

# UNISON

# Branching Out



Bulletin of Gwent Healthcare branch. No 19. Autumn 2007

Free to members

Remember, remember the third of November ...

# CELEBRATE AND DEFEND OUR NHS!

It's easy sometimes to lose track of how lucky you are. We may have had problems and face some contentious plans for reorganising services, but we have not faced a fraction of the turmoil and trauma that our colleagues in England have had to put up with.

While some Welsh MPs at Westminster no doubt facilitated the legislation that has imposed Foundation Trusts on England's NHS for example, by a wafer thin Commons majority of just 17, in the teeth of opposition from UNISON and other health unions, the policy has never been applied to Wales.

Now English unions are forced to endure the spectacle of a handful of Foundation Trusts piling up hefty surpluses (almost £1 billion NHS funding unspent at the last count), while NHS hospital and mental health Trusts are forced into cutbacks as they wrestle with multi-million deficits. No such problems here.

Or take PFI: only one substantial hospital project (the Neath-Port Talbot hospital) was completed in Wales paid for through the "Private Finance Initiative" (along with our smaller PFI hospital in Chepstow) – and while the costs have been inflated through PFI, by current comparisons these were both relatively cheap schemes.

Since then successive WAG governments have



correctly steered clear of PFI and the One Wales statement specifically rejects it for the life of the current Assembly.

By contrast PFI hospitals up and down the length of England are proving to be a financial nightmare, with inflated overhead costs, and massive legally-binding, index-linked payments forcing cuts in services and loss of jobs. Meanwhile the headline cost of PFI schemes has continued to skyrocket.

This month new figures emerged revealing that the one of the new higher cost schemes, new Walsgrave Hospital built under PFI in Coventry for a massive £420 million, is facing a £40 million shortfall in 2008, even after axing 600 jobs, imposing

brutal car park charges and closing beds and services this year as they struggle to balance the books.

Another example is "Independent Sector Treatment Centres" (ISTCs) – run for profit by private multinational companies and delivering higher-cost elective operations to NHS patients in England.

While the One Wales statement commits the NHS to eliminate the use of private hospitals by 2011, in England the Department of Health is continuing to impose new ISTCs – despite the fact that they undermine the financial viability of local NHS hospitals, charge an average 11.2% more than NHS hospitals, and enjoy fixed term and guaranteed contracts no matter how little work they actually deliver.

The *Health Service Journal* recently pointed to a massive 50,000 operations paid for but not delivered by ISTCs, while questions remain to be answered on the quality of care they provide as well as value for money.

In Wales the new government has made a very firm and welcome commitment to public services:

"We firmly reject the privatisation of NHS services or the organisation of such

**Remember remember**

# 3

**November**

## Celebrate and Defend the NHS

**Join us on Saturday 3rd November** in sending a clear, strong message to the governments in London and Cardiff.

The branch is laying on coaches for members, families and colleagues up to the march and rally in Central London

Don't watch it all on the telly and then wish that you had been there.

If you are fed up with

- constant changes threatening services and jobs?
- cuts in your living standards?
- eroding working conditions?

**It's time to make your voice heard.**

**Book your seats now** see your Unison steward or contact the office on 01633 - 238339

services on market models. We will guarantee public ownership, public funding and public control of this vital public service."

Perhaps this pledge should be taken on board by Gwent Healthcare Trust instead of pressing ahead with their plans for privatization of external mail services to TNT?

At least this commitment should knock on the head any attempt to revive that madcap Trust plan to outsource medical secretaries' work to private firms in India or elsewhere.

By contrast the ongoing review of health services in England by Lord Darzi has explicitly suggested bringing private sector providers in to fill gaps in GP services, and voiced enthusiastic support for ISTCs (without supplying a shred of evidence of their

effectiveness).

To make matters worse, the day after the Darzi report came confirmation by his ministerial colleagues that 14 giant private sector corporations, including four big American health insurers and care managers – Aetna, Humana, UnitedHealth and Health Dialog Services – are now allowed to bid for contracts to help Primary Care Trusts (equivalent to Local Health Boards) spend their massive £70 billion NHS "commissioning" [i.e. purchasing] budgets.

Also included in a list of 14 "approved" firms are UK-based private companies including BUPA, Axa PPP and Tribal, along with KPMG and McKinsey.

Contracting out commissioning in this way represents a qualitative step change in privatisation, one

that could open the door to US-style Health Maintenance Organisations moving in on primary care and elective services.

One thing all 14 companies have in common is that not one of them has any experience of commissioning or providing a comprehensive and universal health care system like the NHS. The US corporations are part of a ruinously expensive and inefficient and fraud-ridden system that leaves one in six of Americans without health insurance.

So however critical we may be of the gaps and failings in health services in Wales, at least we don't face a corporate takeover of our NHS.

We have more to celebrate on the march through London on November 3, while many English branches have to fight to defend themselves, their members and the services they provide from cuts, closures and privatisation.

**Join UNISON today: form on back page**



# Gwent Healthcare **roundup**



**Chris Jones, UNISON**  
The joint statement on the Health Service from the Labour/Plaid coalition government is the most impressive for 30 years,

reinforcing a commitment to a publicly owned and run National Health Service.

The specific statements following upon it from Edwina Hart have been equally positive. The abolition of the internal Market in April 2009 is something we have called for since its creation, 15 years ago. It is expensive and cumbersome.

## Organisational change

We have to recognise that this will bring change, and this makes it more important to look after members.

However there are 54 public service organisations in Wales involved in Health and Social care for a population of 3 million: this number is difficult to justify.

## Reality

The financial situation remains bleak; and there will be a significant target for "efficiency savings" next year.

Part of the Welsh political agenda is a public service for Wales across services, and one can understand a national examination of duplication between trusts and between Health and Local Government.

However UNISON believes that the Shared

Services initiative (despite the possible avoidance of a centralised Prestatyn Model) remains a significant threat to our members in the respective Corporate Departments.

These staff need to take a leaf out of the Medical Secretaries' book, and get active enough to push the issue higher up the agenda.

## Farce

So how far should we 'cooperate' with change in this situation?

I heard yesterday that despite all the money spent (wasted?) on initiatives the number of outpatients seen at the Royal Gwent has

steadily gone down for the last seven years. With our members often working in an unsatisfactory working environment, and suffering stress as a consequence, we have to resist don't we?

## Fiasco

We also need to criticise ourselves. When the pay offer for 2007/8 was discussed at Health Conference in April it was unanimously rejected. Nevertheless nationally little appeared to be done to implement that decision.

The smallest amendment, albeit a welcome one, was made to the offer, helping those on the first seven

increments. And when the ballot was held, 12% of members voted in favour, with 6% against – and most taking no position at all on the pay deal that affects all of us.

We are now heading for a possible 3 year deal and possibly the abolition of band 1.

Members and activists at all levels need to get a grip on this.

We must not lose grip of the issue of wages and salaries, whatever other problems we may have to contend with: the pay packet is why we go to work, and why many people join the union.

**Ebbw Vale demands Redraw the Borders**

Scottish Health Staff paid in full – no staged pay award

Glasgow Health chiefs to reduce parking charges at 4 major hospitals

All donations to the "Get the Trust Board out of a Hole Fund" happily received.

Your Trust's Cashpoint



## YTC protest slams car park charges

### Mike Markey steward Ysbyty'r Tri Chwm, Ebbw Vale, (personal capacity)

When meeting fellow health workers, patients and public from around the County I cannot think of one person who thinks the introduction of hospital car parking charges as fair and just (with the exception of senior managers of the Trust).

On April 1 this year (yes April Fools' Day) Gwent Healthcare Trust hiked up existing charges and introduced charges to all other sites throughout Gwent. This is part of the Trust's plans raise revenue by robbing staff and patients in order to reduce the

Trusts financial crisis.

Theoretically they can raise these fees every year if they see fit.

The NHS was founded on the principle that healthcare should be free at the point of use for all patients. Unfortunately successive governments have allowed Trusts to get around this principle by introducing parking fees. Recent press reports have highlighted that some Trusts are raising as much as £2.4 million per annum. Gwent plans to raise around £1m.

Let's be clear about this: a charge of £118 per year to staff is a PAY CUT, especially in a year when we have been offered a 2.5% pay rise whilst

inflation runs at 4.2% and when registered nurses are faced with a registration fee hike of £76 per year.

For our fellow healthworkers on the lowest banding, £118 is a considerable proportion compared say to the Chief Executive on £184,000 per annum.

For patients and service users, the charge is a tax on the sick. Patients have already paid their taxes to fund the health service so why the additional charge?

The Trust bosses argue that the charge is to provide secure parking, lighting CCTV and so on: but these are part of the Trust's fixed costs. CCTV should be provided as duty of care

by the employer under health and safety, not a privilege to be paid for by additional charges by staff and patients alike. We must be the only group of workers who are charged to attend our own place of work.

We at Ysbyty'r Tri Chwm in Ebbw Vale were very angry at these charges and decided to oppose them from the off.

A staff meeting was quickly called and after some discussion decided to start a collective grievance. It was encouraging to have all grades of staff together resisting this one.

A petition was drawn up, we enlisted the support of patients and relatives. We have long term patients at YTC one carer pointed out

visiting her father a few times per week costs around £144 per year. Despite promises no concessions have been given to relatives at YTC.

Despite terrible weather conditions we held a successful lunchtime demo outside the hospital.

We were joined by relatives and members of the public, and by some fellow Unison members from the local government branch.

We also received messages of support from branches including Birmingham, Cambridge and Manchester healthworkers.

The campaign received a high public profile in the local press and we were covered in a major feature on the BBC evening news where they were inundated with calls and e-mails in support of our campaign. The general public is well behind us on this one.

Unfortunately despite the campaign we failed to stop the charges. We knew deep down we were up against it, being such a small hospital but we made waves throughout Wales. We contacted Edwina Hart

WAG health minister during the campaign, and received a short reply stating that parking charges were "a matter between local unions and management".

There is a policy of no interference by WAG although I understand they are now offering a review.

It's going to take a much bigger campaign to end these charges. Staff are unhappy all over the county about the parking situation.

It's time we all made a stand: we cannot do it at YTC alone. These charges can be beaten. Raise this issue with your public representatives, and encourage patients to write to the Chief Executive.

But furthermore all we have to do is keep our hands in our pockets and refuse to pay these charges and encourage patients and relatives to do the same.

Next year is the 60<sup>th</sup> Anniversary of the NHS: let's celebrate it with a return to the founding principle of care free at the point of access by getting this tax on staff and the sick abolished.



# EDITORIAL

## notes

By Alun Jennings



### Wishing Well People

Although I have been back at work for some time, this is the first opportunity I have had to personally thank all those who had relayed their messages of support whilst I was recovering from illness.

My sincere thanks to you all.

### Agenda for Change

Apparently, so we're told, A4C is done and dusted.

Here at 'Branching Out' we feel this is just the start of the 'difficult' phase in the process. Many people will be awaiting result of the review they have submitted: some will discover they have yet to be matched!

So we would like to hear your experiences, (please keep them clean and easy to read), for specific publication in an A4C 'Branching Out' Special Edition, that will be planned for next year.

Please send all your electronic contributions to: Alan.jennings@gwent.wales.nhs.uk or snail mail to UNISON Office, St. Woolos Hospital, Stow Hill, Newport. NP20 4SZ.

### Re-organisation, re-structuring, and Trust modernisation reviews

Most of our readers will be aware of the wholesale restructuring that the trust has been undertaking.

Many will have been involved with departmental changes, and the personal heartache of applying for 'new' jobs during the past year.

'Branching Out' realises that managing a huge organisation requires constant review, particularly when so many external pressures like waiting times targets, patient waiting list initiatives and value for money scrutiny are demanded by Wales Assembly Government, and coupled with this are the perpetual advances in treatment



regimes, surgical techniques and innovative care provision.

But staff involvement does concern us.

Changes, (and they always affect staff), should be managed sensitively and fully inclusive. As trade unions, our first comment during any consultation is to ensure that all staff are aware of the proposals.

When we are involved in these debates we naturally seek comment from our members.

Unfortunately we discover that at times, proposals are made and either we are not directly involved, or staff are informed (prematurely) that the trade unions have been consulted and everything has been agreed.

In order to get a more comprehensive understanding a Joint Management Staff Consultative Committee, (JMSSC), has been established to meet trust-wide and include all the Divisional General Managers.

They have met twice and at the last meeting, it was agreed to agenda for the next meeting the important aspect of communicating to staff.

At the moment the only way this is done is by distributing and photocopying minutes or notes of meetings, unfortunately 'Branching Out' feels this is not always the best method and many imaginative ways could be employed, so watch this space!

### Press complaints?

Readers of 'Branching Out' will undoubtedly be concerned with several articles that have appeared in the local press recently.

Reports about the siting of a proposed new Critical Care Centre have raised the debate around the Clinical Futures paper that the branch commissioned a formal response to earlier this year, but as yet none of the questions we raised in our response have been answered (see page 6 for updated article).

For UNISON the fundamental concern is the suggestion that jobs are at risk. So far, we are unaware of any discussion within the organisation on this subject.

In fact it appears the establishment figures for the Critical Care Centre and the Local General Hospitals are as absent as the crucial costing figures.

We do not feel it is appropriate to make comment on supposition at this time, but will obviously inform members when definite proposals are available.

We do not negotiate or consult on behalf of members at any time without our members' involvement, nor do we make any public comment or become involved in debate about seemingly inaccurate reporting or comments.

### November 3rd Rally in London

Join us as we travel to London on specially chartered coaches to add our support to the NHS. Hopefully the branch will have a delegation at Trafalgar Square. If you want to add your support, please contact the branch office on 01633 23 8339.

Where will they build the new hospitals to replace the Gwent and Nevill Hall?

UNISON's Manchester Community & Mental Health Branch dispute regarding the ongoing suspension of branch chair Karen Reissmann as Branching Out went to press. Karen was suspended almost 4 months ago for issues related to her trade union activity. Our 700 members in mental health have already taken 8 days strike action in her defence. Her disciplinary hearing was scheduled for October 18-22, and members have also been on strike on those three days, and are seeking donations to their strike fund.



## Weekly to monthly pay saga

# No sign of a deal so far

### Dennis English

The Trust tells us that they will see no savings from the move transferring staff from weekly to monthly pay – well then (Pinocchio) DON'T DO IT!

Prior to June this year separate talks started taking place in Trusts right across Wales as the employers looked for the cheapest ways of moving staff from weekly to monthly pay.

In fact, locally, weekly paid staff received a letter from the Trust in April outlining their proposals. And in response over 660 staff made their feeling against these proposals known to the Trust.

Clearly all these talks taking place were not just some coincidence. It is our understanding that at a meeting of the All Wales NHS Human Resources managers they agreed to deliberately promote this strategy across Wales in order to maximise saving.

These savings are supposed to come from less payroll runs on the

ESR system and of course, in the longer-term fewer jobs would be needed in Payroll Departments.

Around June evidence and anecdote suggested that the pace was quickened in attempts to drive this through at local Trust level, no doubt aiming at achieving the

### The All Wales union position

1. An advance of one month's pay, with repayments over a minimum period of 12 months.
2. Any outstanding frozen holiday pay (from 1988) to be paid out
3. Three months notice of change to pay arrangements
4. An inconvenience payment to staff

quickest outcome at minimal cost.

At the tail end of June the first moves were made to reach an All Wales agreement. When at the NHS Wales Partnership Forum, both the Welsh Assembly Government and Trust representatives present agreed that there was a need for an All Wales Agreement and the Forum then set up a group

to start that process.

The Working Group met for their first formal meeting in the second week of September. Our information suggests that all Trusts, bar two, are keen to go down the road to an All Wales Agreement.

Managers from the two Trusts that are out of step, Swansea and Gwent, reported that they were very close to reaching agreements locally! This is a bit like Chamberlain and his bit of paper.

It is obvious that whoever said that either wasn't at the same meeting that our branch reps had been at or were being economical with the truth.

This only confirms what many of us have been thinking for a while now – yes we might be at the same meetings but what we say and what they hear have absolutely no resemblance

Unison reps at both the pay meetings and at the Trust's Partnership Forum have made it crystal clear that we are nowhere near agreement on any move to monthly pay.

The Trusts now tell us that the ESR system is costing the Trust more to run than the systems it replaced – well it's time they stopped off-loading their mistakes onto their staff.

## We need YOU!

# UNISON

Have you ever thought about getting more involved in your Union?  
If you have, we can guarantee that we won't throw you in at the deep end. We'll only ask you to do as much as you're prepared to take on.

Although we're always on the look out for new stewards and health and safety reps there are plenty of other ways that you can get involved.  
If you are interested please don't hesitate. Just a tick a box or two on this slip and send it back to us. **Go on, you know it makes sense!**

I'm interested in getting more involved in UNISON and would like more information on the following:

**Name** .....

**Department** .....

**Phone/Extension/Address** .....

**Please return to: UNISON Office, St Woolos Hospital, 131 Stow Hill Newport NP20 4SZ.**

Shop Steward  
 Health & Safety  
 Workplace contact  
 Black Members Rep  
 Gay & Lesbian Rep  
 Welfare Committee  
 Social Committee







## Andrew Britton: a new mental health steward

ANDREW BRITTON is a new UNISON rep based at Maindiff Court. Branching Out caught up with him as he returned with a minibus full of clients from an outing.

"I have been a rep for about three months now," he told us.

"I am not new to the Trust. I was on the nursing staff here for 12 years.

"I had a problem about three years ago which I managed to solve with help from Alun Jennings, and never forgot what an important contribution that was.

"A few months ago I asked Alun if I could jump on board, and help with the work."

Andrew is now activities coordinator working with a forensic rehabilitation ward at Maindiff: most of the clients have been in prison or secure hospital and have shown themselves to be "naughty boys".

"We do group work with them on the ward, and everything outside in terms of activities I organise," says Andrew

That morning a group had been to college in Abergavenny for a gardening course, while others would be doing other educational

courses after lunch, and in the evening another group would be taken to Pontypool College to do "plumbing for the terrified".

"Most of them see this type of rehabilitation as a way to get home, so they tend to be cooperative," says Andrew.

"Some can't even read or write when they get here. One could not do that or even use a cash machine: now he has opened his own bank account."

The ward gives Andrew the time to plan a range of activities and supports him in the work.

"I go out into the community and find placements for them. We have got several clients now working in charity shops in town."

What makes him most proud of the work he does?

"I know that when they do go home they are better educated and more confident: they have been prepared for contact with the community."

Asked what would top his list of "wants" to improve services, Andrew unhesitatingly opted for their own gym and/or swimming pool. One of his few hobbies outside work is swimming.

So why had he decided now to get involved with the union?

"I know that people who have been in the job a while can use their knowledge and experience to benefit the union and the Trust. Even though I have been around for a while if I have a problem I ring Alun Jennings or Jayne Woodward for help.

"And I also know that we can take up issues in a cooperative, constructive way. It does not have to be a confrontation.

"We do have an unresolved issue from Agenda for Change affecting nursing auxiliaries in mental health: some are on Band 2 and some Band 3. The union is pressing for them all to be on Band 3.

"I want to help resolve this issue.

"I have attended a few meetings, and my first joint meeting with management. I am still learning how best to raise issues. But I want to do what I can"

More reps are still needed in mental health and all sections of the Trust. So if you want to follow Andrew's example, why not give the office a call on 01633 238339.

# In sickness and in health

## Tracey Channing, Unison rep and welfare officer

The sickness and absence policy is being implemented throughout the trust.

In general the policy is fair, with the intention to treat all staff the same way when their sickness is being managed.

However I have attended 411 sickness and absence meetings since January, covering all disciplines. As a result I have discovered some managers have at times tried to apply their own interpretations of the policy in the way they manage their staff, and this means that there is not the necessary consistency of approach.

On occasions, when neither Personnel nor the union is present, staff are wrongly advised by their manager. This can lead to the wrong course of action, possibly even resigning from the trust.

Thankfully, where I have been notified, these mistakes have been corrected.

However I am concerned how many have slipped through the safety net of the sickness and absence policy without UNISON's knowledge.

It is imperative for your interests that you always take a rep with you to all formal meetings to avoid any bullish behaviour.

At no point should any manager suggest resignation as a choice at this stage, as there could be mitigating circumstances in regards to patterns of sickness. In any case it is never a foregone conclusion that dismissal will be the only outcome even at the final stage.

It is right and fair for

managers to suggest you self-refer to occupational health: they are there to help and support you in any way they can.

At times I have found their input to be of great value, especially expediting clinical appointments therefore helping staff avoid delays in accessing medical treatment.

Invitations to attend any formal sickness meetings are very important, however a small group of supervisors and managers have wrongly applied pressure – by stating

availability.

Some managers also have their own interpretations upon the formal stage of the procedure – so again there is no continuity.

The presence of personnel at all times during the



that nothing else compares to this meeting, and arguing that you must attend at all costs.

This is wrong: you do have the right to seek a rescheduled meeting in some circumstances:

- If you have annual leave booked prior to receiving the meeting invitation – send your apologies, and ask for a reschedule.

- If you are working nights – to avoid disturbed sleep patterns – ask for reschedule to a time convenient for you

- If you are on rotated days off during Monday to Friday and the meeting is arranged on these days, send apologies, and ask for a reschedule during your working day.

Managers should endeavour to arrange sickness meetings around your

formal stages is in UNISON's opinion essential: this allows clarity, continuity and consistency to be applied.

I say this because on occasions this does not happen

I cannot overstate the importance of being a member of UNISON: this union will be your voice, and the reps are here to offer advice and support.

However we have restrictions placed upon us by the union's rules: to gain our help you must have been a member prior to our input

If you are not a member, but do not want to stand alone STOP: THINK: JOIN!

(Fill in the form on the back page and get it to us in the union office at St Woolos).

YOU KNOW IT MAKES SENSE

## How to contact your UNISON branch officers

BRANCH OFFICER	NAME	CONTACT
Branch Secretary	Herbie Thomas	01633 – 238339
Branch Chairperson	Terry Thurgar	01633 – 234664
Vice Chairperson	Kevin Goode	01633 – 238339
Auditors	Gill Gibbons	01633 – 238339
	Jon Taylor *	01633 – 238339
Communications	Chris Jones	01633 – 238339
Disabled Members	David Chaffey	01873 – 732105
Education Co-ordinator	Alun Jennings	01633 – 870276
Health & Safety	Mike Watkins *	01633 – 870276
International	Marilyn Berry *	01633 – 870276
Lifelong Learning	Kay Sterry	01495 – 215860
Membership Secretary	Dennis English	01633 – 238167
Retired Members	vacant	
Treasurer	Dennis English	01633 – 238167
Welfare Officer	Tracey Channing *	01633 – 234664
Women's Officer	Gill Gibbons *	01633 – 238339
Young Members	David Chaffey	01873 – 732105
	Claire Jenkins *	01495 – 322732
Convenors	Alun Jennings	07875 – 004184
	Herbie Thomas	01633 – 238339
	Jayne Woodward	01873 – 722531
Asst Convenor	Pam Francis *	01633 – 870276
	Terry Thurgar	01633 – 234664

Branch Office 01633 238339

## 'No comment' is the stern reply

A Trust's Annual Report can seem quite a daunting read: you can expect to be over-fed on a heady diet of 'good news' happy smiling photos and management excuses, while any embarrassing news is carefully shielded from view.

But some Reports can repay the effort by giving a picture of things to come. Gwent Healthcare's 2006-7 Report does so in several ways.

It can be instructive to begin reading the reports from the back – where some of the hard facts on the financial situation are to be found, but also where the directors have to come clean and admit how much cash they are picking up in salary and pensions.

So we know that congratulations are in order for Medical Director Stephen Hunter who has finally clambered above the £200,000 mark with his pay and perks package, leaving Chief Executive Martin Turner to struggle by on a lowly £183,000.

Maybe the directors were

a little wary of the fact that *Branching Out* has been swift to highlight over-generous increases at the top while ordinary health workers get much more modest increases.

The embarrassment is potentially even greater in the context of another year of drastic cuts in spending, after the Trust wound up last year £6.5m adrift from its targets and failed to break even for a second successive year.

The Annual Report spells out the need for cuts ["savings"] of £33 million this year.

Strangely amid some stiff targets for increased efficiency, streamlining services and cutting costs the Trust also gives an update on one of the small PFI deals that financed the day surgery unit at Nevill Hall Hospital.

The unit was built and is maintained by the contractor,

in exchange for a 25-year deal in which the Trust forks out a lease payment. According to the Annual Report, "the contract runs until May 2023: the annual payment is £710,000". But according to the same section of the report the capital value of the unit is just £2.78 million.

So even if we discount the payments already made, the Trust is still committed to another 16 years of payments at £710,000 – more than £11 million, to use a unit worth just £2.8 million. Over the whole 25 years of the contract the Trust will have paid out a staggering

£17.75 million – more than SIX TIMES the cost of the unit. Before contemplating job losses and other more painful cuts, let's hope the Trust will look for ways of correcting some previous costly blunders.

*Branching Out* is delighted to note that the Annual Report contains no mention of the cranky idea of contracting out

the work of medical secretaries to overseas call centres – one supposedly cash-saving scheme that has proved disastrous in other Trusts.

But we are concerned that the Clinical Futures debate on reconfiguration of hospital services is taking place in the context of an overall squeeze on resources, when the central focus needs to be on matching local health needs and delivering accessible services.

We are also concerned that despite another year in which emergency admissions increased dramatically (up by 7 percent according to the Annual Report) the Trust and the Community Health Council conducting the discussion and "consultation" on Clinical Futures have not responded to our branch document setting out a number of questions on the clinical and financial viability of the proposals.

UNISON has questioned whether all of the planned hospitals can be afforded and will ever be built. We still have no real answer.



Royal Mail staff have been fighting back against attacks on jobs, pay and working conditions.



## Royal Gwent ODAs get tough over late payment

Angry theatre staff at the Royal Gwent have been driven to the point of debating whether to ballot for industrial action after months of stalling from the Trust on paying money owed to them for working unsocial hours.

Some of the 30 Operating Department Assistants are owed as much as £9,000-£15,000 going back over three years.

If they opt to ban overtime and on-call working they are in a position to force the cancellation of operations.

The payments flow out of the negotiations around Agenda for Change, with resultant amounts owing being backdated to 2004.

There have been arrangements to pay the money owed, and staff were led to expect the money, but these have since been withdrawn.

UNISON Secretary Herbie Thomas told the South Wales Argus that with a fresh round of cuts requiring the Trust to slash another £30m from spending this year:

"It suits the Trust to let this argument go on. They are not paying people as quickly as they should.."

"The overall effect is low morale among large numbers of staff."



Herbie Thomas

# TNT: Trust goes Dutch to cut postal costs

Our Trust has decided to switch the contract for processing external mail to the Dutch-owned multinational TNT, depriving Royal Mail of the work.

The pretext for the change is a cash saving: Gwent Healthcare's procurement manager Jamie Marchant argues that "TNT charges are lower than our current supplier - Royal Mail".

No doubt one reason for this is that TNT does not do as much of the work as Royal Mail, since all it does is collect and sort the post: they then hand it over to Royal Mail staff for delivery to the door. TNT's 2-day service for packets up to 100 grams on this basis costs just under 20p, while the Royal Mail equivalent - which involves maintaining a nationwide network of delivery offices, vehicles and staff - is 31p.

In the small number of instances where TNT actually employs its own staff to deliver bulk mail and leaflets, they are paid some 25% less than Royal Mail workers.

But who exactly ARE TNT? And why are they being allowed to undermine a national postal service with these cream-skimming operations?

The company dates back to 1946 in Australia, when it launched as KW Thomas Transport, before changing its name to Thomas Nationwide Transport in 1958.

It began operations in Europe in the 1970s, and first sprang to national attention in this country in 1986, when Rupert Murdoch embarked upon his bid to smash the

print unions by transferring production of the Sun and the Times to a new, largely non-union plant in Wapping.

As the print unions and the National Union of Journalists fought back with mass pickets in a long-running fight, Murdoch brought in TNT, a "vehemently anti-union" Australian-based haulage company in which he had a stake, to drive articulated lorries and white vans through the picket lines to distribute the scab papers.

The TNT operation was made possible by a massive police presence, making the area close to the Wapping plant a no-go area for strikers, but opening up a clear corridor for the scab vehicles.

Five years later the TNT drivers themselves tasted the same medicine as the print workers whose picket lines they had broken: they were made redundant by TNT, once the company's strike-breaking activities were no longer

required.

Although the company has subsequently recognised the T&G/Unite in the UK, it remains on the cutting edge of attacks on working conditions.

Last year TNT was the subject of a global campaign by Australian and British transport unions after the company testified in an Australian Senate inquiry, arguing for the law to be changes to strip away protection measures for Australian transport workers, including minimum rates of pay - which were introduced as a means to hold down the numbers of hours worked by stressed and tired drivers.

The company had also refused to consult with unions in the UK or elsewhere over the sale of TNT Logistics and its impact on 36,000 jobs, pay and conditions.

This summer the company again defied union pressure as it attempted to force through a new, non-union contract for staff in Australia employed by TNT Shared Services. The new contract, replacing one negotiated with the union, involved increased hours with no significant pay rise, and the loss of some holiday entitlement.

In recent years TNT has grown substantially in size and global reach: it was taken over in 1996 by the privatised Dutch postal service. It has subsequently expanded into postal and delivery services China and Singapore, Germany and Spain; and built up and now sold off a large-scale logistics business in countries including Scandinavia and China.



Doing a job share with Doctor Evil from the Austin Powers movies? TNT boss Peter Bakker does not look kindly on union demands

Its total turnover of 13.6 billion euro is close to the turnover of Royal Mail.

But the company is no friend to trade unions or to health and safety, and the savings it offers are likely to be at the expense

of our postal service and the jobs of post workers.

The initial contract is for one year, and UNISON will press for the service to be given back to Royal Mail.





# Clinical futures

## When is a response to a document not really a response?

The "consultation" process on the proposals for health services across the county set out last year in Gwent Clinical Futures is still being rather strangely headed by the Gwent Community Health Council, which is supposed to be a statutory watchdog of patients' interests and not a public relations wing of the Trust and Local Health Boards.

Despite commissioning a detailed response to the consultation document, outlining eight key points of concern over the viability of the plans, our UNISON branch has only just received a copy of the response to the consultation written in February.

This was produced by the CHC's "Public Involvement Officer" David Kenny, and we note that only one aspect of the Branch's 14 pages of comments has even been mentioned:

"One organisation (the trade union Unison) called



'One... two... three... CLEAR!'

into question the CHC's independence as acting as "co-sponsors and publicists" for the proposals."

The document predictably brushes aside this criticism, before ignoring all of the other points our branch put forward.

After presenting facts and figures to back up our concerns, our concluding summary asked for

1. A clear statement on the number and use of hospital beds and services to be available

2. A much clearer statement on the services that would be provided in the new Local General Hospitals

3. More detailed plans, costings and research to justify the proposed sizes of the hospitals and their locations – to help maximise pressure for the full scheme to be completed

4. A clear statement that any reduction in the scope of the proposals would result in poorer and less accessible services in many parts of Gwent

5. A clear statement on the likely capital costs, revenue costs and projected sources of funding to make the scheme viable

6. The sponsors of Gwent Clinical Futures need to specify the services required in the community and primary care to make the hospital plan viable – and negotiate in advance to ensure that these are put in place

7. The Trust and the LHBs

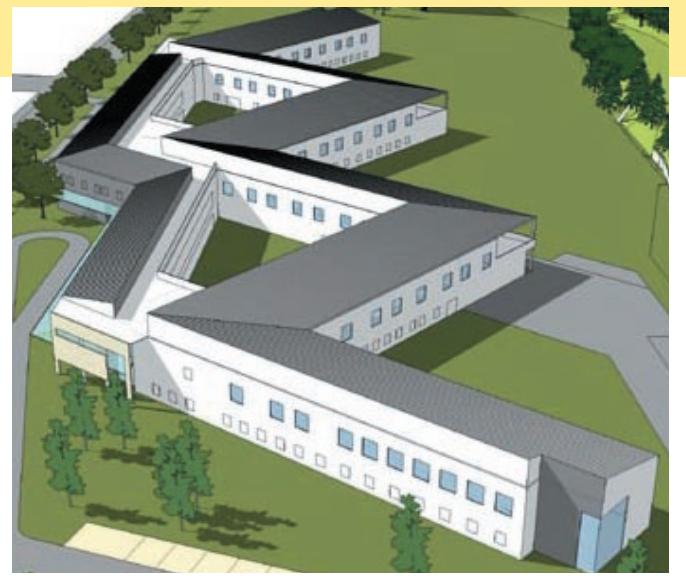
need to address the issues of staffing and training required to deliver the proposed new mix of services in new locations.

8. UNISON called for the "travel times analysis" to be put into the public domain and opened up for debate.

The branch also argued strongly that claiming that "no change is not an option" is not a good enough argument to secure agreement to the specific changes proposed in Clinical Futures.

It is disappointing, but not entirely surprising that the CHC – and behind them the Trust and LHBs – have ducked away from answering these questions. It underlines our concern that the plan may prove both unworkable and unaffordable, with the outcome being a more drastic reduction in bed numbers across Gwent.

Interestingly the CHC response does briefly and evasively address the issue of



Wartime huts? No, apparently it's the latest in hospital design

bed numbers, admitting that:

"Although the detailed bed establishments of the new hospitals have yet to be confirmed there are likely to be around 1500 NHS beds in the Clinical Futures reconfiguration, a reduction in over 300 hospital beds.

"On the other hand Clinical Futures plans to provide 750 beds or "packages of care" "out of hospital". This will involve using independent sector nursing homes, local authority care homes and developing health and social care support to people in the community ..."

It's by no means clear to us how many people who registered general support for Clinical Futures thought they were signing up to replace

NHS hospital beds with private nursing homes.

The document does also admit to another yawning gap in credibility, one also raised by UNISON, which it also fails to answer:

"Throughout the consultation exercise the public expressed some scepticism about the capacity and the affordability of developing more health and social care in the community, sometimes citing the limitations of current services."

UNISON will continue to press for answers and to seek clarity on the issues affecting our members as health workers and as local residents requiring access to health care.

## Brain drain undermines health care

Unions need to put pressure on governments to agree international standards for the ethical recruitment of health workers, delegates at the Public Services International congress in Vienna declared in September.

They said guidelines are necessary to prevent the collapse of health services in some developing countries and end the exploitation of migrant workers.

Filipino trade union leader Annie Geron, who spoke at the UNISON conference earlier this year, said:

"My country is on the brink of a health-care collapse, with a number of health facilities closing down due to the lack of skilled health workers. Yet we are the number one source country for nurses in the world, and second only to India in terms of sending doctors abroad," she said.

# Brazil: thousands discuss defence of collective health care

## Special report from Brazil by Dr John Lister, London Health Emergency, and a member of International Association of Health Policy

Latin America has a long and distinguished history of radical and progressive public health medicine, and this provided the backdrop to a major conference in the ancient city of Salvador, Brazil in July.

Three organisations, the Brazilian Public Health Association ABRASCO, the Association of Latin American Social Medicine (ALAMES) and the International Association of Health Policy (IAHP) pooled resources for



Brazil's Health Minister called for street demonstrations and drew massive applause

what turned out to be an enormous joint congress of 3,500-plus delegates, the large majority of them young health professionals from the length and breadth of Brazil.

My trip, on behalf of Health Emergency, was substantially

funded by donations from supportive union branches, including Gwent Healthcare.

The congress entitled itself "Equity, Ethics, and the Right to Health: Challenges to collective health from Globalisation", and a huge variety of workshops, lectures and debates covered these issues from a number of distinct perspectives.

Brazil, itself a colossal melting pot of cultures and ethnicities, with a population of around 180 million and one of the world's largest and most unequal economies, has a constitution which theoretically guarantees a "right to health" and a "unified health system" (SUS) established since the late 1980s offering health care free at point of use.

This, together with a progressive commitment to public health policies, has facilitated some important advances, not least in the treatment of HIV/AIDS with an ambitious and proactive programme of anti-retroviral (ARV) drugs, combined with preventive measures including free condoms for prostitutes and needle hand-outs to drug users.

This has halved deaths from HIV/AIDS in Brazil and reduced incidence to 0.6% of the population.

Successful use of ARV drug treatment has also drastically reduced the pressure on hospitals, cutting hospitalisations by 80% last year, and helping to save \$1.7 billion in hospital costs over 10 years.

In addition, Brazil has also been among the middle income countries that have taken a stand against the profiteering pharmaceutical giants in the US and Europe, producing much cheaper generic drugs for sale in the lowest income countries.

Today's progressive policies in Brazil are the product of decades of struggle by a core of committed left wing doctors and academics, who saw the need to campaign for a universal and publicly-funded health care system and also saw this as a means to unite popular forces against the brutal CIA-backed dictatorship which banned all political meetings and debate.

There were clear signs of the radical past in the speech to the opening ceremony of the congress from Brazil's Health Minister José Gomes Temporão, himself a former medical student and a product of the strong ongoing movement for social medicine in Brazil.

To ringing applause on a level Patricia Hewitt or Alan Johnson would have sacrificed a limb for, he stressed solidarity links with Africa, strongly defended existing abortion rights against a new right wing offensive ... and called for more mass demonstrations to help him force through more progressive policies. "We

need more of you out there on the street demonstrating," he argued, in a speech unimaginable from any British Labour minister, New or Old.

But speeches do not often tell the whole story, and yesterday's radicalism is not always as progressive as it should be.

The Lula government is now pressing for Brazil's public sector hospitals to be formed into new self-governing "foundations" in an eerie echo of New Labour's Foundation Trusts – and attempting to press the policy through with little or no debate.

And even in Latin America, where most countries are defined as "middle income" and relatively well-provided compared with the grinding poverty prevalent in Africa, official figures show 230 million people (almost half the population of Latin America) lacking any health security, while 125 million have no permanent access to health services.

By contrast the egalitarian policies and public health measures embraced by Cuba since the 1959 Revolution have now reduced its child mortality figures to below the level of the USA, and the lowest in Latin America, while the countries that have followed World Bank and IMF policies have far higher levels of child and other mortality.

The concluding session of the congress saw a unanimous vote to endorse a ringing declaration of support for the ALBA pact linking Cuba with Venezuela, Bolivia, Ecuador and Nicaragua, and reaffirming the need to fight throughout the sub-continent for the right to health and health care.



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## UNISON welfare debtline

### Tracey Channing

It's a sign of the times. From time to time we all think:

■ I should go on holiday because I deserve the break  
■ I must have a people carrier because the car I have is a little tatty

■ I need a conservatory because they look fab  
■ I want the kids to have anything they want

There are times in our lives when we can feel a little fed up, and choosing to have maybe one of the above, or even all of them, is fun at the time – until the "Pied Piper" calls his tune.

Then the bills begin to come in.

At first we cope with the change in our monthly outgoings, then something urgent crops up out the blue – the central heating breaks down, what a disaster. More financial burden, only this time this is a necessity: panic strikes!

If only I had not had that holiday I could have met this bill with ease. What can I do?

Do not ignore the bills and hope they will go away – they won't.

The companies you owe money to are only running a business and they want their money back.

Contact UNISON debtline 0800 389 3302

Be brave: phone them, share your worries.

They really have heard it all before ... you will not be the first person to get into financial difficulties, and you most certainly won't be the last. Start to sleep at night.

# New law could help health staff

UNISON has welcomed a move to crack down on nuisance behaviour in hospitals.

The Criminal Justice and Immigration bill, which had its second reading in the Commons last night, makes it an offence for a person causing a disturbance to refuse to leave NHS premises.

Anyone acting in this way can be forcibly removed by trained staff and charged.

Karen Jennings, UNISON head of health, said:

"Aggressive behaviour in any form is distressing for NHS staff, patients and visitors, and should not be tolerated.

"So-called nuisance behaviour is often highly offensive and can easily escalate to more serious offences such as assault.

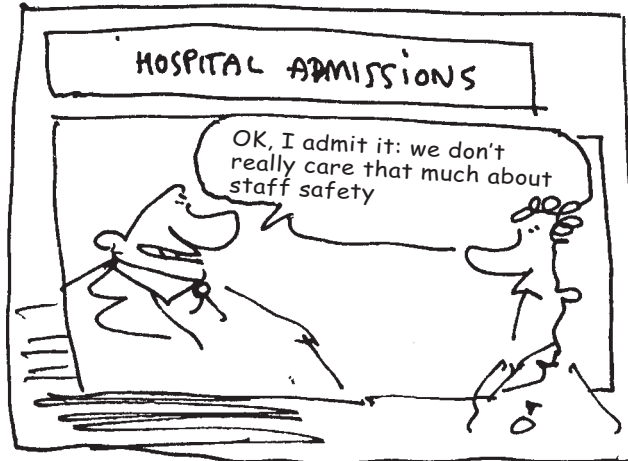
"This legislation provides another weapon for hospitals to use to protect their nurses and other NHS staff.

"However, if it becomes law, it is vital that employers and the police use it effectively.

"Too often well-meaning legislation fails to have the desired effect because of unwillingness by the relevant authorities to use it."

Ms Jennings said the union would also be making it clear that offences such as assault should not be dealt with under this legislation.

"The police should use the



full range of measures open to them, as appropriate," she said.

"Someone found guilty of assault could face a prison sentence, whereas someone guilty of an offence under this

act would be liable to receive a fine."

The bill also plans to make it a crime to incite gay hate, punishable by up to seven years in jail.

## Avoiding the Northern Rocks

# Britannia rides the waves

While savers with Northern Rock have been through a traumatic few weeks recently, no such worries apply to the Building Society sponsored by UNISON, Britannia.

Unlike most banks these days, Britannia is not run in the interests of profit-seeking shareholders, but a mutual fund owned by its members.

To get you the latest update, *Branching Out* contacted Britannia's Press Office and spoke to Emma Taynton-Young, who was keen to pass on the following statement:

"We are happy to reassure all our savers and borrowers that it's business as usual at Britannia as we do not have the funding problems currently affecting some British banks.

"Because we are owned by our members, our only concern is giving them a fair deal – we don't have to look after city shareholders at their expense.

"Britannia has a very different business model from Northern Rock. We do not lend 125% of the value of a property (we never lend more than 95%) and we do not lend six times salary. No building society investor



has ever lost their money.

"Like all building societies, the rules on where we raise our money are different too – we do not have to borrow so much from other banks because most of our funds come from cash invested by our 2.5million savers."

"At Britannia 60% of the funds used for our mortgage lending are derived from the balances of our savers. A further 25% is obtained from securitisation. This means that Britannia just 15% of our lending is funded by buying money on the markets.

"Whilst it's impossible to say whether other banks will face similar problems to Northern Rock, we can say with confidence that Britannia's business model allows us to continue to be financially strong."

Your local Britannia contact is  
**Lisa Cooney 01633 243300**  
email [lisa.cooney@britannia.co.uk](mailto:lisa.cooney@britannia.co.uk)  
69 Bridge St. Newport NP20 4AQ

## New UNISON Wales HQ



First Minister Rhodri Morgan (right) did the honours in officially opening UNISON's new Welsh headquarters on October 13.

The Custom House Street building is a major investment by Wales' largest public sector trade union, costing £3m to build and £1m to fit out.

Paul O'Shea, regional secretary of Unison Wales region, said: "This major investment has created a centre our members will use for conferences, meetings and training."

**UNISON Gwent Healthcare Branch**  
Next meeting open to all Branch members

**December 3rd 7pm**

**Llanfrechfa Grange**

Give the office a call if you need transport to the meeting.

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## UNISON Welfare



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**"Rule book" BENEFITS**

**Death benefit**

Years of membership	£
1-5	72
5-10	118
10-15	158
15-20	198
20-25	244
25-30	282
Over 30	346

**Fatal accident benefit**

£1,295 after one year's continuous membership, £2,875 after ten years' membership, to be paid to the member's partner or children.

**Incapacity benefit**

Members who suffer partial or total incapacity due to injury while at work are entitled to £1,437 for partial, or £2,875 for total incapacity, as described in the rule book.

**Convalescence**

Members can apply to the Welfare Fund for convalescent accommodation:

- To recuperate from an illness.
- To have a temporary rest for the benefit of health.
- To take a holiday they could not otherwise afford.

**Accident benefit**

£2.90 per day of sickness, £14.50 per week maximum, up to a maximum of 30 days or £87 in any calendar year.

**Education and training**

Members can be considered for a grant by the NEC for training or study courses.

**FREE indemnity insurance**

UNISON provides free professional indemnity insurance of up to £1 million for a wide range of health service professionals, including nurses, ambulance staff, PTAs and PTBs.

Don't delay, join today!



Ten good reasons to join UNISON

If you are not already a trade union member, then why not consider joining UNISON?

Here are TEN good reasons for doing so:

- UNISON represents nearly 1.5 million employees across Britain, making us the biggest trade union in Britain. We only recruit people who work to provide services to the public - so our size and our specialisation mean that we offer strong, professional and effective protection to all our members.
- UNISON's trained representatives provide free support and advice on any problems you might have at work.
- UNISON provides professional negotiators to sort out your pay and terms and conditions of employment both nationally and locally.
- UNISON membership brings free legal representation for accidents at work and while travelling to and from work, and free representation on other employment related issues.
- We also offer legal advice for domestic and other problems at much reduced rates. UNISON's trained health and safety representatives provide free services to make your workplace safe to be in.
- UNISON pays benefits to members, including accident and death benefits.
- UNISON looks after you. We provide convalescent facilities at reduced rates, offer financial assistance to members suffering unforeseen hardship, and give free advice on state and welfare benefits
- UNISON provides a wide range of competitive financial services. These include reduced mortgages, home, car and holiday insurance, road rescue, personal loans, credit cards and financial planning advice.
- UNISON offers great break-away holidays through our travel club, as well as our own family holiday centre in Devon.
- UNISON offers you a range of education and training courses. These include courses leading to professional qualifications, GCSEs and vocational qualifications.

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Employer's name

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● I authorise deduction of the following Political Fund payment

as part of my subscription: Tick one box only

Affiliated Political Fund

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● I authorise deduction of UNISON subscriptions from my salary/wages at the rate determined by UNISON to be paid over to them on my behalf and I authorise my employer to provide to UNISON information to keep my records up to date.

**If you are, or have been, a member of the Freemasons you must declare this in writing when completing this form.**

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£96.17-£153.84	£5,001-£8,000	£1.22	£5.30	C
£153.85-£211.53	£8,001-£11,000	£1.57	£6.60	D
£211.54-£269.23	£11,001-£14,000	£1.81	£7.85	E
£269.24-£326.92	£14,001-£17,000	£2.24	£9.70	F
£326.93-£384.61	£17,001-£20,000	£2.65	£11.50	G
£384.62-£480.76	£20,001-£25,000	£3.23	£14.00	H
£480.77-£576.92	£25,001-£30,000	£3.98	£17.25	I
£576.93-£673.08	£30,001-£35,000	£4.68	£20.30	J
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