff burnt out, working long hours and covering the workload of staff who have left. Even the DHSC has admitted that nursing vacancies are at a record high.</p> <p>Join UNISON's Nursing and Midwifery Occupational Group and a range of speakers from across the sector and trade union movement. We will</p>	<p><b>Bourne Lounge</b></p>

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

<p>discuss what can be done to solve the recruitment and retention crisis, to keep our hardworking nursing staff in the NHS and raise recruitment to protect the NHS for the future.</p>	
<p><b>Managers in Partnership</b> <b>The Daily Mail getting you down? Tell it where to get off!</b></p> <p>Are you fed up with politicians and the media trashing the vital work of the 1 in 5 NHS staff working in corporate services, management, infrastructure, and commissioning? Come along to this fringe by Managers in Partnership (MiP), UNISON's national branch for senior managers, and hear how we are setting the record straight, tell the story of your own job and share your campaign ideas. Drinks and nibbles provided. Don't let the so and so's get you down!</p>	<p><b>Tregonwell Bar</b></p>

### Campaign Zone Schedule

Come along and visit the campaign zone in the Solent Hall exhibition area, to find out more about UNISON's key campaigns. Sessions will be run throughout the duration of conference, and this is your opportunity to come and speak to the experts and campaign leaders whilst taking part in some fun campaigning activities.

As well as the timetabled events listed below, you can also stop by at any time to speak to the UNISON Health Group staff to get further information and advice on the issues affecting healthcare staff.

Note: activity sessions are designed to help you engage in current campaigns, whereas surgeries are where people can ask more questions about how a particular campaign relates to them, their job or sector.

#### Monday 17 April (9 am – 5pm)

##### Activity session morning:

##### **Disable Inequality: challenging disability discrimination in the NHS**

Come and find out all about our ongoing campaign and play our fun game that will help you find the evidence you need to fight disability discrimination in your workplace. We'll also have lots of resources to help you improve your employer's performance when it comes to disabled members, including guides to disability leave and adjustment passports.

##### **UNISON Trans Equality campaign: be a better ally**

UNISON has launched a trans equality campaign to raise awareness of trans issues and build the capacity of our trans members and allies to make their workplaces trans inclusive. We have also rolled out a trans ally training course to all regions, so members can improve their knowledge and skills on how to be a good trans ally.

We welcome anyone to come along to ask questions about the campaign, how you can be involved and what it means to be a trans ally. There will also be an activity to test your knowledge!

# 2023 UNISON Health Care Service Group Conference

## FINAL AGENDA

### Activity session afternoon:

#### **UNISON Year of the Black Worker campaign: establishing a legacy to generate change**

2023 is the UNISON Year of the Black Worker. This campaign has been underpinned by the following Mission Statement: "Establishing Legacy to Generate Change". Come along and find out more about the importance of the Year Black Workers. Get involved in an interactive Q&A session around the Ethnicity Pay Gap and get free merchandise!

### Surgery session afternoon:

#### **UNISON communications and campaigns**

Come and chat with the national communications team about the wonderful world of UNISON campaigning. Get involved in our 'Build your own UNISON campaign' game where you can decide on the best tactics to make change happen to improve working lives. Plus learn about the latest and upcoming campaigns that we're running.

### Tuesday 18 April (9 am – 5pm)

### Activity session morning:

#### **Pay Fair for Patient Care campaign**

Come and find out more about our Pay Fair for Patient Care campaign which calls for valuable healthcare support staff to be paid at the right band for the job, with many now performing band 3 duties whilst still being paid at band 2.

Find out how to run a successful re-banding campaign in your branch and take a look at our new activist hub to make sure that healthcare support staff in your branches are rewarded, recognised, and respected.

### Activity session afternoon:

#### **Green in the NHS campaign**

UNISON Health Group has a vital role to play in campaigning for greener politics, working with employers to make workplaces more sustainable, and informing members of global warming issues. Currently it is estimated that the NHS represents 5% of all UK emissions and we hope members and activists can engage NHS employers in this work at a local level and elect green representatives to their Branch Committee too – to meet government targets to reduce emissions to net zero by 2050 and tackle climate change.

Come and take part in our activity and find out more about the biggest sources of carbon emissions in the NHS, and the role that members can play in engaging in the Green UNISON campaign in relation to health.

### Surgery session morning:

#### **Understanding the NHS Pension changes**

The changes to pensions can be confusing for many of you. Some of you will have choices as to which scheme you wish to be in for past membership, many of you will be contributing

## **2023 UNISON Health Care Service Group Conference FINAL AGENDA**

to the 2015 Scheme for the first time and there are still contribution changes that are on the way. Come to this surgery and speak to UNISON's head of Pensions, Glyn Jenkins, who will help to demystify these things for you.

### **Surgery session afternoon:**

#### **Job Evaluation surgery**

Come to the campaign zone if you have any questions or need advice about building Job Evaluation (JE) capacity. Has implementation of the scheme slipped down the agenda locally due to capacity issues? Is your employer cutting corners in the implementation of the scheme? Is JE outsourced and do you want to campaign to bring it back in house? Are you running a local JE re-banding campaign and need some advice? Speak to Louse Chinnery, UNISON lead officer on JE to find out more.

#### **UNISON Organising and Recruitment Strategy Development (ORSD) project**

Since 2021, the Organising & Recruitment Strategy Development (ORSD) project has been tasked with developing a national organising strategy to build workplace organisation, grow our activist base, increase member participation and achieve sustainable membership growth. The resultant 'Organising to Win' plan aims to ensure adequate planning and resourcing of organising priorities to achieve these aims.

Come along to our surgery to learn more about this exciting initiative.

### **Wednesday 19 April (9 am – 12pm):**

#### **Health and safety surgery**

Do you have a health and safety query or concern, but are not sure what to do or where to go? Are you interested in finding out about the work of the NHS Staff Council's Health, Safety and Wellbeing Partnership group and the resources developed by the group? Are you keen on becoming more active in UNISON on health and safety and the role of UNISON health and safety representatives?

If your answer is yes, to any of these questions, come along and speak to Joe Donnelly, UNISON's National Officer for Health and Safety.

# 2023 UNISON Health Care Service Group Conference

## FINAL AGENDA

**Bournemouth International Centre**

**17 - 19 April 2023**

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

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#### **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.

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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 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*

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### **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.



## **2023 UNISON Health Care Service Group Conference FINAL AGENDA**

2. Provide practical examples of how graduate salaries outside the NHS could be taken into account in a flat rate pay mechanism.
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***

### **Amendment 2.1**

Before paragraph starting 'Conference reaffirms' insert new paragraph:

'This conference agrees that flat rate is the best way forward but recognises that where the flat rate is sufficiently low as £1400 was in 2022/3 in many areas of the UK NHS, it provoked huge discontent amongst many of our members, as it was below inflation for all, in some cases almost 10% below RPI. This conference agrees that a flat rate pay award which is below inflation is not acceptable. Therefore, whilst we support flat rate claims and offers, we must insist that, in addition to this, our other claim of "an inflation-busting offer for all" that begins to recover the massive losses health workers have faced over 13 years, also applies to all our claims and offers.'

***Greater Manchester Mental Health Branch***

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### **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-

## **2023 UNISON Health Care Service Group Conference FINAL AGENDA**

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.

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***

### **Amendment 3.1**

Add new action point 4:

'To work with allies and through UNISON labour link structures and those in devolved nations to secure a commitment that the next Labour government would establish collective bargaining for NHS AFC Groups and stand down the NHS pay review body.'

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

Add a new action point 5:

'Work with NHS Staff Council unions to ensure a consistent approach to achieving collective bargaining routes.'

Re-number the rest of the points.

*Ulster Community and Hospitals Trust*

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#### **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, 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.

# 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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

## **Amendment 4.1**

In 5th paragraph, second sentence, ending 'collective bargaining.' add at end:  
'with negotiating machinery updated to fit our current context.'

Insert new 7th paragraph:

'Conference notes that, in the 2022/23 dispute, the fact that health unions had participated in the PRB process was used against us by Westminster government ministers.'  
At end of final sentence, delete 'evidence to the PRB on NHS pay.' and replace with:  
'UNISON evidence on the annual NHS pay award to the PRB. However, Conference calls on the HSGE to continue to produce high quality evidence to support campaign work in furtherance of our pay claims and our push for full collective bargaining.'

*Health Service Group Executive*

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## **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.

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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*

### **Amendment 5.1**

Insert at end of first sentence in 3rd paragraph:

'The six-month pilot from mid-2022 covers a range of settings, from accountancy companies to fish and chip shops and is overseen by the 'four-day week Global' initiative. The pilot looks to trial the principle of 100% of pay for 80% of the contracted hours while maintaining 100% productivity in each of the companies.'

In 5th/penultimate paragraph, replace the sentence starting 'Part of any future pay...' with:

'Any future pay claims or negotiations must include the introduction of the 100:80:100 principle to reduce the working week without loss of pay as a change to NHS terms and conditions of service.'

In final paragraph, replace existing sentence with:

'Conference therefore calls on the HSGE to:

1. Explore options for practical ways to implement the principle of 100% pay for 80% work with 100% productivity in the 24/7 environment of the NHS
2. Identify how the 100:80:100 principle could be best described in reference to Agenda for Change terms and conditions of service
3. Include the 100:80:100 principle as a priority in future pay claims/negotiations.'

*Health Service Group Executive*

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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

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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;
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***

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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### 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***

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### 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 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.

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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***

#### **Amendment 8.1**

In 5th paragraph that ends '...re-banded accordingly.' add new sentence:

'This situation is not unique to just one clinical group, but there are factors that make securing confidence in AfC banding particularly pressing within the wider nursing family. UNISON's Pay Fair for Patient Care campaign focussed on Health Care Assistant roles and this focus now needs to spread upwards through the rest of the nursing job family.'

Insert new action point 5:

'Build on learning from this work to mainstream key lessons; and identify other job families with consistent concerns about appropriate job descriptions and banding, and work with the relevant occupational group/s to propose them for future campaigns.'

### ***Health Service Group Executive***

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## **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.



## **2023 UNISON Health Care Service Group Conference FINAL AGENDA**

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 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***

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### **10. Bring Back Overtime**

Conference recognises that many trusts no longer support or pay overtime as a standard 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.

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## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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.

***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***

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### **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

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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.
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*

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### **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:

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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***

# 2023 UNISON Health Care Service Group Conference

## FINAL AGENDA

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### Organising and Recruitment

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#### 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*

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#### 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.

## **2023 UNISON Health Care Service Group Conference FINAL AGENDA**

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 UNISONs 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***

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#### **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

## **2023 UNISON Health Care Service Group Conference FINAL AGENDA**

range from those with whom UNISON branches and activists can have a professional working relationship to those who are exceptionally hostile to Trade Unions.

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

## FINAL AGENDA

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### Negotiating and Bargaining: Health, Safety and Wellbeing

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#### 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***



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### 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*

#### **Amendment 19.1**

In 1st paragraph, after the word 'patients' insert 'in England.'

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

At the end of 1st paragraph insert new sentence: 'Conference notes that all parts of the UK have been badly affected by ambulance delays.'

In 2nd paragraph replace 'Trusts' with 'services'

In action point 5 replace the words 'a delegation with 'delegations' and remove the words 'to Westminster'

*Ambulance Occupational Group*

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### 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:

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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.
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***

### **Amendment 20.1**

After the last bullet point ending 'Nursing roles)' insert a new paragraph:

'LGBT+ NHS workers have poorer work-related wellbeing and more struggles with their wider mental and psychological health. This is further exacerbated for those of our colleagues who are trans, non-binary and gender diverse workers.'

After action point 1 insert a new action point:

'2. Work with the National LGBT+ Committee to highlight the poor mental and psychological health suffered by our LGBT+ members and to ensure that any training and resources have been considered from the perspective of different employee groups, including through an LGBT+ lens, to ensure its meeting the needs of specific groups.'

Renumber remaining action points.

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

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### **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

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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***

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### **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*

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### **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.

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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.

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***

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### **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.

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- that infection control measures across the NHS are not consistent and some Trusts have done better than others at mitigating the risk of infection.

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*

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### 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 pressure 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:

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1. Highlight good practices from employers who include health passports in their sickness absent policies.
2. Work with the National Disabled Members Committee to further develop best practice and disseminate this to branches.

### ***Coventry and Warwickshire Combined Health Care***

#### **Amendment 25.1**

After 1st paragraph, ending 'worked form home.' insert new 2nd paragraph:

'Conference fundamentally believes that healthcare staff should take sick leave when they are not well enough to work and working when unwell is a risk to patient care. Additionally, an ability to work from home should not lead to staff working when unwell by default. The best way to get back to full fitness is to rest and recuperate.'

After 2nd paragraph, ending 'the whole trust.' insert new paragraph:

'Presenteeism can lead to disabled workers' experiencing unnecessary pain and a deterioration in their impairment. Presenteeism can also see disabled workers' fail to meet performance measures that they should not be held to when they are sick and at a disadvantage to other staff. Conference strongly believes that workers should feel able to take time off sick when they are sick. However, where staff feel well enough to work but not to go into the workplace, then homeworking and hybrid working as reasonable adjustments may be potential solutions to the problem of presenteeism, where this is agreed by the worker.'

In action point 1, add at end: 'and circulate UNISON's Reasonable Adjustment Policies and Passports bargaining guide to branches and regions.'

In action point 2 add at end: 'including disseminating UNISON's Disability Leave Bargaining Guide and our Guide to Negotiating Hybrid and Homeworking.'

***National Disabled Members Committee***



# 2023 UNISON Health Care Service Group Conference

## FINAL AGENDA

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### Negotiating and Bargaining: Equalities issues

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#### 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.

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### 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

## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

healthcare reported being subjected to racist behaviour at work from patients/public or from other staff.

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 procedures 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

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- 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

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***

### **Amendment 28.1**

In action point 2, after ‘results for their employer,’ insert: ‘and work through devolved health committees to embed consistent approaches across the whole of the UK,’

***Health Service Group Executive***

# 2023 UNISON Health Care Service Group Conference

## FINAL AGENDA

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### Defending the NHS and campaigning against privatisation

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#### 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*

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### **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*

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### **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*



## 2023 UNISON Health Care Service Group Conference FINAL AGENDA

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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***

# 2023 UNISON Health Care Service Group Conference

## FINAL AGENDA

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### **Professional and Occupational issues**

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#### **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***

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### **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

## **2023 UNISON Health Care Service Group Conference FINAL AGENDA**

crisis, have led to 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***

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### **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

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that can help and advise to ensure that fairness is adopted throughout. Support to these vulnerable staff must be afforded to them.

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*

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### **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;

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3. Lobby MPs to raise this in parliament.

*University Hospitals Birmingham UNISON*

### **Amendment 37.1**

In 1st paragraph, first sentence, add at end: 'in England.'

In 2nd paragraph, insert new second sentence: 'Following intensive UNISON campaigning we achieved a partial victory in 2019 when the Westminster government brought back maintenance grants for healthcare students in England, but this did not go far enough.'

In action point 1, add at end: 'with formal employment status'

Insert new action point 3 and re-number remaining action point:

'3. Campaign for the expansion of fully-funded apprenticeship routes into registered health professions and continue to push for a Staff Council agreement on a national apprentice pay framework.'

*Health Service Group Executive*

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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;

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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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### Amendments Ruled Out of Order

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**The following amendment was ruled out of order because it seeks to change fundamentally the purpose of the original motion:**

**Amendment to motion 3: Calling time on the Pay Review Body**

*(submitted by Greater Manchester Mental Health Branch)*

Add after third paragraph

“We note that dissatisfaction with the 13 years of pay cuts awarded through the PRB led to Unison Health Service Group Exec deciding to not submit evidence to the Pay Review Body for 2023/4.

Delete “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 “

Change Point 2. from “Publicly confirm and promote our direction of travel and end goal of collective bargaining on NHS pay rises within a UK framework;” to “We support the decision of the Health Service Group Exec not to submit evidence to the Pay Review Body. This recognises that the Pay Review Body has lost all credibility with health workers and that the time is now here for Unison to end our use of the PRB and to move from now to collective bargaining for future negotiations.”

**The following amendment was ruled out of order because it is insufficiently clear and seeks to introduce substantial new business:**

**Amendment to motion 29: Fatal detraction?**

**Don't let the Tory cuts undermine the NHS model**

*(submitted by Cheshire and Wirral Community Health)*

Conference further notes that as well as continued underfunding and privatisation of services the move to Integrated Care Boards (April 2023) and the new payment scheme, will further add to the disintegration of national services.

The new payment method that will be introduced in April 2023 will mean that ICB's will be working to a fixed budget. The Scheme, to be published by NHS England, will result in a postcode lottery with different prices for the same treatment or service in different places, a patient lottery with different prices for different types of patients, and a provider lottery with different prices for different providers supplying the same treatment or service.

This new financing model will further reduce access to NHS services and increase the role of private companies in health provision and in the organisation and design of health provision.

Conference believes



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The changes in funding also lay the ground for attempts to break-up of national pay agreements: As services in different areas will get differing budgets for service provision, the argument that local population needs, varying costs of living and budget constraints should mean variable rates of pay, will be strengthened.

Calls on Unison Health Service Group Executive

1. To run a campaign in opposition to the new payment scheme in the NHS bought in in April 2023.
2. During any pay campaign, oppose any attempts to break up national pay bargaining and call for the restoration of a publicly funded, national health service

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### Health Conference 2023

#### Conference procedures and advice for delegates

##### a) Standing Orders Committee

The Standing Orders Committee is a completely impartial lay member body, responsible only to Conference. The committee is responsible for the smooth running of Conference. This includes preparing the final agenda, determining the order of business and considering whether emergency motions should be put to Conference. Members of the SOC are:

Eastern	Heather Bennett
East Midlands	Karen Guy (Chair)
Greater London	Jim Mansfield
Northern	Michael Swinbourne
Northern Ireland	Gillian Foley
North West	Sally Ann Griffiths
Scotland	Raymond Marshall
South East	Jenny Ford (Vice Chair)
South West	Andrew Albert
Wales	Richard Tanswell
West Midlands	Angela Aboagye
Yorkshire & Humberside	Julie Marsland
National SOC	Liz Davidson and Alison Mitchell

June Chandler, National Officer, UNISON Health Group, is Secretary to the committee and Hassan Govia is SOC Administrator.

#### Role of the Standing Orders Committee

The committee enables the smooth-running of Conference business by:

- **Agreeing composite motions**

Composites are designed to bring together motions and amendments which contain similar subject matter and follow a similar line so that the debate on a particular issue can be more focused. In such cases, the committee proposes a 'composite motion' and this is sent to branches in advance for discussion and agreement. The composite can only use words from the motions and amendments concerned, it cannot introduce new words. The delegates involved must agree who will move and second the composite motion.

- **Considering emergency motions or amendments**

A motion or amendment which is not shown on the final agenda may not be considered by Conference without the prior approval of the Standing Orders Committee and the consent of Conference (see item (h) in this briefing.)

- **Finalising the timetable**

The committee will agree a final timetable for Conference which will be set out in its First Report and put before Conference for approval.

#### Role of Standing Orders Committee Chairperson

The Chairperson of the Standing Orders Committee ensures that clear decisions are reached, and that a fair hearing is given to all delegates coming before the committee. The

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Chairperson delivers regular reports from the Standing Orders Committee to the Conference, including the proposed order of business, emergency motions and withdrawals.

### **Where to find the Standing Orders Committee**

The Standing Orders Committee will be available throughout conference. They are located in **Bay View Suite 2** in the conference centre. Please contact the steward or a member of the Standing Orders Committee if you want to raise an issue concerning the business of conference.

### **b) In and around the Conference venue**

Conference takes place in **Windsor Hall**. The conference floor is set out with regional seating for delegates and sharer 1s with a platform and rostrum at the front. A regional seating plan will be available at conference.

### **Conference Office**

The conference office is in the **Solent Hall**. It is responsible for all administrative and organisational matters. The conference office will help with any queries concerning the administration of conference or if you lose your conference credentials. The desk will be open from 2.30pm to 6pm on Sunday, 8.30am to 5.30pm on Monday and Tuesday and from 8.30am to half an hour after the close of conference on Wednesday.

### **Credential Photographs**

If you require a photograph for your credentials, there are facilities at the conference office to take photographs.

### **Card Vote Collection Desk**

The card vote collection desk is in the **Solent Lounge**. This is where you collect your card votes. The desk will be open on Monday from 8.30am to 4pm and on Tuesday from 8.30am to 11am.

If you do not collect your card votes during these times, please go to the Finance Office. Please note if a card vote is called and you have not already collected your card votes, you will not be able to collect them until after the count.

### **UNISON Conference App**

The conference app includes information in this guide and gives you the chance to meet and chat to other members at the conference. The app can be used on smart phones and tablets and is available on Google play or in the app store. There is also a web version containing the agenda and online version of the conference guide.

You can browse the conference agenda and standing orders committee reports, use the floor plans of the venue to find your meetings and connect with other delegates by viewing their posts and pictures or posting your own. You can also save details of meetings you want to attend. If you have registered your email address for the conference, you will receive an email with details of how to access and use the app.

### **Cloakroom**

There will be a free cloakroom service at the Bournemouth International Centre conference venue.

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### **Crèche**

The crèche is only available for delegates who have reserved places for their children in advance.

### **Exhibition area**

The exhibition/campaign zone contains a range of stands representing services to members plus a range of stalls on behalf of campaigning and voluntary organisations.

### **Catering**

The main catering area will be in **Solent Hall**. There is also a coffee shop at the main entrance.

### **First aid**

If you require first aid assistance, please speak to a member of the conference centre staff, a UNISON steward or the conference desk.

### **Prayer room**

A prayer room is available to use on request. Please contact the conference desk for further details.

### **Conduct of delegates**

All delegates, visitors, staff and facilitators are expected to behave in a courteous manner. Aggressive, offensive or intimidatory language or behaviour will not be tolerated. This applies to all aspects of communication, including social media.

Complaints will be treated seriously and may be dealt with under the union's disciplinary procedures. As trade unionists we do not expect any of these problems to arise. However, your regional secretary and regional representatives are available in the first instance for advice and support at this conference. Issues of unsatisfactory conduct by anyone attending conference can also be raised with the conference office.

### **c) Chair of Conference**

The Chair of conference presides over all the debates, and with the co-operation of delegates, conference business is processed quickly and without great formality. There are occasions, however, when the Chair will need to exercise their authority including the right to make a ruling on a question of standing orders or a point of order. The Chair's ruling is final.

The Chair also has the authority to take action in respect of any delegate in response to behaviour which is deemed to be inappropriate or unacceptable (for example causing a disturbance and refusing to obey the call to order, interrupting a speaker, engaging in behaviour which is insulting or otherwise disrespectful either at the conference, or at any official event connected with conference or on social media. The Chair may delegate the exercise of this authority. This authority includes issuing the delegate with an informal warning, preventing them from speaking in any debate or motion, a temporary removal of credentials for all or part of the conference, or otherwise expulsion from conference. Where appropriate, consultation and discussions will take place with the relevant regional delegates. Such behaviour may also be dealt with under the union's disciplinary procedures.

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Health Service Group Executive Committee members and officers will sit on the platform. They are called on to deliver statements, move reports, motions, and amendments in the name of the Health Group Executive. They will also speak for the Health Group Executive in reply to debates. The Chair of the Standing Orders Committee will deliver reports from the rostrum on the proposed order of business.

### **d) The business of Conference**

#### **Standing Orders Report**

At the start of Conference proceedings the Standing Orders Committee will present a report which will be moved and voted on. This will decide the timetable and order of business for Conference. A preliminary timetable with a draft order of business is included in this guide but the Standing Orders Committee will propose a comprehensive order of business in its first report. At the start of each debate the Chair will explain how the debate is to be conducted.

#### **Annual Report**

The Health Group Executive will formally move acceptance of the Annual Report. Questions will be taken and the report will be put to conference for approval. Branches will have been advised of the procedure for submitting questions on the Annual Report to the Health Group's National Secretary in advance of conference. The only questions that may be put orally to the Service Group Executive at Conference will be supplementary to the questions submitted in writing under this process.

### **e) If you want to speak**

Time limits for speakers are five minutes for movers of motions and amendments, and three minutes for all subsequent speakers. Three minutes are allowed for the right of reply. If you are moving a motion or speaking in the debate, please come to the front of the hall in good time so that you are ready. A row of seats is kept free for this purpose. Seats are reserved for those wishing to speak 'for' or 'against' the motion. A seat is also reserved for the delegate with the right of reply. There is no specific provision for a seconder.

When you speak, remember to state your name and your branch, say which motion you are speaking about, and whether you are moving, supporting or opposing it. Keep an eye on the lights. When a yellow light comes on you have one minute left. When the red light comes on you must stop. Please note that racist, sexist or other offensive remarks will not be tolerated.

### **f) Raising a point of order**

A delegate may at any stage in the Conference raise a point of order if s/he considers that the business is not being conducted in accordance with the union's Rules and Standing Orders or wishes to move a procedural motion. There is a seat at the front of the rostrum reserved for points of order. A green light indicates that a point of order is about to be taken.

If you wish to raise a point of order you should make yourself known to a member of staff at the rostrum control desk and notify them of the point of order you wish to raise. The Chair of Conference will call you to speak.

A delegate may move the following motions at any time:

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- That the question be now put;
- That Conference proceeds to the next item of business;
- That the debate be adjourned.

Each of these motions shall be put to the vote without discussion and no amendment is allowed, but in the case of the motion that *the question be now put*, the Chair may advise Conference not to accept the motion if s/he feels that the matter has not been sufficiently debated, and if the motion is carried, it will take effect only after any right of reply has been exercised.

No one who has already spoken in a debate may move either next business or adjournment of the debate. Details of procedural motions are set out in Rule P.12.

### **g) Withdrawing motions/amendments**

Branches wishing to withdraw a motion or amendment should notify the Standing Orders Committee in accordance with Rule P.10.

### **h) Emergency motions**

Emergency motions will only be considered by the Standing Orders Committee if they are submitted in the correct manner, via the Online Conference System, with details of the quorate meeting at which the motion was agreed and state the reasons why it could not be submitted in accordance with normal procedures and deadlines.

Emergency motions must be received at least five working days prior to the start of conference. In the case of the 2023 conference this means that all emergency motions must be received by **12.00pm on Friday, 7 April**. The only exception to this deadline would be for motions relating to events that take place thereafter.

The Standing Orders Committee will look at all alternative methods for dealing with issues raised as emergency motions (e.g. organising a collection, referring to another body, issuing a statement.) It will adopt stringent criteria for admitting emergency motions.

Branches will have to show that:

1. the matter could not be raised in debate on the agenda
2. the action called for is not covered by another motion, amendment or composite
3. the facts giving rise to the motion have occurred since the official closing date for motions. It is not sufficient that the proposers were not aware of the facts until after the closing date.
4. the subject cannot be dealt with through any other channel but conference.

Emergency motions admitted to the agenda will be placed at the end of the agenda unless the business of conference would be frustrated by the motion not being dealt with in an earlier session.

### **i) Remitting motions**

The Health Group Executive Committee announces its policy on motions in advance. It may support, oppose or seek to remit. To remit a motion means that the Group Executive is

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asking Conference not to vote on the motion, but to refer the issues raised in the motion back to the Health Group Executive Committee for further clarification, elaboration or investigation.

Where the Service Group Executive policy on a branch's motion is to remit, the following procedure will apply:

If the branch accepts remittal, the proposal is put to Conference for approval. If Conference rejects remittal, the motion is then voted on, for and against, by Conference. If the branch does not accept remittal, Conference votes on the motion, for and against. In both cases Conference makes the final decision.

### **j) Reference back**

There is no provision in the Standing Orders for reference back of conference reports. However, for the purpose of the Annual Report, delegates may move reference back of a paragraph of the report they do not agree with. If accepted by Conference, the effect of moving reference back in this case is to not accept the particular paragraph of the Annual Report. Similarly, delegates can move reference back of a particular section of the Standing Orders Committee report if they are not satisfied with its contents, and the section in question will be reconsidered by the SOC.

### **k) Card Votes**

When is a card vote held?

The method of voting shall be by a show of hands unless a card vote is called by the Chair of conference, or immediately after the result of the show of hands has been declared by at least 10 per cent of the delegates registered at Conference.

A delegate will need to hold up the A4 size coloured card with the words "VOTING CARD" printed on it if they want to call for a card vote. These cards are issued to delegates who have voting rights. Replacements are available from the Conference Office.

### **About your card voting booklet**

Branches will be issued with their card voting booklet from the card vote collection point (CVCP) in the conference centre. The card vote collection desk will be open from 8.30 a.m. each day. The card vote booklet will contain a set of numbered voting cards. Branches must collect their card vote booklet as early as possible, ideally before the commencement of conference. If a card vote is called and your branch has not collected its booklet, it will not be able to participate in a card vote. Always make sure that you or your delegation has your branch's voting card booklet with them whilst conference is in session. Your region will have agreed the voting strength with the branch. If you lose your card voting booklet a replacement will be issued by staff from the CVCP.

Other useful card voting procedures

- i. When a card vote is called the Chair will ring a bell.
- ii. The voting period will not be less than five minutes.
- iii. The Chair will ensure collectors (members of staff) are in their places and voting will commence.

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- iv. Cards will be placed in boxes controlled by the designated collectors. To cast your vote you can use any one of the boxes stationed around the hall or you can ask for a box to be passed to you (this must remain in the sight of the collecting officer otherwise this will invalidate the whole vote.)
- v. The Chair will ask delegates whether all votes have been cast. The Chair will ring the bell for a second time to indicate the end of the voting period.
- vi. Boxes will be locked and taken to the vote counting area where they will be opened and counted under the supervision of the Tellers appointed by Conference.
- vii. Results will be announced as soon as possible.

### **How does my branch register a card vote?**

To register a valid vote when a card vote is called you must ensure that:

- you use the correct card vote number as announced by the Chair
- you cast your voting strength FOR, or AGAINST a motion in the boxes provided or you may SPLIT (divide) your vote.
- your overall vote (FOR, AGAINST or SPLIT) must not exceed your voting strength.
- you must use numbers ONLY in the boxes provided (do not use ticks, crosses, decimals or fractions).
- you must then sign your card and place your vote in one of the ballot boxes provided.
- If you do make a mistake, amend the card appropriately and initial any changes. Do not use the next card as this will be excluded from the count.

If a vote is cast incorrectly, it will be treated as spoilt and not recorded as part of the result.

### **I) Delegate credentials**

To gain admission to conference you will need your delegate credentials including your photograph. When you registered for conference you will have received an e-mail enclosing a link which enables you to upload your photograph so your credentials are printed with your photograph included.

Alternatively, you can attach a passport sized photograph to your credentials. Your credentials should be worn at all times whilst in the conference venue. Delegates will not be admitted to the conference hall without proper credentials. Any queries about credential should be raised with the conference office.

### **Change of Delegate**

A change of delegate can be made via the Online Conference System up until 11:59pm on Thursday, 13 April. After this time a paper 'Emergency Change of Delegate' form must be completed, signed by your Regional Head of Health and submitted to the conference office before the start of conference. The 'Emergency Change of Delegate' form will be available to download from the UNISON website, from the conference office and from your regional delegate meeting. There can be no changes of delegate after the start of conference.



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### Scanning

Your credentials will include a unique bar code which can be read by a hand-held scanning system. All delegates will be scanned before entering the main conference hall. This assists with verifying attendance and monitoring fair representation and proportionality with delegates speaking at the rostrum.

### m) Shared delegations

Branches can send **two** delegates to share one delegate places on a 'job share' basis. Both sharers are sent a double-sided badge and the sharer 1 is sent the voting card. Sharers swap badges and the voting card according to who is the delegate (sharer 1) and who is the visitor (sharer 2) at any particular time. Sharers can alternate as they choose and when acting as the delegate (sharer 1), they should be seated in the appropriate regional block on the conference floor and when acting as the visitor (sharer 2) they should be seated in the visitors section of the conference hall. Make sure you agree a time and meeting place with your sharer.

### How to make your sharer badge

- Obtain **two** photographs of **each** sharer
- Cut out your double-sided badges and place a photograph of each sharer on each side of both the dark blue double sided badge and the red doubled sided badge.
- Remove paper from plastic folder and seal badge and photos together.

### n) Focus group sessions and invited speakers

In addition to the sessions where motions are debated, the conference program will include Focus Group sessions and invited speakers. These sessions are part of the formal conference program and all delegates are expected to attend. The purpose of the Focus Groups is to allow informal discussion of particular issues affecting health members. They do not set policy but rather are intended to be educational, informative and participative. Details of the sessions are included in this document. They are open to visitors and delegates.

### o) Collection and leaflets

Delegates are advised that the only official collection at Conference takes place with the approval of the Standing Orders Committee. Details of the official collection will be announced to Conference in a Standing Orders report.

No leaflets or publications may be distributed in the Conference precinct. The Standing Orders Committee has agreed that only SOC Reports and items of official conference business agreed by the SOC will be distributed. Delegates are advised that they should not seek permission to put items on delegates' seats because all such requests will be denied.

### p) Note for visitors

Visitors are asked to remember that they are welcome to observe debates but they must take no part in the proceedings of Conference or seek to influence the proceedings in any way, and are not permitted onto the Conference floor. If Conference goes into closed

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session, only those visitors who can produce their UNISON membership card will be permitted to remain in the visitors' area.

Accommodation in the visitors' area will be allocated on a first come first served basis each day. Visitors are welcome to attend the Focus Group sessions.

### **q) Health and safety information, security and safety**

Whilst at conference, it is important to take sensible precautions to avoid potential risks and to safeguard yourself and your property. Do not leave money and valuables unattended. If you are subject to theft or assault, report it immediately to the police and let the conference office know as soon as possible.

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### UNISON Conferences Health and Safety Policy Statement

UNISON is committed to its responsibility to provide delegates, sharers, visitors, and staff to conferences with a healthy and safe environment. UNISON will comply with all health and safety statutory requirements and codes of practice as a minimum standard.

#### Covid Measures – keeping you safe

Please do not attend if you have:

- Covid 19 or believe you may be infected with Covid 19
- Experienced symptoms in the last 10 days
- Been in close proximity to anyone who has experienced symptoms in the last 14 days
- Arrived in England in the last 10 days from a country where UK quarantine restrictions apply
- Been advised to self-isolate

We would ask that you:

- Undertake your own health risk assessment and consider if, due to any personal vulnerabilities, you are ready to attend an event
- Adhere to the venue's Covid safety measures in place
- Wear a face covering when entering, moving around, and leaving the conference venue and your hotel
- Practice good hygiene – wash your hands regularly and catch/cover your coughs and sneezes
- Take a quick lateral flow test before you travel to the conference, even if you've been vaccinated

Please note UNISON is unable to provide covid testing kits.

#### Evacuation procedures

Details of the Evacuation procedures will be announced before the start of each conference session and evacuation details are on display in each focus group/fringe/meeting.

#### r) Filming, recording and photography at UNISON conferences

UNISON's conferences are a key part of our democracy. Delegates are able to make their voices heard and to vote on the policies which will govern our union's policy and campaigns. As such, we want all our members to know about conferences and how important our democratic systems are – we believe this is an important part of being an open and democratic organisation. However, we also value the privacy of our members. National Delegate Conference, Local Government Conference, Health Conference, National Black Members' Conference, National Women's Conference, National Disabled Members' Conference, National LGBT+ Conference are filmed throughout on behalf of UNISON. This footage provides a vital record of conference for internal use; and some footage may be used on our website to promote UNISON and our democratic processes. UNISON accredited photographers may be taking pictures of the main debates, fringe meetings and other public areas at all UNISON Conferences. These photographs may be used in the union's publications for members or on our website, social media sites e.g.

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Facebook and Twitter, to promote the union.

### **If you are not happy to be filmed or photographed:**

- In an individual circumstance i.e. the photographer is taking a picture of you specifically - request that your photograph not be taken or used.
- And you are approached for a photograph or a video interview, say that you do not wish to be photographed or filmed.
- And want to ensure that your image is not included in any group shot taken in the conference hall - i.e. an image of your delegation or the delegates as a whole - please speak to the Chief Steward or any of the staff in the Conference Office.
- If you want to speak in a debate, but do not wish to be included in the recorded and live feed filming, please speak to rostrum control who will ensure that the filming does not include you.

If you are planning to use a camera at a conference (with or without voice recording) for the purposes of using the images and/or sound on behalf of the union, whether employed by UNISON or as an activist who may be using the image in a branch, regional or sector newsletter:

- Always ask an individual for their consent.
- Explain the use of the picture e.g. these images may be used by UNISON in our own publications or on our website to illustrate conference.

If it involves a large group, images of a delegation or the whole of the conference floor, you clearly cannot seek individual permissions. Instead, a statement will be posted at conference explaining that the event will be photographed/filmed and individuals who object to being included will be advised who to speak to in order to discuss their concerns.

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### Conference venue and directions for the Bournemouth International Centre

#### Venue Information

Bournemouth International Centre (BIC)  
Exeter Road  
Bournemouth  
Dorset BH2 5BH

Main switchboard 01202 055 555

For centre information, please visit [www.bic.co.uk](http://www.bic.co.uk)

#### How to get there

BIC is well signposted throughout the town and from the A338 (Wessex Way) into Bournemouth.

#### By air

Bournemouth Airport is a short drive away or approximately 20 minutes by express bus. For more information, please visit their website [www.bournemouthairport.com](http://www.bournemouthairport.com)  
Southampton International Airport is approximately 40mins away by train. For more information, please visit their website [www.southamptonairport.com](http://www.southamptonairport.com)  
Heathrow and Gatwick Airport are about 2 hours away by road and rail.

#### By train

Bournemouth is well served by the rail network with an excellent train service to and from various locations around the UK, as well as a fast service from London Waterloo in as little as 1 hour 45 minutes.

Many lines also serve Southampton, Winchester and Basingstoke to the East and Poole, Wareham, Dorchester and Weymouth to the West. Other train lines serve destinations to the North, with direct trains to Reading, Oxford, Birmingham and the Midlands, Manchester, the Northwest and Yorkshire.

Bournemouth Station is approximately 1.5 miles from BIC with regular bus routes and a taxi rank, or half an hour's walk.

For details of train services, please visit [www.nationalrail.co.uk](http://www.nationalrail.co.uk)

#### By bus

Buses run frequently from Bournemouth Interchange and will drop you off outside the venue. The journey takes about five minutes, or you can walk it in about half an hour. An express bus operates between Bournemouth International Airport and Bournemouth Interchange.

#### By taxi

There are several licensed taxi companies operating in the Bournemouth area. There is a taxi rank outside the train station.

PRC Streamline Taxi, [www.prcstreamline.co.uk/](http://www.prcstreamline.co.uk/) – 01202 37 37 37

United Taxi, <https://556677.com/united-taxis/> – 01202 55 66 77

There is a free telephone in the main foyer that links directly to United Taxis.

#### By Road

From the M3, M27, A31 and A338.

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Just 2 hours from London, Bristol and Brighton. Take the A338 to the Bournemouth West roundabout and then follow the signs to BIC. There is onsite parking.

### **Parking**

Bournemouth International Centre has its own multi-storey car park with 644 spaces. The car parking operates an Automatic Number Plate Recognition and will register your car on arrival. Take a ticket on arrival and pay before exiting. It is open 24 hours a day and has ramp access to the foyer from all levels and accessible spaces on levels 1-3.

BIC Car Park has a height restriction of 6'6" or 2 metres. Please note this is now cashless.

For more information on charges, please visit their website, <http://www.bic.co.uk/parking/>

There are also many other car parks within walking distance including the Bournemouth Pavilion car park, visit [www.bournemouthpavilion.co.uk/getting-here](http://www.bournemouthpavilion.co.uk/getting-here)

### **First aid**

If you require first aid assistance, please speak to a member of the BIC staff, UNISON conference stewards or the conference office. The first aid rooms are located in the main foyer. Alternatively, first aid assistance can be called to your location in the building.

### **Recycling and general waste facilities**

There are recycling and general waste bins throughout.

### **Wi-Fi**

Wi-fi is available throughout the conference centre; delegates need to select the *BIC Public* network. You will be asked for an email address and agree to some T&Cs to be connected to the network.

### **Charging Lockers**

Charging Lockers are available to charge your mobile devices. If you would like to use these, keys are available from the conference desk.

### **Cash machine**

A cash machine is located at the main entrance of the building.

### **Smoking**

Smoking is banned in all enclosed **public** spaces. Anyone found smoking anywhere within the venue, including vaping, will be requested to leave. There are designated smoking areas outside the building.

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## **Bournemouth International Centre Accessibility Statement**

### **The Multi-Storey Car Park – Pay and Display**

Bournemouth International Centre (BIC) has a total of 37 accessible parking spaces located on levels 1 to 3 of the car park (including 3 overlength spaces on Level 1). There are automatic doors providing access from the accessible parking spaces to the foyer of the BIC.

### **External Entrances**

All entrances into the centre are either flat access or have built in ramps.

### **Ground Floor Areas**

From the main foyer area there are three ramped accesses to various areas located off this area including the Windsor Hall, the Foyer Coffee Bar, the Terrace Café Bar and Solent corridor for access to the back of the building.

Towards the back of the building, but still on the ground floor, there is ramped access from the Solent Corridor to the Purbeck Corridor providing access to the Purbeck lounge and hall, Meyrick, Durley, Branksome, Chine and Westbourne Suites.

### **First Floor Access**

Access to the first-floor level from the main entrance foyer is by one of two passenger lifts. Once on the first floor there is a level route through to the Bourne Lounge, then on to the Bayview Suite, the Tregonwell Hall and Bar, and from there to the Purbeck Hall foyer through to the Purbeck Lounge. There is also direct access from the Purbeck Hall Foyer to the Tregonwell Hall via a ramp.

All areas are accessible via either lifts or ramps. The only exception is the Tregonwell hall balcony, which is not being used for this event.

### **BIC Main Foyer to Purbeck Hall Foyer**

Access to the Purbeck Hall foyer for the Tregonwell Bar, Hall and seminar suites via the ground floor Solent Corridor / Purbeck Corridor is either via the passenger lift or stairs, which provides access directly into the Purbeck Hall Foyer area. This is well sign-posted on overhead boards.

### **Accessible Toilets**

The Centre has accessible toilets in the following areas:

#### **Ground Floor:**

Foyer Bar Right adjacent to the Reception Desk; and  
Solent Corridor adjacent to the Think Bar

#### **First Floor:**

Tregonwell Corridor to Bayview Suite (off Bourne Lounge)  
Tregonwell Bar; Windsor Hall Door 5 and 6; and  
Purbeck Bar

Disabled toilets are fitted with an audible emergency alarm for use in the event of customers encountering difficulties. Solent Corridor toilets are equipped with a hoist.

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### **Doors**

Many of the doors within the centre are held open by magnets. This enables people to move easily through many of the areas. In the event of the fire alarm being activated, these doors will be automatically released and return to the closed position until such time as the alarm is de-activated, when the doors may then be pushed back into the magnets.

### **Taxi companies**

There are a number of licensed taxi companies operating in the Bournemouth area. There is a taxi rank outside the train station.

PRC Streamline Taxi, [www.prcstreamline.co.uk/](http://www.prcstreamline.co.uk/) – 01202 37 37 37

United Taxi, <https://556677.com/united-taxis/> – 01202 55 66 77

There is a free telephone in the main foyer that links directly to the United Taxis.



# 2023 UNISON Health Care Service Group Conference

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### Rule P

#### Standing Orders for conferences

#### 1 Application of Standing Orders

**1.1** These Standing Orders shall apply to all meetings of the National Delegate Conference and Special Delegate Conference held under Rule D.1 and of the Service Group Conferences held under Rule D.3.4.

**1.2** In the case of a Special Delegate Conference or a Service Group Conference, the appropriate Standing Orders Committee shall have power (but is not required) to decide at the request of the National Executive Council or the Service Group Executive respectively that it is necessary that certain Standing Orders shall not be applicable to the Conference.

**1.3** In application to Service Group Conferences, these Standing Orders shall apply, subject to the following modifications:

**1.3.1** “the Standing Orders Committee” shall mean the Standing Orders Committee referred to in Rule D.3.4.4;

**1.3.2** “the President” shall mean the Chairperson or Vice-chairperson of the Service Group Executive under Rule D.3.5.12 or such other person as the Service Group Executive or the Service Group Conference may have appointed to preside at the Conference;

**1.3.3** “the National Executive Council” shall mean the Service Group Executive;

**1.3.4** “the General Secretary” shall mean the Head of the Group;

**1.3.5** Rule P.3.1 shall not apply. The bodies who may propose motions and amendments for the Conference shall be: each branch represented within the Service Group; the Service Group Executive; Service Group Regional Committees and (where these are established) Sector Committees. The Private Contractors National Forum, Self-Organised Groups at the national level and the National Young Members’ Forum may submit a total of two motions and two amendments to the Conference.

**1.3.6** Standing Orders Committees for Service Group Conferences, in exercising powers in accordance with Rule P.2.3, shall have regard to the national negotiating machinery in devolved administrations. The Standing Orders Committee may make recommendations to restrict voting to representatives of members covered by that machinery which shall be subject to ratification by Conference in accordance with Rule P.2.4.

#### 2 Standing Orders Committee

**2.1** The members of the Standing Orders Committee shall hold office from the end of one National Delegate Conference until the end of the next National Delegate Conference.

**2.2** At its first meeting after it takes office, the Committee shall elect a Chairperson and a Deputy Chairperson from amongst its members.

**2.3** The functions of the Committee shall, subject to these Standing Orders, be to:

## **2023 UNISON Health Care Service Group Conference FINAL AGENDA**

**2.3.1 ensure that the Union's Rules and Standing Orders relating to the business of Conferences are observed, and notify the President of any violation that may be brought to the Committee's notice**

**2.3.2** draw up the preliminary agenda and final agenda of Conference business, and the proposed hours of business, to be circulated in accordance with the timetable stated in Rule D.1.9.

**2.3.3** determine the order in which the business of Conference shall be conducted, subject to the approval of Conference

**2.3.4** consider all motions and amendments submitted for consideration by Conference and, for the purpose of enabling Conference to transact its business effectively the Committee shall:

1 decide whether such motions and amendments have been submitted in accordance with the Rules

2 group together motions and amendments relating to the same subject, decide the order in which they should be considered and whether they should be debated and voted on separately or debated together and voted on sequentially

3 prepare and revise, in consultation with the movers of motions and amendments, composite motions in terms which in the opinion of the Committee best express the subject of such motions and amendments

4 refer to another representative body within the Union a motion or amendment which in the opinion of the Committee should properly be considered there; the mover shall be informed of the reason for so doing

5 have power to do all such other things as may be necessary to give effect to these Standing Orders.

**2.4** Any decisions of the Committee which are to be reported to Conference shall be announced by the Chairperson of the Committee and shall be subject to ratification by Conference.

### **3 Motions and amendments pre-conference**

#### **3.1 Procedure**

Motions, amendments and other appropriate business may be proposed for the Conference by the bodies set out in Rules D.1.10.3 and D.1.10.4.

**3.2** Motions and amendments shall be sent to the General Secretary in order that the Standing Orders Committee may consider them for inclusion in the preliminary agenda.

**3.3** The date and time by which motions and amendments to be considered for the Conference shall be received by the General Secretary shall be stated in the timetable to be published under Rule D.1.9.

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### **4-7 Conduct of conferences**

**4.1** The National Delegate Conference shall meet in public session, except that by direction of the National Executive Council or by resolution of the Conference the whole or any part of a Conference may be held in private. In addition to the elected delegates and those who under Rule D.1.7 have the right to attend and speak at Conference, the only persons permitted to attend a private session of a Conference shall be

**4.1.1** such members of the staff as have been authorised by the National Executive Council or the General Secretary to attend Conference

**4.1.2** such other persons as the President may determine.

**4.2** The agenda for the National Delegate Conference shall be arranged so that the first session of the Conference shall be in public, subject to Rule P.4.1 above.

**5** Apart from the elected delegates and those persons who have the right to speak at the National Delegate Conference under Rule D.1.7, no other person shall speak except by permission of the Standing Orders Committee.

**6** Any questions of procedure or order raised during a Conference shall be decided by the President whose ruling shall be final and binding.

**7.1** Upon the President rising during a Conference session, any person then addressing Conference shall resume her/his seat and no other person shall rise to speak until the President authorises proceedings to continue.

**7.2** The President may call attention to continued irrelevance, tedious repetition, unbecoming language, or any breach of order on the part of a member and may direct such a member to discontinue his or her speech.

**7.3** The President shall have power to call any person to order who is causing a disturbance in any session of Conference and if that person refuses to obey the President, she/he shall be named by the President, shall forthwith leave the Conference Hall, and shall take no further part in the proceedings of that Conference.

### **8 Voting**

**8.1** The method of voting shall be by a show of hands of the delegates present, unless a card vote is called by the President or immediately after the result of the show of hands has been declared by at least 10 per cent of the delegates registered at the Conference.

**8.2** On a card vote, the delegate or delegates of a branch or group of branches shall be entitled to cast a total number of votes in accordance with the card issued to them in respect of their branch membership as at 30 September in the year preceding the conference and such votes will be cast as a single block or may be divided in line with a branch mandate.

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**8.3** In the event of a card vote being called or demanded, the card vote shall be taken immediately after it has been demanded, but no business shall be suspended pending the declaration of the result of the vote except that which in the President's opinion may be directly affected by that result.

### **9 Tellers**

**9.1** Conference shall appoint delegates to act as tellers for the duration of the Conference.

### **10 Withdrawals of motions and amendments**

**10.1** A motion or amendment which is shown on the final agenda may not be withdrawn without the consent of the Standing Orders Committee, whose decision shall be reported to Conference.

### **11 Motions and amendments not on agenda**

**11.1** A motion or amendment which is not shown on the final agenda may not be considered by Conference without the prior approval of the Standing Orders Committee and the consent of Conference, which shall be governed by the following rules:

**11.2** Such motion or amendment shall be in writing, signed by the Secretary and Chairperson of the branch or branches on whose behalf it is submitted and shall be sent to the Standing Orders Committee at least five working days before the commencement of Conference, except if it relate to events which take place thereafter. It will state at which meeting it was debated and adopted.

**11.3** For Service Group Conferences, the Service Group Regional Committee may submit 'Emergency Motions' in writing, signed by the Secretary and Chairperson and sent to the Standing Orders Committee at least five working days before the commencement of the Conference, except if it relates to events which take place thereafter. It will state at which meeting it was debated and adopted.

**11.4** If the Standing Orders Committee gives its approval to the motion or amendment being considered, copies of the motion or amendment shall be made available for delegates at least one hour before Conference is asked to decide whether to consent to the matter being considered.

**11.5** An emergency motion will not be given priority over other motions and amendments on the agenda except where the Standing Orders Committee decide that the purpose of the motion in question would be frustrated if it were not dealt with at an earlier session of the Conference.

### **12 Procedural motions**

The following procedural motions may be moved at any time without previous notice on the agenda:

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**12.1** that the question be now put, provided that:

1 the President may advise Conference not to accept this motion if in her/his opinion the matter has not been sufficiently discussed

2 if the motion is carried, it shall take effect at once subject only to any right of reply under these Standing Orders.

**12.2** that the Conference proceed to the next business

**12.3** that the debate be adjourned

**12.4** that the Conference (or any part thereof) be held in private session provided that:

**12.5** a motion under Rules P.12.1, P.12. 2, and P.12.3 shall be immediately put to the vote without discussion and no amendment shall be allowed

**12.6** the President may at her/his discretion permit a motion under Rule P.12.4 to be discussed and amendments moved.

**12.7** no motion under Rules P.12.2 or P.12.3 shall be moved by a person who has spoken on the motion or amendment in question.

### **13 Amendments to a motion**

**13.1** When an amendment to a motion is moved, no further amendment may be moved until the first one is disposed of, subject to Rule P.16.

**13.2** When an amendment is defeated, a further amendment may be moved to the original motion.

**13.3** When an amendment to a motion is carried, the motion, as so amended, shall become the substantive motion, to which a further amendment may be moved.

**13.4** A delegate shall not move more than one amendment to any one motion, nor shall the mover of a motion move any amendment to such motion.

### **14 Limit of speeches**

**14.1** The mover of a motion or an amendment shall not be allowed to speak for more than five minutes and each succeeding speaker for not more than three minutes, except where the Standing Orders Committee have decided otherwise.

**14.2** No person shall speak more than once on a question, except that the mover of the original motion may exercise a right of reply for not more than three minutes, introducing no new material.

### **15 Points of order**

**15.1** A delegate may at any stage in a Conference raise a point of order if she/he considers that the business is not being conducted in accordance with the Union's Rules and Standing Orders.

**15.2** Such a point of order must be raised as soon as the alleged breach occurs or at the earliest practicable moment thereafter.

**15.3** The President's ruling on the point of order is final.

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### **16 Grouped debates and sequential voting**

**16.1** Where, in the view of the Standing Orders Committee, separate debates on specified motions and/or amendments dealing with the same subject matter would lead to undue repetition in the debates, a grouped debate and/or sequential voting may be adopted by Conference.

**16.2** The following procedure will be followed:

1 The President will advise Conference of the order of business and of the sequence in which motions and amendments will be moved and voted on following a general debate, and of the effect of certain proposals on others.

2 All motions and amendments included in the debate shall be moved.

3 The general debate shall take place.

4 The President shall again state the order of voting and shall advise Conference which, if any, motions or amendments will fall if others are carried.

5 Voting will take place on motions, preceded by relevant amendments, in the order in which they were moved.

6 A debate being conducted under this procedure may not be adjourned until after all the motions and amendments have been moved.

### **17 Reports by National Executive Council**

**17.1** After the opening of Conference the National Executive Council shall present its report for the past year. The items of the report shall be discussed on a subject basis and in conjunction with any motion on the agenda which bears directly upon any part of the report.

**17.2** If the National Executive Council presents a report to Conference which contains proposals or recommendations requiring approval and adoption by Conference, the Executive shall submit it under a motion seeking such approval and adoption.

### **18 Reference of outstanding items to the National Executive Council**

**18.1** If at the end of the National Delegate Conference, the business of the Conference has not been concluded, all motions and amendments then outstanding shall stand referred to the National Executive Council. The National Executive Council in turn shall then report back to the appropriate branch or body its decision on these matters. All such motions and amendments shall be responded to at least one month before the deadline for submission of motions and amendments to the following year's Conference.

### **19 Suspension of standing orders**

**19.1** Any one or more of these Standing Orders may be suspended by a resolution of Conference in relation to a specific item of business properly before that Conference and to the proceedings thereon at that Conference, provided that at least two-thirds of the

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delegates present and voting shall vote for the resolution, or in the case of a card vote at least two-thirds of the votes cast are for the resolution.

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