

**UNISON Health Service Group Conference  
17 - 19 April 2023**

**Record of decisions – text of resolutions**

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

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### **Emergency Motion 1: NHS pay offer for England 2022-2024**

Conference notes that in October 2022 UNISON entered into a formal trade dispute with Annex 1 employers in England over failure to meet UNISON's pay demands for 2022/23 in response to the government's decision to implement a headline annual pay award of £1,400.

Conference further notes the hard work and commitment from every part of the union that went into preparing and conducting a disaggregated ballot of all members in annex 1 employers. While the overall ballot turnout was a marked improvement on previous national ballots, the achievement of mandates in only eight out of 260 employers reflects the draconian barriers put in place by Tory anti-trade union laws.

A re-ballot of members in the ten employers where the threshold was only very narrowly missed demonstrated the benefits of strategic resource targeting to maximise chances of success. As a result, in February, the union achieved industrial action mandates in a further nine employers – ensuring that we had a live mandate in all nine of the English regions and in nine out of the ten ambulance trusts in England.

Between 21<sup>st</sup> December and 10<sup>th</sup> February strike action was taken by members in the first wave mandate employers involving five ambulance branches; members in the Liverpool hospitals branch in two trusts; and members in the NICE branch where they also undertook a programme of action short of strike.

Conference notes that a major escalation of UNISON's action was planned with strikes on 8<sup>th</sup> and/or 20<sup>th</sup> March due to extend to include members in wave 2 mandates meaning that all 17 mandate employers would be affected, and that this proved instrumental in securing the offer in early March of meaningful pay talks through NHS Staff Council structures.

Conference notes that after careful consideration, and including feedback from strike mandate branches, the HSGE agreed to enter these talks and suspend the planned action firstly during the talks and subsequently to allow member consultation on the outcome. Alongside the negotiations, agreement was secured for three-month extensions to all our wave 1 mandates.

Conference further notes the particular significance of these talks to NHS staff in Northern Ireland, where the devolved Government is not currently sitting. Pay outside of England is always linked to Westminster via the funding formula. In this current context, health workers in Northern Ireland are more reliant on a Westminster settlement to trigger a pay offer, as there are no Ministers in place within the Northern Ireland devolved government to make decisions on NHS or funding matters. The Westminster government stated in the talks that Barnett consequential would apply in the usual way for new money allocated through this pay offer, and UNISON is pursuing confirmation that this will be the outcome.

Conference notes the talks took place in a joint union context where UNISON and five other Agenda for Change unions held strike mandates in dispute over the 2022/23 pay

year and where the joint unions had agreed to roll forward into the 2023/24 pay year the priority areas of our pay and staff retention claim: – an inflation-busting pay rise; ensuring banding outcomes reflect job content; rewarding additional hours fairly; limiting excess hours; supporting progression and career development; use of recruitment and retention premia where shortages are a risk to staff well-being and quality of care.

Conference notes that the outcome of the talks was an offer consisting of non-consolidated lumps sums starting at £1,655 and overall worth an additional 6% of the paybill for the 2022/23 pay year; together with a 5% across the board consolidated pay award for 2023/24; and a higher uplift for band 1 and the entry point of band 2 to take them 55p an hour above the Real Living Wage.

Conference notes that the outcome of UNISON's member consultation on the pay offer for England was

- **112,458 votes 74% to accept the offer**
- **39,871 votes 26% to reject the offer**
- **an overall turnout of 53%.**

Conference notes that other AfC unions consulting on the England pay offer are due to declare their results in the coming weeks between now and early May.

Conference notes that both the 2022/23 and 2023/24 pay rounds have now been settled by UNISON and other unions in Scotland; in Cymru/Wales, trade unions are awaiting the outcome of final changes to the offer that UNISON members voted to accept in February; and in Northern Ireland action is paused to allow discussions with the Secretary of State and the Department of Health.

Conference therefore calls upon the HSGE to:

1. Declare UNISON's accept mandate at the NHS Staff Council and explore the potential to establish a joint position with other trade unions
2. Seek confirmation from the Department of Health & Social Care and NHS Employers that the pay offer will be implemented at the earliest opportunity and then:
  - a. Work through NHS Staff Council structures to manage implementation of the pay offer including exploring local flexibility around payments to staff in receipt of in-work benefits
  - b. Undertake urgent negotiation through the NHS Staff Council to establish how the new provision on pay for in-service apprentices will be approached
  - c. Demand from Government a timetable for the formal review of the NHS pay-setting process
  - d. Work with other NHS TUs and Employers to scope timetable and work programme for the other non-pay measures outlined in the offer.
3. Work closely with the Health Committee in Cymru/Wales and Northern Ireland to support a resolution to ongoing disputes
4. Work closely with the Health Committee in Scotland to share learning and align plans/pay claims for 2024/25

5. Undertake work to embed Real Living Wage rates in all future pay rounds and consult through relevant democratic structures on measures to alleviate pay band compression, recognise progression, and reward promotion in Bands 2-4
6. Recognise the significant increase in member participation on pay over the last year
7. Promote what we have learned about achieving industrial action mandates and apply this knowledge as needed to support local disputes and preparations for the next NHS pay round.

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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.
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.

### **3. Calling time on the Pay Review Body**

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

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

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

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

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

- A) Developing a stakeholder influencing plan for the audiences we need to win over;
- B) Working with all parts of the union to develop a comprehensive collective bargaining operating model to reflect core activities including collective responsibility behind agreed

claims and policy positions; delivering member engagement throughout the bargaining cycle and mobilising effective ballot participation when required;

C) Drawing on learning from the Scotland health committee's experiences with maturing bargaining arrangements;

D) Not unilaterally disengaging from the PRB where this would leave UNISON members without a voice but with the clear position that any participation does not bind the union to PRB outcomes which we will continue to challenge when they do not meet our pay positions;

E) Building improving ballot-readiness into all pay campaign activity.

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. 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.
5. Work with NHS Staff Council unions to ensure a consistent approach to achieving collective bargaining routes.
6. Use every available opportunity to secure political and stakeholder buy-in for the establishment of our preferred pay system;
7. 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;
8. Prioritise building capacity at every level of the union to maintain and improve ballot-readiness.

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### **Emergency Motion 2:**

#### **The NHS is One Team – no separate pay spine for nurses**

On Thursday 16 March, the Government announced that it had made a commitment to the Royal College of Nursing to consider a separate pay spine in England 'for nursing staff exclusively'. In the announcement, the Government identified that they will take into account the scope and legal issues surrounding such a spine, as well as looking at



the impact on other healthcare occupations. They also said that employers and other trade unions will be involved in the consideration process.

Conference opposes the creation of a separate pay spine exclusively for nurses. This would be a divisive move that presents significant risks and ignores the real issues facing nurses.

The results of a recent UNISON nursing survey showed our members felt that their role had become more complex, required more specialist skills and had more responsibility for managing other staff. Of those who responded to the survey, 75% of our nursing members told us they don't remember the last time their job description was updated. Nursing members need job descriptions that truly reflect the work they do and the opportunity to have their job banding reviewed if the job has changed significantly - not a separate pay spine.

Conference calls for focus and investment in giving nurses real opportunities for career progression in the NHS. More work needs to be done to provide clear routes to moving up the existing banding structure. There is no evidence that a separate pay spine would improve this. Nurses work side by side with a wide range of healthcare workers every day in the same team. Dividing nurses up with a separate pay spine would create unnecessary local tensions.

The NHS is One Team, and the NHS pay system must ensure that all NHS workers get equal pay for equal work. Nurses and all NHS workers are stronger when we stand together.

Conference calls on the SGE to:

1. Work collectively with other healthcare unions to reject these proposals and highlight the danger of dismantling the harmonised pay spine and collective agreement for NHS staff.
2. Prepare to respond to any consultation exercise, providing a strong voice from all UNISON members in our NHS.
3. Widen UNISON's existing re-banding work to include nurses and other staff whose role has changed significantly over time, building on the success of the 'Pay Fair for Patient Care' re-banding campaign for HCAs
4. Continue to engage with the NHS Staff Council Job Evaluation Group review of national nursing roles profiles.

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

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

The severe recruitment issues across the NHS/HSC are well rehearsed and action is needed to ensure our NHS continues in public hands, free at the point of use. 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. This will ensure better outcomes for staff, services and ultimately patients/clients.

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.

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## 6. Promote, defend, and improve our NHS pensions

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

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

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

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

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

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

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

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

## **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.

## **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.

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. 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.

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.
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.

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## **Composite A: Bring back overtime**

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 or sessional rates, which are usually considerably less than overtime rates, with subsequent loss of pension accrual. 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 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.

Conference notes that our members are being 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 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. Raise this issue in the NHS Staff Council and devolved negotiating bodies;
3. Encourage and support branches to raise this issue with their NHS employers;
4. Design regional, system, and local level campaigns to organise around the removal of bank as a standard practice and implementation of overtime;
5. Design clear materials to show how our members are losing out;
6. Produce campaign materials for branches to raise awareness of this issue with members, and produce templates so they can request information from employers and challenge them on this issue;
7. Raise this issue as part of the 2023 pay campaign and in the evidence to the Pay Review Body.

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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 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.

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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.

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

Conference requests that the Health SGE:

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

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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.

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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.

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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.

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 reaffirms 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.

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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 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).

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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

## **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 in England were delayed for at least half an hour with ambulance crews because emergency departments were too busy to admit them. Conference notes that all parts of the UK have been badly affected by ambulance delays.

Conference applauds the work of UNISON members in Ambulance services 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 delegations of ambulance staff 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.

## **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)

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.

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

Conference also recognises that in all four nations that make up the UK, there are different negotiating machinery so there is a role for the health committees in Scotland, Wales and Northern Ireland to play in addressing this issue. This Conference is

appreciative of the work done by UNISON in highlighting the impact of poor mental health and in providing educational materials to help activists and members recognise and combat poor mental health as well as addressing root causes.

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

1. Work with the National Disabled Members Committee to highlight the increased impact of poor mental health on disabled members.
2. 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.
3. To identify areas of good practice of mental health campaigning amongst UNISON branches and promote this throughout the union.
4. 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.
5. 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.

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**Composite B:      Supporting the mental health and wellbeing of health branch officers and 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 three 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.

The cost-of-living crisis means many staff are forced to work additional hours to make ends meet. Staff often find themselves exhausted whilst working in understaffed and under resourced environments. We have seen a significant increase in demand for staffing resources which has led to an increased use of agency staff. These staff are often paid much more per hour than NHS staff which causes resentment and further deflates morale.

Many of our members have reported issues such as unsafe staffing levels, additional work pressures whilst on duty due to supporting agency staff who are unfamiliar with workplace procedures, and issues with engaging in community activities due to

increased fuel costs. 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.

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.

As UNISON, we must ensure that our branch officers and representatives are given the full support they need in order to 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.

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

1. Develop a strategy to promote and support the health and well-being of our Health Branch workplace activists;
2. Work with Learning and Organising services to develop support packages to support the mental health and wellbeing of activists;
3. Utilise the knowledge and experience of our activists in order to collate best practices so that Branches can learn from each other;
4. 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;
5. Ensure Regional Health Service Groups are engaged in proactively supporting our Branch activists as part of this strategy.

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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 endure 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 as needle-sharp injuries to just give a few examples.

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

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

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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.
- 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.

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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.

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.

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.

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.

Conference calls upon the Health Service Group Executive to:

1. Highlight good practices from employers who include health passports in their sickness absent policies and circulate UNISON's Reasonable Adjustment Policies and Passports bargaining guide to branches and regions.
2. Work with the National Disabled Members Committee to further develop best practice and disseminate this to branches including disseminating UNISON's Disability Leave Bargaining Guide and our Guide to Negotiating Hybrid and Homeworking.

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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 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

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

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

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

70% of those staff who were told their job couldn't be done from home said that they disagreed and their job could be done from home if the employer was willing to make

changes or adjustments. Overall, a staggering 76% of those disabled health service group workers who said they needed reasonable adjustments in their job reported that they had not received some or all of the adjustments they needed. Many said that their employer never even bothered to respond to their request for adjustments. Even where adjustments were agreed, 25% of disabled workers in the health service group waited a year or more for the adjustments to be delivered.

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

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

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

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

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, and work through devolved health committees to embed consistent

approaches across the whole of the UK, 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.

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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:

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.

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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;
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.

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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.

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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.

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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.

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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 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.

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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 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.

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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 in England.

This saw a 40% drop in nursing applications alone with similar figures for other AHP professions. 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. 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 with formal employment status;
2. Raise public awareness of health student debt;
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.
4. Lobby MPs to raise this in parliament.

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

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

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

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

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

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

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

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