

UNISON Health Conference Guide 2025

One Team for patient care



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Checklist

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

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

Motions for debate	Motion no.
Agenda for Change, pay, terms and conditions	1 - 16
Organising and recruitment	17 - 23
Equalities issues	24 - 28
Health, safety, and wellbeing	29 - 36
Professional and occupational issues	37 - 42
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Welcome to UNISON's annual health care conference 2025

Dear Member

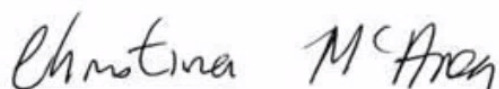
I wish you a warm welcome to UNISON's 2024 Annual Health Care Conference, especially if you are attending for the first time.

The theme for this year's conference is ***One Team for Patient Care***, a slogan which describes how UNISON values all of our members and celebrates the important contribution that everyone makes to patient care.

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

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

Best wishes.

A handwritten signature in black ink that reads "Christina McAnea". The script is cursive and fluid, with the first name and surname clearly legible.

Christina McAnea
UNISON General Secretary

Preliminary Timetable

Sunday, 6 April

5.00 – 5.45

Briefing for new delegates

Hall 2A

Monday, 7 April

9.30 – 12.30 morning session

Hall 2A

Opening of Conference

Chair's opening address

Standing Orders Committee first report

Address by Tanya Pretswell, Chair of Service Group Executive

Address by Steve North, UNISON President

SGE Annual Report 2024/25

Motions for debate

Motions

Organising and recruitment

17 – 23

Health, safety and wellbeing

29 – 36

12.30 – 2.00 Lunch Break

12.35 – 1.00 Meeting for Disabled members

Hall 2A

1.05 – 1.30 Meeting for Black members

Room 3A

2.00 – 5.00 afternoon session

Hall 2A

Motions for debate

Motions

Greening the NHS

49

Equalities issues

24 - 28

5.15 – 6.15 evening fringe events

Operational Services Occupational Group - Analogue
to Digital: implications for the workforce

Room 3B

Ambulance Occupational Group - Diversifying the

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ambulance workforce	Room 12
Meeting for LGBT+ members	Room 4
Healthcare professional regulation	Room 3A

Tuesday, 8 April

9.30 – 12.30 morning session **Hall 2A**

Motions for debate **Motions**

Agenda for Change pay, terms and conditions 1 – 16

11.15 – 12.30 Focus Groups **Venue**

Four sessions to run concurrently:

- | | |
|--|---------|
| • In-house vs outsourced services – fighting for a public NHS | Room 3B |
| • Only Enough is Enough – UNISON's campaign for safe staffing levels | Room 4 |
| • Preventing and reducing violence against NHS staff | Room 3A |
| • What next for Job Evaluation? | Room 12 |

Please note that Focus Groups are a core part of conference business. If you are a delegate, please make sure you attend one of the sessions. Visitors are also encouraged to attend.

12.30 – 2.00 Lunch Break

12.35 – 1.25	NHS Blood and Transplant Forum	Room 3B
12.35 – 1.25	Employment Rights Bill – a better life at work	Room 3A

2.00 – 5.00 afternoon session **Hall 2A**

Motions for debate: **Motions**

Agenda for Change pay, terms and conditions (continued) 1 – 16

5.15 – 6.15 evening fringe events

Venue

Science, Therapy, and Technical members, and
Occupational Therapists – CDP, why does it matter?
Nursing and Midwifery
Managers in Partnership

Room 3A
Room 3B
Room 4

Wednesday, 9 April

9.30 – 12.30 morning session

Hall 2A

International Workers Memorial Day commemoration

Motions for debate:

Motions

Professional and occupational issues
Defending the NHS and campaigning against privatisation

37 - 42
43 - 48

Guest speakers:

Please note that details of guest speakers are to be confirmed
and will be included in the Standing Orders Committee's First Report
to conference.

1.00pm Close of conference

Focus and Fringe programme – Monday, 7 April

LUNCH TIME FRINGE Monday 7 April 2025	Location
Meeting for Disabled members: 12.35 – 1pm This is for all disabled members and visitors. It provides a meeting point, an opportunity to share information on agenda items, discuss strategy, support members, and build our disabled members organisation.	Hall 2A
Meeting for Black members: 1.05 – 1.30pm All delegates and visitors who identify as Black are welcome to attend this meeting. There will be an opportunity to network and discuss issues on the conference agenda which are of interest to Black UNISON members. This is an informal meeting to help facilitate conversations between members around identifying issues of mutual interest they wish to discuss in a confidential environment.	Room 3A

EVENING FRINGE Monday 7 April 2025: 5.15 – 6.15pm	Location
Operational Services Occupational Group Analogue to Digital – implications for the workforce Join the Operational Services group to examine the impact on the workforce of the Labour governments ambition for the NHS to make best use of technology to improve services and patient experiences. We will explore how this investment will impact the workforce, how we ensure that jobs are protected, and NHS staff are given meaningful opportunities to re-skill.	Room 3B
Ambulance Occupational Group Diversifying the ambulance workforce Come and hear our guest speaker from the Association of Ambulance Chief Executives (AACE) about what ambulance trusts are doing to improve equality and diversity within the sector and what UNISON can do to help. This is a great opportunity to meet with your national Ambulance Occupational Group reps and colleagues from across the UK.	Room 12

Meeting for LGBT+ members If you're LGBT+, come along to the LGBT+ caucus meeting to discuss our priorities for conference business, our key campaigns for the year and how you can get more involved in your self-organised group. NB This meeting is only for those that identify as LGBT+.	Room 4
Everything you need to know about healthcare professional regulation Think you know everything about healthcare regulation? Then come and test your knowledge. UNISON's Professional Services Unit will be providing an overview of the state of healthcare regulation, and key challenges facing our members and branches. The session will also give an overview of how we currently manage cases, and key steps to successfully representing members, which could also benefit local disciplinary processes.	Room 3A

Focus and Fringe programme – Tuesday, 8 April

FOCUS GROUPS Tuesday 8 April 2025: 11.15am – 12.30pm	Location
In-house vs outsourced services - fighting for a public NHS The new Labour government has come into power and has committed to bringing about the biggest wave of insourcing for a generation. UNISON branches have been actively engaged in campaigns against outsourcing. This focus group will look at how we campaign against outsourcing and privatisation, whilst making a strong case to bring services back in-house.	Room 3B
Only Enough is Enough – the UNISON campaign for safe staffing levels in nursing and midwifery NHS staff can no longer tolerate working with unsafe staffing levels. So, UNISON members are taking action with our branch-led campaign <i>Only Enough is Enough</i> which aims to give our nursing and midwifery members the power to challenge unsafe staffing levels. In 2024, branches across England, Cymru/Wales and Northern Ireland region organised in hospitals, running local shift surveys to identify unsafe staffing levels and collecting data that can't be ignored. Join this session to hear insights into the year 2 results, the implications for safe staffing and the next steps for the campaign. National officers and	Room 4

branch leads will discuss the learning from our data, update members on the policy and legislative picture on safe staffing across the UK and engage with participants on how to continue building our campaign moving forward.	
Preventing and reducing violence and aggression against NHS staff Each year hundreds of thousands of NHS staff will be impacted by violence whether personally assaulted or witness to attacks. More action is needed to prevent and reduce violence and aggression against NHS staff. This focus group will explore the impact of violence, what action we expect of employers and why we want the government to go further. Find out how branches can approach this issue, what is in our toolbox and how to campaign to make workplaces safer.	Room 3A
What next for NHS Job Evaluation? Job Evaluation in the NHS is at a critical juncture. Our Pay Fair for Patient Care campaign has revealed that some employers have inadequate knowledge of the scheme and its purpose. In this focus group we will hear from health care assistants who have been winning their campaigns for re-banding and back pay. We will also hear from UNISON activists who are organising to ensure that changes in their roles are reflected in their pay, including phlebotomists and nursing staff. We will consider the recommendations made as part of the non-pay elements of the 2023/2024 pay deal around JE and the work being done in NI, Scotland, and Wales to maintain the scheme. We will consider how UNISON branches can improve their own JE capacity and hold their employer to account on poor JE practice. Finally, we will launch our new campaign resources for nursing staff as we prepare for the new profile suite to be published.	Room 12
LUNCH TIME FRINGE Tuesday 8 April 2024: 12.35 – 1.25pm	
NHS Blood and Transplant Forum UNISON is the strongest and largest Trade Union in NHS Blood and Transplant covering all the devolved nations. UNISON's NHS BT forum is leading the way to ensure our members maintain the best working	Room 3B

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<p>conditions with work life balance, leading on Job Evaluation, Health and Safety and partnership working, speaking as one UNISON voice.</p> <p>You are invited to join the UNISON NHS BT forum fringe meeting 2025 to discuss the work programme of the forum, current issues being faced by stewards with the employer and supporting and leading Blood and Transplant branches to build and organise membership. This forum is for Blood and Transplant branches primarily, but all are welcome.</p>	
<p>Employment Rights Bill - A better life at work</p> <p>Heard about the Employment Rights Bill? Know how it will give you a better life at work? With Christina McAnea, General Secretary joining us, come along and find out why it's such a game-changer for all members, why it's so important to you and UNISON, and the next steps for us.</p>	Room 3A

<p>EVENING FRINGE Tuesday 8 April 2025: 5.15 – 6.15pm</p>	
<p>Science, Therapy, and Technical members, and Occupational Therapists Continuing professional development – what is it and why does it matter?</p> <p>Come along to our fringe meeting to find out more about CPD. Our guest speaker from the Health and Care Professions Council (HCPC) will talk about the importance of CPD, what counts as CPD, what you can do to keep up to date and how you can overcome some of the obstacles you may face.</p> <p>This session is also a chance for you to meet your national representatives on the Science, Therapy and Technical (STAT) occupational group and the national OT panel, who represent your voice within UNISON nationally. Join us for a glass of wine, beer, or juice!</p>	Room 3A
<p>Nursing and Midwifery</p> <p>Join this informal networking event (drinks and nibbles provided!) to meet members of our nursing and midwifery sector, find out more about our campaigns, discuss key issues affecting nursing and midwifery members, and network with colleagues.</p>	Room 3B

<p>Managers in Partnership: Side by side - branches and MiP reps working together</p> <p>Want to know more about how your branch can work with MiP, UNISON's national branch for senior managers? Then this is the fringe for you.</p> <p>Our panel of branch officers and MiP reps will discuss how they work together and why organising everyone, including the chief executive, in the union is worth it. There'll be plenty of opportunities to share your thoughts and ask any questions about how the national branch works. Drinks and nibbles will be provided.</p>	<p>Room 4</p>
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Campaign Zone Schedule 2025

Come along to the campaign zone, engage with the fun activities and sessions taking place in the conference exhibition area, and find out about UNISON health group's key campaigns. Sessions will run throughout the conference period. This is your opportunity to engage with experts leading on these campaigns and to take part in a range of campaigning activities and surgeries that are interesting, informative, and fun!

As well as the timetabled events (see below), you can also stop by at any time to speak to the UNISON health group staff to access information and advice on issues affecting healthcare staff.

Monday 7 April (9am – 5pm)

Activity session morning:

Organising for equality in health

Visit the equality stall to find out more about how to get your employer signed up to the Disability Employment Charter in 2025, as well as our ongoing health-specific work on the Workplace Disability Equality Standard. We'll also have negotiating guides, information sheets and campaign guides covering all our self-organised groups. Come and talk to us about how you are organising and participating in self-organisation in your own branch or find out how to get started!

Let's Talk About Flex

Flexible working can help tackle burnout in the NHS, improve staff wellbeing, boost recruitment and retention, and offer better patient care. Despite changes introduced in September 2021 to enhance rights for flexible working, and the NHS Long Term Workforce Plan recognising the critical role of flexible working, there are gaps in staff and managers' awareness of rights and policy, areas of poor practice, and lingering barriers and misconceptions.

The joint union 'Let's Talk About Flex' campaign aims to increase awareness of flexible working rights and benefits and to encourage positive action by staff and employers. Come and find out more!

Understanding Fitness to Practise Referrals

Come and meet Gail Adams and Joanne Agbitor from UNISON's professional services unit (PSU) and play our game! Do you know everything you need to know about fitness to practice? We can help you to improve your knowledge and confidence in how to support members and understand what the professional services unit can do to help. This session will help you to think about how fitness to practice work can feed into local investigations and disciplinary hearings. We will also run a surgery to support you on local matters – come and meet us and book a session from Monday to Wednesday lunch time.

Surgery session afternoon:

‘Make it count’ – for overseas nurses and midwives

Despite having years of prior clinical experience, many nurses and midwives recruited from overseas start at the bottom of Band 5 when recruited into the NHS. Health branches are now organising overseas nurses and midwives to challenge employers and get the pay and recognition they deserve. Drop in to speak with officers from the Health Team about this issue and to find out how your branch can get organised to ‘Make it Count.’

Activity session afternoon:

Let’s make NHS bank work better

Across the NHS, hundreds of thousands of NHS staff are employed on zero-hours bank contracts. Their contracts offer flexibility of working at the expense of job security, with terms and conditions that are worse than those of the permanent NHS staff they work alongside. Come along to our session to find out more about our Better NHS Bank Charter and how you can introduce it at your workplace to improve the working lives of your members working on the NHS Bank.

Tuesday 8 April (9am – 5pm)

Activity session morning:

Greener NHS workforces:

The Climate Emergency – Why the Green UNISON campaign matters

Come and hear why the climate emergency is a key issue for UNISON, what we are doing about it, and how your branch can get more involved, ahead of the Year of Green Activism in 2026. We encourage you to participate in taking our branch pledge and to be entered in a prize draw of Green UNISON goodies!

Get banding right

Following the huge successes of our Pay Fair for Patient Care campaign, we are expanding our re-banding campaigns to other occupational groups including nurses and phlebotomists. Come along to find out how to run a successful re-banding campaign in your branch using an ‘organising to win’ approach, take a look at our campaign resources and find out more about the support available.

Surgery session afternoon:

Job Evaluation surgery

Come to the campaign zone if you have any questions or need advice about building Job Evaluation (JE) capacity. Has implementation of the scheme slipped down the agenda locally due to capacity issues? Is your employer cutting corners in the implementation of the scheme? Is JE outsourced and you want to campaign to bring

it back in house? Are you running a local JE re-banding campaign and need some advice? Come and speak to Louse Chinnery, UNISON lead officer on JE to find out more.

Put Pay Right for Us 2 Campaign

Come and speak to Sharan Bandesha from the national Health Team and Kelly Hannah-Rogers from the Private Contractors Unit about the Put Pay Right for Us 2 campaign which is aimed at getting pay parity for contractor members in health. Contractor members are an integral part of the NHS, and without them the NHS couldn't function! We are here to provide you with intel, support, and guidance to help you run successful pay campaigns for contractor members in your branches.

NHS Pensions – what UNISON reps need to know!

Understanding how pensions work and how they are important for a comfortable retirement should be something we think about throughout our careers. Pensions can seem confusing, and our reps have a particular role in helping members navigate pensions. So, how can we do this and what information do you need to help members? Join Peter Urwin from UNISON's Pension Unit and Alan Lofthouse from the Health Team, to talk you through all things pension-related and help to demystify it for you. Oh, and play a game or two!

Wednesday 9 April (9am – 12pm):

Health and safety matters – come along for a chat!

Are you interested in becoming a health and safety rep, do you want to find out about UNISON's Health and Safety campaigns? Are you interested in getting involved in your regional H&S groups, committees and forums?

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

ACC Liverpool: 7 - 9 April 2025

Motions and amendments

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

1. NHS Pay

Conference notes the outcomes of the 2024/25 NHS pay round and the Union's work so far on the 2025/26 pay round. Across the whole union, strong member consultation activity has been delivered by both digital and workplace organising and has set the union's next steps in each UK jurisdiction.

Conference further notes the strong support from members for our broad "Put NHS Pay Right" campaign goals. There is now rightly an expectation among members that the new government in Westminster should recognise that rebuilding a broken NHS requires good pay and working conditions to attract and retain a stable, skilled and expanding workforce.

The service group's report Our Pay Our Say report contained a ten-point plan for 'plotting a course to collective bargaining on NHS pay rises'. The plan was endorsed by Conference in 2023 and included work to build allies and influence policy-makers in support of a move away from the discredited Pay Review Body system.

Conference notes that the manifesto and policy positions of the new Westminster government include a commitment to the economic and social value of collective bargaining. That means we need to push for longer-term government commitments to negotiations which can restore value lost from the AfC framework and address the many structural problems in it. The above inflation pay rise for 2024/25 must be the beginning of an ongoing pay recovery plan, not a one-off – and pay and conditions must be seen as a strategic lever in the plan to rebuild the NHS.

Conference calls on the HSGE to:

1. Seek to build on the mandate for Staff Council structural negotiations initiated by the 2024/25 PRB recommendations to further our push for full collective bargaining – ensuring that we keep members engaged and evaluate the impact of the process and eventual outcomes.
2. Step up our engagement with governments, employers and other unions – both through staff side and through the TUC – on the need to embed and strengthen full collective bargaining on pay in the NHS across the UK.
3. Use the Make Work Pay agenda to campaign to extend the coverage of AfC to workers delivering health services through bank, contractor and general practices as a step towards insourcing wherever possible and appropriate.

4. Continue to develop our member engagement and ballot to win strategy within the new industrial relations context.

Health Service Group Executive

Amendment 1.1

After action point 2 add new action point 3: 'Ensure that discussions and negotiations with governments, employers and other unions include clear reference to value lost from the AfC framework, such as restoration of true pay value for staff when off sick and allowances such as mileage and subsistence allowances, some of which have not been reviewed since the implementation of Agenda for Change.' Renumber current action point 3 to 4 and onwards.

Christie Cancer UNISON Health

2. Pay bargaining

Conference welcomes the strategy on pay bargaining developed by the Service Group Executive. Engagement with the Pay Review Body has never yielded strong outcomes and decent pay uplifts for our members in Northern Ireland.

Conference notes that UNISON members in Northern Ireland have learned to their detriment that PRB recommendations have not come with guaranteed ring fence funding and are always reliant on the limitations of the NI Executive budget. Northern Ireland has been underfunded by the UK treasury and successive governments for years. It was only in Spring 2024 that the fiscal floor for NI was lifted.

Northern Ireland still has the lowest funding level within the devolved UK administrations.

Conference agrees that it is only through a reinstatement of direct centralised collective bargaining which will deliver ring fenced funding, that UNISON NI can achieve the best results in pay bargaining for our members.

Conference calls on the Health Service Group Executive to steadfastly advocate for and pursue collectively bargained pay outcomes for all our members.

UNISON Northern Ireland

3. We deserve it - review the NHS PRB process

This conference notes that the NHS Pay Review Body (PRB) is an independent body responsible for providing advice to the government on the pay of NHS staff. The PRB evaluates a wide range of evidence, including economic data and submissions from the government, trade unions, and NHS employers, to ensure fair and sustainable pay rates for NHS employees. While the PRB process is intended to be thorough and impartial, recent experiences have highlighted concerns regarding the timeliness and effectiveness of its recommendations.

Many NHS workers feel that the current process does not adequately address the urgency of pay adjustments, particularly in the context of ongoing recruitment and retention challenges within the health service. This conference believes that while the PRB's role and intentions are fundamentally sound, the way the process is conducted requires urgent review and reform to ensure it meets the needs of NHS staff effectively and promptly. Furthermore, it is essential that NHS workers are paid their worth to recognise their invaluable contributions to public health and patient care.

We call on the UNISON Health Service Group Executive to:

1. Lobby the government to review and update the PRB process to ensure it is fit for purpose and responsive to the current needs of NHS workers.
2. Advocate for the PRB to be held accountable to stricter timeframes, ensuring that pay recommendations are delivered and implemented in a timely manner.
3. Ensure that the review process includes input from frontline NHS staff and their representatives to reflect the true needs and challenges faced by the workforce.
4. Campaign for greater transparency and communication throughout the PRB process, so NHS staff are kept informed about the progress and outcomes of pay reviews.
5. Highlight the damaging impact of pay review delays on staff morale, which can negatively affect their well-being and job satisfaction on a yearly basis.
6. Emphasise the importance of ensuring that NHS workers are paid their worth, reflecting their critical role in maintaining the health and well-being of the nation.

By taking these steps, we aim to improve the effectiveness and fairness of the PRB process, ensuring that NHS staff are adequately rewarded for their crucial work and dedication.

CWM Taf Morgannwg Health

4. Make work pay for members

Conferences recognises and applauds the low pay commission on their recommendations for the National Minimum Wage and the National Living Wage in 2024/25. Conference notes the definition of low pay within UNISON stands at any pay below £12.70 an hour.

Conference acknowledges that low paid workers across the NHS in England and the devolved nations have had limited progression opportunities due to lack of investment, training and support from employers. And following the pay deal of 23/24 there is now an expectation among members that the new government in Westminster should recognise that rebuilding a broken NHS requires good pay and working conditions to attract and retain a stable, skilled and expanding workforce. Across the whole union, strong member consultation activity has been delivered by both digital and workplace organising and has set the union's next steps in each UK jurisdiction. This has been emphasised by the

successes of the 'Pay Fair for Patient Care' campaign, with some members achieving circa £7000 of back pay from this action.

Conference acknowledges that wage growth across the NHS in England and the devolved nations has been suppressed for many years by delays in the pay review process and lack of action by the previous governments; conference believes these delays have failed our low paid members.

Conference recognises that in order for employers to recruit and retain staff they must invest in staff and pay above the minimum wage. These failures to provide pay which allows the retention of staff are cause for concern, and present both patient safety and health and safety risks.

Conference therefore calls on the Health Service Executive to:

1. Lobby across the NHS Staff Council to ensure any non-pay elements of future pay deals include commitments to invest in training and upskilling workers.
2. Continue to engage with governments, employers and other unions – both through staff side and through the TUC – on the need to embed and strengthen full collective bargaining on pay in the NHS across the UK.
3. Use the Make Work Pay agenda to campaign to extend the coverage of AfC to workers delivering health services through bank, contractor and general practices as a step towards insourcing wherever possible and appropriate.
4. Continue to develop our member engagement and ballot to win strategy within the new industrial relations context.
5. Lobby across the NHS Staff Council to ensure that the lowest AfC banding is above the National Minimum Wage and aligned with the National Living Wage.

We hope that these actions collectively will help retain skilled staff and make healthcare an attractive employment opportunity.

Torbay Health

5. NHS Pay and pay restoration

This conference notes that despite the recent 5.5% pay award from the Labour government, NHS pay is still thousands of pounds lower in real terms than it was prior to the Tory government coming to power in 2010. Due to the ongoing cost of living crisis, many of our members continue to really struggle to pay bills and get by. Our NHS members deserve pay restoration to what it would have been had pay risen adequately with inflation.

Pay issues (along with increasing staff stress from underfunded overstretched health services) has led to a big exodus of staff and has contributed to a huge NHS recruitment and retention crisis. Moreover, thousands of former NHS staff have moved into the often

un-unionised and for-profit private sector, which further undermines and fragments NHS services. Additionally, as these private companies are often hostile to trade unions, this makes it even more difficult to recruit new members and organise collectively for fair pay, terms and conditions.

This leaves our NHS very vulnerable and pay restoration would go a long way to easing the pressures on valuable NHS staff. Many junior doctors supported and led the pay actions, which successfully achieved pay justice of 22% over 2 years. Additionally, through their campaigning, rallies and industrial action, they:

- Raised crucial issues around the wider NHS crisis were raised in media interviews reaching a mass audience and the strikes were largely supported by the general public.
- The doctor's union greatly increased their membership and number of union activists.
- The power of collective union action was demonstrated.

Our sisters and brothers in the RCN voted against the recent 5.5% pay award and to campaign for pay restoration. If Unison doesn't campaign for pay restoration, this could again raise divisive issues about nurses going onto a separate pay band and could lead to Unison losing our members to the RCN.

This conference believes NHS staff are the backbone of our NHS and deserve to have their pay restored to real terms, pre-Tory rates. This will mean a lot to our NHS members, go a long way to recognising their value in our health service, will help attract staff back into our NHS and will help rebuild our NHS.

This conference calls on the HSGE:

1. To campaign, lobby, and make the case for NHS pay restoration.
2. To approach Unison's Labour Link and encourage them to support NHS pay restoration. Also, to use their influence in the Labour Party to lobby for NHS pay restoration.

Greater Manchester Mental Health Branch

6. NHS Pay - campaign for £15 an hour minimum wage

This conference welcomes the decision by the Service Group Executive to approach and attempt to enter into direct pay negotiations with the government, and calls on UNISON to lodge a pay claim for the 2025/6 pay uplift, directly with the Government, with the aim for the pay rise to be implemented on April 1st 2025.

UNISON should no longer accept the remit of the Pay Review Body which has consistently let NHS workers down with below inflation pay rises. Delays in the pay review body recommendations have also hampered the unions capacity to organise around a pay claim and impacted on the ballot outcomes.

We believe any future pay deals should aim to reintroduce a substantial gap between the National Minimum Wage and the single bottom pay spine of Band 2, in order to avoid the problems caused by the uplift in the minimum wage on 1st April 2024 and a repeat in 2025. This has also impacted on staff recruitment and retention.

We believe the claim must include UNISON's policy for the National Minimum Wage which is currently set at £15 an hour for Band 2 with the remaining Bands increasing by the same hourly rate increase. This would also achieve pay restoration sought in previous pay claims and submissions to the Pay review Body.

Conference therefore calls on the Service Group Executive to launch an effective campaign based on UNISON's and the TUC policy of a £15 an hour minimum wage and use this as a basis for a campaign which will mobilise members rather than vague slogans for better pay for NHS staff.

Tees Esk and Wear Valleys Health

7. UNISON's minimum wage policy and the NHS pay

Conference notes that increases in the National Minimum Wage over the last few years has resulted in the removal of Band 1 from the NHS pay structure and Band 2 becoming a single pay point.

We believe future pay deals should aim to reintroduce a substantial gap between the National Minimum Wage and Band 2.

Conference calls on the HSGE to ensure that UNISON's national policy for the National Minimum Wage, which is currently set at £15 an hour, is the bottom line for our future pay claims within the NHS.

Mid Yorkshire Health

8. Band 4 pay progression

Conference notes that UNISON has spent the past few years heavily engaged in work to improve NHS pay, led by the Health Service Group Executive under the banner of "Put NHS Pay Right", and that this has resulted in acceptable pay outcomes in 2023 and 2024. Member engagement with this process is significant and UNISON's most recent pay positions include feedback and priority setting from members, who could engage through surveys and local campaigning.

Conference also notes that, after being reformed in 2018, the NHS pay progression system is designed to recognise the development of NHS staff members skills and competencies in their role. These skills increase from the date of their first appointment up to full competency at the top of their Band. The most recent pay outcome included reform to pay progression for Bands 8-9, introducing an intermediate point.

Conference notes that, while NHS pay bands may require different lengths of service to be eligible for pay progression to the top of the band, from 2024-25 every NHS pay band other than Band 4 recognises the development of skills in the first two years. In Bands 2 and 3 staff are eligible for the top step point in 2 years, while Bands 5-9 include an intermediate point after 2 years.

Conference believes that Band 4 staff, like all other staff, grow in skill and competence in their first 2 years of work, and that they should see this reflected in pay progression as is the case with all other bands. It is unfair that Band 4 staff are required to wait an additional year to see this rewarded, and a 3 year gap for pay progression from entry is unreasonably long.

Conference believes that members and NHS staff are increasingly aware of the lack of progression in the structure of Band 4 and would recognise the unfairness of this in future surveys if asked. On top of this, campaigning for and winning recognition of the progression of Band 4 staff would be a campaigning focus, boosting recruitment and retention of our members.

Importantly, Conference believes that recognising Band 4 progression should not require an extension of the length of time to reach the top of the band and certainly not a reduction in the value of the entry or top step points.

Conference calls on the HGSE to:

1. Include in UNISON's next NHS pay position, pay claim or in negotiations pay progression after 2 years in Band 4.
2. Consider a commitment to explore or secure recognition for skills progression in Band 4 in any future pay rounds.
3. Conduct surveys or focus groups of Band 4 members to build the case for 2 year pay progression in Band 4.
4. Produce a targeted campaign and publicity material for members on NHS Band 4 highlighting UNISON's position which can be used in recruitment.

Eastern Region

9. Job evaluation - critical infrastructure modernisation

The NHS Job Evaluation scheme is now 20 years old and remains an effective way of ensuring equal pay for work of equal value. Our branches have worked hard to maintain local partnership working and UNISON has continued to argue that local and national investment in the scheme is imperative. However, local implementation and awareness has slipped, particularly in England.

UNISON Branches regularly report concerns about the failure to keep job descriptions (JDs) updated, difficulties in securing time off to attend panels and a lack of understanding of the scheme, its principles, and the importance of maintaining good practice locally.

Whilst Northern Ireland, Cymru/Wales and Scotland have maintained a level of investment in the scheme, they report similar challenges with the level of understanding of the scheme amongst senior leaders.

Conference applauds UNISON's Pay Fair for Patient Care campaign which has helped to draw attention to our concerns around job evaluation (JE).

Conference calls on the Service Group Executive to:

1. Push for full implementation of the integrated package of measures recommended by the JE workstream that arose out of the England 2023 pay deal. These include proper investment in building local capacity and ensuring that employers understand the contractual entitlement of staff to have their job reviewed if it has changed significantly.
2. Ensure that learning from JE workstreams in Northern Ireland, Scotland and Cymru/Wales are tracked and best practice shared.
3. Recommend investment in a new digital platform for the JE scheme enabling use of modern technology to track outcomes and ensure consistency.
4. Ensure that the principles of partnership working remain at the heart of the scheme and its implementation.
5. Ensure UNISON at UK and devolved levels has a crucial role in the development of the next stage for the NHS JE scheme.
6. Build on our current capacity and invest in developing training and resources for branches to use locally.

Health Service Group Executive

10. The Importance of Job Evaluation in the NHS

This conference recognises the vital role that job evaluation plays in ensuring fair and equitable pay for all employees within the NHS. Job evaluation is a fundamental tool in determining the relative worth of different roles and ensuring that employees are fairly remunerated for their work. It helps to create a transparent and consistent framework for comparing roles and establishing appropriate pay levels, which is essential in a complex and varied sector like the NHS.

The NHS Job Evaluation Scheme has been crucial in addressing historic pay inequalities and ensuring that staff are paid fairly for the skills, responsibilities, and demands of their roles. It has helped to tackle gender pay gaps and promote equal pay for work of equal

value, in line with the principles of the Agenda for Change pay framework but not without challenge.

This conference recognises that there are ongoing challenges in implementing and maintaining effective job evaluation processes within the NHS. These include issues such as workload pressures, resource constraints, and the need for ongoing training and support for our representatives involved in the evaluation process.

This conference recognises that it is vital that we work with employers to ensure that job evaluation processes in the NHS are robust, transparent, and fair. By securing and maintaining effective job evaluation processes in the NHS, we can ensure that all staff are valued, respected, and rewarded fairly for their hard work and dedication to patient care.

This conference calls on the Health Service Group Executive to:

1. Work with Regions and Branches to provide support, resources, and training to UNISON representatives to increase the number of UNISON Job Evaluation panellists and enable them to effectively organise around job evaluation.
2. Work with LAOS and UNISON College to update resources and bargaining guides to best equip branches when dealing with Job Evaluation, including an updated UNISON guide for NHS Job Evaluation, with a comprehensive checklist to guide branches of the steps to take before, during and after a job is evaluation process.
3. Encourage branches to engage with employers on job evaluation processes, including regular reviews of job descriptions and training.

Northern Region

11. Agenda for Change - Secure its future

In 2004, conference welcomed the introduction of Agenda for Change and the protection that job matching and evaluation gave to our employers against equal pay claims. This, of course, was dependent on the correct use of the processes, including the correct resourcing of those processes.

Now, 21 years later, we see our NHS Trusts risking equal pay claims because they do not provide appropriate release, for both Management and Staff Side participants, for job matching, analysis and evaluation to be undertaken, and training has been difficult to come by.

Conference notes with concern that some NHS organisations are undertaking job matching panels without the presence of Staff Side participants. This practice also risks the over-inflation of some roles and the under-valuing of others, often to the detriment of our members. Furthermore, some employers are bypassing staff sides and routinely outsourcing job matching to external agencies.

Conference believes that investment made in the early days of Agenda for Change, which created a pool of nationally trained trainers in job matching, analysis and evaluation, should now be repeated. Conference calls on the Service Group Executive to call on NHS employers to provide a new round of training to broaden the pool of trained trainers and to ensure that they are properly supported and kept up to date. This should build on the Community of Practice to future-proof the system and enable succession planning.

Conference re-confirms its total commitment to partnership working in this arena to ensure fair, balanced and accurate rewarding of staff for the duties they are expected to undertake. The process should be jointly owned by staff side and management side, and conference calls on the Service Group executive to issue guidance to branches on the roles and responsibilities in relation to Agenda for Change, and on identifying a UNISON Agenda for Change JE lead where the staff side role is not held by a UNISON representative.

North West Region

12. Role Erosion - is it happening in your workplace?

Conference understands that role erosion occurs when roles and responsibilities are gradually removed. The employer usually does this covertly, so staff are unaware of what's happening. By the time staff notice what is happening, it is often when they are being faced with redundancy or potential downbanding.

Conference believes this could be a hidden issue within our workplaces and potentially disproportionately impact older women workers. At a time when our NHS and our members are still trying to recover from fourteen years of Tory austerity and their mismanagement of the pandemic, role erosion can be used by unscrupulous employers to get rid of staff without going through a formal restructure.

Conference further understands that strong workplace organising on Agenda for Change and Job Evaluation is crucial in protecting and improving members' jobs and pay, and ensuring that issues such as potential role erosion do not occur.

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

1. Undertake a survey of branches to see whether this is an ongoing issue within health.
2. Report back to Health Conference in 2026.
3. Review guidance to branches to include role erosion.

Newcastle Hospitals Unison Branch

13. Restoring unsocial hours payments

Conference notes that the Unsocial Hours Payments covered in Section 2 of the Terms and Conditions Handbook have been subject to separate negotiations across the four nations since devolution.

In England, the agreement that led to the abolition of Band I included reductions in enhancements for staff in Bands 1 to 3.

Due to increases in the national living wage Band 2 is now a single point band. This has resulted in former Band 1 staff being protected on their previous enhancements of Time plus 47% and 94% working on the same pay point as Band 2 staff who are paid Time plus 41% and 83%. Band 3 enhancements are Time plus 35% and 69%

In Scotland and Northern Ireland enhancements remain on the original Agenda for Change rate Band 1 - Time plus 50% and Double Time, Band 2 - Time plus 44% and 88% and Band 3 - Time plus 37% and 74%

In Wales enhancements are Band 1 Time plus 50% and Double Time, Band 2 Time plus 41% and 83% and Band 3 Time plus 35% and 69%.

Conference believes that unsocial hours payments in England and Wales should be returned to the original rates in parity with Scotland and Northern Ireland.

We call on the HSGE to:

1. campaign and argue the case for equality in Terms and Conditions across the NHS
2. negotiate the restoration and equalisation of unsocial hours payments in England, Northern Ireland, Scotland and Wales to their original Agenda for Change rates.
3. Report back to the 2026 UNISON Health conference on progress made.

Mid Yorkshire Health

14. NHS bank holiday leave and sickness absence

This conference notes with concern that some NHS employers are not allowing employees to accrue bank holiday whilst off sick in their local policies.

Some NHS employers are deducting hours for sickness from rolled up annual leave for bank holidays for employees who would not normally be rostered to work on a particular bank holiday. For example, a part time worker is being deducted 7.5 hours for being sick on a bank holiday Monday even if their normal working pattern is Tuesday, Wednesday and Thursday. Conference understands that this is because some employers are incorrectly applying this clause in NHS terms and conditions to these situations. Employees will not be entitled to an additional day off if sick on a statutory holiday.

Whereas conference interprets clause 14.9 as meaning that employees who would normally work a bank holiday and have used some bank holiday leave entitlement to cover that day off, do not then get an 'additional day' off for being sick on this day. But it does not apply to workers who are not scheduled to work a bank holiday because they have not used leave to cover that day and so would not in fact be taking an 'additional day' off in still being able to take that leave on a later date.

This conference resolves that we should aim for there to be a common understanding on these issues across the NHS and so instructs the Health Group Executive to seek agreement via the NHS Staff Council to get a clarification written into the NHS terms and conditions handbook on these matters, with the objective to ensure that:

- NHS employees continue to accrue bank holiday leave whilst off sick.
- Clause 14.9 does not apply to situations where an employee's normal working pattern means that they do not work on a bank holiday and in those circumstances these employees retain the right to their pro rata bank holiday entitlement for that day in their rolled-up leave entitlement.

Salisbury Health

15. Addressing the parking challenges faced by low-paid members

This conference acknowledges the significant challenges that our members, particularly those in low-paid positions, face in securing affordable parking at their workplaces. The rising costs of parking are disproportionately impacting these members, further straining their already limited financial resources.

Recognising that access to adequate and affordable parking is essential for our members to perform their duties effectively, this conference calls on UNISON Health Service Executive to take the following actions:

1. Conduct a comprehensive survey to gather data on the parking challenges faced by our low-paid members across various workplaces.
2. Use the collected data to highlight the urgency of this issue and present it to relevant stakeholders, including employers and local authorities.
3. Advocate for employers to provide free parking facilities for low-paid employees or subsidised parking options where free parking is not feasible.
4. Collaborate with employers to explore alternative solutions, such as providing public transport subsidies, to alleviate the financial burden on low-paid members.
5. Launch a campaign to raise awareness about the impact of parking costs on low-paid workers and garner public support for this cause.

By taking these steps, UNISON can ensure that our low-paid members are not unfairly disadvantaged and can focus on their essential roles without the added stress of parking expenses.

Yorkshire - Humberside Region

16. Make work pay - delivering for the NHS

The new Labour Government's Next Steps to Make Work Pay plan sets out an ambition to achieve a once in a generation improvement to employment rights for workers. Conference applauds the years of work by UNISON with allies in the Labour Party, the TUC and the wider labour movement that led up to the new Labour government announcing within 100 days of office, the much-anticipated Employment Rights Bill.

The new bill ditches the Tories' draconian Minimum Service Levels legislation that sought to severely curtail health workers' right to strike and rolls back much of the wider anti-strike legislation that successive Tory governments inflicted on the trade union movement.

Following Royal Assent, the Act will also bring in important day one rights including sick pay, key family-related rights and protection against unfair dismissal; as well as provisions to tackle the two-tier workforce in outsourced public services and end exploitative zero-hours contracts which are rife across the NHS. Conference also welcomes the commitment to introduce an Equality (Race and Disability) Bill to extend equal pay rights and pay gap reporting requirements to cover ethnicity and disability.

Conference is clear that the Make Work Pay package will change working peoples' lives for the better, but it won't be straightforward. Conference notes that employer groups, think tanks and opposition politicians will continue their efforts to fearmonger and water down the provisions. Conference notes that the new rights will have a major impact in healthcare both for the directly employed NHS workforce but also for the wider workforce employed by contractors, subcos, GP practices, private healthcare, agencies, banks and so on.

Conference calls on the HSGE to:

1. Use our collective partnership structures across the UK to ensure implementation in the NHS is achieved positively and where the Act does not have UK wide reach, to support devolved health committees to secure equivalent protections
2. Develop a comprehensive strategy for influencing how health employers prepare for implementation of the new rights and for creating action plans on pay gaps and equal pay across disability and ethnicity as well as gender
3. Work with other parts of the union to ensure health branches are well-prepared and trained to organise around the new rights in the health context

4. Work with other parts of the union to ensure the two-tier workforce code is strong and enforceable across NHS settings, building it into how we develop our Us2 campaign for NHS private contractor members
5. Seek to achieve specific agreements which cover how guaranteed hours contracts will be implemented and how Bank contracts will be used in future in light of the Act's provisions to end exploitative zero hours contracts
6. Work through Staff Council, SPF and devolved partnership structures to push for a plan for building on the rights through contractual enhancements for NHS staff – seeking to turn rhetoric about the NHS as an ‘anchor employer’ into a reality for our members and ensuring that the NHS remains able to compete with other employers for staff
7. Use the new rights as a springboard to review and seek improvements to contractual leave and pay for parents and carers, noting for example that maternity/adoption pay provisions in Agenda for Change have not been reviewed for a long time
8. Work with other parts of the union on ensuring we grasp the opportunity of changes to the trade union laws to build our capacity for mounting effective disputes in furtherance of our bargaining goals
9. Develop a service group ‘ballot to win’ strategy for the new context, to make gains for our members in health.

Health Service Group Executive

Organising and Recruitment

17. Organising to win in the Health service group

Conference notes the grave funding and staffing crisis still facing the NHS, with recruitment freezes at many trusts despite over 100,000 jobs remaining unfilled. Conference believes that tackling this crisis and returning the NHS to a position of safe and sustainable staffing must be a top priority for a Labour government, and reaffirms UNISON's opposition to privatisation and outsourcing. Conference agrees that these policies are not sustainable solutions to the problems facing our NHS and will lead to more problems, and that what we need instead is a properly resourced public health and care system. Conference notes that UNISON has “written to health secretary Wes Streeting, calling on the government to urgently open direct negotiations with unions and employers” but that so far we have “seen no concrete progress”.

Conference notes that the 5% pay award achieved in 2023/24 in NHS England was relatively weak and welcomes the Winning for the future project which aims to build industrial strength and improve dispute performance by training branches and service group executives in ballot organisation and strategy,

Conference notes that the Organising to Win strategy, making a break from the servicing model, has seen significant successes so far, in particular organising Healthcare Assistants to achieve regrading and years of backpay in branch-level disputes from Plymouth to the Wirral (at the time of writing, a dispute in Swansea is ongoing). In addition to winning improvements for our members these campaigns serve to build strong membership-led branches in the longer term.

Conference believes that UNISON members in the Health service group must continue to develop our organisational capacity to fight:

- a. against privatisation;
- b. for jobs;
- c. for good pay;
- d. for fair conditions;
- e. and for patient care.

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

1. Continue to work with the National Executive Council (NEC), the Strategic Organising Unit (SOU), and Regional Health Committees, to further develop the implementation of the Organising to Win strategy;
2. Work with the NEC and SOU to develop training for stewards and active members in the health sector and promote this to branches;
3. Continue to engage with the Winning for the future project to build industrial strength and organisation across the Health service group;
4. Identify branches which have had successes and promote these good examples;
5. Identify branches which are struggling in terms of organisation, and work with the NEC to provide targeted support with the aim of raising their levels of engagement and activity in order to win future disputes;
6. Work where possible with the NEC, Labour Link and the Campaign Fund to continue pushing for the Labour government at Westminster and the devolved governments to work constructively with unions, to properly fund our NHS and to drop privatisation and outsourcing policies.

National Young Members' Forum

18. Building better staff sides

Conference notes that the NHS differs from other public services in both the large number of recognised trade unions and its approach to joint 'staff side' working. Staff side partnership is effectively codified in NHS employees' contracts through the Agenda for

Change terms and conditions, and local employers are compelled to work in partnership with local staff sides.

At a national level, negotiations and priority setting take place through the NHS Staff Council, where NHS unions work collaboratively as a staff side structure. Conference notes that UNISON, the largest NHS union, currently holds the Chair position of the NHS Staff Council.

Conference further notes that staff sides' work at a local Trust level has achieved significant benefits by working together with other unions in solidarity. However, although UNISON is often the largest trade union locally, staff sides can create local structures where UNISON's influence is not as large as the proportionate size of its membership and activists. This can result in outcomes where UNISON does not hold key leadership positions, which can lead to a local democratic deficit.

Conference notes that local employers can, at times, solely engage and communicate with the staff side leadership on workplace issues which impact UNISON members disproportionately and therefore risks UNISON branches being marginalised if they don't hold leadership positions locally.

Conference further notes that staff sides vary in their model and ways of working, there is no 'one size fits all'. Elections for leadership positions and voting constitutions can vary significantly and at times disadvantage UNISON, for example if there is a 'one union, one vote' structure, then there is risk of a democratic deficit for the larger trade unions.

Staff side lead roles can attract facilitated release time, irrespective of the membership size of the union the postholder. This situation can lead to greater difficulty in securing UNISON facility time for branch leaders.

Conference further notes that local collective agreements and policies can be problematic if the constitution is such where a voting constitution disadvantages UNISON considering its membership size.

For UNISON to be able to work as effectively as possible by building better staff sides locally, conference calls on the Health Service Group Executive to:

1. Conduct a survey of health branches to analyse local staff side structures, best practice working arrangements and map which unions are in leadership roles within staff sides.
2. Provide guidance on tools available to branches to build relationships with other unions.
3. Develop support and bargaining advice for branches in negotiating within staff sides, preparing for elections, voting constitutions and include best practice model staff side agreements.

West Midlands Region

Amendment 18.1

At end of action point 1 replace full stop with comma and add “reporting back to Branches and Regional Health Committee by National Health Conference 2026.”

North West Region

19. Bank workforce reform

Conference notes that across the UK hundreds of thousands of NHS staff are employed on zero-hour bank contracts, either working on a Trust or Board Bank contract or working for NHS Professionals. These workers have contracts that offer flexibility at the expense of job security, with terms and conditions that are worse than other permanent (substantive) NHS staff they work alongside.

Bank workers often feel less valued than their substantive colleagues and if they become unwell or their circumstances change, they could lose their income and face financial hardship. With over 70% of bank workers in England alone relying on bank work as their main source of paid work, this is a precarious situation with real-life consequences.

Conference notes the workforce data that shows bank-only workers are predominantly female, often low paid, and are disproportionately likely to be Black. This leaves the NHS with a two-tier workforce, with Black and female bank staff working under less favourable conditions than their substantive colleagues.

In addition to NHS organisation running their own banks, in England NHS Professionals also operate Trust banks across the NHS. The 2024 Health Conference motion “NHS Professionals – campaign for recognition” highlighted the vulnerability of these workers due to a lack of trade union recognition, no collective bargaining, and no transparency into NHS Professionals’ operating practices.

Conference welcomes the UK Government’s “Next Steps to Make Work Pay” plan setting out its policy to end one-sided flexibility, ban exploitative zero hours contracts and give workers the ability to move to guaranteed hours based on what they regularly work. The landmark Employment Rights Act will set out the legal mechanism by which this will happen.

Conference recognises that there will be opposition to the Bill and attempts to water down the provisions. We will need to campaign hard and recruit and organise bank workers to ensure they get the benefits of these new legal rights in the way they were intended.

Conference commends the launch of UNISON’s Better NHS Bank Charter to encourage employers to take steps now to prepare for the bigger changes to come. This charter is the first of its kind in the NHS and is a way for employers to work in partnership with UNISON to show support and value NHS bank staff, and to signal their commitment to ending exploitative zero hours contracts in the NHS now, before they are forced to by the law.

Conference calls on the HSGE to:

1. prepare branches and reps for how the new Employment Rights Act will impact zero hours bank workers in their workplaces, ensuring we deliver on the commitment to end the one-sided exploitative nature of NHS Bank contracts.
2. push for early employer action on offering Bank workers guaranteed hours on Agenda for Change terms, in preparation for positive implementation of new rights to guaranteed hours and notice of shift changes.
3. develop a strategy for influencing how NHS Professionals implements Employment Rights Act provisions, including action to achieve collective bargaining rights for our members working there.
4. set out organising advice for branches, adapted for different UK settings, using promotion of UNISON's Better NHS Bank Charter to recruit and organise Bank workers
5. reaffirm our aim to get a collective national Bank framework agreement through the NHS Staff Council.
6. work with the devolved administrations on non-substantive workforce issues.

Health Service Group Executive

20. Supporting the PA and AA workforce through regulation

Conference is concerned about the ongoing toxic debate around the roles of medical associate professionals (MAPs) and the increasingly precarious situation that physician associates (PAs) and anaesthesia associates (AAs) working in the NHS find themselves in.

Conference welcomes the UNISON survey that was undertaken following the emergency resolution passed at last year's Health Conference. The survey aimed to find out about the workplace issues that PAs and AAs are facing to enable branches to better support them. It confirmed what we already thought: that the increasingly toxic debate has had a massive impact on our members, on their working lives, their job roles and their emotional well-being.

Conference notes that PAs and AAs will be regulated by the General Medical Council (GMC) from December 2024. This means we must ensure their voices are heard throughout the regulatory process and that we must seek to protect their job roles and their employment for the future.

Conference welcomes the independent review of the PA and AA roles, announced by the Government in November 2024, with the report of the findings to be published in Spring 2025. Conference hopes the review will put an end to the hostilities aimed particularly at PAs and allow them to continue the role they have undertaken in the NHS for the last 20 years.

Conference recognises the work UNISON has done to position itself as the union for PAs and AAs through our updated resources for active recruitment and organising in health branches. However, this coming year will be particularly critical for our PA and AA members, whose future employment is very much at stake.

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

1. Establish a UNISON MAPs forum to ensure the voices of our MAPs members are heard and to help us contribute effectively to the ongoing debate and regulation of PAs and AAs;
2. Work collaboratively with relevant organisations around PAs and AAs, such as NHS Employers, NHS England, HEIW in Wales, NHS Scotland, Department of Health NI and the GMC to ensure our MAPs members' jobs and roles are protected;
3. Support branches to recruit and organise MAPs and ensure they are able to fully support PAs and AAs as they move forward with regulation.

Science, Therapy and Technical Occupational Group

21. Give us a reason to stay – improving conditions for internationally recruited nurses and midwives

Overseas nurses and midwives in the UK are now actively being poached to work in other countries which incentivise them with better pay, terms and conditions and more welcoming immigration policies. It has now become the norm to see employers from Canada, Australia and the US holding job fairs and recruitment events in UK cities.

A 2024 report by the Health Foundation noted a dramatic rise in the numbers of overseas nurses applying for certificates to certify their practice and leave the UK. The UK has now essentially become a springboard for internationally recruited healthcare workers, many of whom are migrating again to other countries after obtaining UK experience which makes registration elsewhere much easier. Overseas nurses must be given a reason to stay and build successful lives and careers here.

Conference notes the ongoing work of the health service group, led by lay members in our Overseas Nurses' Network, to respond to the many challenges overseas nurses face. A number of UNISON overseas nurses on the network have shared their concerns around the intensification of racism and exploitation being faced by newly internationally recruited nurses. Those who have been in the UK for longer are not immune to these challenges.

Conference recognises that several issues give cause for a renewed commitment to, and investment in this work:

- a. The publication of an independent review of the culture at the Nursing and Midwifery Council (NMC), which revealed the normalisation of racism, bullying and discrimination within the organisation and how this continues to undermine protection and fair 'fitness to

practice' procedures for registrants, particularly overseas nurses, along with other Black nurses and midwives.

b. The lack of progress on reforming punitive and discriminatory immigration policies from the newly elected UK government.

c. Many internationally recruited staff continue to be the victims of exploitation and poor treatment by employers and recruitment agencies.

d. Most significantly, the racist and Islamophobic riots of summer 2024 which had a significant impact on internationally recruited healthcare workers.

Further research and engagement with our overseas nurses demonstrates that many are being denied the full benefits of employment in the NHS. This includes not being appointed to the correct pay point when considering their prior experience and missing out on the benefits of the NHS pension scheme for various reasons.

UNISON has called for the implementation of all the recommendations from the Independent Culture Review of the NMC and led scrutiny of the regulator. We are also demanding career opportunities and support for overseas nurses through the non-pay working groups set up with the Department of Health and Social Care in England as part of the 2023 pay deal.

Conference notes the alarming decrease in applications for nursing courses in the UK. International recruitment will undoubtedly continue to be a feature of NHS workforce planning for the foreseeable future. A better, fully ethical approach to international recruitment of nurses and midwives and proper investment in their future in the UK will be necessary.

This Conference believes that the support and guidance we continue to give to our members needs to be developed collaboratively with our overseas nurses and through the continued building of strong relationships with the nursing diaspora associations in the UK.

Conference therefore calls on the health service group executive to:

1. Work to support overseas nurse members with the impacts of any immigration changes and ensure the NHS supports any individuals affected, including through the updating of branch guidance and resources.
2. Continue calling for greater investment and policies to support the career progression of overseas nurses and midwives.
3. Work with diaspora nursing associations to empower and educate overseas nurses, ensuring all understand the necessity of joining a union.
4. Pilot a campaign with health branches to demand NHS employers recognise the experience of overseas nurses as they come into employment in the NHS.

5. Work to improve the uptake of the NHS pension scheme amongst overseas nurses, both by developing our own union resources and by lobbying employers to provide better guidance.
6. Continue producing resources that provide detailed support and guidance to health branches to help them recruit and represent overseas nurses.

Nursing and Midwifery Occupational Group

22. Improving support for migrant workers

The staffing crisis in our NHS has resulted in an increasing reliance upon the labour of international workers. This trend is likely to remain so for the foreseeable future. Migrant workers are increasing in number because we need them. Without them, the staffing crisis and patient outcomes would be that much worse. Despite this fact, migrant workers face racism, workplace exploitation and barriers to progression disproportionately in comparison to domestic workers.

Not to mention the insecurities they must live with concerning their visas, the journey to citizenship – should that be an objective – and the threat to deportation, the increasingly disparaging, pejorative discourse around immigration in the UK, and the massive adjustment to life in a new country, culture and customs.

At health conference 2022, motion 18 - International recruitment and support for migrant healthcare workers – was endorsed by conference. The motion called for a range of actions to support migrant workers who are already working in our NHS and those who are embarking on the journey to do so.

We have made progress on these actions in the three years hence developing UNISON's Migrant Workers Network, a model policy for 'migrant worker support and retention,' improving our relationship with the Joint Council for the Welfare of Immigrants and in our lobbying for more progressive legislation around migrant workers. However, with the trend of increasing reliance on migrant workers showing no signs of abating, there is more to be done.

Whilst we have produced new resources, policies and entry points for branches and migrant workers, there is still improvement to be made in our communications to these workers.

Conference calls on the Health Service Group Executive to:

1. Work with other relevant service groups to develop UNISON's public communications visibility to migrant and overseas workers.
2. Produce a compendium for branches on how to organise migrant workers including information on:

- Visas
- Existing organisations partnered/allied with UNISON
- Existing resources developed by UNISON for organising and supporting these workers
- Case studies of issues and successes.

North Wales Health

Amendment 22.1

After action point 2, add new action point 3 “Support the Overseas Nurses’ Network, other appropriate networks, Nursing Sector and National Black Members’ Committee, to produce guidance for Branches to support experienced nurses in taking up leadership roles, thereby supporting the diversity of our NHS workforce, and in particular its nursing leadership.”

North West Region

23. Continued support for migrant workers in the NHS and wider healthcare system

Over recent years, many migrant workers have come to the UK to work in the NHS. This is a group of workers who have travelled from around the world to support a vital public service which is suffering from high vacancy rates particularly in healthcare support worker and nursing roles.

UNISON has had regular, sustained and substantial numbers of reports of mistreatment of migrant healthcare workers. In many cases, where migrant healthcare workers have challenged poor employment practices, they have been threatened by their employer with dismissal and removal of visa sponsorship and subsequent removal from the country.

Conference believes this situation shames the UK, which should be supporting migrant healthcare workers and ensuring their fair treatment. At the moment enforcement activity against bad employers results in migrant workers being penalised and facing deportation. Conference is concerned that some overseas nurses are being penalised through registration bodies like the NMC, and that the skills and experience they bring to the UK are not being fairly weighted against the qualifications they have to have for their visa requirements.

Conference congratulates branches, regions and officers across the union who have represented and supported migrant healthcare workers so effectively over this testing period. The large number of migrant healthcare workers who have joined our union is testament to that work.

Conference calls on the Health Service Group Executive to:

1. Seek to work with UNISON Labour Link to argue for visa sponsorship to be decoupled from individual NHS employers. The visa sponsor should be the Government. This would

enable workers to work without being dependent on individual employers holding the power of dismissal and deportation over them.

2. Seek to work with the National Executive Council to ensure migrant healthcare worker members are adequately supported by the union where they face abuse and exploitation in the workplace.

3. seek to work with the PSU unit in order to support branches with more detailed guidance around supporting migrant workers, especially if any issues arise with their professional registrations.

Cambridge University Hospitals

Amendment 23.1

In paragraph 2, first sentence, after 'healthcare' insert 'and social care'

In paragraph 2, second sentence, after 'migrant' delete 'healthcare'

In paragraph 3, first sentence, after 'healthcare' insert 'and social care'

At the end of paragraph 3, add a new sentence: 'And some trusts have said they will not sponsor anyone below registered nurse level, which is affecting UNISON members when it comes to renewing their visa.'

Add a new fourth paragraph: 'Conference notes there is a wider need to move decisively away from 'hostile environment' policies because an immigration system which treats migrant workers with dignity and fairness is fundamental to tackling the racism faced by migrant workers.'

In the final paragraph, insert 'and social care' after both uses of 'healthcare'

In action point 1:

after 'Labour Link' insert 'and devolved administrations'

delete 'NHS' and insert 'care'

Health Service Group Executive

Equalities issues

24. Campaign for an LGBT+ Workforce Equality Standard in the NHS in England

Conference notes that the National Health Service in England (NHSE) has adopted the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), which have been vital tools in addressing systemic inequalities faced by Black and disabled workers. There are no equivalents in the devolved Nations.

Currently, there is no specific workforce equality standard to support Lesbian, Gay, Bisexual, and Transgender Plus (LGBT+) staff in the same way. LGBT+ staff, while supported by a growing body of inclusion policies, do not benefit from a dedicated Workforce Equality Standard that can effectively address systemic issues and barriers faced by LGBT+ staff. Data collection and monitoring on LGBT+ staff experiences remain inconsistent across NHS Trusts, making it challenging to fully understand and address disparities in recruitment, retention, and career progression.

The Electronic Staff Record (ESR) system currently lacks the functionality to collect data on whether an individual's gender identity differs from the gender assigned at birth, further hindering the understanding of LGBT+ staff experiences. The Rainbow Badge scheme, while a positive step towards visibility and inclusion, is a voluntary initiative. It lacks the structured, mandatory data collection and accountability mechanisms that a Workforce Equality Standard would provide.

Conference notes that the absence of an LGBT+ Workforce Equality Standard could be contributing to inequality and a lack of targeted interventions to support the wellbeing, career progression, and fair treatment of LGBT+ staff.

Establishing an LGBT+ Workforce Equality Standard would provide NHS Trusts with clear metrics to ensure equality for LGBT+ staff, enhance data collection on LGBT+ staff experiences, and guide necessary policy improvements. Such a standard would further align with the NHS's commitment to inclusive and equitable employment practices, ensuring LGBT+ staff are treated fairly and supported to thrive in their roles.

Conference calls on the Health Service Group Executive to:

1. Liaise with UNISON's National LGBT+ Committee to collaboratively develop a draft framework for an LGBT+ Workforce Equality Standard for the NHS.
2. Campaign for the development and implementation of an LGBT+ Workforce Equality Standard, modelled on the WRES and WDES, but tailored to the LGBT+ community, across the NHS in England.
3. Work with Labour Link to advocate for the inclusion of an LGBT+ Workforce Equality Standard in Labour's policy platform and roll this out across the NHS.

National Lesbian, Gay, Bisexual and Transgender plus Committee

25. Campaign for an LGBT+ Workforce Equality Standard in the NHS

Conference notes in England, the National Health Service (NHS) Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) have been vital tools in addressing systemic inequalities faced by Black and disabled workers. Scotland, Wales, and Northern Ireland do not currently have equivalents of WRES or WDES, and there is no specific workforce equality standard to support LGBT+ (Lesbian, Gay, Bisexual, Transgender Plus) staff in these regions.

LGBT+ staff, while supported by a growing body of inclusion policies, do not benefit from a dedicated Workforce Equality Standard that can effectively address systemic issues and barriers faced by LGBT+ staff. Data collection and monitoring on LGBT+ staff experiences remain inconsistent across NHS Trusts, making it challenging to fully understand and address disparities in recruitment, retention, and career progression.

The Electronic Staff Record (ESR) system currently lacks the functionality to collect data on whether an individual's gender identity differs from the gender assigned at birth, further hindering the understanding of LGBT+ staff experiences. The Rainbow Badge scheme, while a positive step towards visibility and inclusion, is a voluntary initiative. It lacks the structured, mandatory data collection and accountability mechanisms that a Workforce Equality Standard would provide.

Conference believes the absence of an LGBT+ Workforce Equality Standard could contribute to inequalities and a lack of targeted interventions to support the wellbeing, career progression, and fair treatment of LGBT+ staff.

Establishing an LGBT+ Workforce Equality Standard would provide NHS Trusts with clear metrics to ensure equality for LGBT+ staff, enhance data collection on LGBT+ staff experiences, and guide necessary policy improvements. Such a standard would further align with the NHS's commitment to inclusive and equitable employment practices, ensuring LGBT+ staff are treated fairly and supported to thrive in their roles.

Conference calls on the Health Service Group Executive to:

1. Campaign for the development and implementation of an LGBT+ Workforce Equality Standard, modelled on the WRES and WDES, but tailored to the LGBT+ community, across the NHS.
2. Work with the Labour Link to advocate for the inclusion of an LGBT+ Workforce Equality Standard in Labour's policy platform for the NHS.
3. Liaise with the Unison LGBT+ Self-Organised Group National Committee to collaboratively develop a draft framework for an LGBT+ Workforce Equality Standard for the NHS.

*West Midlands Region
Staffordshire Community Health*

26. An NHS inclusive of LGBT+ people

Conference celebrates the successful year of LGBT+ workers marked in UNISON by organising and campaigning events across the union. LGBT+ workers make up an integral part of the workforce in the Health service group, estimated to make up 1 in 20 NHS workers, and it is important to celebrate their contributions and ensure that their voices are heard across the union.

Conference also notes the continuing issues experienced by LGBT+ workers in the health sector, including continued discrimination. For example, a November 2022 survey by the BMA found that over a quarter of LGBT+ NHS staff had experienced discrimination in the workplace, rising to 59% of trans respondents. An August 2024 survey by the NHS Confederation's Health and Care LGBTQ+ Leaders Network found that 25% of respondents had experienced homophobia or transphobia.

Conference also notes the continued strain on healthcare services for trans and gender diverse people. As the motion "Gender Identity Services and Trans Healthcare – Underfunding has now become a health and safety issue for our NHS members" noted at last year's (2024) Health conference, long waiting times and underfunding of gender affirming health care place an intolerable strain on UNISON members delivering these services.

Conference believes that external political conflicts about provision of gender affirming services are damaging to the staff delivering them, and to other staff across the Health service group, who have to deal with the knock on effects of the underfunding of gender affirming care such as increased demand for already underfunded mental health services. A survey by mental health charity Stem4 in April 2022 found that half of GPs said that referrals of young people for mental health problems were more frequently rejected.

As healthcare is an essential site in which trans and gender diverse people engage with public services, it is vital that the staff delivering these services are well equipped to provide the best care possible.

Conference believes that both LGBT+ health staff and LGBT+ service users should feel welcome and included across health services nationally, and asks the Health Service Group Executive to:

1. Work with the National LGBT+ committee to identify the experiences of LGBT+ staff and campaign against homophobia and transphobia against staff across the service group;
2. Promote the year of LGBT+ workers resources to branches and members across the service group;
3. Encourage health branches and regional Health service group committees to organise UNISON's Trans ally training to be offered locally to members;

4. Continue to campaign for adequate funding for the NHS, including funding for gender affirming services and mental health services.

National Young Members' Forum

27. Ensuring the NHS workforce is representative of the people we serve

Conference notes that after years of incompetence from the Tory Westminster Government, we now have an opportunity to engage with the new Labour Government to improve the working conditions of all NHS staff. It is recognised that the Terms and Conditions of NHS staff have been eroded and we now look forward to a significant improvement.

We acknowledge that the devolved nations face their own challenges, but something that affects us all in the NHS, is its agenda related to diversity and inclusion. UNISON has a proud history of protecting those who face discrimination in work. Our Self Organised Groups (SOG's) are the cornerstone of our union and were set up to ensure that all our membership has a voice. We must never leave anyone behind. With that in mind, we must ensure that we support everyone with a protected characteristic under the Equality Act 2010.

The events of the summer 2024 highlighted that there is a rise in far-right activism, and this is something UNISON will always oppose. We have a responsibility to challenge hate and discrimination wherever it appears. But conference, make no mistake, there are more subtle attacks on what we stand for, occurring throughout the UK. Discrimination against those who we represent in our SOG's is rising and we must ensure that we send a clear message to the Labour Government that they must act to reduce such cases.

Within the NHS, we must have a workforce that truly represents the public we serve. There can be no hierarchy of protections based on culture wars and misinformation.

Therefore, we call upon the Health Service Group Executive to:

1. Liaise and work with the National Committee's of our self-organised groups to better understand the challenges UNISON members working in the NHS face.
2. Compile evidence based on the lived experience of discrimination experienced by our members working in the NHS, and through Labour Link, present the findings to the Labour Government.
3. Send out a clear message to the Labour Government that UNISON supports all its NHS members and is opposed to the concept of a hierarchy of protected characteristics.

North Cumbria Northumberland & Tyne & Wear Health

28. Improving NHS staff training related to LGBT+ patients and service users

Conference notes that NHS staff are increasingly accessing training through digital means. This includes online training and training provided via Microsoft Teams. Many NHS training courses have been streamlined to cater for this shift to digital learning and this is supported by e-Learning for Healthcare (e-LfH).

Conference understands that many NHS staff struggle to find the time to complete all of the available courses and will only focus on mandatory training as a result. Conference believes that the current Equality, Diversity and Inclusion (EDI) training provided by the NHS for its employees, lacks depth and fails many of our patients and service users who have protected characteristics as defined by the Equality Act 2010.

It is essential that staff working in the NHS can provide positive holistic care to everyone. For those patients and service users who identify as Lesbian, Gay, Bisexual and Transgender plus (LGBT+), the NHS set out its 'National LGBT Action Plan 2018' which aimed to improve the experience of care. And yet 6 years on, LGBT+ people continue to face barriers to accessing appropriate care. For example, Transactual reported that in a recent survey of over 1000 people, 70% of respondents had experienced transphobia whilst accessing NHS healthcare.

In addition, conference notes that, it is felt by many within the LGBT+ community that any training on LGBT+ issues should also include a component related to neurodiversity. Not every LGBT+ person is neurodiverse and vice versa, but this within itself identifies why NHS staff need to have better training opportunities to fully understand the barriers to healthcare LGBT+ people face. The NHS needs to establish a workforce that understands the health inequalities faced by LGBT+ patients and service users, some of whom will also be neurodiverse.

Conference calls on the National Health Service Group Executive to:

1. Liaise with the National LGBT+ Committee to identify current shortfalls within current NHS EDI training related to LGBT+ people.
2. Seek to engage in a dialogue with the relevant NHS bodies to call for an update on current LGBT+ education and training.
3. Seek dialogue with relevant NHS bodies on why UNISON Health Service Group believes there is a need for mandatory LGBT+ specific training to be provided to all NHS staff.

National Lesbian, Gay, Bisexual and Transgender plus Committee

Health, Safety, and Wellbeing

29. Challenging sexual harassment in the NHS

Conference is alarmed that UNISON members across the NHS face sexual misconduct and violence. As the union for staff on the frontline the problem is prolific and endemic. Research done within the NHS in October 2024, to support the implementation of National People Sexual Misconduct Policy Framework, shows that

- 1 in 10 (10%) healthcare workers have experienced sexual harassment at work
- 3 in 10 (29%) have been sexually assaulted
- Majority of those targeted were women (62%).

Conference notes that sexual harassment exists in every workplace and must be challenged. The Workers Protection Act 2023 has meant that employers, within England, Wales and Scotland need to do more to ensure a safe workspace through policy, risk assessments, monitoring and evaluation.

Conference is concerned that our members report they do not feel safe to speak up. The prevalence of banter and a pervasive belief that victims may lie, can lead to employers conducting ineffective, over-long, damaging processes. In a working world where the perpetrator can be more protected than the victim, UNISON needs to lead change. We want to deliver seismic cultural change for our members whether students, women, disabled or LGBT+, every member has the right to do their job (in safety) without harassment.

UNISON has refreshed sexual harassment guidance and the Representation guide, but it is not enough. Our lived experience is that branches do not withdraw representation at appeal for harassers, that complainants are interrogated, discredited or worse, choose not to join a union because UNISON is already representing the harasser.

We need to build trust, to be a beacon of light for all of our members and to organise for the ongoing safety by building the knowledge and confidence of our stewards. This can only be achieved by:

- a. embedding cultural change within employers through policy changes.
- b. breaking the stigma of reporting.
- c. holding employers to account to deal with issues effectively but compassionately.
- d. representing victims through the complex emotional, practical and professional challenges of sexual harassment and sexual violence cases.
- e. Abiding by the UNISON representation guide to withdraw representation for those that breach our values.
- f. To equip our branches to navigate the numerous, necessary reporting processes, from safeguarding to professional registration.

Conference asserts that the responsibility to eradicate sexual harassment and sexual violence lies with our employers. Conference notes the actions from NHS employers to begin this work, for example: NHS England Sexual Safety Charter and the National People Sexual Misconduct Policy Framework, but we demand more, as a union diverse in lived experience, culture and representatives of every walk of life, we have an opportunity (and responsibility as trade unionists) to make a difference for our members.

Conference recognises and supports the motions on sexual harassment and sexual violence in the workplace already submitted to women's conference. The call for training, promotion of best practice, and holding employers to account is essential.

To build upon this work, conference calls on the Health Service Group Executive to:

1. work with UNISON Learning and Organising Services to develop a comprehensive and proactive Challenging Sexual Harassment strategy and training package for UNISON health branches;
2. work in partnership with NHS employer organisations, to develop a tool kit to provide holistic support to health service members who report sexual harassment;
3. develop a sexual harassment and sexual violence protocol for the NHS, to build on the current guidance, ensure workplace representatives have clear guidelines about representing members who report sexual harassment and those who are accused of sexual harassment.

South West Region

Amendment 29.1

Before paragraph 2, insert new paragraph:

A significant proportion of LGBT+ workers experience sexual harassment. A TUC report found that nearly 7 in 10 (68%) LGBT+ workers have faced some form of sexual harassment at work. This includes unwanted comments, physical advances, and other inappropriate behaviours. Furthermore, research by the TUC found that disabled women experience higher levels of sexual harassment compared to non-disabled women.

After action point 3, insert new action point:

4. Ensure that the development of all relevant training, resources, toolkits, and protocols considers the unique impact of sexual harassment on individuals who are Black, Disabled, and/or LGBT+.

National Lesbian, Gay, Bisexual and Transgender plus Committee

30. Violence prevention and reduction - securing accountability

Conference notes that in 2023, according to NHS Staff Survey data (England), 13.69% of staff suffered at least one incident of physical violence at work from patients / service users, their relatives, or other members of the public. Of the 1.5 million strong UK-wide NHS workforce this equates to over 200,000 staff impacted by violence and aggression every year. That is the equivalent of a staff member in the NHS suffering a physical assault every 2 and a half minutes.

The very real impact of violence is felt through the lived experiences of our members through physical assaults, verbal abuse, and psychological harm, including the trauma felt by our members subjected to hate speech in any form. Our members face serious injuries and, in the very worst cases, fatal assaults.

Conference notes the huge costs of violence. The personal costs felt through the injuries themselves, and the treatment, rehabilitation and recovery cannot be quantified. Our members sometimes have to fight to keep their full pay when assaulted at work and take personal injury claims to recoup lost pay when they drop to half or nil pay. Injury Allowance can help but it only pays 85% of pay while our members working for private contractors and SubCos often only get SSP during their time off following an assault. Conference asserts that violence is never part of the job and commits to help members secure compensation for injuries wherever possible but contends it would be so much better to prevent the violence from happening in the first place.

Conference notes the 2023 The Agenda for Change (AfC) pay deal report which made several recommendations to improve violence prevention and reduction which, at the time of writing, are being considered by the government. Conference calls for these recommendations to be implemented in partnership through SPF and/or devolved administration structures in partnership with local unions recognising the expertise of health and safety reps.

Conference calls on the HSGE to:

1. Push for implementation of the recommendations being made to Westminster ministers through the 2023 pay deal violence reduction work stream non-pay implementation group, including the reestablishment of a national data set and mandating the Violence Prevention and Reduction Standard as part of the NHS Standard contract
2. Seek to launch a campaign that develops branch bargaining advice and provides information for reps to be confident with violence as a workplace issue
3. Promote the Be on the Safe Side campaign and engage with the National Health and Safety Committee to support recruitment of new health and safety reps
4. Continue to work in partnership through SPF and devolved administration partnership structures on violence prevention and reduction to ensure a UK wide consistent approach to violence prevention and reduction

Health Service Group Executive

31. Protecting the victims of violent attacks at work

Conference notes that violent attacks on NHS workers are an all-too-common event, often leading to hospitalisation and episodes of short and long-term sickness. Shift workers, community staff and lone workers are most to suffer from violence at work.

The removal of 'payments for work outside normal hours' from our sick pay calculations has resulted in victims of violent attacks losing out financially when they suffer from physical or mental illness. The NHS Terms and Conditions Handbook, Section 14 Sickness Absence and Section 22 Injury Allowance together only guarantee 85% of a worker's income during episodes of long term sickness.

The removal of unsocial hours from sick pay calculations has also resulted in the unacceptable position where a worker who is a victim of a violent attack from a colleague, loses money whilst on sick leave, but the attacker is suspended on full pay. Conference believes we must fight to end the injustice of NHS staff suffering financially after being attacked at work.

We call on the HSGE to raise this important issue via the NHS Staff Council and negotiate a new paragraph in Section 14 of the Terms and Conditions Handbook that guarantees no financial detriment to workers who are the victims of workplace violence.

Mid Yorkshire Health

32. Bullying and harassment in the NHS - it must end!

In 2013 this conference noted the impact of public sector cuts, austerity measures, top-down reorganisations and increasing privatisation in the NHS and the unprecedented negative impact it was having on NHS employees. At that time increasing numbers of staff were leaving the NHS to escape from bullying, harassment, intimidation and fear. Those then left in the workplace were experiencing increased stress as work pressures mounted and bullying increased. That conference also noted how this affected patients, and our members were raising concerns about unsafe working practices, bullying and intimidation, mainly due to the pressure to meet targets set by the then Tory-led government cuts.

That was in 2013 and since then, our members working across the range of NHS services have experienced emotional distress, destruction of their self-confidence, loss of concentration, unpleasant and at times, hostile working environments which may well have adversely affected career opportunities and relationships with working colleagues, and personal relationships outside work. Twelve years later and things have not changed; if anything the treatment of our members has deteriorated, particularly by patients and visitors to our workplaces.

It is critical for staff, our members, to feel empowered and supported to raise concerns safely and confidently. However NHS staff survey results have shown that, whilst staff are

increasingly aware of how to raise concerns, year-on-year results show that more than half of the staff who responded had little or no confidence that their concern would be taken seriously and, more importantly, that action would be taken and change occur. UNISON will, at all times, defend our members against such acts of bullying but for us to really succeed in protecting patients from harm and ensuring the dignity of care they deserve, then we need an open and transparent culture at all levels of the NHS.

This Conference calls upon the Health Service Group Executive to:

1. work with employers nationally and locally to ensure that any zero tolerance policies are actively used within workplaces and to ensure each Trust board has a named champion with regards to those policies and who actively promotes the policy in their workplaces;
2. undertake an analysis of the National Staff Survey and publicise the results within a Health Circular to Branches to include areas of exemplary and poor practise.

Christie Cancer UNISON Health

33. Support for health care workers who experience menstrual health conditions

Menstrual health conditions can affect anyone who is born with female reproductive systems including women, non-binary people, trans men and those who experience 'disorders of sexual development', and intersex people. Conditions such as endometriosis, dysmenorrhea, polycystic ovary syndrome, uterine fibroids, and premenstrual dysphoric disorder (PMDD) are often life-long debilitating conditions that seriously impact the lives of workers who suffer from them.

Those who work in the health care sector are the often-overlooked patients, and many struggle with these menstrual health conditions themselves. Nurses, midwives, health visitors, healthcare assistants, paramedics, cleaners, porters, catering staff, as well as clerical and admin staff who will often do shiftwork, spend long periods of time on their feet, or travel between sites and patients. Varying working patterns and excessive movement can exacerbate symptoms such as chronic pain, excessive bleeding, fatigue, depression, bloating, nausea, and bowel problems.

For too many of our members working in the health care sector, the treatment by their employers is simply not acceptable. All too often, sickness absence is suggested as a solution whilst other options may not be explored. Those who experience menstrual health problems will know their condition better than anyone and it will be helpful if workers with menstrual health conditions are offered appropriate support such as reasonable adjustments by their employers.

In many workplaces, menstrual health conditions are dealt with outside the absence/sickness policies. UNISON believes that absences because of issues relating to the menstrual cycle should be recorded as an ongoing issue, rather than individual absences. It is essential that health care workers are afforded employer support and access to treatment to help manage symptoms. This can make workers feel included and enable

dignity at work. This can also increase employee attendance. UNISON is committed to equality, and we have an obligation to play our part in challenging both the stigma and discrimination related to menstrual health conditions.

Conference therefore calls on the Health Service Group Executive to:

1. Work with the National Self-Organised Group Committees in developing a strategy to highlight menstrual health disorder and why this is a workplace issue for health care staff.
2. Encourage branches to work with employers in developing model workplace policies on women's health issues that include menstrual health disorder.
3. Encourage branches to help negotiate appropriate reasonable adjustments in workplaces for members suffering from menstrual health disorder.

National Women's Committee

34. Supporting health members - post-occupational health recommendations

Conference endorses the need for effective management of staff health and attendance at work and the support mechanisms, which promote good practice. We need to enable UNISON health members with long term or acute conditions to lead full and productive lives and balance their health work roles effectively.

Conference is concerned that manual workers are performing increased physically demanding roles which will have a cumulative negative effect on their health, such as musculoskeletal or back problems. For Unison Health Administrative and Clerical members similar rises are being reported not only in musculoskeletal and back problems, but also in repetitive strain injuries as well.

Conference notes that some NHS organisations and private employers in the NHS are putting pressure on members to take annual leave to meet medical or other treatment appointments relating to their sickness. Most employers have a direct occupational health provider to support members' health issues. These Occupational Health appointments are now mostly electronic/phone calls, moving away from one to one meetings with the employee. The Occupational Health Assessments make recommendations back to the employer concerning the employee's health and workplace duties.

Conference notes too many times, NHS Employers and NHS Private employers only really take notice of their Occupational Health Reports at a latter stage of Absence Management / Capability Policy, when dismissal is a possible outcome of the formal hearing. It is left to UNISON Branches/stewards to support the member's case of implementation of the Occupational Health Recommendations at the earlier stages of the Absence Management/ Capability Policy to prevent possible escalation to latter stages.

Conference calls on the Health Service Group Executive to:

1. Continue calling on NHS employers including those private employers in the NHS, to promote sickness absence policies at all stages, that support staff and tackle the underlying causes of workplace ill health.
2. Continue raising awareness and promote UNISON's model disability leave agreement and UNISON's health and safety guides on disability and the ageing workforce across health branches.
3. Continue campaigning against any NHS employers who are not complying with the NHS Staff Council guidelines on prevention and management of sickness absence. Where there may be a private employer in the NHS, to urge that employer to follow these guidelines.

NHS Logistics

35. Work Life balance - time to change the balance

Conference notes with concern that the goodwill of staff is being abused by managers to cover shortfalls in staffing. In particular there are concerns that staff are:

- a. unable to take appropriate and necessary breaks in working hours;
- b. not being provided with appropriate rest and break space away from their workspace at an appropriate time, and without the presence of patients, visitors and clients, allowing the necessary space for staff to decompress;
- c. not being paid for overtime worked;
- d. being forced onto 12-hour shift patterns when they would prefer to work 8 hour shifts.

Further, there are concerns that no consideration is given to staffs' caring responsibilities, effectively forcing some staff to leave the NHS.

Conference welcomes the work already done by UNISON to help members achieve a decent work life balance and to support health staff with caring responsibilities. However, in view of the concerns outlined, conference calls upon the Health Service Group Executive to:

1. conduct a survey of members to establish the extent of the problem, and to include necessary action as a priority within the service group work programme;
2. raise these concerns with NHS employers and seek for further diversification of roles to ensure wider provision of job share and part-time opportunities for those seeking them.
3. continue to press employers to properly apply Agenda for Change section 3 overtime rates of pay.

North West Region

36. NHS staffing shortages - women are losing out

Conference notes with concern the impact that the continued staffing shortages in the NHS are having on workers' lives. 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. The day-to-day shortage of staff in all areas of the NHS is having severe and negative effects on our members work/life balance, leading to high levels of stress related sickness. UNISON members are doing the best they can in extremely challenging environments and morale levels are at an all time low due to exhaustion and frustration.

In addition, staff are being denied flexible working requests or are being pressured to change the existing flexible working arrangements or non-standard working patterns already in place. Caring responsibilities and maintaining the household falls disproportionately on women. These flexible/non standard working patterns are in place to give our members the flexibility and opportunity to balance both care arrangements and other home commitments with work, and staff shortages are being used as the excuse for requests being denied.

Conference applauds our comrades at UNISON Greater Manchester Mental Healthcare Branch for running a campaign which culminated in taking industrial action on the matter of staff shortages and the implications to the service.

Conference calls on the Health Care Service Group Executive to campaign:

1. to highlight the impact of staff shortages on the lives of all NHS workers, particularly the disproportionate impact this can have on women and other staff with caring responsibilities.
2. to provide support, resources, and training to UNISON Healthcare Branches and representatives to enable them to effectively organise around safe staffing issues.

UNISON Manchester University Healthcare

Professional and Occupational issues

37. 111 and emergency call takers bearing the brunt of pressures in the ambulance sector

Conference notes that there are no easy roles when it comes to working in the ambulance service, and this is particularly true for 111 and emergency call centre staff who are the first point of contact for patients facing a health emergency.

Working as a call handler in the ambulance service is an extremely stressful job. There is no predictability in the volume of calls staff will be expected to take or of their nature and severity, making it challenging to anticipate what staff will face on any given shift. The impact of handover delays results in prolonged setbacks in reaching patients. This

combined with the rising demand and an increase in mental health related calls is making a bad situation worse. Yet despite these challenges, staff continue to deliver lifesaving care under difficult and high pressurised conditions, whilst many of them are still being paid at band 3.

Conference notes that in England, the turnover rate for 111 and emergency call centre staff is like no other within the NHS, with a quarter to over a half of staff leaving the service each year due to stress and burnout depending on the Trust. Furthermore, 111 services are often commissioned to external providers where staff find themselves on even lower pay and worse terms and conditions.

Conference notes that UNISON has had some success in negotiating recruitment and retention premia for these staff. Whilst we welcome the recognition from some employers that these groups of staff need to be paid more, we believe this is a short-term fix which is why a few branches have successfully negotiated for call handlers to be paid at band 4, a fairer reflection of the work that they do.

Conference believes it's high time that 111 and emergency operating centre staff are recognised for the valuable contribution they make to delivering lifesaving patient care which is why we're calling for the HSGE to work with the Ambulance Occupational Group to:

1. Undertake an analysis of the turnover rates of 111 and emergency operating centre call handlers to assess how much it costs employers to recruit to these positions, to make a stronger case that these staff should be paid at a higher band.
2. Raise the profile of staff working in these roles, including highlighting the issues that they are facing which leads to burnout and poor health and mental wellbeing of these group of staff.
3. Learn from successful rebanding campaigns in which staff are now being paid fairly for the work that they do at band 4, and replicate this across all ambulance Trusts.
4. Campaign for 111 contracts to be delivered in-house and to prevent them from being tendered out further. This includes highlighting the benefits of integrating 111 and 999 in terms of the positive impact on patient pathways, arguing that NHS ambulance Trusts are most suitably equipped to do this.

Ambulance Occupational Group

38. Valuing nursing fairly

Nursing is the biggest occupational group in our health service. When nurses, healthcare assistants and midwives are invested in, our patients and service users benefit. Conference believes that members of our nursing family, despite their pivotal and safety-critical role, are not being fairly valued for their work and their expertise. This contributes to the massive

workforce challenges we face and the subsequent delays and poor care experienced by patients and service users.

Many nurses are excluded from career progression, despite taking on huge responsibility, acting with substantial autonomy, and developing advanced clinical skills. Around 90% of surveyed UNISON nurses and midwives told us that their role has required them to assess more complex clinical needs and deliver more complex clinical care in recent years.

Professionally, nursing has evolved significantly, including: changes to NMC standards which require higher levels of skills and supervision of students from all registrants; staffing shortages which mean newer nurses are taking responsibility for being in charge; and structured preceptorship programmes which support early career nurses to consolidate their skills and competencies.

But job descriptions for many are not regularly updated and so often understate the complexity of nurse's work, particularly for those stuck at Band 5. A much higher proportion of nurses remain in band 5 after a decade of NHS service when compared with midwives, paramedics and other Allied Health Professionals (AHPs). This career barrier is particularly high for Black nurses who are less likely to progress in a timely manner to Band 6.

Career progression opportunities and recognition are important for those in nursing roles at all bands. Conference notes the importance of recognising and respecting the contributions of Healthcare Assistants, and the provision of clear pathways for career advancement within the nursing family.

This Conference believes that properly valuing nursing staff is essential to delivering on the Government's wider aims for the NHS. Progression opportunities and the fair recognition of skills and experience are vital for retaining skilled nurses and preventing burnout.

Conference calls upon the Health Service Group Executive to:

1. Call for agreements to facilitate the automatic progression from bands 5 to 6 for early career nurses, upon the gaining of the necessary experience and the completion of the necessary competencies.
2. Launch a campaign with health branches, building on the publication of new nursing and midwifery job profiles, to encourage nursing and midwifery members to achieve re-banding where their banding does not fairly reflect their role.
3. Call for line managers to receive further training and support to ensure nursing job descriptions are regularly updated and agreed.
4. Advocate for enhanced and consistent support for new nursing registrants, including structured preceptorship programmes, accessible CPD opportunities, and mentorship from experienced colleagues.
5. Promote initiatives and policies that recognise the contributions of HCAs and provide them with better opportunities for career progression.

Nursing and Midwifery Occupational Group

39. Overcoming the midwifery crisis in the NHS

Getting maternity care right before, during, and after birth is a fundamental part of a functioning health service. But years of austerity, neglect, and poor workforce planning have left midwives and maternity support workers struggling to keep mothers and children safe.

Conference notes the alarming findings of many recent inquiries into the state of maternity services in the UK:

- a. The Ockenden review into maternity services at the Shrewsbury and Telford Hospital NHS Trust uncovered failures in services that led to poor care and deaths, with staff citing unsafe staffing levels and inadequate training as a factor. The review recommended a significant investment in maternity services across England.
- b. Harm and poor treatment was also found in the 'Reading the Signals' report into maternity and neonatal services in East Kent.
- c. The CQC 2023 maternity survey found a long term decline in the availability and communication of midwives during childbirth. Almost half of the maternity services inspected by the CQC in 2024 were rated as unsatisfactory.

Whilst the numbers of midwives has grown in recent years this has not kept pace with demand. Many midwives leaving the NMC register cite concerns over safety and quality of care as their motivation.

The skill mix in many maternity services is challenging, with the NMC noting that many newly registered midwives are 'disillusioned by high levels of pressure' and 'negative working cultures'. The '#Say no to bullying in midwifery' campaign revealed evidence of a very worrying bullying culture in maternity services. Our own 'Pay Fair for Patient Care' campaign has shown that many Maternity Support Workers are not fairly banded.

The provision of round the clock safe maternity care is vital but staffing arrangements must allow for midwives to benefit from flexible working. Where needed they should be able to access contractual overtime rates and enjoy fair on-call arrangements that ensure suitable rest and recovery periods.

This conference believes that women, people who give birth, and children, deserve the safest, high-quality care before, during, and after birth. This will only be possible with the rebuilding of the midwifery workforce and the tackling of the endemic problems in these services. This must be integral to the new Westminster Government's 10-year plan for the NHS and central to the agendas of the devolved administrations.

Conference therefore calls upon the Health Service Group Executive to:

1. Call for sufficient investment by UK Governments in midwifery and maternity services as part of their long-term plans for the NHS.
2. Ensure adequate support and high-quality preceptorships are available for all newly qualified midwives.
3. Promote access to proper NHS overtime rates for midwives and support health branches to challenge unfair on-call agreements.
4. Work through partnership structures and with other unions to push for more resources to reduce the bullying and harassment of staff in midwifery services, building on existing UNISON resources.
5. Continue to support health branches involved in the Pay Fair for Patient Care campaign, encouraging the re-banding of maternity support workers.
6. Explore the expansion of the 'Only Enough is Enough' campaign for safe staffing levels to actively engage further with staff in maternity services, enabling health branches to challenge unsafe staffing.

Nursing and Midwifery Occupational Group

40. Tax relief

Conference applauds the past work of UNISON to secure tax relief on UNISON subscriptions for qualifying health professionals. This helped to restore a level playing field for those UNISON members in healthcare working alongside members of other organisations who already enjoyed tax relief on their subscriptions.

Following extensive negotiations with HMRC, UNISON earned recognition for tax relief for UNISON healthcare members working in the nursing sector, ambulance sector voluntary sector, Professional and Technical 'A' sector, Professional and Technical 'B' sector, and Senior and General Manager sector.

UNISON members within these "approved sectors" may currently claim 70% of their UNISON subscription against their taxable employment income. Conference is concerned that despite this positive step forwards, health members in the administrative and clerical sector, and the ancillary and maintenance sector do not qualify for tax relief.

Conference believes that HMRC has taken a narrow view on defining what roles are 'professional'. Conference values all those working within the health sector as part of our 'One Team' and commits to fight for equality for our members in this area.

Conference calls on the Health Service Group Executive to make further representations with HMRC to request tax relief on UNISON subscriptions for members who work within the administrative and clerical, and the ancillary and maintenance sectors.

East Midlands Region

41. Parity of esteem for the social model of health and wellbeing

Conference recognises that continuous medico-scientific advances bring numerous benefits to society in terms of longevity and quality of life. However, the medical model tends to treat symptoms rather than causes, and therefore has little impact on the social determinants of ill health, such as:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Access to green space

The World Health Organisation recognises the impact of social determinants on health, but the current adherence to the medical model does not recognise or address these factors. Consequently there is widespread recognition of the need for a social approach, which is person-centred, rehabilitative, and supports service users to be in in full partnership/control of their journey, as an essential complement to the medical model. This is the space in which many of our members, especially Allied Health Professionals, are located.

Conference believes that, driven by the profit-motive of the pharmaceutical industry, purely medical approaches have exacerbated problems in the healthcare system, for example by raising public expectations of a panacea for any problem, leading to overwhelming demand. When finances are tight and austerity bites, we have seen that resources are often redirected towards medical interventions, as evidenced by recent pay awards unfairly benefitting doctors over A&C staff groups.

Conference notes that a specific impact of the dominance of the medical model of healthcare is to undervalue or marginalise social approaches which do not fit neatly into scientific paradigms, but bring immense benefit to individuals and communities by taking a holistic view of the individual within their sociocultural and physical environment. This in turn has consequences for jobs and career progression within the NHS, because the dice are loaded against the commissioning of roles such as Advanced Occupational Therapy Practitioner which are rooted in the rehabilitative tradition. Nevertheless, government policies across the UK reflect the need for primary and secondary prevention. Community services and career pathways rooted in a social model of health and wellbeing will deliver on this.

Conference therefore calls on the HSGE, in all relevant consultations and negotiations, to afford parity of esteem to the social model of health and wellbeing equal to that of the medical model, in order for the union to campaign for the development of healthcare roles and career opportunities that meet our members' needs and aspirations in the workplace.

Barnsley Health

42. Agenda for Change – The Lost Learning Opportunity

Conference notes that 21 years ago, as we were implementing Agenda for Change, some held out hope for the Knowledge & Skills Framework (KSF) which was intended to give NHS staff employed on Agenda for Change terms and conditions, a contractual right to learning and development opportunities in their work. It was intended that under the KSF, every staff member would receive a meaningful Development Review meeting with their line manager and jointly agree arrangements whereby they would be able to undertake identified learning and development needs which would be documented in their Personal Development Plan.

Based on the principle of equity, it was intended that the KSF would apply to every staff member, regardless of their NHS occupation. We saw it as giving large groups of UNISON members, particularly those in non-clinical functions, opportunities for acquiring new skills, skills that had been long denied. Our members would have the right to learn and develop in their NHS careers.

But funding for learning within the NHS never led to the opportunities we perceived for our members; often funding is ringfenced for clinical training. Instead, we have seen great development within UNISON of our own learning and development opportunities, the introduction of UNISON College, and our members' learning and development opportunities supplemented by their union.

Conference calls upon the Service Group Executive Committee to :

1. encourage the continuation of closer working between the Health Group and the wider union to promote a culture of lifelong learning in the NHS and persuade health branches to use the learning agenda to build union organisation;
2. promote UNISON courses when discussing workplace learning with employers during national fora and meetings of the NHS Staff Council;
3. seek improvement in the distribution of learning funding so that it benefits all staff groups within the NHS;
4. lobby for increased availability of learning and development opportunities for workers on unsocial hours contracts.

Christie Cancer UNISON Health

Defending the NHS and campaigning against privatisation

43. 10-year plan and devo implications

Conference notes the launch of the Westminster government's "Change NHS" engagement exercise as part of its plans to develop the 10-Year Plan for the NHS. While the Plan is

intended for the NHS in England, Conference acknowledges that it could also have implications for other parts of the UK – particularly if it is able to make the case for a bigger boost in NHS funding.

Conference is appalled at the damage done by successive Conservative governments at Westminster. The NHS is desperately in need of support after 14 years of underfunding, botched privatisation initiatives and a persistent failure to support NHS staff – in terms of pay, staffing numbers and working conditions. As the recent report by Lord Darzi noted, austerity had a disastrous impact on the NHS and its workforce, as did the top-down overhaul brought about by the Health and Social Care Act of 2012 – “a calamity without international precedent”.

Conference notes the “three shifts” that the government hopes to bring about with its 10-Year Plan: “from hospital to community services”, “from treating sickness to preventing it” and “from analogue to digital.” While many health workers would support the stated direction of these shifts, Conference notes that these have all been spoken about for many years in the NHS – with little evidence of meaningful change.

Conference recognises the need to ensure the NHS can demonstrate value for money and that patients should not have to put up with failing services, but Conference is concerned that the government’s plans to overhaul performance management – by bringing back league tables – will be too blunt to take account of staffing shortages, funding challenges or other existing inequalities. Furthermore, depending on how the new system is set up, Conference fears that it could be damaging for staff morale and that it could undermine the stated intention of focusing more on community services and prevention.

Conference therefore calls on the Health Service Group Executive to take every opportunity to feed into the engagement exercise to produce the 10-Year Plan, and to use this as an opportunity to reassert the union’s policy positions in key areas, specifically:

1. the need for a substantial funding uplift for the NHS – including capital budgets – to recognise the damage done by Tory austerity to workforce capacity.
2. action to boost recruitment and retention of NHS staff – based on improvements to pay, terms and conditions, professional regulation, and training and development.
3. the need to move away from failed privatisation and outsourcing initiatives – including the use of subsidiary companies and the Private Finance Initiative – and to follow through on Labour’s commitment to oversee the “biggest wave of insourcing for a generation.”
4. a recognition of wider issues that affect NHS delivery, particularly the need to prioritise the development of a National Care Service, as per Labour’s manifesto commitment.

Health Service Group Executive

44. Bring services home and resist privatisation

Conference calls on the HSGE to re-double UNISON efforts to bring NHS services back home where they belong and ensure that no more UNISON members in the NHS experience the threat of the privatisation and the transfer of their jobs to private companies or wholly owned subsidiaries. UNISON has long argued, supported by international research, that hospital privatisation leads to worse patient care and where hospital cleaning is concerned, privatisation tends to correspond to fewer cleaning staff and higher rates of infection.

Outsourcing has a damaging effect on the 'One Team' ethos in the NHS and disproportionately affects the pay and terms and conditions of women, black and low paid members of staff. Conference welcomes the new Labour Government's manifesto commitment to "the biggest wave of insourcing in a generation" and recognises the opportunities provided by the new Employment Rights Bill. This includes the reintroduction and strengthening of the two-tier workforce code which was abolished under the Tories. The two-tier workforce code should make outsourcing less attractive by ensuring that outsourced employees are not employed on less favourable terms and conditions than those they work alongside.

Conference also acknowledges that the 'Next Steps to Make Work Pay' government paper affords further opportunities to deter outsourcing. The measures proposed will include a public interest test before outsourcing takes place and the need to promote social value in procurement processes. The above measures will also apply to wholly owned subsidiaries.

Conference condemns the recent attempts by East Suffolk and North Essex Foundation Trust in the Eastern region to outsource 1,000 portering, catering and facilities management staff and the decision to hand community services to HCRG Care Group in the South West.

Conference calls upon the HSGE to:

1. work with the relevant parts of UNISON to continue to hold the new government to account on their stated manifesto aims on insourcing.
2. promote the UNISON 'Bringing Services Home' campaign and provide relevant resources, support and advice to assist branches to make the case for insourcing when contracts are coming to an end or contractors are failing in their duty to provide a quality service.
3. call on the government, as an interim measure, to adapt existing secondary legislation so that decision makers have more options to avoid putting non-clinical and support services out to tender.

Operational Services Occupational Group

Amendment 44.1

At the end of the fourth paragraph add: 'Conference is also concerned that where in the UK these decisions are being taken, they start a domino effect of other trusts looking to privatise services. For example, in Eastern region other Trusts have started on proposals to outsource catering staff.'

After bullet point 3 add:

4. Survey all health branches and get an overall picture of where private contracts are in the NHS and how long they have left on the contract;
5. Seek to work with the NEC and regions to ensure any insourcing or outsourcing campaign is supported and adequately resourced;
6. Seek to work with the equalities unit on some research that demonstrates the disproportionate impact of outsourced contracts on Black workers and women.

Eastern Region

45. No more cuts, underfunding or privatisation in our NHS

Conference notes that our NHS suffered fourteen years of a Tory government and its ideological austerity and valorisation of the for-profit sector. This has had a devastating impact on our NHS due to chronic and systematic underfunding putting services and staff under severe strain, a big drop in real terms pay for NHS staff, a huge exodus of valuable, experienced but burnt-out staff, crumbling NHS infrastructure, outdated equipment, a loss of much needed training bursaries, creeping privatisation, and more besides.

Any of us, at any time, could face devastating physical or mental health issues, so having access to high quality, properly funded and timely healthcare services is essential. It not only makes important humanitarian sense, but economic sense as a healthy population is less likely to need expensive crisis or chronic care and is a more productive workforce.

When the Labour Party came into power in July 2024, they quickly commissioned Lord Darzi to investigate the state of our NHS. Not surprisingly, his findings echoed what many NHS campaigners had already been saying; our NHS desperately needs more funding and changing the existing model would do more harm than good. Importantly, he also noted that the previous New Labour Government's restorative funding for our NHS had had a very positive effect and had led to a health service that was rated as world class whilst the New Labour Party was in power.

At the time of writing this motion, it is not clear what the current Labour Party has planned for our NHS and it appears full plans for our NHS will not be announced until spring 2025. However, there have been some announcements in the autumn budget of NHS funding increases, which are very welcome and much needed. Despite this, there are still concerns.

Health campaign organisations such as The Health Foundation, has said there are still substantial funding increases required for our NHS to properly recover.

There are also concerns around the use of the private sector. The current Health Secretary, Wes Streeting, has said that the Labour Party plans to use the private sector 'for as long as it takes' to cut NHS backlogs. Additionally, a big NHS contract has recently been awarded to the private healthcare sector. E.g. In Bath and North East Somerset, Swindon and Wiltshire ICS, a private company has taken over NHS services worth £1.3bn. This private company has been awarded a contract worth around £1.3bn to lead community health services for an entire integrated care system for up to nine years.

Although the Labour Party manifesto says: 'With Labour, it [the NHS] will always be publicly owned and publicly funded,' it doesn't say anything about being publicly run. This is a huge concern in many ways, but one of the concerns is how much public money, staff, investment, contracts, will go to profit driven, non-unionised private healthcare companies when all this is needed in our NHS. Allowing more private sector into our NHS is a slippery slope as our NHS needs to move completely away from for Tory model with its outsourced (for profit) health services that use former NHS staff we need to attract back to our NHS and takes money we need investing back into our NHS.

Moreover, most of these private companies do not recognise trade unions, which is a big concern for Unison, so we need to bring healthcare staff back to our NHS and into our union where we can collectively fight for our NHS and the pay, terms and conditions we deserve.

This conference believes that to properly restore our NHS and ensure it succeeds into the future, our NHS needs continued full investment and proper funding. The use of the profit driven private sector in our NHS diverts much needed funding, staff and resources away from our NHS, which risks further undermining our health service. So, all outsourced services need to be brought back in house and any future contracts given to NHS run services. The continued or increased use of the private sector must also be resisted from a trade union perspective. Due to their often-seen hostility to trade unionism, they could undermine trade unionism and Unison's collective power in the health service.

This conference calls on the HSGE to:

1. campaign, lobby, and make the case for a fully funded, publicly owned and publicly run NHS.
2. approach Unison's Labour Link and encourage them to support this campaign.

Greater Manchester Mental Health Branch

46. No more - bring them back in-house

Conference notes the establishment of wholly owned subsidiary companies within the National Health Service has raised significant concerns regarding the impact on patient

care, staff conditions, and the overall ethos of public service in healthcare. These companies often operate within a framework that prioritises profit over patient outcomes, leading to fragmentation of services and a dilution of the NHS core values of equity, compassion, and accessibility. Conference further notes the introduction of wholly owned subsidiary companies has often resulted in a two-tier workforce, with differences in pay, terms, and conditions, which can adversely affect team cohesion and ultimately compromise patient safety and care quality.

Conference is also aware that wholly owned subsidiary companies can operate with less transparency and accountability compared to NHS trusts, creating barriers between the public and the services provided. This undermines the principle of a publicly funded NHS, where the interests of patients and the community should be paramount. The financial viability of wholly owned subsidiary companies remains questionable, with many facing significant challenges that could lead to cuts in essential services or employment. This practice leads to instability and uncertainty for both staff and patients. Conference has previously highlighted that the creation of wholly owned subsidiary companies often leads to staff being employed under less favourable conditions.

Conference congratulates those branches and regions that have led campaigns opposing the implementation of wholly owned subsidiary companies and those campaigning to bring them back in-house. Conference believes that wholly owned subsidiary companies have no place in our NHS. Work must start now to bring these back under direct NHS provision and campaign to prevent the creation of more. Conference welcomes the election of a Labour Government and its call for the 'biggest wave of insourcing for a generation' and believes this includes wholly owned subsidiary companies and, this work should start now.

Conference calls on the Health Service Group Executive to:

1. Call for the abolition of wholly owned subsidiary companies within the NHS to restore the integrity of public healthcare provision.
2. Work with Labour Link to hold the government to account on the election pledges regarding insourcing.
3. In addition to promoting UNISON's 'Bringing Services Home' campaign, continue to provide updated advice, support and guidance to branches to campaign against the creation of any further wholly owned subsidiary companies.
4. Emphasise the need for direct investment in NHS services, highlighting that funding should go towards improving patient care rather than requiring profit margins for wholly owned subsidiaries.

Newcastle Hospitals Unison Branch

47. Reintegrating social enterprises back into the NHS

This Conference notes that Darzi describes the NHS health and social care act 2012, ushered in by the Tory health secretary Andrew Lansley, as “a calamity without international precedent”. He particularly highlights the damage done by dismantling NHS structures and the “scorched earth” approach to health reform, the effects of which are still felt to this day. In real terms this meant social enterprises, such as Livewell SW, were set up to provide NHS services using staff that were outsourced from the NHS. Originally staff were TUPE transferred under NHS terms and conditions with accompanying benefits, such as the NHS pension, but overtime these terms and conditions have been eroded.

Conference notes that over the last 14 years we have seen a growth in privatisation, of fragmenting the NHS, of driving down terms and conditions. Our skilled workforce are exasperated- despite some social enterprises valuing their own viability over any other concern, despite the experience for patients and staff of services as disjointed and slow, despite some Social enterprises building vast reserves of NHS money- commissioners are still choosing to send more contracts to them. Is it because they are better? Or is it because they are cheaper?

This issue is relevant and important to health service members as workers. Our members hard work is flogged under the banner of NHS work, whilst the social enterprises milk the system and hoard the surplus. It must end. For our NHS to flow from ambulance, to acute, to community we need each member of the team to be equal, to have systems that are transparent and complimentary based on patient care not cost savings.

Streamlined services with fewer providers would mean saving on management costs which could be reinvested into frontline services, ensuring that all staff delivering NHS services have access to NHS pensions and the same terms and conditions. Our members want to be part of the NHS, it is time for team to reassemble.

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

1. work with Labour Link across England to raise awareness and opportunities to reintegrate services into the NHS family;
2. 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.
3. Continue campaigning for all staff delivering NHS services to have access to Agenda for Change pay, terms and conditions.
4. Promote UNISON's bargaining guidance and advice on this issue.
5. Encourage cross branch collaborative working where relevant, for example when the commissioning body has a UNISON branch.

6. Encourage branches to share good practice of engaging with and influencing the commissioning process.

Plymouth in UNISON

48. Campaigning for properly funded mental health services

This conference notes that until recently, we've had fourteen years of a Tory government. Its ideological austerity has had a devastating impact on our NHS, from systemic underfunding, years of pay restraints and creeping privatisation. Consequently, we have seen NHS services and staff come under severe strain, with a big loss of both experienced staff and essential services. Some research has also linked excess deaths to NHS and social care cuts.

Mental health services have always been the 'poor relation' compared to physical health service funding, so these services have particularly struggled in both community and in-patient services. More than one in four people in UK experience devastating mental health crisis. These numbers are increasing in the general population and amongst health workers.

Unfortunately, the Tory government did not adequately invest in NHS mental health services, either in primary or community care. Primary mental health services and ongoing support in our communities can prevent the need for expensive secondary care services. In Greater Manchester, for instance, the situation is especially dire and there is a growing crisis. Mental health services across Greater Manchester are suffering from £90 million of under-investment, according to an 'independent diagnostic' commissioned by Greater Manchester Integrated Care Board (GM ICB) in 2023. This concluded that there was a huge shortfall compared to elsewhere in the UK. Per capita, the mental health spend in Manchester falls short of national averages by approx. 50%. This is totally unacceptable.

Despite this, GM ICB has been told by NHS England that they have an £180m financial deficit. So, they have agreed to make substantial cost savings over a 3-year period to eliminate this deficit. It's crucial we resist any cuts to staffing or services.

We are also seeing increased privatisation in our NHS, which diverts much needed funding away from NHS services. The Integrated Care Systems (which oversee our local health and care services) allows private health care companies to have a big say in where NHS funding goes. This leads to uncoordinated, profit driven and often un-unionised services that cannot address the crisis in mental health services. Moreover, the profit motive can mean private providers cut corner and have no incentive to discharge patients in hospital or to provide supportive but costly after-care community services.

This conference believes having access to high quality, properly funded and timely mental health services is essential. It makes humanitarian and economic sense, as it avoids the trauma and devastation mental ill health can bring (especially when severe) and a psychologically well population is much more able to work and function. All our NHS mental health services need to be fully funded so they can provide the high-quality services people

require at the earliest opportunity. This will save money and prevent many people from needing expensive secondary care services when they become acutely unwell.

This conference calls on the HSGE to:

1. prioritise campaigning, lobbying, and making the case for adequate mental health NHS funding and NHS run services.
2. To approach Unison's Labour Link and encourage them to support this campaign.

Greater Manchester Mental Health Branch

Greening the NHS

49. Maintaining our commitment to a greener NHS

Conference notes the devastating consequences of the climate crisis – be it floods, hurricanes, or extreme heatwaves scorching the globe. It is clear we are on the irreversible brink of climate disaster.

Conference notes the launch of UNISON's bargaining guidance on green issues in the workplace in September 2024. This exemplifies how UNISON is working to meet the challenges of climate change for both the environment, the economy but especially the jobs and health of our members. Conference asserts it is vital that we all do our bit to recognise and get involved at every level needed to meet global climate commitments. Conference also notes the ambitious plans to reduce both the directly controlled and indirect carbon emissions produced by the NHS.

Conference applauds how more and more health branches have recognised the urgency of action on climate as a health priority. We welcome the work done by the union including collaboration with external stakeholders such as:

- Centre for Sustainable Healthcare to host the webinar 'Sustainable Health – Why Greening the NHS matters to us all';
- a 6 week 'Climate Conversations Challenge' jointly run with community groups like Larger Us;
- improving accessibility to green skills training by delivering to environmental and green reps in health branches;
- the ongoing production of resources for health branches to run local organising campaigns to improve access to affordable food and to prevent food waste for staff.

Conference contends that NHS staff have a significant role to play in helping the NHS to achieve its net zero emissions target by 2040 and we welcome work that highlights how our members can support environmental sustainability. UNISON can help our members working in health to have a more general understanding of the climate emergency, the impact on communities, the patients they care for and how sustainability will need to be

built into every area of practice. However, Conference notes the importance of ensuring that the costs of our commitment to a greener NHS do not fall on health workers.

Our campaigns on mileage rates, greener travel schemes, more efficient ambulances and vehicle fleets, sustainable food, and insourcing, all have the potential to reduce NHS emissions.

Conference calls on the Service Group Executive to:

1. engage with de-carbonisation work across the NHS, to identify and prioritise those aspects that have the most immediate and biggest impact on work roles, job security and earnings for NHS staff including: food policies; staff transport and travel; staff roles etc.
2. continue to support branches to encourage activist involvement from all our occupational and self-organised groups in this agenda to ensure approaches are inclusive of diverse experiences and perspectives.
3. produce resources including branch guides, workshops and training opportunities that encourage local organising and campaigning across green issues in the NHS.
4. continue building networks and collaborative work with external bodies including community groups with expertise in these areas to provide our environmental and green representatives with practical advice and information, training, and relevant negotiating guidance
5. work to influence discussion and policy development on these and related matters through the relevant partnership and bargaining structures within the four UK administrations.

Health Service Group Executive

Amendments ruled Out of Order

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

Amendment to motion 4: Make work pay for members

(Submitted by Health Service Group Executive)

In action point 5, delete the word 'National' and replace with 'Real'

The following amendment was ruled out of order because it is factually incorrect and therefore not competent:

Amendment to motion 44: Bring services home and resist privatisation

(Submitted by Salisbury Health)

In paragraph 4 which starts "Conference condemns", after the words "... and the decision ..." delete the remainder of the sentence replace with the following words –

“by the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board, signed off and approved by the Labour Secretary of State for Health and Social Care, to hand over adult community health services in Wiltshire to HCRG Care Group, leading to the transfer of over 2000 staff. This despite their being a competing proposal to insource these services which would have led to greater joined up provision of NHS care in the county.”

Health Conference 2025

Conference procedures and advice for delegates

a) Standing Orders Committee

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

Members of the SOC are:

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

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

Role of the Standing Orders Committee

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

- **Agreeing composite motions**

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

- **Considering emergency motions or amendments**

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

- **Finalising the timetable**

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

Role of Standing Orders Committee Chairperson

The Chairperson of the Standing Orders Committee ensures that clear decisions are reached, and that a fair hearing is given to all delegates coming before the committee. The Chairperson delivers regular reports from the Standing Orders Committee to the Conference, including the proposed order of business, emergency motions and withdrawals.

Where to find the Standing Orders Committee

The Standing Orders Committee will be available throughout conference. They are located in **Meeting Room 11C** in the conference centre. Please contact the steward or a member of the Standing Orders Committee if you want to raise an issue concerning the business of conference.

b) Conduct of delegates

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

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

c) Chair of Conference

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

The Chair also has the authority to take action in respect of any delegate in response to behaviour which is deemed to be inappropriate or unacceptable (for example causing a disturbance and refusing to obey the call to order, interrupting a speaker, engaging in behaviour which is insulting or otherwise disrespectful either at the conference, or at any official event connected with conference or on social media).

The Chair may delegate the exercise of this authority. This authority includes issuing the delegate with an informal warning, preventing them from speaking in any debate or motion,

a temporary removal of credentials for all or part of the conference, or otherwise expulsion from conference. Where appropriate, consultation and discussions will take place with the relevant regional delegates. Such behaviour may also be dealt with under the union's disciplinary procedures.

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

d) The business of Conference

Standing Orders Report

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

Annual Report

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

e) If you want to speak

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

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

f) Raising a point of order

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

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

A delegate may move the following motions at any time:

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

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

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

g) Withdrawing motions/amendments

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

h) Emergency motions

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

Emergency motions must be received at least five working days prior to the start of conference. In the case of the 2025 conference this means that all emergency motions must be received by **12.00pm on Friday, 28 March**. The only exception to this deadline would be for motions relating to events that take place thereafter.

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

Branches will have to show that:

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

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

i) Remitting motions

The Health Group Executive Committee announces its policy on motions in advance. It may support, oppose or seek to remit. To remit a motion means that the Group Executive is asking Conference not to vote on the motion, but to refer the issues raised in the motion back to the Health Group Executive Committee for further clarification, elaboration or investigation.

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

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

j) Reference back

There is no provision in the Standing Orders for reference back of conference reports. However, for the purpose of the Annual Report, delegates may move reference back of a paragraph of the report they do not agree with. If accepted by Conference, the effect of moving reference back in this case is to not accept the particular paragraph of the Annual Report.

Similarly, delegates can move reference back of a particular section of the Standing Orders Committee report if they are not satisfied with its contents, and the section in question will be reconsidered by the SOC. It is important to note that a motion is the property of a Branch, Region or other submitting body until it is moved at Conference. Therefore, only the original submitting body can reference back sections of the SOC report relating to their submission.

k) Card Votes

When is a card vote held?

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

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

About your card voting booklet

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

Other useful card voting procedures

- i. When a card vote is called the Chair will ring a bell.
- ii. The voting period will not be less than five minutes.
- iii. The Chair will ensure collectors (members of staff) are in their places and voting will commence.
- iv. Cards will be placed in boxes controlled by the designated collectors. To cast your vote you can use any one of the boxes stationed around the hall or you can ask for a box to be passed to you (this must remain in the sight of the collecting officer otherwise this will invalidate the whole vote.)
- v. The Chair will ask delegates whether all votes have been cast. The Chair will ring the bell for a second time to indicate the end of the voting period.
- vi. Boxes will be locked and taken to the vote counting area where they will be opened and counted under the supervision of the Tellers appointed by Conference.
- vii. Results will be announced as soon as possible.

How does my branch register a card vote?

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

- you use the correct card vote number as announced by the Chair
- you cast your voting strength FOR, or AGAINST a motion in the boxes provided or you may SPLIT (divide) your vote.

- your overall vote (FOR, AGAINST or SPLIT) must not exceed your voting strength.
 - you must use numbers ONLY in the boxes provided (do not use ticks, crosses, decimals or fractions).
 - you must then sign your card and place your vote in one of the ballot boxes provided.
 - If you do make a mistake, amend the card appropriately and initial any changes. Do not use the next card as this will be excluded from the count.
- If a vote is cast incorrectly, it will be treated as spoilt and not recorded as part of the result.

l) Delegate credentials

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

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

Change of Delegate

A change of delegate can be made via the Online Conference System up until 11:59pm on Friday, 4 April. After this time a paper 'Emergency Change of Delegate' form must be completed, signed by your Regional Head of Health and submitted to the conference office before the start of conference. The 'Emergency Change of Delegate' form will be available to download from the UNISON website, from the conference office and from your regional delegate meeting. There can be no changes of delegate after the start of conference.

Scanning

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

m) Shared delegations

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

How to make your sharer badge

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

n) Focus group sessions and invited speakers

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

o) Collection and leaflets

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

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

p) Note for visitors

Visitors are asked to remember that they are welcome to observe debates but they must take no part in the proceedings of Conference or seek to influence the proceedings in any way, and are not permitted onto the Conference floor. If Conference goes into closed session, only those visitors who can produce their UNISON membership card will be permitted to remain in the visitors' area.

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

q) Health and safety information, security and safety

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

Conference venue and access information

In and around the conference venue

Conference desk

The conference desk is in the Galleria. It is responsible for all administrative and organisational matters related to the conference. The desk will be open from 2.30pm to 6pm on Sunday, 8.30am to 5.30pm on Monday and Tuesday, and from 8.30am to 12.30pm on Wednesday.

Credential photographs

If you need a photograph for your credentials, there are facilities at the conference desk to take photos.

Card vote collection desk

The card vote collection desk is in the Galleria. Please collect your card votes from this desk. It will be open on Monday from 8.30am to 4pm and on Tuesday, from 8.30am to 11am.

Cloakroom

There is a free cloakroom service at the ACC Liverpool conference venue.

Creche

The creche is only available for delegates who have reserved places for their children in advance of conference.

Catering

The main catering area is in Hall 2B. There is also a coffee shop in the Galleria.

First aid

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

Prayer room

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

Quiet room

A quiet room is available to use on the upper floor, Room 7.

Wi-Fi

Free Wi-Fi is available. No login ID or password is required.

Smoking

Smoking is banned in all enclosed public spaces. This includes the use of e-cigarettes and vapes. Anyone found smoking anywhere in the venue will be requested to leave.

Conference venue and directions for the Liverpool ACC Convention Centre

Venue Information

Liverpool ACC Convention Centre
Arena and Convention Centre Liverpool
Kings Dock
Liverpool Waterfront L3 4FP

Enquiries: 0151 475 8888

Email: info@accliverpool.com

Website: www.accliverpool.com

How to get there

By air

From John Lennon Airport you can take the express bus service Route 500 from outside the terminus. This takes about 25 minutes and drops you off about a 5-minute walk from the Arena and Convention Centre (ACC) Liverpool. A taxi to the city centre will take about 20 minutes.

By rail

There are a range of regional and local rail connections to choose from. There are hourly direct train services from London Euston to Liverpool Lime Street (a journey time of just over two hours). Other long-distance rail services also operate into Liverpool Lime Street station.

ACC Liverpool is a 20-minute walk from Lime Street or a short taxi ride. You can also transfer to the underground Wirral Line trains to James Street station, a 10-minute walk away or take the CityLink Route C4 which stops at the ACC Liverpool. When travelling from outside Merseyside, you can catch an underground train to James Street from Lime Street station.

For up-to-date information about buses, trains and ferry services, call the Traveline on 0151 236 7676. The Traveline is open from 8am – 8pm every day.

By bus

Most Liverpool city centre bound buses call at either Queen Square bus station (about a 15-minute walk) or Liverpool ONE retail development bus station (about a 5-minute walk). This also has long distance coach services.

The CityLink Route C4 shuttle bus links Queen Square bus station, James Street rail station and Liverpool One Bus Station to the ACC Liverpool. It operates every 30 minutes, seven days a week, between 7am – 8pm.

For information about bus services, please visit: www.merseytravel.gov.uk

By Road

From the North

Leave M6 at junction 26 and follow signs for M58 Liverpool. Follow to end of M58 and then take signs for A59 Liverpool. Continue to follow Liverpool City Centre until picking up signs for the Waterfront. The Liverpool Kings Dock is signposted on the city wide “available spaces” signage.

From the South

Leave the M6 at junction 21A and take the M62 to Liverpool. At the end of the M62 follow signs for Liverpool City Centre along Edge Lane, picking up and following signs for the Waterfront and Kings Dock Parking and all other on-site parking is signposted “Waterfront” on the “available spaces” signs that are found across the city.

Parking

A new 2000 space multi deck car park is open 24 hours a day and is centrally located on Kings Dock – ideal for access to the Liverpool ACC, M&S Bank Arena and all destinations including Albert Dock, Liverpool City Centre, Liverpool ONE and museums.

Car parking tariff rates:

Up to 1 hr - £2.40

Up to 2 hrs - £6.00

Up to 5 hrs - £8.00

Up to 9 hr - £12.00

Up to 24 hrs - £18

There are alternative car parks available within five minutes’ walk away, including Q-Park John Lewis (Liver Street) and Q-Park Liverpool One (Strand).

For more information on getting here, please visit the ACC Liverpool website:

<http://www.accliverpool.com/visiting-us/travelling-here/>

First aid

If you require first aid assistance, please speak to a member of the ACC Liverpool team or the conference office. The first aid rooms are located on the Arena side of the building and stewards will be able to escort you to these rooms. Alternatively, first aid assistance can be called to your location in the building.

Recycling and general waste facilities

There are recycling and general waste bins throughout.

Wi-Fi

Free Wi-Fi is available – no log in ID or password required.

Charging Lockers

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

Cash machine

A cash machine is located in the lower Galleria level on the riverside of the building.

Smoking

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

Accessibility Summary of the Liverpool ACC Convention Centre

UNISON staff member, Helena Dias, is the conference access officer. Questions about access and facilitation should be addressed to her via the conference information desk.

Accessible car parking and Drop off Location

Visitors driving to the ACC convention Centre will find accessible parking at the Kings Dock car park although it is not free for Blue Badge Holders. There are dedicated disabled spaces on each floor for the ease of visitors. Please note that these spaces are on a first come first served basis. Lifts in the car park feature a mirror to aid reversing out of the lift and have both visual and audible floor indicators. Stairwells are clearly marked and have handrails on both sides. The route from the car park to the entrance is accessible for wheelchairs users, although assistance may be needed as the route does include some ramps.

Visitors may also be dropped off on the river side of the building at our designated "Drop off Point" for coaches and taxis. There is a ramped access to the Riverside entrance doors. Designated cycle bays can be found on the Riverside entrance (road level) and on the ground level of the multi storey car park situated on site.

Venue Access

The venue is accessible via access ramps from the city, car park and taxi drop off point. All steps have designated support railing for assistance. Access to the Galleria (main entrance level for the ACC Convention Centre) is situated on the same level as the exit from the car park. The entrance doors are double automatic door and are always staffed when an event is taking place. The Galleria flooring is slate.

The Visitors Service Desk is situated on the Galleria level, this is the main reception point for the building and can, also, provide local information, taxi bookings etc for delegates. Also on the Galleria is the E-On Business Centre and Heathcotes Café.

There are two lifts which are available from the Galleria to both the Upper and Lower floors. Each lift has an accessible width of 1300mm and visual and audible floor indicators. There

are also escalators which can be used to reach the other levels, stewards are situated at both the top and bottom to assist delegates.

On the main conference level all rooms are on the same level and stewards are positioned to assist disabled delegates. The conference level lighting is bright and there are contrasting colours to assist with navigation and for access doors. The conference level is all carpeted. The lower level is also all on the same level and is fully carpeted.

Assistance Dogs

ACC Liverpool welcomes delegates with assistance dogs. Please ensure that your assistance dog is clearly identifiable when entering the building to ensure that our Stewards are aware of their presence. Facilities for assistance dogs are available on request.

Toilets

There are 2 unisex Disabled Toilets on each of the conference floor and mezzanine levels. On the lower level, there are separate Disabled Toilets for Ladies and one for Gents.

Taxi

Local taxi companies who can provide wheelchair accessible vehicles, please specify the requirement for wheelchair access on booking.

Davy Liver Ltd	0151 709 4646
E2A Cabs	0151 229 1066
ComCab	0151 298 2222 / admin@comcab-liverpool.co.uk

(formerley known as Mersey Cabs)

For a full copy of the ACC Liverpool's Accessibility Guide for Conference Delegates, please visit their website: www.accliverpool.com/

Monitoring for Fair Representation and Proportionality

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

The form is available at:

<http://s.alchemer.eu/s3/2025-Health>

Or by scanning the QR Code:



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

Rule P. Standing Orders for conferences

1 Application of Standing Orders

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

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

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

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

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

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

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

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

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

2 Standing Orders Committee

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

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

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

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

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

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

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

1. decide whether such motions and amendments have been submitted in accordance with the Rules
2. group together motions and amendments relating to the same subject, decide the order in which they should be considered and whether they should be debated and voted on separately or debated together and voted on sequentially
3. prepare and revise, in consultation with the movers of motions and amendments, composite motions in terms which in the opinion of the Committee best express the subject of such motions and amendments
4. refer to another representative body within the Union a motion or amendment which in the opinion of the Committee should properly be considered there; the mover shall be informed of the reason for so doing
5. have power to do all such other things as may be necessary to give effect to these Standing Orders.

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

3 Motions and amendments pre-conference

3.1 Procedure

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

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

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

4–7 Conduct of conferences

4.1 The National Delegate Conference shall meet in public session, except that by direction of the National Executive Council or by resolution of the Conference the whole or

any part of a Conference may be held in private. In addition to the elected delegates and those who under Rule D.1.7 have the right to attend and speak at Conference, the only persons permitted to attend a private session of a Conference shall be

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

4.1.2 such other persons as the President may determine.

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

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

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

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

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

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

8 Voting

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

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

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

9 Tellers

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

10 Withdrawals of motions and amendments

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

11 Motions and amendments not on agenda

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

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

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

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

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

12 Procedural motions

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

12.1 that the question be now put, provided that:

1. the President may advise Conference not to accept this motion if in their opinion the matter has not been sufficiently discussed
2. if the motion is carried, it shall take effect at once subject only to any right of reply under these Standing Orders.

- 12.2 that the Conference proceed to the next business
- 12.3 that the debate be adjourned
- 12.4 that the Conference (or any part thereof) be held in private session provided that:
- 12.5 a motion under Rules P.12.1, P.12. 2, and P.12.3 shall be immediately put to the vote without discussion and no amendment shall be allowed
- 12.6 the President may at their discretion permit a motion under Rule P.12.4 to be discussed and amendments moved.
- 12.7 no motion under Rules P.12.2 or P.12.3 shall be moved by a person who has spoken on the motion or amendment in question.

13 Amendments to a motion

- 13.1 When an amendment to a motion is moved, no further amendment may be moved until the first one is disposed of, subject to Rule P.16.
- 13.2 When an amendment is defeated, a further amendment may be moved to the original motion.
- 13.3 When an amendment to a motion is carried, the motion, as so amended, shall become the substantive motion, to which a further amendment may be moved.
- 13.4 A delegate shall not move more than one amendment to any one motion, nor shall the mover of a motion move any amendment to such motion.

14 Limit of speeches

- 14.1 The mover of a motion or an amendment shall not be allowed to speak for more than five minutes and each succeeding speaker for not more than three minutes, except where the Standing Orders Committee have decided otherwise.
- 14.2 No person shall speak more than once on a question, except that the mover of the original motion may exercise a right of reply for not more than three minutes, introducing no new material.

15 Points of order

- 15.1 A delegate may at any stage in a Conference raise a point of order if they consider that the business is not being conducted in accordance with the Union's Rules and Standing Orders.
- 15.2 Such a point of order must be raised as soon as the alleged breach occurs or at the earliest practicable moment thereafter.
- 15.3 The President's ruling on the point of order is final.

16 Grouped debates and sequential voting

- 16.1 Where, in the view of the Standing Orders Committee, separate debates on specified motions and/or amendments dealing with the same subject matter would lead to undue

repetition in the debates, a grouped debate and/or sequential voting may be adopted by Conference.

16.2 The following procedure will be followed:

1. The President will advise Conference of the order of business and of the sequence in which motions and amendments will be moved and voted on following a general debate, and of the effect of certain proposals on others.
2. All motions and amendments included in the debate shall be moved.
3. The general debate shall take place.
4. The President shall again state the order of voting and shall advise Conference which, if any, motions or amendments will fall if others are carried.
5. Voting will take place on motions, preceded by relevant amendments, in the order in which they were moved.
6. A debate being conducted under this procedure may not be adjourned until after all the motions and amendments have been moved.

17 Reports by National Executive Council

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

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

18 Reference of outstanding items to the National Executive Council

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

19 Suspension of standing orders

19.1 Any one or more of these Standing Orders may be suspended by a resolution of Conference in relation to a specific item of business properly before that Conference and to the proceedings thereon at that Conference, provided that at least two-thirds of the delegates present and voting shall vote for the resolution, or in the case of a card vote at least two-thirds of the votes cast are for the resolution.

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