

# **Unison Health Conference 2024**

**Final Agenda setting out motions and amendments for debate**

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## **Brighton Conference Centre: 8 – 10 April 2024**

### **Motions and amendments**

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

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##### **1. Put NHS pay right – continuing the fight**

Conference notes the work done by the HSGE to promote the 'Our pay, our say' plotting a course to collective bargaining position adopted by Health Conference 2023. This policy aims to secure moves towards collective bargaining across all parts of the UK.

Conference notes that outside of Scotland there is still much to be done to convince more stakeholders of the case for collective bargaining on annual pay rises. And there is an ongoing need for the union to use all available political channels to push for change.

Conference notes the considerable work the union is putting into seeking meaningful outcomes for members from the 'non-pay' workstream commitments made in the 2022–24 pay deals for England, Cymru/Wales and Scotland and from the parallel workstreams for Northern Ireland. These cover a wide range of earnings and employment issues and delivery efforts will necessarily continue into and throughout the 2024/25 pay round.

Conference notes that the review of the pay–setting process was a commitment in the England pay deal that is likely to impact on pay–setting in Cymru/Wales and Northern Ireland as well.

Conference notes the ongoing commitment of the service group to increase member engagement throughout the pay cycle and welcomes the hard work put in by branches, regions and the HSGE to develop and promote the NHS pay 24/25 survey. This has delivered high levels of member engagement, supported non–member recruitment and provided a good evidence base about the priorities and aspirations of health staff for their pay and conditions. Conference notes that the survey has also provided opportunities to promote the updating of member details – an essential component of year–round ballot–readiness activity.

Conference believes that the union's ongoing commitment to the Put NHS Pay Right campaign is critical to demonstrating to policymakers and the public that the staffing crisis can only be resolved through long–term investment in improving pay and conditions.

Conference calls on the HSGE to:

1. Use any avenues opened up by the ongoing 'non-pay' workstreams to push for full collective bargaining on annual pay rises in every part of the UK
2. Promote the case for pay–setting reform as part of our preparation for and response to the general election
3. Work with other unions wherever possible to develop joint positions on NHS pay setting and on strategic approaches to the conduct and conclusion of pay rounds

4. Continue to develop and refresh the Put Pay Right campaign as a vehicle for public campaigning and developing member activism on pay all year round, as well as at key stages in the pay review cycle
5. Work with regions and other parts of the union on continuing activity to support branches with building ballot-readiness and apply learning from ballot evaluation activity across the union to ensure we can achieve effective action mandates as needed
6. Assess and plan for the implications of punitive legal changes to industrial action legislation
7. Continue work to improve member participation including embedding the principle of member consultation and engagement at key decision points
8. In line with the service group's devolved pay determination policy, seek to use gains achieved in one administration as leverage for winning them in other parts of the UK.

***Health Service Group Executive***

#### **Amendment 1.1**

At end of action point 1, add "whilst vigorously defending existing terms and conditions".

***North West Region***

#### **2. Once bitten twice shy – the fight for pay parity part 2**

Conference notes that Health workers in Northern Ireland have not received the AFC 2023 award secured in England. Health workers in NI are the lowest paid across the UK again! The absence of devolved government has resulted at the end of 2023 in the collective punishment of public sector workers by withholding funding for pay.

Conference notes and applauds the thousands of UNISON health who have mobilised and taken industrial action to restore pay injustice.

Conference notes and condemns the failure of the UK government to honour its commitment that funding would be released via the Barnett formula to include Northern Ireland health workers in a pay award. Conference notes and is appalled that this funding is being withheld. This is the second time that our health members in Northern Ireland have been so shabbily treated and a pay parity link has been broken.

Conference calls on the Health Service Group to ensure that this scenario will not be repeated in the 2024 pay round. In the event of direct engagement with the UK government outside of the PRB framework, we ask the HSGE to ensure that no pay agreement is concluded without formal inclusion of consequential funding. This will be essential to maintain a minimum of pay parity for health workers in Northern Ireland.

***UNISON Northern Ireland***

#### **Amendment 2.1**

In paragraph 2 beginning 'conference note and applauds', insert 'members' between 'UNISON health' and 'who have'  
Delete 'injustice' replace with 'justice'.

In paragraph 3 beginning 'conference notes and condemns', delete: 'honour its commitment that funding would be released via the Barnett formula to include Northern Ireland health workers in' and replace with:

'release funding generated by the addition of new money for the England deal via the Barnett formula so that Northern Ireland health workers could get'

Insert 'with England' between 'pay parity link' and 'has been broken'.

In paragraph 4 beginning 'conference calls on', insert: 'work with the Northern Ireland health committee on a strategy for' after 'calls on the Health Service Group to'

Delete 'ensure that this' and replace with 'ensuring that this'

Delete 'pay agreement is' and replace with 'pay negotiations are'

Delete 'formal inclusion of consequential funding.' and replace with 'seeking formal clarification of any consequential funding arising from a pay offer and – where this does arise – the mechanisms by which this would be released.'

Insert 'in seeking' between 'essential' and 'to maintain'

Insert 'with England' between 'pay parity' and 'for health workers'

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

### **3. The NHS must become a Real Living Wage Employer**

More and more low paid staff employed by the NHS are earning a wage that is less than the Real Living Wage of £12.00 an hour as defined by the Living Wage Foundation.

In the past it was difficult to get a job in the NHS as a Health Care Assistant, Administrator, Porter or Catering Assistant; just to name a few job roles, as many people would apply for the one role when these became available because the wage rates were very competitive. Now, we have thousands of vacancies in the NHS especially in these lower paid roles. NHS wages have not kept up with those in the private sector. Many staff are leaving the NHS to work for fast food chains, supermarkets, warehouses and call centres, as most of these roles pay the Real Living Wage or above.

Maintaining recruitment and retention rates is becoming a major problem for some job roles in the NHS and many trusts have listed some job roles on their risk registers due to them not being able to recruit and retain staff. This will become even worse from April 2024 when the National Living Wage is increased to £11.44 an hour and staff on band 2 working in the NHS will be paid only 1p more an hour than this rate.

The Real Living Wage rate is currently £12.00 per hour and in London it is £13.15 per hour. Sadly, the government doesn't feel the need for staff working in the NHS outside the London area to be paid the Real Living Wage rate. At the moment, staff on band 2 outside London are working below the Real Living Wage rate of £12.00 an hour.

Conference calls on the Health Service Group Executive to:

1. Ensure that all negotiated pay deals are paid at the Real Living Wage rate or above.
2. Any increase in the Real Living Wage is also implemented in Agenda for Change pay rates for staff working in the NHS so no NHS employee is paid below the Real Living Wage rate.

3. Negotiate with companies providing outsourced services to the NHS with the aim of increasing pay rates so their staff receive at least the Real Living Wage rate or above.

### ***North West Anglia Hospitals***

#### **4. Don't make us pay to go to work**

Conference notes with concern the growing issue of employers passing on costs to their staff. Uniforms, mandatory training, shadowing, criminal record checks, professional accreditations, carparking and using a car to travel are all essential for staff to be able to do their jobs, provide a good service and keep patients and the community safe.

However far too many workers are being charged for the very essentials they need to go to work. This can add up to thousands per year, leaving workers out of pocket just for doing their jobs. For example, UNISON's report, "Driven out of work", shows that the average NHS worker on Agenda for Change mileage rates who drives two hours per day is losing more than £6000 per year because they are not reimbursed for the actual cost of driving.

Conference highlights that the biggest costs are often passed onto those least able to afford them. Recent UNISON research on criminal record checks shows that more than four in five (85%) of public service workers requiring criminal record checks earn below the average wage in the UK, with two in five of them seeing their wages deducted to pay for it. Similarly, UNISON's research on mileage rates shows that public service workers required to use a car for their job, and therefore left out of pocket by out-of-date mileage rates, earn on average just £22,499 – significantly below the UK average. Conference is concerned that the costs of working are pushing essential workers into financial hardship and poverty.

Conference is clear, it is wrong for employers to pass costs onto their staff. When something is essential for a job to be done well, safely or to the employer's standards, it should always be the employer who foots the bill.

Conference notes that it doesn't have to be this way, and applauds the efforts of activists across the country to challenge unfair costs of working. For example, North Cumbria, Northumberland, Tyne and Wear Health Branch successfully forced their trust to reverse a decision to introduce DBS check fees for staff.

Conference therefore calls on the Health Service Group Executive to:

1. Work with Regions and Branches to collect evidence of the financial hardship incurred by our members working in health as a result of the costs of working being passed onto workers.
2. Call on UNISON representatives on the NHS Staff Council to raise this issue as a matter of urgency.
3. Work with other service groups impacted by the unfair costs of working to promote national campaigns on the cost of working.
4. Include fair mileage, criminal record checks, uniform, training, shadowing, carparking, accreditations and other essential costs of working in campaigns such as Earnings Max and Fair Pay for Patient Care.
5. Work with UNISON College to develop training for activists and branches to challenge unfair costs of working in their workplaces.

6. Work where possible with the NEC, Labour Link and the Campaign Fund to call for legislative change in Westminster and devolved administrations, preventing employers from passing on essential workplace costs to their staff.

7. Undertake further investigation into whether unfair costs of working leave low income and insecure workers earning below legal minimum levels.

### ***North Cumbria Northumberland & Tyne & Wear Health***

#### **5. Mileage rates: No more paying to work**

Conference notes that many healthcare employers rely on staff delivering services using their own vehicles for transport – this is known as the “grey fleet”. The use of personal vehicles is in most cases reimbursed by mileage payments, generally paid on a per-mile basis. Levels for “approved mileage allowance payments” are set by HMRC and were last updated in 2011 and start at 45p per mile. NHS terms and conditions set slightly different rates for directly employed NHS staff, starting at 56p per mile, and last updated in 2014.

Conference notes that costs of motoring have risen in the decade since the HMRC and NHS mileage rates were last adjusted, and over 2022–2023 sharply rising fuel prices meant the costs of driving for work significantly outstripped the mileage payment reimbursement. Research conducted by UNISON and the RAC Foundation estimated that the real cost of motoring approaches 65p per mile, and the “mileage gap” between what workers can claim back and the true cost of motoring is up to £6,000 a year – a burden often borne by some of UNISON’s lowest paid members.

Conference believes that it is fundamentally unacceptable for members to be forced to subsidise the delivery of a service with their petrol money and car payments when the responsibility for service delivery rightly falls to their employers. A new NHS travel reimbursement scheme is long overdue, which should be accurate, flexible and cover the contexts in which it will be used.

Conference believes that such a settlement may be challenging to secure given the high costs it poses to employers and the government, but that these costs exist and are currently being borne by our members and those least able to afford them. Currently, where some employers may have acted, others continue to shift this burden onto staff – a burden that should not be down to discretion. All routes to a new settlement for mileage payments should be explored by the union.

Conference also notes the vital importance of addressing the climate crisis, and the central challenge to decarbonisation posed by transportation emissions. Conference believes that this challenge can be and must be addressed in the design of a new NHS travel reimbursement scheme. Part of this may involve incorporating the costs of carbon emissions into mileage rates, creating a financial incentive for employers to consider the carbon emissions of the services staff are tasked to deliver and any associated travel.

Conference also believes that a “green fleet” of pool vehicles may in many cases be a viable alternative to the extensive use of the “grey fleet”.

Therefore, Conference calls on the Health Service Group Executive to:

1. Call for a new NHS travel reimbursement scheme for healthcare staff which:
  - a) should more accurately cover the costs of motoring.
  - b) should be flexible enough to cover short to medium term spikes in the cost of motoring, such as acute fuel price rises.
  - c) should take a consistent approach in reflecting the full range of different contexts it may apply to, and in particular consider the needs of staff working in rural areas who are tasked with delivering services involving thousands of miles of motoring.
  - d) should encourage public sector employers to decarbonise the transport options used in the delivery of services on a timescale in line with the climate crisis, and discourage employers from relying on the grey fleet.
2. Engage fully with any negotiations with the UK government, devolved administrations, NHS employers, and non-NHS employers where relevant, to secure a new NHS travel reimbursement scheme that reflects the principles above.
3. Explore options and policy levers to encourage healthcare employers to provide a “green fleet” of pool vehicles as an alternative to the use of the grey fleet.

***Health Service Group Executive***

## **6. Subsistence allowances**

As the cost-of-living crisis continues to hit hard, and has detrimental financial implications for our members, we need to find every single possible way of increasing the monies that our members can earn.

Recent pay increases for most of our members, but not all, have been welcome. However, the rising cost of inflation, and rising household bills, has minimised the benefit that these pay uplifts have given our members, and we merely continue to tread water.

One area of Agenda for Change Terms and Conditions that could be utilised to put some extra finance into our members pockets, is through subsistence payments. We have to recognise that many of our members are required as part of their job to work away from their base for short or long term periods. The monetary levels as indicated in Annex 14 of the NHS terms and conditions have not been reviewed since the implementation of AfC.

Conference therefore calls on the service group executive to raise the issue through the NHS Staff Council to negotiate an increase in all of the subsistence payments allowances included in Annex 14 of the NHS terms and conditions handbook.

***Scottish Healthcare***

## **7. Unfair pay progression**

Conference is aware of the changes to the NHS Pay Progression scheme implemented in 2018 under the framework agreement for 2018 pay deal.

This framework agreement claimed, “to ensure the NHS is better able to recruit and retain staff in the lower bands”. However, given the current cost of living crisis this is no longer fit



for purpose. This means newly promoted staff who have moved up to the next band see very little reward for increased responsibility. In addition, they have to wait up to 3 years for the next incremental rise.

This scheme does not incentivise staff to progress, especially those staff closer to drawing down their NHS pension.

The motion therefore calls upon the SGE to negotiate a meaningful increase in pay on moving to a higher pay band and to reintroduce annual pay increments, maintaining the principle of a maximum of 5 years to progress to the top of the scale.

***North Derbyshire Healthcare***

### **Amendment 7.1**

Delete 'This scheme does' and replace with 'Current structural problems, including narrow gaps between pay bands and other aspects of terms and conditions do'

Delete 'negotiate' and replace with:

'1) Seek to negotiate structural changes which ensure a'

Insert after 'higher pay band.':

'2) Review the operation of current incremental (pay step) structures across all bands.

3) Assess member aspirations and priorities for any changes to the current incremental (pay step) structures.'

Delete 'and to reintroduce' and replace with: '4) Assess the potential benefits and risks that would arise from attempting to reintroduce'

Delete 'maintaining' and replace with 'while seeking to maintain'

Insert after 'of the scale': '5) Continue to push for proper cost-of-living increases to protect and improve the value of pay for members already at the top of pay bands.'

***Health Service Group Executive***

### **Amendment 7.2**

In paragraph 2, after sentence ending '....increased responsibility.' add:

'The reduction in Unsocial Hours Payments for bands 1–3 also resulted in a reduction in the reward for promotion.'

In paragraph 1<sup>st</sup> sentence after '...moving to a higher pay band,' add: 'restore Band 1–4 Unsocial Hours Payments to their original percentages' and to reintroduce.....

***Mid Yorkshire Health***

## **8. Section 14, Agenda for Change terms and conditions handbook (England)**

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

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

The Covid Guidance, jointly agreed by the government and staff side at the start of the pandemic, ensured that staff testing positive, shielding or self-isolating received their full pay as if “had they been at work”, including shift allowances. This was a recognition that ‘presenteeism’ amongst staff exists and they would be less likely to come to work if the threat of losing money was taken away.

Conference believes the principles adopted during the pandemic should be applied for all sickness episodes within the NHS.

We call on the SGE to raise this as a matter of urgency at the NHS Staff Council and prioritise restoring sick pay in England in parity with Section 14 of the Terms and Conditions Handbook (Scotland and Northern Ireland version) below:

‘14.4 The definition of full pay will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. Sick pay is calculated on the basis of what the individual would have received had they been at work.’

***Mid Yorkshire Health***

### **Amendment 8.1**

In paragraph 1 beginning ‘Conference notes’ insert: ‘for sickness that is wholly or mainly attributable to their NHS employment’ after ‘Conference notes that’

In paragraph 3 beginning ‘The Covid guidance’, delete: ‘jointly agreed by the government and staff side’ and replace with ‘developed by the governments and staff sides in all parts of the UK’

In paragraph 4 beginning ‘Conference believes’ insert: ‘and that there should be parity across the UK with the provisions that apply in Scotland and Northern Ireland’ after ‘within the NHS.’

Insert as new paragraph, after paragraph 4 and before paragraph beginning ‘We call on the SGE’:

‘Conference recognises that the risks of presenteeism on financial grounds particularly affect the lowest paid and that efforts to improve basic pay and banding must also be part of our strategy. Conference is also concerned about the ongoing barriers branches are facing when seeking to support members to access the injury allowance provisions in section 22 of the Terms and Conditions Handbook.’

In paragraph beginning ‘We call on the SGE’. Delete ‘raise this as a matter of urgency at’ and replace with ‘consult with other staff side unions and raise these issues as a matter of urgency through’

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

### **9. The Bradford Score and sickness absence management**

The Bradford score was introduced in the 1980's from research done by Bradford University School of Management. This theory related to frequent spells of unplanned absence from employees, which could become detrimental to business performance. In comparison to longer spells of absences.

Conference recognises that many NHS trust have adopted the Bradford scoring system within their sickness process and within their policy. The issue is that many NHS trusts are using the Bradford score as a mechanism to put limits on staff sickness using triggers to move the staff member through the sickness process. In many sickness policies there are three stages to the sickness process. The third stage being a sickness hearing where the staff member could be facing dismissal due to their sickness record. But the Bradford scoring system was really targeted towards another kind of absence – non-genuine sickness days and those who 'abuse' the system – the people who 'throw a sickie' or have a 'duvet day'. Many NHS Trusts adopted the principle of viewing workers as untrustworthy and unprincipled, thus highly likely to take any possible advantage of an employer's weakness or generosity and thus use the score within their sickness absence policy.

Conference recognises for the majority of NHS workers this is not the case, many NHS staff are coming into work when they are sick (presenteeism). This is because of the unsympathetic approach many trusts are taking over sickness, treating it like a crime especially if you have a developing condition or disability. Many conditions can take a considerable time to be managed or identified, this could involve many intermittent episodes of sickness so putting the employee at a disadvantaged position when the Bradford scoring system is used to manage their sickness.

In most cases the staff member recovers and has fewer episodes of sickness. But even when this is the case many employers would rather take the staff member to a hearing, rather than supporting the staff member through their sickness or disability. Thus not following equality legislation, the primary goal to dismiss them under sickness capability using Bradford scoring system to their advantage. This is unfair and a more supportive approach needs to be taken in the management of disability and long-term sickness that recognises many conditions develop over time.

So, we are asking the Conference to support this motion and request of the HSGE that they support the following in discussions within the Staff Council and with employers:

1. The abolition of the Bradford scoring system for the management of disability and long-term sickness.
2. A more sympathetic and supportive mechanism to be adopted by NHS employers.
3. That any under-pinning principles of the sickness process is retention of staff.
4. A more flexible supportive approach when it comes to redeployment for staff when there is a disability and or long-term sickness involved.

### **Amendment 9.1**

After action point 2 add new action point 3: 'Monitor progress of developments in the North West Regional pilot to deliver 'trigger free' sickness absence policies and distribute good practice examples across the union.'

Renumber action points thereafter.

***North West Region***

### **Amendment 9.2**

In the second paragraph delete the sentence:

'But the Bradford scoring system was really targeted towards another kind of absence – non–genuine sickness days and those who 'abuse' the system – the people who 'throw a sickie' or have a 'duvet day'.'

and insert:

'However, sickness absence management is a complex balance between supporting managing more frequent short–term absences, long–term absence and supporting individuals who manage impairments but, due to the nature of those impairments, need to have time off. Blunt instruments such as the Bradford Scoring System which uses as a multiplier the number of absences that an individual has can be potentially discriminatory if the scoring system is rigidly applied.'

Insert after paragraph 4:

'Conference fundamentally believes that the aim NHS attendance management policies should place supporting staff members whose health might affect their attendance at work rather than penalise them for not being able to attend. For staff who are disabled, a reasonable adjustment could potentially be a change to trigger points or an extension of process. Paid disability leave should also be considered as a reasonable adjustment for rehabilitation, training or assessment or where awaiting reasonable adjustments to be put in place.

Conference notes the "Once for Scotland" Workforce policies for NHS Scotland which refer to the trigger points as being "prompts for supportive interventions" rather than "prompts for sanctions" and recognises that this requires line management to carry out the principles of the policy and effectively individualise an absence management approach, rather than rigidly stick to a range of sanctions at each stage.'

Insert new action point 5:

'5. Circulate UNISON's bargaining guides on Reasonable Adjustments and on Disability Leave to all branches to support local negotiations.'

***National Disabled Members Committee***

## **10. Gender Pay Gap: the pay punishment of women on NHS banks**

Female dominated professions such as HCAs, Nursing and Admin within the NHS have long been undervalued and underpaid. The NHS Pay deal of 2023 applied only to staff on substantive NHS employment contracts. Bank workers did not automatically receive the pay uplift, and this has disproportionately affected women members.

Capable and brilliant women are being denied the benefits of substantive employment rights with the career progression and the financial security they provide. Women are systemically excluded and oppressed by the failure of the NHS to adequately implement flexible working.

The current system for meeting women's flexible working needs is to force them into zero hours contracts, often called 'the bank' and at Royal Cornwall Hospital Trust, called 'Kernowflex'. This means they lose out on pay, job security, career opportunities and other benefits that come with being part of the NHS.

Societal pressures mean that it is most often women that drop out of the substantive workforce. The Organisation for Economic Cooperation and Development (OECD) cites the UK as having the most expensive childcare in the developed world and there's indisputable evidence that women do 90% of the unpaid care work in our society. Because of this, women are forced to "choose" part time and temporary work to fit around caring commitments.

Poor work-life balance is often given as a key reason for employees wanting to leave the health service. Conference notes that in 2021 agreement was reached between health unions and NHS employers on new flexible working rights aimed at giving NHS staff a better work-life balance. The provisions are set out in Section 33 of the NHS terms and conditions handbook. Conference believes that flexible working should be widely promoted across the NHS so that it becomes the norm rather than the exception.

Conference believes that women should not be forced into opting for Bank work because substantive NHS jobs are not sufficiently flexible to meet their work/life balance needs. This results in a two-tier NHS where Bank staff are subjected to insecure employment and inferior pay, terms and conditions, compared to their colleagues on Agenda for Change contracts.

Conference calls on the Service Group Executive Committee to:

1. Develop a strategy to improve flexible working opportunities for women within substantive NHS employment contracts, so that members are no longer forced into insecure work on 'the bank.'
2. Continue to promote and publicise Section 33 of the NHS terms and conditions handbook on flexible working rights and encourage employers to embed flexible working across the NHS.

***Cornwall Acute Health***

## **11. NHS Bank Workers**

Conference notes that the framework agreement for the 2018, three-year pay deal, required the NHS Staff Council to explore the scope for a collective framework agreement on bank and agency workers (Section 5.2).

This was further referenced in last year's 2023 Annual report (SGE Work plan): "lead and progress staff council work stream around framework for bank terms and conditions".

No such framework has been forthcoming.

Conference recognises the other work that has taken place culminating in the June 2023 Health Circular 'How to build a better bank contract', which provided guidance to branches to address certain themes (building on previous years motions) including:

- Exploitation
- Inconsistency of pay terms and conditions
- Inappropriate utilisation (including being used instead of paying overtime to substantive staff) and health and safety concerns

Surveying staff and building an earnings max strand was also part of the SGE Work plan. Conference also notes that bank workers were not included in the 2023 pay deal for the non-consolidated pay element and that many employers told us that if they had had the funding from government to pay them that bank workers would also have received those payments.

This good work needs bolstering with the realisation of this framework agreement and to deliver the stated campaigning, organising and bargaining opportunities highlighted by the 2023 pay round.

Conference, therefore, instructs the Service Group Executive to:

1. work with the Staff Council to finally deliver on this framework agreement so it is made clear to Trusts that they need to treat their bank staff in a fair, consistent and equitable manner, both in comparison to substantive staff and between different organisations.
2. attempt to ensure bank workers are, in future, included in any pay agreements involving non-consolidated payments by attempting to negotiate funding from Government for such workers to receive these payments.

***South West Region***

## **12. A shorter working week – better for patients, better for staff**

Reducing the working week has long been a key goal of the trade union movement. The issue has re-emerged strongly over recent years as investment in technology is used to threaten jobs and damage patient services.

Conference acknowledges that the NHS is under extreme demand and pressure. This pressure lands almost completely on staff. Almost half of all NHS staff report they feel worn out at the end of their working day/shift, and 45% of NHS staff felt unwell as a result of work-related stress over the last 12 months. That figure is particularly high among groups of staff disproportionately likely to work shifts, with 64% of paramedics and 63% of midwives reporting work-related stress.

NHS staff cannot continue to work the combination of length and intensity of hours they currently do. Fatigue, stress and burnout are dangerous in any workplace, particularly patient-facing services. All this has consequences. More than 15 million working days were lost to stress last year. And many staff are voting with their feet, leaving the NHS for work elsewhere.

Conference understands that it is not enough to simply look at “four–day week” or office–based pilots and solutions. We need to generate NHS–owned solutions that can genuinely deliver a reduction in the burden on patient facing staff, whilst honestly assessing what is needed to maintain and improve those patient services. As the biggest union in the NHS, UNISON has a particular responsibility to be bold and lead on this work.

With proper planning, worker–led design, and careful operation, a reduced working week would put capacity back into the NHS. But there are significant challenges, and we must face them.

Across the NHS we already manage incredibly complex shift patterns. It is not beyond us to develop a better way of working. A model of 80% of hours worked for 100% of pay would not mean a single approach to shifts in the NHS. In order to develop and describe these models we need to explore these issues with workers themselves.

Conference calls on the Health Service Group Executive to:

1. Support branches to lead workplace conversations on how a reduced working week could be implemented, including producing workshop materials.
2. Assess any progress on the 80% hours for 100% pay agenda in round–the–clock environments for learning relevant to the healthcare sector.
3. Support UNISON Scotland and UNISON Cymru/Wales with work to progress and implement the phased working week reduction commitments agreed in their 2022–24 pay deals.
4. Take account of developments arising from hostile political intervention in local government ‘four–day–week’ initiatives and robustly reject any attempts to do so in health.

***Health Service Group Executive***

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## **Recruitment and organising**

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### **13. NHS Professionals – campaign for recognition**

Conference notes that NHS Professionals provides temporary clinical and non–clinical staff to the NHS, as bank workers. Originally formed as a national staffing service in 2001, NHSP later became a Special Health Authority. Then in 2008 it was incorporated as a private limited company, owned by the Department of Health and Social Care.

In 2017 UNISON successfully fought alongside the campaign group ‘We own it’ to stop the Tory government privatising NHSP. Retaining it in public ownership was an important victory. Since then, NHSP’s involvement and reach across the NHS appears to have grown but the transparency with which it operates has not. Conference notes that whilst NHSP remains in public ownership and is ‘wholly owned by the Secretary of State for Health’, it does not recognise or bargain with trade unions, and information about what happens to its profits is hard to find.

Conference is concerned at the lack of support for internal (Trust operated) banks, as an increasing number of employers are choosing to bring NHS Professionals in to run their banks. The lack of transparency within NHSP, and its refusal to engage with or recognise trade unions, presents a serious challenge to UNISON branches and their ability to negotiate pay rates for bank workers, or represent them on grievance and disciplinary matters.

During 2023, UNISON's health group executive identified a number of concerns about NHSP, which warrant further examination. These include the lack of published terms and conditions, policies, rights and responsibilities for NHSP bank workers, and lack of access to the NHS pension scheme. It is also concerned about the potential for NHSP staff to be used during periods of industrial action by directly employed NHS staff.

Conference agrees to support a plan of action to have NHS Professionals more clearly recognised and accountable as a part of the NHS. It calls on the Health Service Group Executive to develop a political campaign plan seeking full transparency, public accountability, and trade union recognition within NHSP, with initial scoping actions to include the following:

1. survey UNISON members employed or deployed by NHSP to find out what concerns them and whether they would support a demand for TU recognition and negotiating rights within NHSP.
2. develop a briefing for branches and regions, outlining UNISON's concerns about NHS Professionals and why greater transparency, public accountability and trade union recognition is an important objective for the union.
3. use the Freedom of Information Act to submit searching questions to NHS Professionals about its business activities, its finances, and its treatment of staff, and if appropriate, commission a piece of focused research into the business of NHSP.
4. engage with a range of allies and influencers, including Labour's shadow health team to raise awareness of our concerns about NHS Professionals' lack of transparency.

***Health Service Group Executive***

#### **14. Organising Bank Workers**

Conference recognises that bank work in the NHS is a varied picture over the regions and devolved nations. For some bank workers, they are solely 'on the bank' and work regular or occasional shifts, often due to caring commitments outside of work. Others work 'on the bank' for overtime hours or in different roles to their substantive post.

Conference notes that the varied bank arrangements can erode Agenda for Change terms and conditions, as many Trusts pay bank rates rather than enhanced overtime when workers exceed 37.5 hours. Without a permanent contract, conference recognises that bank workers can be more vulnerable to exploitation and are excluded from national pay deals.

Conference recognises that a nationally coordinated response, led by the HSGE, to an increasingly challenging bank working environment is needed, with Integrated Care Systems (ICSs) increasingly working together on bank issues, and organisations such as



NHS Professionals having a large role in some regions and a minor role in other regions, therefore leading to a complex and varied landscape.

Conference notes that market conditions are presently stronger than in recent years due to staff shortages in the NHS, but bank workers' conditions are not future proofed. Their shifts can dry up, the market condition or their personal circumstances may change without the protection of a contract of employment.

In light of the varied landscape, conference calls on the HSGE to:

1. Research and survey bank members in UNISON branches, with a view to create an organising campaign to identify where and who our bank worker members are; and their pay, terms and conditions.
2. Seek to launch a campaign that develops branch bargaining advice, organising and recruiting strategy for bank workers following the research and survey data.
3. Work with Labour's Shadow Health team to reaffirm that for full time NHS workers, enhanced overtime should be paid after 37.5 hours, in line with Agenda for Change terms and conditions.

### ***West Midlands Region***

## **15. Recruiting and supporting healthcare students in UNISON**

Conference notes the steady recruitment of healthcare students and those in education and training pathways to become healthcare professionals and believes that continuing to recruit healthcare students to UNISON is an essential part of a strategy for a strong UNISON presence in the NHS.

Conference recognises the continuing pressures on healthcare students as they balance clinical placements and academic study, often with additional family and caring commitments. Conference notes the success of the UNISON Future Healthcare Leaders programme for healthcare students in identifying and developing the next generation of leaders in healthcare and welcomes the continuation of this and similar initiatives.

The 'Student Advocate' role and associated training has now been rolled out across two pilot regions. This project offers a role for healthcare students wishing to be more engaged in UNISON in a way which gives healthcare students a voice and point of contact, but which can be successfully balanced with the responsibilities and time constraints of their studies.

Conference further notes the 2023 UNISON survey of healthcare students, on the cost-of-living crisis and the viability of financial support. This survey identified a number of pressures on healthcare students, and findings were in line with other surveys and research by UNISON and the TUC.

Among other findings, the survey showed that:

- a. almost 90% of students in their second year or later said their financial situation had worsened in the previous 12 months.

b. over a third of students (35%) agreed or strongly agreed that they might not be able to afford to complete their programme of study.

c. over three quarters agreed or strongly agreed that “financial worries are having a negative impact on my mental health”.

The survey further found that around half of all our healthcare student members had childcare responsibilities, and of this cohort:

d. less than a quarter received government support for childcare costs.

e. over 50% agreed or strongly agreed that they struggled to afford childcare.

f. over a third (39.5%) agreed or strongly agreed that “the challenges of childcare are making me actively consider dropping off of my course”.

These concerns about the cost of living and childcare are in line with the findings of UNISON’s Equality Survey 2023 which found that childcare costs are a major concern for a majority of UNISON members with childcare responsibilities and contribute strongly to the pressures of the cost-of-living crisis.

Conference believes that continued strategic recruitment of healthcare students, across all pathways of training, apprenticeship and study, is important for the sustainability of UNISON’s membership in the health sector and the NHS in particular. Conference further believes that UNISON is strongly placed to identify the financial and other pressures facing healthcare students and to campaign on these.

Conference asks the UNISON Health Service Group Executive to:

1. Explore membership density and patterns of recruitment of healthcare students, identifying challenges and opportunities for regions wishing to grow their recruitment.

2. Engage with regional Health Committees, the Strategic Organising Unit, the National Young Members Forum and other relevant sections of the union to build and develop strategies for recruitment and organisation of healthcare students across every region.

3. Campaign for better financial arrangements for healthcare students, such as non-repayable living bursaries or NHS salaries, taking into account UNISON’s devolution protocol where different arrangements exist across the devolved nations.

4. Campaign for student financial support arrangements to be uplifted in line with the cost of living.

5. Work with UNISON’s National Women’s Committee to explore the additional financial challenges facing healthcare students with childcare responsibilities, and call for sustainable solutions.

6. Consider producing further information for healthcare students on the range of existing financial support available.

7. Support and promote the further rollout of the Student Advocate role and associated training programmes across more UNISON regions.

8. Continue with the Future Health Leaders development programme for healthcare students and promote the 2024 programme accordingly.

***National Young Members' Forum***

**Amendment 15.1**

In paragraph 2 after

'Conference recognises the continuing pressures on healthcare students as they balance clinical placements and academic study, often with additional family and caring commitments.'

Insert:

'Conference also identifies that LGBT+ young people, including students, are disproportionately affected by the pressures leading to poor mental health and wellbeing.'

Add point:

'9. Engage with the National LGBT+ committee to ensure LGBT+ healthcare students' needs are addressed when developing tackling recruitment, education and support.'

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

**16. Trainee Nurse Associates**

Conference recognises the nursing associate role as a valuable asset within the nursing family and a route to qualifying as a registered nurse. It also notes the key role UNISON played in the correct regulation and recognition of nursing associates. Since their introduction, UNISON has campaigned to ensure that nursing associates are treated fairly, have clear roles and responsibilities and access to ongoing learning and development.

When it comes to recruiting trainee nurse associates (TNAs), unlike student nurses, TNAs are employed by Trusts and are therefore not eligible for student membership at the £10 a year rate. This causes confusion and upset, particularly when intermixed with nursing students at induction events. They see UNISON's apprentice and student rate and believe they fall within those categories of membership. The mood of cohorts drops considerably when informed they have to pay the full employed rate of subs.

If organisers and recruiters are unaware of TNAs being mixed in with students, many join on the student rate and their membership is then rejected by IMPS (Income and Membership Processing Services), causing the team additional work and consequently we lose that member, unless they join on full employed status. In addition, members who join online themselves independent of inductions will inevitably tick the student or apprentice box believing they fall within that category of membership, only to have their membership rejected.

UNISON is also up against rival unions who offer TNAs a much-reduced rate under a nursing support worker category of membership. Whereas UNISON's subs are £14.00 per month, they offer £4.10 per month for the first year, rising to £8.20 per month thereafter.

Given the current financial crisis, a potential member is more likely to join the rival as money may be the main driver meaning UNISON loses out on members that from experience tend to stay with the Union they first join for at least 7 years. HCAs who

are already UNISON members may also leave when they become TNAs affecting retention rates.

Conference therefore calls upon the Service Group Executive to raise this matter with the National Executive Council:

1. with a view to implementing a reduced rate of subs for TNAs for the first two years of training;
2. To Include on the UNISON joining browser the category trainee nurse associate in addition to apprentice and student to avoid confusion and ensure that members are joining under the correct category of membership; on whatever rate is established.

***Yorkshire – Humberside Region***

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## **Negotiating and bargaining: Equalities issues**

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### **17. Year of LGBT+ workers – embedding LGBT+ equality in Health**

Conference celebrates that 2024 is UNISON's year of the LGBT+ workers. This is an opportunity to not only showcase the amazing work the LGBT+ self-organised group has done over our history, but it will also be a chance to highlight the continued discrimination faced by LGBT+ members in Health and what we can do to make our workplaces more inclusive. Our union has a long, proud history of LGBT+ activism. 2024 marks 50 years since the establishment of NALGAY, the first gay and lesbian group in the UK trade union movement.

Even though we have come so far in those 50 years, LGBT+ people in the UK experience significant physical and mental health inequalities compared to the general population. Data from a recent NHS Staff Survey shows that the LGBT+ workforce remains at a heightened risk of physical violence, bullying harassment or abuse from colleagues or patients. This highlights the need for more to be done to make our workplaces more LGBT+ inclusive and our policies to be reviewed and updated regularly.

Conference notes that in 2022, the NHS Confederation published the LGBTQ+ Inclusion Framework. This framework aligns with UNISON's policy on LGBT+ equality. It comprises of six key pillars of inclusivity that organisations should aim for to create and maintain inclusive cultures within NHS organisations. It includes the following:

- We have visible leadership and confident staff
- We have a strong knowledge base
- We are non-heteronormative and non-cisnormative in everything we do
- We take responsibility for collecting and reporting data
- We listen to our service users
- We proactively seek out partners to co-deliver services

Conference believes that the Year of LGBT+ Workers can be used as a tool to negotiate with employers to improve inclusion in workplaces for LGBT+ members working in Health. For example, adopting the UNISON trans equality policy and using the LGBT+ policy checklist to make our workplace policies as inclusive as possible. We also need to

encourage active recruitment and promotion of LGBT+ Health members and strive for LGBT+ representation at branch, regional and service group level. By fostering diversity in leadership, we not only provide role models for LGBT+ members but also bring diverse perspectives to decision-making, benefiting the entire service group.

Conference calls on the Health Service Group Executive to:

1. Promote UNISON's year of LGBT+ workers to health service group members;
2. Work with the National LGBT+ committee and regional LGBT+ self-organised groups to make LGBT+ equality a core part of our negotiations with health employers;
3. Encourage health branches to advocate and campaign for a revision of health employers' equality policies to ensure they follow our model guidance for LGBT+ workers and promote the NHS Confederation LGBTQ+ Inclusion Framework;
4. Encourage and support the development of activism amongst our health LGBT+ members;
5. Promote and encourage participation in equality training, and in particular the trans ally training.

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

**18. The cost of being a trans, non-binary or gender diverse employee working in Health**

Conference notes the recent work done by UNISON in relation to hidden costs of working that can impact on health care workers and employees. Far too many workers are being charged for the very essentials they need to go to work. Examples include uniforms and DBS checks.

Conference recognises that the biggest costs are often passed onto those least able to afford them. Recent UNISON research on criminal record checks shows that more than four in five (85%) of public service workers requiring criminal record checks earn below the average wage in the UK, with two in five of them seeing their wages deducted to pay for it.

For transgender, non-binary and gender diverse people (trans), these costs can be even higher as they may require additional uniforms to meet their needs. Some trans people have reported having to pay twice for DBS checks. Trans people are currently experiencing a lack of trust in the NHS due to interference from the trans hostile Westminster Government. Combined with these additional costs, health no longer feels like a welcoming place of work for trans people.

Health needs a diverse workforce to best represent the people we serve, however without action we may lose a significant number of our trans health workers.

Conference therefore calls for the Health Service Group Executive to:

1. Work with the National LGBT+ Committee to collect evidence of the financial hardship incurred by our trans members working in health because of employment costs being passed onto workers.

2. Raise the issue of in-work costs experienced by members to UNISON's regions and branches, including the specific issues experienced by our trans health care workers.

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

**19. Equipping branches to tackle race discrimination in the NHS**

Conference notes that, as mandated at Health Conference 2023, UNISON has continued to strengthen and promote its Race for Equality Campaign throughout 2023 Year of Black Workers. Over 100 activists and staff have now been trained as part of a regional roadshow in the use of the NHS Workforce Race Equality Standard (WRES) to tackle race discrimination at work. The campaign has been embraced by members, and a recent Race for Equality workshop where branches got together to share best practice on resolving disciplinary disparities for Black staff was so heavily oversubscribed further sessions had to be scheduled in.

Conference believes that despite these successes, there is much more that needs to be done to challenge racism in the NHS. Conference believes that there is great value in bringing branches together to share best practice. Alongside the particular focus on disciplinaries and disparities between the rates for Black and white staff which was explored in our workshops in 2023, facilitating further workshops on other key issues faced by Black staff would be invaluable.

Conference notes that through sharing best practice, one key policy suggestion that received lots of interest from activists was the use of a "Pause and Reflect" process, by which disciplinary cases are reviewed in their context before being taken forward by employers. Conference believes that this is an example of a policy worth promoting nationally and facilitating locally, and that further policies which would make key differences for Black staff may arise from more spaces for discussion; adding to the need for practical workshops for members and branches.

Conference is also concerned about reports from branches that some employers are increasingly using Performance Improvement Plans (PIPs) against Black staff as a way to avoid having to report the use of disciplinary action against these staff members.

Finally, conference recognises that policies require education and confidence to be effectively used by members, and that UNISON must ensure that training opportunities are available as widely as possible.

Therefore, Conference calls on the Health Service Group Executive to:

1. Continue to resource and run the Race for Equality campaign to challenge racism in the NHS;
2. Run practical workshop sessions which address the issues facing Black staff in the health service, and which form the core components of the Race for Equality Campaign such as recruitment and career progression, bullying and harassment, and disproportionate disciplinary rates;
3. Develop and distribute template policies and relevant negotiating guidance shared at the Race for Equality workshops and through engagement conducted with branches and regions – including exploring the use of "Pause and Reflect" processes and equipping

branches to tackle the use of PIPs in place of formal disciplinary processes when used to hide disproportionate rates among Black and white staff;

4. Work to develop guidelines around ways of working with other parties in the disciplinary process, such as Freedom to Speak Up Guardians and schemes such as Cultural Ambassadors;

5. Develop and provide additional training opportunities for branches and regions, to ensure our activists have the knowledge and skills necessary to help them to challenge racism in the NHS.

***Health Service Group Executive***

## **20. Continuing to increase participation of Black members in the health sector**

Conference, when looking at measurements of engagement such as representation on branch and national committees and attendance at service group and Black members' conferences the activism levels of Black members in the health service remains an area of concern.

Conference should resolve to undertake a mapping exercise to better identify the representation and engagement levels of Black members in the health service group and further to identify how many branches have Black members self-organised groups.

UNISON is committed to achieving equality for all and one of the ways the union promotes equality is through self-organisation. Self-organisation brings together members from certain groups that face discrimination and helps the union identify and challenge discrimination and build equality.

Conference commends the work in the health service group, the 'One Team Awards' which was launched in 2023, and other service groups and regions in the union that has seen branches come together to organise regional or geographical cluster groups for Black members where individual union membership has been persistently low and it has been more challenging to organise.

Conference therefore asks the Health Service Group Executive Committee to look at utilising this good practice to support health branch Black member self-organisation by:

1. Undertaking a further mapping exercise to identify the representation and engagement levels of Black members in the health service group.
2. Working with the national Black members committee, regions to facilitate these meetings and ensure that they are properly resourced.
3. Adopting clear and transparent communication channels that should be established to ensure that Black members, are aware of available opportunities for progression within the union and skill development programs.
4. Reporting on this progress at the next Health conference in 2025

***National Black Members' Committee***

## **21. Tackling racism in the nursing family**

2023 was the Year of Black workers for UNISON. This followed the COVID pandemic, during which the inequalities experienced by Black staff in health and social care were exposed more than ever before.

An inquiry by the Equality and Human Rights Commission into the treatment of lower-paid ethnic minority healthcare workers in health and social care, to which UNISON responded on behalf of our members, found clear evidence of inequalities in the experiences of Black health and care workers. The head of evidence for the enquiry has since commented that she found “clear objective evidence of structural and institutional racism”.

A renewed commitment and investment to tackle racism in nursing and midwifery is needed more than ever before. Conference reiterates our whole-hearted commitment to supporting UNISON members affected by racism.

Whilst Conference welcomes the anti-racism resources published by the NMC, NHS England and NHS Confederation; designed to help nurses, midwives and nursing associates who experience or witness racism, much more needs to be done across healthcare to build on this work. The most recent Workforce Race Equality Standard (WRES) data for England actually showed an increase in Black NHS staff being harassed and bullied by patients or the public.

Racism in nursing and midwifery not only has a devastating effect on individuals and their wellbeing; it also holds back the NHS and the services we deliver to our patients and communities. Black women in the UK are four times more likely to die during childbirth than white women. The rate of stillbirths for Black families is almost double that for white families. There is a widespread recognition that racism and unconscious bias in health services contributes to these health inequalities for Black communities.

Action to address these inequalities is undermined by the discrimination within health services which prevents Black nurses and midwives from developing to their full career potential. According to WRES data just 35% of Black British nurses and midwives in England believed their organisation provided equal career development opportunities, compared to 62% of white British nurses. Over the last year, evidence of systematic racism and exploitation of migrant workers in health and social care has also continued to come to light; particularly thanks to the courageous commitment and whistleblowing of UNISON nurses and carers.

Our Overseas Nurse’s Network has heard from a number of UNISON nurses about the racism and exploitation they faced during their recruitment and in their employment in health and social care in the UK. A number are taking legal action against their employers with support from UNISON. Our government is tolerating a perfect storm of labour shortages, hostile immigration policy, a dysfunctional social care system, and under-resourced regulators and agencies, creating the fertile conditions for racism and exploitation in nursing to grow.

Our nursing and midwifery sectors want now to build on the excellent work done by our Race for Equality campaign to support our members to tackle the racism that remains too prevalent in the NHS and care.



Conference calls on the Service Group Executive to:

1. Work with our Black members self-organised group to develop nursing family specific resources for branches and members as part of the Race for Equality campaign.
2. Support the growth of our Overseas Nurse's Network as a way of providing peer support and guidance to migrant nurses affected by exploitation and racism.
3. Continue to explore the effectiveness of the current systems responsible for preventing exploitation of the migrant workforce in health and social care, lobbying for improvements and clarity where weaknesses and gaps are identified.
4. Work with Labour Link to ensure any new Labour government in Westminster leads system wide action to reduce racial discrimination in the NHS, working with the devolved administrations to ensure action across the UK.
5. Support calls for further reviews of the extent and nature of systematic racism in health and care services, along with the resources and action to implement previous recommendations for action.
6. Develop further resources and support for health branches to respond when migrant nurses are exploited.
7. Influence and lobby for action to ensure managers and others implicated in racism are properly held to account and cannot dodge accountability for their actions.

### ***Nursing and Midwifery Occupational Group***

## **22. Ensuring reasonable adjustments for healthcare students on clinical placements**

Conference notes that a 'reasonable adjustment' is a change to the work environment or to a workplace policy, criteria or practice, that aims to remove or minimise disadvantages experienced by disabled employees and job applicants.

The Equality Act 2010 (and the Disability Discrimination Act 1995 in Northern Ireland) gives disabled workers the right to reasonable adjustments where they experience substantial disadvantage. Employers have a duty to provide reasonable adjustments where they know or should have known the employee was disabled.

Healthcare students are required to spend a large amount of their studies in clinical placement environments where they learn crucial skills and have their competence assessed by practice supervisors and mentors. Healthcare students are not, however, classed as employees and some struggle to access the reasonable adjustments they require to meet the required standards on clinical placements in a supportive and timely manner. Feedback from students on the UNISON 'Future Health Leaders' programme has been that many future healthcare professionals are forced to drop out of training because of this.

Education providers must ensure students are able to meet the required standards of their profession. They do, however, have a duty to make reasonable adjustments to the way standards are assessed. Students may need a range of adjustments, from physical supports to assistive software and IT help. These should be agreed with students prior

to their placements, and mentors and supervisors should be ready to implement them on day one.

The recently published Long Term Workforce Plan for England envisages a large increase in the numbers of healthcare professionals we will need to educate and register in order to cope with the increasing demand for healthcare. Many more students identifying as disabled will undertake education programmes requiring reasonable adjustments and support in clinical practice, therefore it is vital that this is provided in a systematic and comprehensive fashion.

Previous survey work undertaken by UNISON has shown that:

- Many healthcare students don't receive sufficient notice of their clinical placements to negotiate reasonable adjustments
- Some would not know where to ask for support or adjustments
- Supervisors and mentors in practice are often not given enough time to provide the support that healthcare students require

Conference calls upon the Health Service Group Executive to:

1. Call for investment in training and guidance for supervisors and mentors in clinical practice who support students with disabilities.
2. Undertake survey work with UNISON healthcare student members to explore the extent and nature of the difficulties they face in accessing reasonable adjustments on clinical placements.
3. Campaign with the health group's new UNISON 'Student Advocates' to produce and disseminate resources to healthcare students to support them to receive the necessary reasonable adjustments.
4. Work with the NHS, higher education institutions and others providing clinical placement environments to update strategies and policies around reasonable adjustments on clinical placements, exploring creative solutions that give students certainty and consistency throughout their studies.
5. Lobby healthcare professional regulators to issue clearer guidance around the duty to provide reasonable adjustments for healthcare students.

### ***Nursing and Midwifery Occupational Group***

#### **Amendment 22.1**

Insert new paragraph 4:

'Additionally, clinical and information systems that are used on clinical placements can often be different from the systems that are used in the educational establishment which can lead to the assistive software not being transferrable or work with the systems.'

Insert new bullet point 6:

'6. Work with regions and branches to include information on reasonable adjustments at student recruitment events so new student members are aware of how they access the support that they need.'

### ***National Disabled Members Committee***

## **23. Making Accessibility Passports work in the health sector**

Conference notes that data from the NHS Workplace Disability Equality Standard (WDES) shows that 28% of disabled workers in the NHS in England still aren't getting the reasonable adjustments they should be entitled to in order to break down the barriers they face in the workplace.

One effective way of ensuring more disabled workers in the Health service group receive the reasonable adjustments they need is for employers to adopt a 'passport' system to record and agree reasonable adjustments. This means that adjustments don't need to be re-negotiated every time a member gets a new manager or moves team within their Trust or other health employer.

Conference notes that UNISON has developed a model Accessibility Passport, which can be shared with employers. Some Trusts also use titles such as Reasonable Adjustment Passport or Wellbeing Passport, for example. However, although there are a variety of reasons why employers and staff may prefer one title over another, the key is to ensure any passport is based on:

- a) the legal duty for Health employers to provide "reasonable adjustments" to disabled workers as laid out in the Equality Act 2010
- b) the social model of disability
- c) a two week deadline for responses to reasonable adjustment requests
- d) a commitment to an agreed timescale for implementing approved reasonable adjustment requests.

UNISON's Accessibility Passport includes all of the above and should be the basis for branch negotiation. The WDES data can be a useful way of raising these issues with NHS Trusts in England and conference notes UNISON's WDES training is being rolled out to regional activists.

Conference calls on the Health Service group Executive to:

1. Circulate UNISON's Reasonable Adjustments policy bargaining guide and model passport to branches and regions
2. Encourage Health branches to open negotiation with employers on adopting an accessibility passport based on the UNISON model
3. Underline the importance of negotiating for a two week deadline for responses to reasonable adjustment requests

4. Encourage branches in England to take part in the WDES training being rolled out on a regional basis.

***National Disabled Members Committee***

### **Amendment 23.1**

Amend action 4 to read:

'4. Encourage branches in England to take part in the WDES training being rolled out on a regional basis and devolved regional health committees to push for comparable standards.'

***Health Service Group Executive***

## **24. Asserting our right to disability leave and carers' leave**

Conference notes that 2.6m people in the UK are now on long term sick leave and staff in the health sector are likely to be impacted more than other sectors due to unsustainable workloads. Many people on long term sick leave will meet the Equality Act definition of a disabled person and as such should be entitled to disability leave in relation to time off related to their disability.

However, conference notes that many Health employers do not offer disability leave and disabled staff are instead forced to take sick leave, annual leave or unpaid leave in order to manage their impairments. This can result in these staff being placed on a capability review and can end in the termination of their employment.

Although disability leave is a type of reasonable adjustment and is given as an example of a reasonable adjustment in the statutory code that accompanies the Equality Act, only 17% of employers in a recent UNISON survey of disabled workers said their employer had a disability leave policy.

Some NHS Trusts do offer disability leave but in many cases this includes an arbitrary cap on the number of days allowed. However each disabled worker has their own unique needs – some may never need to take disability leave while others might need more than five days, for example. Branches should therefore be encouraged to use UNISON's disability leave bargaining guide to seek to ensure disability leave agreements are as good as they can negotiate.

Many disabled workers also themselves care for older or disabled family members. Carers are now legally entitled to one week's leave a year, but this leave is unpaid. A worker who is caring for a disabled dependant is protected from 'discrimination by association' under the Equality Act 2010 if they are treated unfavourably on the basis of their dependant's protected characteristic of being disabled. Forcing carers to use up annual leave for caring commitments such as accompanying a dependant to their routine medical or dental appointment, will mean that these employees will not fully benefit from the same amount of rest and recuperation offered to other employees through their paid annual leave.

UNISON encourages Health employers to adopt a carers leave policy that is significantly better than the legal minimum and we recommend branches negotiate on the basis of 10 days paid leave with additional leave in exceptional circumstances. Much of a carer's

responsibility may be ongoing and routine, and a form of leave to cover emergencies would not provide sufficient support to enable carers to fulfil commitments. It is therefore important to include planned and regular carers leave in any agreement where possible.

Conference calls on the Service Group Executive to:

1. Circulate UNISON's Disability Leave Bargaining Guide and encourage branches to negotiate based on the UNISON model policy.
2. Circulate UNISON's 'Carers' policies: a bargaining guide and model policy' to regions and branches and encourage them to negotiate for a carers' leave policy.

***National Disabled Members Committee***

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## **Negotiating and bargaining: Health, Safety and Wellbeing**

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### **25. Women's mental health at work**

Conference notes that the workforce in the health sector is overwhelmingly female who often work in stressful and traumatic working environments. Additionally, caring responsibilities and maintaining the household disproportionately fall on women. This can negatively impact mental health and stress levels.

Conference notes that health service group workers are also having to deal with various other stressors such as heavy workloads, the ongoing cost-of-living crisis, under-investment in the health industry, zero-hour contracts, discrimination, harassment and low pay as inflation rises while governments across the UK hold down wages. All these factors can have a detrimental effect on mental health, especially on women with disabilities and Black women.

Conference recognises that mental health is a workplace issue which must be addressed by trade unions in negotiations with employers and by direct support for affected workers. Conference also notes the work done by UNISON in highlighting the impact of poor mental health and in providing educational materials to assist branches in ensuring that organisations treat mental health with the seriousness it deserves, with procedures that protect staff in general and maximise the assistance given to workers experiencing mental health problems in particular.

The National Women's Committee believes that the Health Service Group Executive has a key role to play in improving mental health of women working in the health sector.

Conference calls on the Health Service Group Executive to:

1. Work with the National Women's Committee to campaign for mentally healthy workplaces where women can thrive;
2. Promote UNISON's guide to bargaining on mental health to women members working in the health sector, branch and regional women's officers and self-organised groups;
3. Encourage branches to train workplace representatives to negotiate robust mental health work place policies to address the situation.

***National Women's Committee***

**26. Health and wellbeing**

Research conducted in 2022 by King's College London in collaboration with the NIHR ARC (National Institute for Health Research, Applied Research Collaboration), North Thames at University College London and NHS Trusts across England, showed that healthcare workers experience post-traumatic stress disorder (PTSD) at twice the rate it appears in the general public.

The COVID-19 pandemic has only made maintaining good mental health in the NHS workforce worse. For many healthcare staff, the experience of working through the COVID-19 pandemic was one which has created lasting trauma, which itself has led in many cases to them seeking support from their trade union regarding related issues.

For stewards and representatives who may be supporting members going through poor mental health and/or crisis, the impact can be substantial. Often stewards do not feel confident in how best to approach such situations, how to handle communication and representation to support members appropriately, and/or where and when to best signpost for support. In the worst cases, the pressure of supporting members in crisis or trauma can lead to stewards developing their own stress and mental health issues.

Conference believes that it is crucial that UNISON has strategies in place to support our stewards in all such circumstances, and doing so will also lead to our members being better supported.

It's also vital that UNISON is a strong voice calling for the adequate funding and availability of mental health and wellbeing support services for NHS staff, provided at a level determined on no other basis than need. Many Covid recovery services supporting staff have seen funding cuts over the last period, despite demand remaining high.

Conference calls on the Health Service Group Executive to:

1. Encourage regions to provide training and guidance on signposting to help stewards support members who may be facing challenges with poor mental health and/or who may be suicidal.
2. Encourage regions to provide health and wellbeing courses accessible to UNISON representatives.
3. Campaign for access to timely, effective health and wellbeing support at work, and for the continued funding of resilience and wellbeing services established and/or developed to support health workers in the midst of the COVID-19 pandemic.
4. Make use of the national Organising Space to provide a list of national support groups/resources which Representatives can provide to members who are in need of mental health support.

***North West Region***

## **Amendment 26.1**

Insert after paragraph 2:

‘For those who are lesbian, gay, bisexual and transgender plus (LGBT+), we know health outcomes can be less favourable than the general population, which makes matters worse.’

Add to actions:

‘5. To liaise with the National LGBT+ Committee to ensure all Health Service Group action on this issue is inclusive of our LGBT+ members.’

### ***North Cumbria Northumberland & Tyne & Wear Health***

## **27. Improving mental health access within the NHS**

Conference, it is disappointing that despite the increasing awareness of mental health due to the pandemic lockdowns, there continues to be very little tangible change in the provision of mental health services. Far too often we are relying on cognitive behavioural therapy (CBT) as the one and only form of talking therapy, with no regard for more complex mental health conditions that may need more support.

Far too often our members are forced to hunt down subsidised therapy offered by charities in order to actually get the support they need, and even then, it isn't enough. For example, eye movement desensitization and reprocessing (EMDR) therapy is known to be successful in helping people with PTSD process and move on from their trauma – yet this is not available widely across the NHS. So, if you are low income, working part-time due to disability, a single parent, or any myriad of disadvantaged positions in life, you will not get support whilst simultaneously being more likely to need that support.

We also need to be working with employers to make sure managers have awareness and sensitivity to mental health needs, including any reasonable adjustments. Despite being workers for the health service, all too often we see members struggling with a sickness process because of a manager that has no empathy for their situation. This is something we as a union need to challenge, making sure anyone in a management role has the training to actually manage compassionately, with a Just and Learning culture in mind.

Conference calls on the National Health Service Group Executive to:

1. Write to NHS England and champion the need for a wider range of mental health support, including therapies such as EMDR – and to reduce the long waiting times for these services.
2. Provide guidance to regional groups and branches on how they can improve mental health support in their workplaces.
3. Work with ‘There For You’ to seek ways we can support disadvantaged members who are in a position of needing mental health support but are unable to access it.
4. Encourage NHS Employers to make Mental Health First Aid a core component of management training.

## **28. Gender identity services and Trans healthcare – underfunding has now become a health and safety issue for our NHS members**

Conference recognises the widespread under funding within the NHS in the United Kingdom today. Many services are at breaking point or already broken. Our members are suffering as a result.

Within the Trust our branch represents, we provide mental health and learning disability services, both of which are under immense pressure from years of underfunding from the Westminster Government. However, we also provide a regional gender identity service, which is currently in crisis and has been forced to close to new referrals. We know other NHS Trust providers of this regional service are experiencing similar pressures.

Members in our branch who work and provide these vital gender services are at breaking point. They experience heightened stress due to the pressures on the service, continuously dealing with backlogs and delays. This takes a toll on their mental wellbeing, exacerbated by being unable to give the care they are so desperate to provide.

Conference notes that prolonged exposure to high–stress environments caused by long waiting times (some of which are getting close to 7 years in gender affirming care) can contribute to burnout amongst NHS staff. Burnout leads to emotional exhaustion, reduced job satisfaction, and will impact the quality of care provided to patients and service users. This has become a Health and Safety issue for our union.

Long waiting times can also result in increased workloads for our members. This can affect their work–life balance, causing them to work longer hours to meet targets, potentially leading to fatigue and impacting their personal lives.

While many trans and gender diverse people are stuck on ever increasing waiting lists they still require access to appropriate person–centred health care. We are aware that the risk of self–harm and suicide is higher amongst trans people waiting for gender affirming care, which puts extra pressure on health care services providing generic mental health support and treatment. Many of our branch members are expected to deliver mental health support to those waiting for gender services, but feel they do not have the skills, knowledge, and training to provide appropriate care.

This lack of funding for Gender Identity Services is not just impacting on our trans colleagues and friends but also on our dedicated members who currently work in both mental health and gender affirming services.

We call upon the Health Care Service Group Executive to:

1. Recognise this situation as a Health and Safety issue for our members, who feel they are at risk of failing to provide appropriate care to trans people, which in turn adds additional pressures to their already overstretched and stressful roles.
2. Work with the relevant parts of UNISON to campaign on the need to ensure adequate support and education is available to our members who are ‘filling the vacuum’ left by the lack of appropriate trans healthcare.
3. Encourage branches to negotiate with NHS employers to provide appropriate training to staff to ensure they are able to provide gender affirming health care to those who need it, and in that process complete stress risk assessments for our UNISON members.



## ***North Cumbria Northumberland & Tyne & Wear Health***

### **Amendment 28.1**

Add new action point:

'4. Work with National LGBT+ committee and Regional LGBT+ Self-organised Groups to continue to promote and deliver the role out of the Trans Ally training.'

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

### **29. Long Covid**

In March 2023 the Office of National Statistics estimated that 1.9 million people in the UK were experiencing Long Covid.

The TUC and the Long Covid Support Group published research, in the same month, stated that 66% of people with Long Covid have experienced unfair treatment at work.

The Industrial Injuries Advisory Council has recommended that Health and Social care workers with Long Covid, should be able to claim Industrial Injuries Benefit.

Long Covid is as much a disability as any other disability.

Conference calls on the Health Service Group Executive to:

1. Work closely with the TUC and other bodies in gaining recognition of Long Covid as a disability.
2. Continue to support our members suffering Long Covid.

***University Hospitals Birmingham UNISON***

### **30. The Sexual Safety Charter – time for a zero tolerance approach**

Sexual misconduct and violence happens on a daily basis in the NHS. UNISON members on the frontline, particularly in ambulance services, often face the brunt of this.

Conference notes that NHS England launched its first Sexual Safety Charter on 4th September 2023. It prompts all NHS Trusts, Royal Colleges and Integrated Care Boards to adopt a zero-tolerance approach to sexual misconduct and violence, asking for them to become signatories and implement its 10 commitments by July 2024. As of 6th December 2023, some 200 of these organisations had signed.

The need for the charter was identified by an increasingly high profile of sexual violence cases in the media. Our colleagues need to feel safe to speak up, and to be supported through a process which is often harder for a whistleblower or victim than it is the perpetrator. While some of the wider issues are arguably culturally embedded, there are some groups who are disproportionately affected, such as Women, LGBT+, and Black staff. In understanding the scale of the problem in each organisation the charter also requires data capture and analysis which will inform the resources required to tackle problems

transparently and in appropriate timescales. This charter has brought together clinical experts and those with lived experiences from across the healthcare sector to produce the 10 commitments and Toolkit to support their implementation.

This must be more than words on a page and rhetoric. This needs to be tangible action. To provide training, leadership and consistency throughout organisations. We all deserve to be safe, supported and heard at work. While this will certainly not fix everything, implementing it will go some way towards creating a culture in which we can speak up and expect timely actions.

#### “Sexual Safety in Healthcare – Organisational Charter

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

- 1) We will actively work to eradicate sexual harassment and abuse in the workplace.
- 2) We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
- 3) We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
- 4) We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
- 5) We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
- 6) We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
- 7) We will ensure appropriate, specific, and clear training is in place.
- 8) We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
- 9) We will take all reports seriously and appropriate and timely action will be taken in all cases.
- 10) We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally.

Where any of the above is not currently in place, we commit to work towards ensuring it is in place by July 2024.”

Conference calls on the Health Service Group Executive to:

1. encourage NHS organisations to sign the Sexual Safety in Healthcare Organisational Charter.

2. support branches to work with organisations to implement the charter's commitments in full, to ensure colleagues and students remain safe from unwanted, inappropriate and/or harmful sexual behaviours and to feel supported at work.

**South East Region**

### **Amendment 30.1**

Amend action point 1 to read:

'1. encourage NHS organisations to sign the Sexual Safety in Healthcare Organisational Charter and support devolved regional health committees to push for action on equivalent initiatives in their jurisdictions.'

**Health Service Group Executive**

## **31. The new NHS Sexual Safety Charter**

More than 35,000 incidents of sexual misconduct or sexual violence – ranging from derogatory remarks to rape – were recorded on NHS premises in England between 2017 and 2022.

Rape, sexual assault or being touched without consent accounted for more than one in five cases. Most incidents – 58% – involved patients abusing staff. The data was collected by the British Medical Journal (BMJ) and the Guardian and shared with BBC File on 4.

NHS England has now produced a sexual safety charter with 10 pledges to support staff. The new charter asks employers to commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.

NHS Employers is a founding signatory of the charter on sexual safety at work. Along with the other signatories, we commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to the ten core principles and actions to help achieve this.

The new charter asks employers to focus on three priority areas:

- a) Appoint domestic abuse and violence leads;
- b) Review policies and support;
- c) Sign up to the domestic abuse and sexual violence programme platform on 'Future NHS'.

It is great that many trusts have signed up to this charter.

Conference asks the Health Service Group Executive to:

1. promote the charter to trusts that have not signed up to this within the SPF.
2. encourage outsourced companies that provide NHS service to sign up to the charter.
3. support staff sides in the promotion of this charter and ensuring the work is being undertaken and monitored.

4. produce literature with the NHS Staff Council on where the 10 points are not being met and what Staff Sides can do to ensure the 10 points are being met.

***North West Anglia Hospitals***

### **Amendment 31.1**

Amend action point 1 to read:

'1. promote the charter to trusts that have not signed up to this within the SPF, and promote equivalent initiatives within devolved regional health partnership structures.'

Amend action point 4 to read:

'4. produce literature with the NHS Social Partnership Forum and devolved partnership structures on where the 10 points are not being met and what Staff Sides can do to ensure the 10 points are being met.'

***Health Service Group Executive***

## **32. Digital recordings of health staff**

Conference notes the growing concerns raised by UNISON members in Northern Ireland. Our members applaud and support safeguarding for patients, clients and the most vulnerable but the balance needs to be shifted back to also safeguard our staff.

Conference notes however how our members have been increasingly aware of the rise of recordings taken in their place of work, primarily by personal mobile phones. Reports have been received when not only is the footage being taken but it is also when it is being shared widely on social media networks.

Conference notes that this amounts to a possible a breach of a right to privacy, under Article 8 of the Human Rights Act and also potentially a breach of GDPR (General Data Protection Regulation.) No permission has been given to share this data or anything or anyone else that may be caught in the background.

Conference asserts that health workers need to feel safe in their workplace without an added anxiety that everything they are doing is being filmed for a TikTok, a viral sensation or a meme because someone else decides to use footage to ridicule our Health and Social Care staff for entertainment. Conference is concerned that these actions also compromise staff personal safety, often leading to harassment in the workplace or even more serious threats of harm.

Conference is aware that this activity has especially become a real concern for our nursing staff in high pressured departments such as emergency departments or even in elderly care. It has also impacted on our lone workers in the community especially our homecare staff. This can mean an interference in members' ability to carry out duties which could be detrimental to care. Staff have been known to leave the health service because of bad experience.

Employers in Northern Ireland are not properly dealing with this issue. Often workers are left to deal with this as a civil matter. This needs to be a responsibility of the employer within their duty of care protocols.

Conference calls on the Service Group Executive to support regions in their efforts to ensure employers create staff support in the workplace.

Conference calls on the Health Service Group Executive to conduct a survey of our health members on this issue. This would assist the SGE in developing a strategy and guidance to support regions in addressing these issues.

***UNISON Northern Ireland***

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## **Professional and Occupational issues**

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### **33. A new deal for Healthcare Assistants**

Healthcare assistants (HCAs), including healthcare, community and maternity support workers, are vital to the NHS. Without them, our health service simply could not function. Conference notes that it was now ten years ago when the Cavendish review examined the role of HCAs in England and identified that this group of staff were often 'undervalued and overlooked'. Unfortunately, in many ways this remains true.

The shortage of staff in the NHS has led to HCAs taking on ever more responsibilities and clinical tasks without the pay to match. UNISON's Pay Fair for Patient Care campaign has led the way in making sure our HCAs are recognised, respected and rewarded by their employers. The campaign has seen thousands of staff moved from Band 2 to Band 3, winning millions of pounds in backpay for our members – as well as building our union by recruiting thousands of new members and activists.

Our HCA members have shown tremendous courage and determination, some taking strike action to get the correct pay for the work they already do. But valuing our HCAs correctly is not just about pay. In November UNISON HCAs gathered in London for a national seminar. We heard that HCAs also prioritise:

- Protected learning and development opportunities for all, ensuring no financial detriment for those looking to progress their careers.
- Safe staffing levels and management of the team skill mix to protect staff and patients.
- Good, supportive line management and flexibility in their work patterns.

A more strategic approach must also be taken to the deployment of band 4 roles such as Assistant Practitioners and Nursing Associates. A haphazard system has been allowed to develop, with great differences in how these staff are regulated, supported and developed across the UK.

Conference supports the deployment of regulated nursing support roles, such as the Nursing Associates, to date only deployed in England, where this is done appropriately with due regard for the implementation challenges and in partnership with staff-side unions. These roles must offer well-constructed career pathways and opportunities. They are not a

substitution for Registered Nurses; the skill–mix of teams must be carefully monitored and evaluated to ensure their introduction is beneficial for patients and all staff groups.

Conference notes and applauds the role of UNISON HCAs in establishing the first cross–European network for HCAs with EPSU (European Public Service Unions). Compared to most of our European neighbours, HCAs in the UK are under–paid and under–regulated.

Conference supports moves to professionalise the HCA workforce, recognising the many positives that regulation would entail for staff and patients. Significant complexities and disadvantages would also, however, potentially arise. Progress towards regulation must be managed diligently and through a system wide partnership approach. Any move towards individual registration and regulation would need to be matched by requirements on employers to induct, train and develop their staff. As the strongest voice for HCAs, our union should be at the centre of this.

It's time for a new deal for HCAs, one that ensures HCAs will no longer be overlooked or undervalued.

Conference calls upon the Health Service Group Executive to:

1. Continue to campaign for proper career progression opportunities for all nursing and midwifery support staff, with accessible routes into registered nursing and midwifery roles.
2. Ensure HCAs do not suffer financial detriment for taking steps to progress their careers, such as when undertaking apprenticeships.
3. Build on the success of the Pay Fair for Patient Care campaign to continue to win re banding and back pay for HCAs across the UK.
4. Collaborate with European partners and others to build the evidence base and understanding of HCA roles, particularly focussing on staffing levels and the safe skill mix of teams.
5. Continue the call for regulation and better recognition of the Assistant Practitioner role.
6. Work with partners to support the introduction of regulated nursing support roles in a strategic, well–managed way.
7. Lobby for a strategy to begin exploring the potential for better professionalisation and regulation of the HCA workforce.

### ***Nursing and Midwifery Occupational Group***

#### **34. One Team – Admin Charter for Change**

Conference notes that administrative and clerical support staff are the backbone of the NHS providing a wide range of essential services that underpin the delivery of healthcare.

Conference also notes that in a recent UNISON member survey of admin and clerical staff, members in these roles said they feel undervalued and unsupported in the jobs they do. Over half of the respondents told us they regularly work unpaid overtime and take on additional duties to cover for vacant posts without recognition or reward.

Despite an increase in the use of digital technology in the NHS, the majority of our members told us that they had not been part of any consultation on its increase, nor offered any additional training to implement its increase effectively.

In the UNISON survey, 49% of our members told us they do not have a current personal development plan or regular development reviews with line management, despite it being part of their contract.

Section 6 of the NHS Terms and conditions handbook states that.

'All staff will have annual development reviews which will result in the production of a personal development plan.'

It is unacceptable then, that these members – the majority of whom are women – have very little opportunity for any career development or access to training courses. Many of these members have worked within the NHS for many years and have a wealth of experience and knowledge to share. If career progression was embedded, employers would benefit from improved retention rates in these job roles.

In response to the UNISON survey, the National Operational Services group alongside a UNISON members focus group, have developed an Admin staff 'Charter for Change'. The charter sets out actions that employers can take to ensure that development review processes are firmly embedded and opportunities for career development alongside adequate training is on offer for all administrative and clerical support staff.

The Charter also calls on branches to work in partnership with employers to examine whether job descriptions are up to date, and that staff are paid appropriately for the jobs that they do.

Conference calls on the Service Group Executive to:

1. endorse and promote the Admin Charter for Change produced by the Operational Services Group.
2. encourage regions and branches to work in partnership with employers to sign up and commit to implement the actions within the Charter.
3. produce resources to enable branches to campaign around the Charter as a recruitment and organising opportunity.

***Operational Services Occupational Group***

### **35. Ensuring quality preceptorship for Allied Health Professionals (AHPs)**

Conference notes the severe staff shortages across the NHS, including the allied health professions. Despite an overall growth in numbers of these professions, the vacancy rates continue to climb. Staff are suffering from burn out and stress and patient care is being damaged.

Conference notes that newly qualified allied health professionals and new starters need to be given support to prepare them for their new jobs. Giving AHPs access to support during key transition points in their career, such as when they have just qualified or when they start

a new role is essential for successful professional development as well as giving them a positive workforce experiences.

Almost half of staff leaving the AHP professions have 5 years or fewer experience. This would indicate that more needs to be done to support staff in the early stages of their career. Conference therefore welcomes the new Principles of Preceptorship from the Health and Care Professions Council (HCPC). Conference notes that UNISON was involved in the development of the principles and the associated guidance. Preceptorship provides a bridge between education and work by increasing the confidence and capabilities of students and new registrants.

However, Conference notes that one-third of respondents to the HCPC's new registrant survey said they did not have a structured period of learning on starting practice. What's more, one-quarter said their preceptorship was less than 3 months. With staff struggling under increasing workloads, staff providing preceptorship support often do not have the time or the capacity to provide the necessary support to the preceptee.

Conference believes that preceptors and preceptees must be given the time and the support to ensure that preceptorships give AHPs the opportunity to develop their confidence, feel valued and feel welcomed into their new workplace. The new guidance provides the outline for employers to follow.

Conference therefore calls upon the Health Service Group Executive to:

1. Ensure branches are aware of the new AHP Principles for Preceptorship;
2. Provide guidance to branches to ensure they are able to push for the implementation of robust and fully supported preceptorships for AHPs;
3. Ensure that those who take on the preceptor role to support preceptees are properly remunerated and recognised.

### ***Science, Therapy and Technical Occupational Group***

#### **36. Supporting the Newly Qualified Paramedic workforce**

The Newly Qualified Paramedic (NQP) programme formed part of a UNISON led negotiated agreement to move all paramedics to band 6 in 2016.

The programme was designed to provide structure to properly integrate and support NQPs into the ambulance service workplace, enabling time to consistently apply academic knowledge, skills, and placement experience into confident practice over a period of 24 months.

The programme itself asserts it is there to support the NQP in their transition to an effective, confident and fully autonomous clinician, providing the foundations for a journey of lifelong learning with commitments around preceptorship and mentorship. UNISON entered into this preceptorship programme in good faith, calling on employers to invest in and support new staff.

However, NQPs are being short changed, and employers haven't kept to their end of the bargain. Our paramedic members feel like they work as fully qualified paramedics from the



get-go, often with very little support, and that the programme only exists to keep them paid at band 5 for the duration of the 24-month period.

UNISON believes it's time for employers to deliver the NQP programme as it was intended and accept that paramedics should be paid band 6 from point of registration with the Health and Care Professions Council.

We call on the SGE to work with the National Ambulance Occupational Group to:

1. Support branches to build our membership and activists base within the NQP workforce.
2. Facilitate branch engagement with current and former NQPs, to gather evidence of their experience of being an NQP, and their interaction with the NQP programme.
3. Support branches to build campaigns highlighting failures in how the programme is being delivered locally by ambulance employers.
4. Use the National Ambulance Strategic Partnership Forum to call for a review of the NQP programme, including the fast-track scheme, and to call for NQPs to be paid at band 6 at the point of registration with HCPC.

### ***Ambulance Occupational Group***

## **37. Protecting members and protecting the public – developing future funding models for healthcare regulatory bodies**

In the UK, there are 9 regulators of healthcare professionals regulating 34 professions across the UK.

Conference notes growing concerns surrounding the future of funding of regulation for health care workers. A persistent concern from members is the continued increase in registration fees by different regulatory bodies, such as the Health and Care Professions Council (HCPC).

Last year's resolution at conference carried a unanimous mandate in favour of the recommendations set out in our motion 'Protecting members and protecting the public – the future shape of regulation'. The motion raised concerns over the proposed fee increase by HCPC which would fall on their registrants to pay. Despite UNISON's ongoing campaigns and opposition, the HCPC went ahead with their 20% fee increase. We cannot accept this as a norm.

Following the resolution last year, we have undertaken a comparative research report on the funding models of healthcare regulatory bodies across Europe. It reveals funding models for regulators that do not solely rely on funding from their members, or annual fee increases. However, a move away from registrant funding on regulators could have implications for the independence and self-regulation of professions.

Conference believes that our long-term campaigning strategy and policy position need to consider targeting the overall structure of the funding of regulators and to use the outcomes of our options appraisal report on comparative funding models of healthcare regulators to consider future policy options that would be available to fund regulators including registrants, employers or the government.

Conference therefore calls upon the SGE to use the findings of the comparative research report to:

1. consider whether to commission further, more nuanced research on different funding models of healthcare regulators and their respective effectiveness.
2. engage our registrant members in the development of a campaign and a firmer policy position for the future funding of regulation.
3. collaborate and work with other occupational groups to ensure the voices of all those registered with the healthcare regulators, are heard and considered in our future policy positions on regulation funding.

### ***Science, Therapy and Technical Occupational Group***

#### **38. Regulation of managers in the NHS**

Following the Letby case in 2023, there is growing political support for regulation of NHS management roles. Conference wants to see a supportive set of standards applied equally to organisations to help them create both a culture of good management and clarity about expectations of managers at all levels, from a first line manager looking after a small team, to a board-level director with corporate responsibilities across many functions and people. The approaches to regulating managers and codifying responsibilities may be different across the four parts of the UK. They should be fair, proportionate and independent.

Conference calls on the HSGE to engage with governments and employers on the development of any regulations and to advocate for the following criteria:

- a) Standards and expectations must be comprehensive and apply to all posts managing staff and teams and set out clearly what is expected at the different levels of management responsibility
- b) Processes should embed working with trade unions in core competencies and codes of practice
- c) Frameworks adopted should equip managers to provide a range of interventions to situations common within NHS working environments, including the need to keep staff safe at work; ensure workplaces are fair and civil; support staff development; ensure the consistent implementation of NHS terms and conditions; and engage staff in decisions about the services they provide.
- d) Better protections for whistleblowers and duties to foster safe cultures for staff raising concerns.

Conference also calls upon the HSGE to argue that alongside any regulations should come a standard for employers to make sure that they have the right number of managers, with the right skills, time and structures, to provide these essential elements of good people management.

***Health Service Group Executive***

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## **Defending the NHS and campaigning against privatisation**

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### **39. Let's organise to win and make insourcing campaigns a priority for 2024/25**

Conference believes that health workers have better pay and terms and conditions of employment when they are directly employed by NHS organisations.

Fourteen years of relentless outsourcing of NHS contracts have seen thousands of NHS staff transfer their employment from the NHS to private companies. We know that as soon as staff transfer out of the NHS (even though TUPE protects some aspects of terms and conditions) the general conditions of their employment start to deteriorate. Many members leave their jobs, because they are constantly underpaid by their new employers, jobs don't get filled when staff leave so workload goes through the roof, investment in staff and equipment falls off a cliff and when staff move roles, they lose their TUPE protections and are moved onto new contracts that have poor pay, terms and conditions. UNISON members who stay have told us that instead of money going on the service they care for; money is paid to shareholders and the service gets increasingly worse due to the lack of staff.

Conference celebrates the launch of UNISON's Organising to Win strategy in 2023, which uses the 5-phase plan to win to organise members around issues that are important to them like the Pay Fair for Patient Care rebanding of Health Care Assistants. UNISON members have won thousands of pounds worth of back pay and higher wages due to the success of this campaign.

There are numerous NHS contracts coming up for renewal this year and we all know the advantages of keeping staff within the NHS family or bringing them back into NHS and we now have an organising strategy that works and should be applied to insourcing campaigns across the union.

Conference calls on the Health Service Group Executive to:

1. work with the Private Contractors Unit on a plan which using the union's organising to win strategy 5-phase plan to win to target all strategic NHS contracts coming up for renewal in 24/25 and campaign for these members to be brought back in-house;
2. promote UNISON's new insourcing guidance and support this guide by producing resources including a leaflets and posters.

***Eastern Region***

### **40. Support NHS employers to keep commissioned services in-house**

Conference notes that the NHS is best placed to deliver health services to the public, and to deliver value for money.

Conference notes that the NHS has successfully delivered sexual health services in Newcastle since its creation, and up until recently, this was commissioned by the local authority. From 2023, this service will be provided to Newcastle residents by the private sector.

At the point of TUPE transfer, the service consisted of 75 staff; consultants, speciality doctors, doctors in training, nurses, health advisors, health care assistants, screening and health promotion staff, managers and data analysts, administrative staff and more. These staff are no longer employed by an NHS Trust.

Conference notes there is an opportunity for cross-branch collaboration to engage with the commissioning process with a view to health services being delivered in-house.

Conference asks the Health Service Group Executive to:

1. Encourage branches to engage with employers about the commissioning process with the aim of keeping services within the public sector and retaining health services in the NHS.
2. Promote UNISON's bargaining guidance and advice on this issue.
3. Encourage cross branch collaborative working where relevant, for example when the commissioning body has a UNISON branch.
4. Encourage branches to share good practice of engaging with and influencing the commissioning process.

***Newcastle Hospitals Unison Branch***

#### **41. Minor injuries units and outsourcing**

Conference notes that Minor Injuries Units perform a crucial role in the treatment of acute patients who treat injuries that are not critical or life-threatening. But some minor injuries units also see more complex injuries. These complex patients can be referred directly to accident and emergency or to a speciality so being triaged away from the main accident and emergency department.

Conference is aware that austerity measures for the past 13 years have exacerbated the pressure on the NHS and public services, stretching staff and resources to the absolute limit. This has resulted in many NHS Trusts making the decision to outsource minor injuries units to save money, selling this service to the cheapest bidder. Many of these contracts are being sold to outsourced providers, as a lump sum payment and not per patient. This contract arrangement is beneficial to the NHS Trust as it means paying an agreed amount for the year which allows them to manage the budget better, however this has a consequence for those outsourced staff.

Conference notes outsourced companies are more interested in the profit margin and the shareholder dividends they can pay, rather than ensuring their staff are fairly paid. Many staff who are outsourced and employed by a third-party company receive much less than Agenda for Change rates of pay, to help achieve a profit and to return dividends to company shareholders. Many staff initially TUPEd over to the new provider find that after a period they lose their Agenda for Change pay scales and terms and conditions and/or possibly end up with a two-tier workforce.

Conference calls on the Service Group Executive to:

1. develop a coordinated campaign across the NHS to prevent further outsourcing of services such as MIU whilst also working to bring back in house existing outsourced services;
2. Work with other unions and labour link to develop stronger TUPE regulations to prevent two tier workforces developing.

### ***Bucks Healthcare and Community***

#### **42. 'Insourcing' but not as we know it**

Conference believes that when trade unions hear the word 'insourcing', we traditionally assume this means outsourced services being brought into the NHS or wider public sector. However, Conference notes that in today's NHS increasingly the term is taking on a different meaning, at least in the eyes of some of those running the system. This version of 'insourcing' involves a private operator being brought in to provide work on NHS premises, as a way of seeking to get extra patients treated. Conference notes that versions of this approach have already come to light in England, Cymru/Wales and Northern Ireland.

Conference understands the desire on behalf of the NHS to bring down waiting lists and to ensure that patients receive the most timely care possible. However, Conference remains resolutely of the opinion that ever-escalating waiting lists are not the fault of the NHS itself, but of years of government underfunding. Conference notes that the 2010s were the most austere decade in the 75-year history of the NHS.

Furthermore, Conference notes that so far very little is known about the companies involved in running these "insourcing" operations or their employment models. Despite often using or sharing resources for NHS staff, such as accommodation and staff spaces, governance structures and beneficial interests of these operations are often blurred at best. Conference is concerned to make sure that staff pay, terms and conditions are not adversely affected by the use of any such models – as well as protecting the quality and safety of patient care.

Conference therefore calls on the Health Service Group Executive to:

1. reiterate UNISON's opposition to the inappropriate use of the private sector in delivering services to NHS patients;
2. establish how widespread "insourcing" is across the UK, by seeking information from the union's English regions and UNISON Scotland, Cymru/Wales and Northern Ireland;
3. work with research organisations, such as the NHS Support Federation, to examine the companies involved; and
4. investigate the potential impact on staff pay, terms and conditions of this model and any wider implications for the Agenda for Change pay system.

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

### **43. Mega-trusts and their impact on staff: Bigger trusts aren't always better**

In 2004 foundation trusts were introduced into the NHS. They remain part of the NHS and are generally larger trusts. When they were introduced, they came with more freedoms in how the hospitals were run and how they meet the demands on them. Over the past twenty years NHS trusts have been merging into mega-trusts, so that NHS trusts can gain foundation status and more often than not, failing trusts can be rescued from financial difficulties.

In Eastern Region where NHS trusts are falling into financial difficulties, there has been an increase in a move to trust mergers which creates a 'mega-trust'. We have seen it most recently in our region when on 1 April 2020 Mid and South Essex Foundation Trust was created from three existing NHS trusts.

Not only can these mergers be difficult for the staff working at the trust, but they can also usher in long periods of change management. Many new mega-trusts try to consolidate NHS functions and departments such as rationalising NHS services, IT, HR, clinical administration, payroll, etc, which all mean more change and job losses for our members.

It's all very well that NHS England keeps pursuing these hospital mergers as an attempt to try and save some money, but after fourteen long years of Tory cuts, has anyone ever looked to see whether a bigger trust means a better trust and what the impact is on staff of these mega-trusts? It's UNISON members that are on the frontline of cuts and restructures whenever one of these mergers take place. It is time for UNISON to review the role mega-trusts play in the NHS and look at whether they perform better or worse than other smaller trusts. If these mega-trusts are having a detrimental impact on staff then UNISON must make the argument against creating more of them if the overall performance of the trust decreases.

Conference calls on the Health Service Group Executive to:

1. Commission a report that looks at the role of mega trusts across the UK and the impact they have on staff. The report should:
  - a. compare data to see if mega-trusts perform worst than trusts that haven't merged
  - b. include a league table of performance;
2. compare and contrast some of the key data we have from existing mega-trusts across the UK and look to see if they have lower staff morale (indicated from the NHS staff survey), greater levels of sickness absence, lower levels of staff retention rates, increase in the number of grievances and disciplinaries (employment issues), worse workforce and race equality standard data and look at training and development scores from the NHS staff survey;
3. review mega-trust finances and see if the creation of mega-trusts are causing more serious financial issues that are likely to have an impact on staff

Conference further calls on the Service Group Executive to:

4. use the report to create organising tools (leaflets, factsheets, bargaining guide) to help support branches that may be going through a merger or a proposed merger to make the case against it;

5. continue to use the 'One Team' campaign to help promote the important NHS roles that are the backbone of the NHS and often the first roles to be consolidated when hospitals merge.

***Eastern Region***

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## **Artificial Intelligence**

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### **44. Preparing for Artificial Intelligence**

This conference recognises that Artificial intelligence (AI) is a rapidly developing technology that has the potential to transform healthcare and improve the quality and efficiency of health care delivery.

AI can also create new jobs and roles in the healthcare sector, such as data scientists, AI engineers, and AI trainers. AI can also enhance the skills and capabilities of existing healthcare professionals, by providing them with new tools and insights to improve their practice. However, AI also poses some challenges and risks for the workforce and the organisations that use it. AI will displace some (or possibly many) jobs and tasks that can be automated – initially putting admin and clerical jobs at risk but also some clinical roles.

Whilst AI may also require new skills and competencies, such as digital literacy, and data analysis as outlined above, it will also raise ethical, legal, and social issues, such as data privacy, accountability, and trust .

This conference calls upon the Service Group Executive to:

1. approach NHS England and the Department of Health to work with them on a comprehensive and coordinated approach to prepare the workforce and the organisations for the adoption and implementation of AI in healthcare. This approach should involve education, training, regulation, governance, and evaluation .
2. involve and engage all stakeholders, including healthcare practitioners, patients, policymakers, and researchers, in the development of a policy for use and deployment of AI in healthcare. This should ensure that AI is aligned with the values, needs, and preferences of the workforce and users.
3. prepare a briefing for branches on the effects of AI for Health workers and a guide on negotiation with employers on this issue.

***Yorkshire – Humberside Region***

## **Amendment 44.1**

Amend action point 1 to read:

'1. work through the NHS Social Partnership Forum and devolved partnership structures on a comprehensive and coordinated approach to prepare the workforce and the organisations for the adoption and implementation of AI in healthcare. This approach should involve education, training, regulation, governance, and evaluation.'

Amend action point 2 to read:

'2. push for governments to involve and engage all stakeholders, including healthcare practitioners, patients, policymakers, and researchers, in the development of a policy for use and deployment of AI in healthcare. This should ensure that AI is aligned with the values, needs, and preferences of the workforce and users.'

***Health Service Group Executive***

## **45. Artificial Intelligence – a gift or a curse**

Conference, Artificial Intelligence (AI) is transforming the way we live our lives and inevitably will have significant consequences within our working lives too.

Conference, we recognise the value of AI and as recently highlighted in the NHS Workforce Plan. We are concerned that the further development of AI could erode jobs of our members particularly administrative jobs with the introduction of new technology in the workplace which is thought would improve work for staff and make it fairer, safer, faster, less monotonous, more productive. However, it is essential to recognise that new technology in the workplace will also put jobs at risk, reducing work and potentially making posts redundant.

Conference, we know that the introduction of new technology at work is often made without a clear and reasoned justification provided by the employer. Sometimes the justification given is disproportionate to any need. And too often new technology is introduced in the workplace by employers outside of any collective bargaining process.

As a trade union we must be prepared to respond to these risks appropriately and ensure that in areas where AI technology is adopted, this is not to the detriment of UNISON members.

We ask the Health conference to:

- i) Work with the Health Service Groups to build a body of evidence showing how AI technology is being used in workplaces currently and use the results to create a campaign to highlight the impacts in Health.
- ii) To update resources and bargaining guides for branches to best equip them for the ever changing environment of AI technology in the workplace.

***Northern Region***



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## Single subject issues

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### 46. Safe Staffing

Conference notes the passing of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA), which will come into force in April 2024, as the first piece of legislation in the UK to set out requirements for safe staffing across both health and care services.

Conference recognises that the legislation places a number of duties on Health and care providers and Ministers. Furthermore, that the aims of the legislation are meant to promote transparency in staffing and support an open and honest culture, where staff are engaged in relevant processes, informed about decisions relating to staffing requirements and feel safe to raise any concerns. However, there are no real sanctions for organisations who fail to meet their requirements under the Act.

Conference further recognises that our members, across the regions and Nations of our union, continue to experience the detrimental impact of understaffing in the health settings in which they work on a daily basis and the negative impact this can have upon patient care.

Conference is aware that many members feel that they don't have time to properly report the effects of chronic under-staffing across the NHS and other healthcare settings and the impact it is having on both patients and staff, and that current reporting systems are not working effectively. Despite raising these concerns for a significant number of years, our members continue to be massively impacted by safe staffing issues and expected to work in conditions which are dangerous for both patients and staff. Furthermore, that particularly post COVID, an increasing view of members is that concerns, when reported, are ignored, or not acted upon.

UNISON members of all grades continue to report that they are feeling burned out and frustrated over issues such as short staffing and the ever-increasing demands placed on them. UNISON members feel that they are simply expected to essentially 'suck up' the extra pressure with little or no support or focus on the welfare of staff.

Conference recognizes the critical importance of safe staffing levels in all healthcare settings and calls upon the Health Service Group Executive to:

1. Call on all healthcare employers and institutions to prioritise and maintain safe staffing levels that allow for the delivery of safe, effective, and compassionate care to patients.
2. Increase campaigning efforts calling on all healthcare providers to consider the potential risks and consequences of inadequate staffing on patient outcomes and staff burnout, and to take necessary actions to address these issues and ensure effective reporting systems and culture.
3. Commit to actively engage with Government across UK, healthcare employers, regulatory bodies, and policymakers to advocate for effective regulations and policies that mandate and enforce safe staffing levels in all healthcare providers.
4. Provide support, resources, and training to UNISON Healthcare Branches and representatives to enable them to effectively organise around safe staffing issues and to empower our representatives in advocating for safe staffing levels at a local level and to address situations where staffing levels may compromise patient care and safety.

## **47. Keeping our people at the centre of People Policy Development**

Conference notes the aim of NHS England to develop a suite of 'simplified national people policies' as set out in the NHS 'Future of NHS human resources and organisational development' report 2021.

In addition to this national initiative, some Integrated Care Systems have begun developing their own 'model' policy frameworks. In Lancashire and South Cumbria, a project called 'One LSC' is attempting to establish a single set of employment relations policies for the ICS area, which providers are to be subsequently expected to adopt at local level. Whilst establishing good practice across England, and in specific ICS areas, is helpful, it is vital that such initiatives do not undermine local recognition agreements and collective bargaining agreements in individual employers.

In the NHS, negotiating and bargaining over employment relations policies takes place at an England-wide level through the NHS Staff Council, or locally between recognised trades unions and employers. There are no formal mechanisms in place to agree employment relations policies at system or regional level in England.

In the devolved administrations, some progress has been made on administration wide policies. These have taken place through agreed and formalised structures which allow for representation and participation of UNISON branches and their representatives.

Specific circumstances and cultures in individual employers means that a 'blanket' approach to employment relations policies across different organisations is often not appropriate. Policies are improved through constructive discussions at organisational level. Any attempt to impose policies on our members without proper consultation is an attack on their terms and conditions and should be resisted.

Whilst recognising the benefits of establishing best practice and providing 'template-like' tools for the development of employment relations policies where helpful, conference agrees the following principles upon which we should engage with any such proposals as a union:

1. Any policy frameworks introduced at England-wide, or England regional level must be subject to further discussion, development and agreement at local level, with full consultation in each employer between management and trade unions. Local employment relations machinery and collective bargaining must not be circumvented.
2. Any development of England wide regional or national policy frameworks or tools should involve consultation with recognised trades unions. In the case of ICS-level frameworks, trade union stakeholders from branches who may be within scope of the frameworks or tools should have the opportunity to be involved in their development, with facility time provided to ensure they can do this effectively.
3. Any policy framework introduced at England wide national or regional level should be optional for employers and staff sides to introduce locally, and ICS's should have no ability to 'mandate' individual NHS employers to follow them.

4. All such policy frameworks or tools should seek to 'level up' to best practice, not undermine our members' terms and conditions. All UNISON branches should negotiate on this basis.

### ***North West Region***

#### **48. Democracy, devolution and inclusion – updating our Health Service Group Executive's ways of working**

Conference notes the HSGE's consultation with regional health committees (RHCs) during the autumn of 2023 which looked at issues of democratic legitimacy within the Executive's ways-of-working. Focusing on HSGE decision-making around pay and bargaining policy, the consultation considered the impact of UK devolution and the balance of time devoted to those members directly covered by the Agenda for Change (AfC) agreement versus those outside it.

Conference welcomes the constructive engagement of RHCs with these complex issues and endorses the need for the HSGE to regularly consider and review how it conducts itself in an ever-changing political and industrial environment.

Conference notes the need to balance concerns about how HSGE reps participate in decision-making on matters that affect different groups of members, with the need to maintain the unity and collective responsibility of all HSGE members for all the members who belong to our service group.

Conference also notes that the outcome of the general election could have implications for how UK devolution issues and the make-up of the wider healthcare workforce develop in the next period. Therefore, caution about investing time and resources in making major internal structural changes to how the service group operates is appropriate at this stage.

Conference calls on the Health SGE to:

1. Reaffirm the 'Devolved NHS pay determination policy' adopted by Health Conference in 2016 which recognised that our pay policy can be set at a UK-wide or devolved government level only and that where devolved health committees set pay policy for their jurisdiction they will do so within a UK-wide set of core UNISON common principles.
2. Update the HSGE's Handbook with effect from the HSGE term of office starting in summer 2024 to include:
  - a) provisions covering the principle that voluntary abstentions by relevant HSGE reps are appropriate on bargaining and pay policy decisions that have no effect in the part of the UK for which they have a mandate
  - b) an expectation that the HSGE's AfC sub-group will use links with England RHCs to seek any additional input needed when formulating recommendations to the HSGE on decisions exclusively affecting members in England
  - c) guidance on the planning of meeting agendas and the structuring of reports to support due consideration of priorities for the non-AfC workforce

d) intention to seek regular updates on the pay and bargaining work programmes of the Private Contractor Forum and other structures within the union relevant to non-AfC members in the health service group.

3. Produce guidance for use in the induction of new HSGE reps on the types of bargaining and pay policy decisions the HSGE is likely to deal with, covering how decisions can have direct, indirect or no effect in devolved contexts.

4. Use the Handbook changes and guidance to inform branches about how the HSGE takes account of devolution in its decision-making on AfC pay and bargaining issues.

***Health Service Group Executive***

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### **Amendment ruled Out of Order**

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**The following amendment was ruled out of order because it is not sufficiently clear:**

**Amendment to motion 36: Supporting the Newly Qualified Paramedic workforce**  
*(Submitted by East of England Ambulance Unison)*

Our branch fully supports this motion, but we believe that it should be amended to include all ambulance apprentices, regardless of chosen clinical pathway.

Engagement with our members has confirmed that ambulance apprentices, like NQP's, are not fully integrated into the ambulance workplace. They do not receive consistent support, mentoring or time within their apprenticeships to complete portfolio assignments, practice their newly acquired skills or develop a confident practice, before they are assigned to work unsupervised, with other apprentices or similarly non-registered clinicians.

Ambulance apprentices have complained, far too often, that they are placed in situations where they do not feel capable, competent or confident to deal with patients without calling for back-up; requests that often go unheeded. Ambulance apprentices have voiced their concerns that they have been thrown into the frontline, before they are clinically or mentally ready, simply to ensure that the right number of crews are out on the road, regardless of their skill mixes or capabilities.

A number of our apprentices have suffered from mental health issues as a result of insufficient mentoring and support, out on the road, working alongside other un-registered clinicians.

Our branch believes that all ambulance apprentices and NQP's should be fully supported throughout their training and on-road exposures, until they become qualified in their respective clinical pathways.

ends