

# UNISON Scottish Health BULLETIN

Bulletin of UNISON Scottish health workers \* No.1 \* Autumn 2002

## Calling all A&C staff!

Following the successful campaign for the upgrading of medical secretaries, UNISON's Scottish Health Committee is stepping up the fight to build on the achievements, and raise pay for all 20,000 NHS admin and clerical staff in Scotland.

Willie Duffy, UNISON's lead officer on Admin & Clerical, has been checking the progress of branches, and urging them to submit grading claims for A&C members.

UNISON has now circulated standard forms to assist members in lodging their claims for regrading, and a reminder that members have an absolute right to lodge such claims using the Whitley Council grading definitions.

Branches whose members include Secretaries to Consultant Psychologists, who have not been regraded as a result of the Medical Secretaries Framework Agreement, are also urged to consider lodging Equal Work of Equal Value claims to the employers using Medical Secretaries as the comparator.

Willie Duffy said: "This is an important initiative to raise the pay for a major section of NHS staff." **SEE INSIDE, PAGE 7**



Admin and clerical staff hit the streets in a lively protest as part of the fight for regrading

## Sodexho agree to NHS terms and conditions

# GRI strikers score a famous victory!

UNISON's Sodexho members at the Glasgow Royal Infirmary are celebrating a wonderful victory after achieving their objectives of £5 an hour minimum, backdated, and a phased return to NHS terms and conditions of employment by no later than 1/4/2004, guaranteed.

This includes major concessions up front of;

- Sick pay of 3months full pay/ 3months half.
- Time + half overtime rates (prev. time + quarter)
- 20% shift allowance (pre-

viously none)

■ an extra public holiday  
Members agreed to accept the offer made by Sodexho management yesterday (Monday) following a day of negotiations. Sodexho management tabled four offers in the course of the day, with the fourth offer being accepted at a jubilant mass meeting.

This means that the strike action due to take place from today has been suspended.

Carolyn Leckie, UNISON Branch Secretary said,

"This was a sweeping victory for Trade Union organisation. We first submitted the claim

with a membership of less than 20. We balloted 222 and now have 342 members, well over 90% density and many new but now invaluable activists.

"This was a David and Goliath battle between the lowest paid workers and a brutal multi-national who pulled out all the stops to defeat us. They failed."

Frank Morgan, Sodexho Stewards' Convenor, was ecstatic.

"We've been kept down, exploited and bullied for profit for too long. Now that we've won, Sodexho will know

they won't get away with it ever again."

The strikers would also like to express their thanks to all the staff, visitors, fellow UNISON members, trade unionists, community activists and MSP's who not only supported them on strike days, but contributed by their presence and their financial donations, to the success of the dispute.

Let's rid our Public Services of parasitic profiteers.

Stop the NHS rip-off! SODexho OFF!

■ More details page3



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# Low grades worsen nurse staffing crisis

UNISON is warning that low pay for Scottish Nurses is leading to a care crisis. UNISON has cited as evidence a briefing from the Director of Nursing at Lanarkshire Acute to his Board colleagues in which he says

"The situation is so serious at Monklands that curtailment of services may have to be considered".

"Two weeks ago UNISON launched a grading campaign for Scottish nurses," said Anne McGinley, chair of UNISON's nursing sector committee.

"We said many nurses were working at too low a grade throughout Scotland"

"We warned that this was leading to recruitment and retention problems and unless this issue was resolved, patient care could suffer.

"Our campaign has been vindicated in a report to today's meeting of Lanarkshire Acute Trust by the Director of Nursing, Paul Wilson.

"In his paper, Paul Wilson states that:

"To illustrate this we are losing D and E grades from accident and emergency, acute receiving and other critical care areas to F and G grades in

NHS 24.

"Similarly we are losing Nurses whom we have trained over several years in chemotherapy to the centres in Glasgow and Edinburgh.

"The situation is particularly acute at Monklands Hospital where there has been an 82% turnover of Nurses in the last 12 months but where the replacement staff are not skilled in chemotherapy and other techniques.

"The situation is so serious at Monklands that curtailment of services may have to be considered."

Anne McGinley said:

"Similar concerns have been

expressed by both Glasgow and Argyll and Clyde Health Boards.

"If the establishment of, a relatively small, new NHS facility is having this impact on 3 of Scotland's largest Health Boards then there are clearly major issues relating to the grading and subsequently the pay of nurses throughout Scotland.

"UNISON has written to the Scottish Health Minister asking for a review of all nursing grades in Scotland and asking to ensure that D Grade nurses only remain in post for 6 months and E Grade nurses in post for 18 months."



## One Scottish nurse in five could be substantially under paid!

Scotland's largest health-care union, UNISON has launched a campaign to improve the grading of Scottish nurses by claiming that up to 12,000 nurses may be underpaid for the work that they are doing.

Speaking at a press launch in Glasgow, Bridget Hunter, UNISON's Lead Officer for Nursing said, "UNISON has welcomed the developing and changing role of nurses that is taking place throughout Scotland. Unfortunately, these changes may not be reflected in the Nurses' pay packets."

Nurses' pay is determined

by a system known as Clinical Grading, which was first introduced in 1988. Unfortunately, since then as higher graded nurses have left the service, they have been replaced by staff doing exactly the same job but on a much lower salary.

Bridget Hunter said:

"Prior to launching this Scottish campaign, we carried out a pilot in Lanarkshire. UNISON targeted community and hospital based staff.

"Over 100 nurses participated in this pilot, and as a result of our initiative they have received pay increases of nearly £4,000 per year."

## High cost of nursing vacancies

Inadequate nurse staffing was a key point in a three-part series on nursing mistakes, published last September in the *Chicago Tribune*.

Part one, "Nursing mistakes kill, injure thousands," focuses on a Tribune investigation that found that since 1995, at least 1,720 hospital patients have been accidentally killed and 9,584 others injured from the actions or inaction of registered nurses across the country.

A September 12 editorial, "Danger: Overwhelmed Nurses," talks about the importance of quality nursing and states that nurses are often the victims of understaffing, undertraining, or both.

The inflammatory headlines, followed by an overwhelmingly narrow focus on a handful of problem nurses, however, imply that nurses are at fault for the injuries



and deaths.

In response to the series, the American Nurses Association challenged the inaccuracies, the sensational headlines and the skewed, narrow focus on nurses, yet commended the articles for highlighting the systems failures that the ANA and individual nurses have been calling attention to for years.

## Staff shortages can kill

A RECENT study found that the death rates in an ICU of a Scottish hospital when the unit's employees had heavy workloads were more than double those when employees were less burdened, according to a report in the July 15 issue of *The Lancet*.

The study analysed the staffing of a Scottish ICU from 1992 to 1995. Of 1,025 patients admitted during the study period, 337 died, which was 49 more than predicted. When the researchers examined the results more closely, they found a correlation between how well the ICU was staffed and death rates — when the workload was heavier, more patients died.

While the researchers noted that varying acuity levels among patients make researching the effect of understaffing on each patient difficult, they stated that the relationship between staffing levels and patient care needs to be reassessed.



Computers are no substitute for sufficient nursing staff in ensuring quality patient care



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## UNISON tells nurse members "Be Safe"

UNISON which represents more than 35,000 Scottish nurses, has advised nurses that they must raise concerns about low staffing levels formally if they do not want to compromise patient care or their professional accountability.

Official figures show that the workload for nurses has more than doubled over a fifteen-year period.

UNISON has responded to the situation by issuing 'Be Safe' alert forms which were devised by the union in liaison with the nurses' professional body, UKCC (now NMC).

Bridget Hunter, UNISON Scotland's Lead Officer for Nurses, Midwives and Health Visitors says:

"For years UNISON, on behalf of its nurses, has raised concerns about inadequate staffing levels, short term contracts, and the abuse of bank/agency nurses which undoubtedly has a direct and negative impact on the care delivered to patients.

"We say it is time for the Government to stop dithering and deliver the goods to deal with the situation before it's too late.

"Last winter the Minister for Health and Community Care convened a Nursing Summit which admitted that

we have a shortage of nursing staff and if we are to avert a catastrophe in years to come, we need to recruit and retain nurses now.

"£1.5m was promised to assist with the process but we need that level of funding to be delivered to almost every trust in the Scotland to make a difference."

● For copies of the Be Safe forms, contact your shop steward or local UNISON branch office, or ring UNISON Direct on 0800 597 9750

**Be Safe**  
UNISON Campaign for better standards of care



# EDITORIAL

**Eddie Egan, Chair, UNISON Scottish Health Committee**

I am very pleased to welcome you to the first issue of UNISON's Scottish Health Bulletin, a newspaper for UNISON's members throughout the NHS – and for many health workers who may not yet have realised how much they need UNISON's support and services. I hope very much you will like the Bulletin: we hope to produce it on a regular basis, enabling us to cover all aspects of the union and its work.

As you will see from this issue, the union has been extremely active on a wide range of issues in the last year or so, and is currently stepping up its campaigning on the pay and conditions of Scottish health workers.

We have already notched up some extremely significant victories – notably the acceptance by management throughout the Lothians, Argyll and Clyde of our target of a £5 per hour minimum for ancillary staff, and the upgrading of medical secretaries and growing numbers of admin and clerical staff.

But as you will see, we are also laying the basis for new campaigns for the regrading of nursing staff, and stepping up the fight to bring staff employed by private contractors back in-house.

On these and other issues, UNISON as the biggest health union, representing around one in every two Scottish health workers, has increasingly been able to set the agenda – and make our strength count for our members.

We are the only health union that represents all health service workers – and that is our ambition. The more members we have, the greater our bargaining power with NHS managers and with government: the more we can do for you.

We know there are still many health service staff who need UNISON's support, but who have not yet joined the union.

If you are one, here's your chance. Just fill in the form on the back, and send it FREE to UNISON, and we will do the rest. But if you are already a UNISON member, why not pass on this paper to a work colleague who has not yet joined?



## UNISON student nurse campaign YES to salaries, NO to poverty!

Up to one in four nurses who start their training in Scotland leave before completion. These students are unlike any others at university, as they have to squeeze 4,600 hours of learning into three years – half of that will be on practice placement.

Nikki Griffith, UNISON student nurse rep said, "I am not in the least bit surprised that the numbers leaving the

profession have increased in such a dramatic way. In my own group, nearly 50% of the nurses have left since we started training.

"It is hardly surprising when you see that an under-26 year old receives £390 per month and if you are over-26, you then receive £439 per month. Nursing students are unlike their colleagues completing other degrees, they are not given long holidays because they have to work in

the wards during the summer breaks."

UNISON has launched a campaign to return students to negotiated salaries, which would mean at present they would be earning around £9,000 to £10,000 per year.

Unlike the Royal College of Nursing, which is committed to keeping the bursary system that has left many student nurses in poverty, existing on the equivalent of

£2.60 an hour, UNISON says salaries are better than bursaries because they help:

- Combat financial hardship
- Create loyalty to the NHS, and a commitment to provide a post for newly-qualified nurses
- Give students greater protection such as maternity



leave, sickness leave, and industrial injury benefit.

■ Create equality of opportunity between nursing students

■ Improve recruitment and retention

**If you want to join the campaign, contact UNISON, free of charge on 0800 597 9750**

## How we beat back the Sodexho scabs

**Carolyn Leckie, North Glasgow Branch Secretary**

Three hundred staff employed by private contractor Sodexho at Glasgow Royal Infirmary took part on-going strike action, in pursuit of a pay claim, including the demand of restoration of full NHS Whitley equivalent Terms and Conditions, £5 hour minimum

wage, 5% or £1000, 35 hour week; abolishing the 2 tier workforce.

The staff involved had been earning £4.20- £4.67 hour, with minimal sick pay, no shift allowances, time ¼ only for overtime etc., All of their conditions were hived off for profit for Sodexho, whose Chief Executive, Pierre Bellon, has an estimated personal wealth of £1.3 billion.

Sodexho, a multinational company which profits from private prisons, detention centres as well as hospitals and other public services across the world, cynically planned in advance to try and undermine the strike with scab labour from across Britain.

They flew people from Liverpool and Ipswich as well as other areas in England. Some were from Fife and Gleneagles. They were put

up in hotels and paid £10 hour, well over double the pay of UNISON members. We are reliably informed that quite a number came from the Liverpool Women's Hospital particularly.

We have evidence that many of the scabs had no NHS experience, food hygiene certificates or other relevant training. We raised serious Health & Safety and security concerns. Scabs with no means of identification were put on security duty!

Despite massive efforts by Sodexho to nullify the strike, they failed miserably. We ensured that many scabs were unsuccessful in entering the hospital. Indeed we believe that some who had entered on the Tuesday refused to go back on the Wednesday.

"We were almost 100% successful in persuading delivery drivers with non essential goods not to cross the picket line.

Our Branch Health & Safety Officer was refused the right to inspect the new build A & E dept. after it was opened and used as access for scabs. This despite the fact it had no

fire extinguishers or flushing toilets and were clearly putting people at risk. She and two other Stewards were escorted from the building by police. I, being the Branch secretary, was denied access.



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## Ambulances: UNISON highlights shortages of paramedics

**Alan Bickerstaffe, Secretary Scottish Ambulance Branch**

UNISON has demanded urgent action to tackle the low level of paramedic staffing on Scotland's emergency ambulances.

This comes in response to shocking figures showing that in some parts of Scotland nearly six out of 10 ambulances don't have a paramedic on board.

Overall only 54% of ambulances carry a crew member with training in how to save the lives of the most dangerously-ill patients, despite a pledge by ambulance chiefs to have one in every vehicle by 2005.

Instead, less medically-qualified ambulance technicians are dealing with the aftermath of many serious accidents and emergencies.

UNISON believes hundreds of lives might be saved each year if ambulances staff were given more extensive training. While ambulance technicians are taught basic life-saving techniques, paramedics have to undergo

rigorous additional training in specialist procedures.

Across Scotland, an estimated 250,000 emergency calls each year are being answered by an ambulance without a paramedic on board. The worst area is Lanarkshire and Greater Glasgow, where ambulance technicians attend almost 60% of 999 calls.

The Scottish Ambulance Service (SAS) is currently around 250 short of the 1,000 paramedics it needs to ensure that one will be present at every emergency. Paramedic training – lasting at least 10 weeks – is designed to raise dramatically the survival prospects of the most seriously-ill patients, such as the victims of heart attacks, life-threatening breathing problems and road traffic accidents.

Patients have a 50-50 chance of getting either an ambulance with an ambulance technician and a paramedic, or two ambulance technicians in it. They just have to hope they get one with a paramedic.

But of course the issue once again comes down to

money: all front-line ambulance staff earn substantially less than their equivalents in the other emergency services – fire brigade and police – they often work alongside in major incidents and accidents.

A paramedic typically earns about £20,700, compared with an ambulance technician's salary of around £19,500. It's an awful lot of additional responsibility for very little reward.

UNISON believes people should be able to expect to have a paramedic there to treat them in an emergency.

Although ambulance technicians are dedicated staff with an extensive range of skills, they simply do not have the training paramedics have, and that can make the difference between a seriously-ill patient living or dying.

Until this gap in the service is filled, patients' lives are being put at risk. Even if they are not dying at the scene of the accident, they may die later in hospital because there wasn't a paramedic present to carry out some specialist procedure.

# Prosecute violent relatives who abuse NHS staff says UNISON

UNISON has called on the Scottish Executive to ensure that relatives who physically abuse NHS staff are automatically charged and prosecuted.

Staff surveys being carried out throughout Scotland show a major increase in physical and verbal abuse of NHS staff and even more worrying is the fact that in some Trusts nearly 30% of the assaults are being carried out by relatives and visitors.

Recent figures published by Fife Health Board showed that out of 2700 staff responses, almost a third had experienced a violent or aggressive incident in the previous twelve months, of whom more than half said they had been involved in two or more incidents. In more than 40% of cases the incident involved physical violence as well as verbal aggression.

But more than a third of the incidents went unreported: 35% of respondents who failed to report an incident explained it by their view that "nothing would happen".

While literally thousands of NHS staff are being physically and verbally abused every year, very few individuals are actually charged with assault. Neither the Scottish Executive nor Trusts keep figures relating to the number of assaults, police interventions and successful prosecutions.

UNISON believes this is an unacceptable situation. Scot-

*- but how exactly do we define violence at work, Smithers, you little git?*



tish health organiser Jim Devine said

"While UNISON have attempted to separate the sick and the psychotic from the, quite frankly, abusive patient, it is not acceptable for relatives to be physically and verbally abusing NHS staff.

"Putting up with this is not part of the job.

"Therefore UNISON are writing to the Scottish Executive demanding that any relative or visitor who physically abuses an NHS staff member is automatically charged and prosecuted."

**UNISON has won the support of the Scottish Executive for its 4-point plan to tackle the problem of violence against NHS staff.**

1. The Scottish Health Minister and NHS trade union will be jointly issuing a staff charter, reminding the public that it is not part of an NHS worker's job to be physically or verbally abused at work;
2. The standardisation throughout Scotland of the definition, recording and follow up of violent and potentially violent incidents for all NHS staff;
3. An agreed training course on the management of violent or potentially violent incidents for all NHS staff;
4. The introduction of a 'yellow and red card' warning system to members of the public who constantly abuse NHS staff. These warnings could lead to the banning of individuals from NHS premises if they persistently physically or verbally abuse staff.

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## Lone workers: UNISON calls for extension of 'Guardian Angel' protection

UNISON has called on the Scottish Executive to extend the "Guardian Angel" protection scheme to public sector workers who visit clients/patients at home.

Eddie Egan, chair of the Scottish Health Committee, said, "Every day District Nurses, Health Visitors, Social Workers, Occupational Therapists and Care Assistants visit clients/patients in their home.

"While the vast majority of these visits pass without incident, statistics show that verbal and physical abuse of public sector workers is on the increase.

"The staff potentially most at risk are those who work in the community on their own. Unitary Health Boards, Local Authorities and Voluntary Sector employers should be working together with UNISON to produce a common policy for staff in this situation.

"The overall aim of any policy would be obviously to prevent injury and damage to staff and that is why UNISON are attracted to the Guardian Angel protection project which is being piloted at St John's Hospital in West Lothian.

While the name of this scheme is somewhat unfortunate, the process has many

potential benefits for staff.

"In West Lothian, over 300 NHS staff are protected by the scheme. In practice, when they visit a patient/client at home, they place through a paging system the name and address of that patient/client and the duration of their visit.

"If that Nurse, Occupational Therapist or Health Visitor does not contact the switch-board after their visit an alarm system begins to operate. Included in this alert system is the ability to listen to 45 seconds of conversation between the nurse and the client.

"This information would obviously be vital if a District Nurse or Health Visitor was being confronted by a patient who, for example, had produced a knife.

"This pilot has been operational for many months now and our members are claiming it to be a great success. It adds to their security when visiting clients/patients in their homes, when in some cases no previous information on the individual's background is known.

"We believe that this could be a useful tool in the campaign to reduce potentially violent incidents against Health Service workers in Scotland and are calling on the Scottish Executive to extend this project to other parts of the public sector."



# Big Brother trusts plan to spy on workers

UNISON has slammed new policies which allow Scottish health boards to spy on staff at work and in their homes as "Big Brother" tactics.

The legislation allows the chief executives of public bodies to give the go-ahead for secret surveillance of any worker suspected of carrying out activities against the interests of the organisation.

In extreme cases, they can request police to install bugging devices in a member of staff's home or car.

They can also order the use of "covert human intelligence sources" - people who form a relationship with an individual in order to obtain information from them.

As well as this, managers can demand that staff are covertly monitored in the workplace, including checking phone bills and monitoring internet access.

UNISON attacked the move as "appalling", warning that effectively it means any doctor, nurse or other health worker is at risk of having their private activities put under scrutiny at the whim of bosses.

The policy, permitted by the recently-implemented legislation, the Regulation of Investigatory Powers Act, is already in place in NHS Lanarkshire and is being put in place in other health boards and public organisations.

Measures include "intrusive surveillance", which is carried out in secret in any home or car using a surveillance device, and "directed surveillance", which is undertaken to obtain private information about an

*We cannot give you that information on grounds of national security!*



individual.

Documents from NHS Lanarkshire say: "The board has a statutory responsibility to protect public health and ... responsibility to act in the interests of public safety. It also has a responsibility to act to prevent or detect crime in relation to its wider public health responsibilities and to protect the board's assets and interests.

"Examples of where it might be appropriate to utilise covert surveillance or covert human intelligence sources could involve investigations into infectious diseases or contaminated products, or where evidence of a theft of property or monies within NHS premises is obtained by use of covertly installed video equipment."

In practice, the board's chief executive can approve surveil-

lance of a member of staff, following a request from a head or department.

A spokesman for NHS Lanarkshire said the measures were put in place to protect staff and would only be used in extreme circumstances.

But UNISON officer Jim Devine says members of the union had not been consulted over the matter.

He said: "We are absolutely appalled at this. We are supposed to be working in partnership with trusts and if there is a legal issue, it should have come to the unions for discussion.

"Employing these covert surveillance tactics smacks of Big Brother and is totally unacceptable. It is an absolute affront to health staff. This has been set up behind closed doors. There are potentially

120,000 health service workers whose phones, homes and cars could be bugged.

"Whether this will only happen in exceptional circumstances is open to interpretation. It could mean a midwife who is campaigning against

the closure of a local maternity unit could be placed under this sort of scrutiny.

"The other aspect is, of course, the financial implication - we need to know how much is being spent on this exercise."

A Scottish Executive spokesman told *The Scotsman* newspaper that the NHS Lanarkshire document was "guidance" for the NHS on how to respond to the Regulation of Investigatory Powers Act.

He added: "This act regulates potential surveillance activity by public bodies, activities which before this act were uncontrolled. It enshrines in statute that any interference with a person's private life can only take place if done in accordance with the law."

And he claimed that the act "strengthens the rights of individual staff by putting in place a framework which preserves the right to privacy."

But until the new laws have been tested in court, it will not be known exactly what is allowed.



## The PFI blunders they are keen to cover up

LANARKSHIRE health chiefs have plenty to be furtive about.

Not only did the £68m PFI-financed Hairmyres Hospital bring a loss of 130 beds - it also led to the loss of patients' records.

The building itself rivals the legendary Blake's Seven TV series for the shoddiness of its construction. "This is the cheapest building you could put up," says one knowledgeable health worker. "You can't build anything cheaper than this."

There have been complaints of IT failures, structural faults including holes in walls, tiles falling from ceilings, and repeated leaks in the sewage system, not least in the children's play area.

Staffing levels have also been slashed back in order to enable the Trust to pay the £1.2m a month in fees to the private consortium that put up the cash to build it, and will recoup a massive £430m over 30 years.

UNISON has been in dispute with the Trust ver issues including the nursing establishment, reduction in beds and the design of the hospital.

A recent report in *The Scotsman* to mark the new hospital's first anniversary said:

"From contract cleaners to senior medics, it appears that morale at Hairmyres is at rock bottom".

Things are little better at the new £110m PFI hospital in Wishaw, which led to the loss of almost 200 jobs in support services, which were privatised to generate an additional profit stream for the PFI consortium. It will cost £648m over 30 years.

## UNISON demands safer needles

UNISON is stepping up the pressure for the use of safer retractable needles as a major health and safety issue for staff in Scotland's NHS.

The introduction of safe syringes would go a long way to saving lives, avoiding preventable disease and therefore reducing the cost to the NHS of around £5.5m annually.

Millie Somerville, chair of UNISON's Health and Safety committees said:

"The 16p or 17p extra that safe syringes cost compared with the older ones are a necessary investment for Scotland's Health Service. Who can or should put a price on human life?"

"Staff infected by this method can suffer from such diseases as tetanus, hepatitis and can contract HIV"

UNISON estimates that around 20,000 health workers in Scotland are at risk, across all disciplines, especially, domestics, porters and laundry workers.

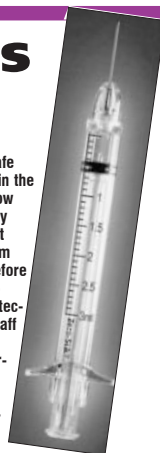
A number of pilot schemes have been run in Scotland and we await the report of these and the hospitals response from the Scottish Executive.

Until then the campaign will continue with approaches to the Scottish Parliament's Health Committee and, of course, the welcome extension of the campaign to UK level.

The results of a recent survey carried out by UNISON into the

use of safe needles in the NHS, show that many trusts put short term costs, before the long-term protection of staff health.

The survey also revealed that UNISON is the driving force behind promoting safer needles in the NHS, with 56% saying that the union initiated the move towards their use.

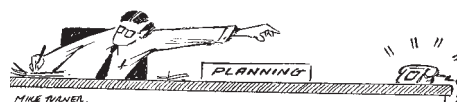


## NHS24 hotline: GPs must give it a chance

UNISON has accused some GPs of professional elitism in their attitude towards the new NHS24 hotline service, and have called on the people of Scotland to give this new initiative the opportunity to prove itself.

"NHS24 is a relatively new initiative which UNISON fully supports," says Scottish Health Organiser Jim Devine.

"This new NHS facility has been subjected to severe criticism even before it went on line, from some GPs throughout Scotland. One almost gets the impression that, motivated by professional elitism, some doctors are



hoping that NHS24 fails.

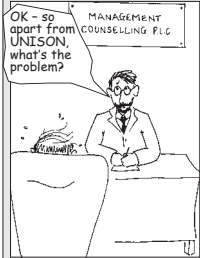
"Reports in the national press have attacked NHS24 because it is paying nurses for the skill, expertise and knowledge that they have, training them to provide this new service and offering a counselling service to their staff.

"But from a UNISON perspective, NHS24 is the solution and not the problem: it is only right that its staff should be properly paid and sup-

ported in their work.

"John Humphries, the respected BBC correspondent, in a recent article in a Sunday broadsheet gave an excellent endorsement of the equivalent services to NHS24 south of the border.

"While I recognise that there are some doctors who believe that NHS patients should be seen by them and them alone, one hopes that this new initiative, fronted by nurses is given a chance."



## Managers meet minister

Over 50 senior NHS Managers from throughout Scotland, all of them UNISON members, recently met with the Health Minister, Malcolm Chisholm.

The Seminar, which was carried out under Chatham House Rules which guarantee confidentiality on both sides, covered a variety of topics.

Over 50 Senior Managers from throughout Scotland recently met with the Health Minister, Malcolm Chisholm.

The Seminar carried out under 'Chatham House Rules' guaranteeing confidentiality, covered a variety of topics including:

- Central Evaluation Committee
- Pay
- Restructuring
- Partnership/Image
- Funding

The Minister reiterated his commitment to Partnership Working for all NHS staff, including Senior Managers.

He told managers he recognised the difficulties relating to the Central Evaluation Committee, and promised a full report.

While pay was a complex issue, the Minister was concerned to learn that two circulars on this matter had recently been issued from the Health Department without consultation with the trade unions.

The Minister reassured delegates that he recognised the difficult role Senior Managers have in the Scottish Health Service, and said that it was unfortunate that some politicians personalised political attacks.

Recognising the success of the seminar, it was agreed to reconvene on a quarterly basis.

# What kind of welcome does the UK give to overseas nurses?

An extra 35,000 nurses are needed to fill the gap in the NHS by 2008, with additional overseas workers required by private sector nursing homes.

However, rather than receiving the warm welcome they may reasonably expect from a service desperate for their expertise, many nurses have experienced discrimination and exploitation.

The worst reports have come from those working in private care homes. Highly qualified and experienced staff have found themselves expected to undertake tasks such as cleaning and domestic work.

They have been forced to work up to 80 hours a week for much lower wages than originally promised, with money deducted from their pay for "training".

Many have been living in squalid and overcrowded accommodation and have not been granted sick pay. Their employment contracts are often believed to be in breach of labour law.

In the worst cases, nurses recruited by private agencies have been threatened with deportation for complaining about their treatment and have had their passports and visas confiscated.

More than 200 Filipino nurses have been "rescued" by UNISON from private care homes and found jobs in the NHS over the past year. But those working in the NHS are by no means guaranteed an easy ride.

Recent research found that a third of nurses are paying commission to home country agencies to secure employment here and once working in the NHS are being paid less than their British colleagues with the same qualifications.

There have also been allegations of racism over the HIV and hepatitis tests that overseas nurses are being forced to take. The introduction of compulsory English tests for nurses has also had a mixed response.

The need for health service workers to be able to com-

municate effectively with their patients is seen as crucial, but there is concern over potential discrimination against nurses from countries where English is not a common language.

The recruitment of overseas nurses may also have a potentially damaging effect on their home countries.

Last year, when outlining the need to attract nurses from outside the UK, Westminster Health Secretary Alan Milburn banned the poaching of workers from developing countries, but said individual nurses would be free to pursue a career here.

The fact that the number of nurses coming from South Africa has doubled in the last year proves that the ban has not been effective.

There is, however, an untapped resource of highly trained health service workers already in the UK who are currently unable to make use of their skills.

It is estimated that there are 2,000 refugee doctors



Health Conference 2002: UNISON's Dave Prentis with Filipino nurses

alone who, with a minimal amount of retraining, could practise in the UK.

For most of them the cost of retraining is prohibitive, but with the NHS paying £200,000 to train a doctor from scratch, their integration into the NHS could benefit all concerned.

For the immediate future, however, if the NHS and private sector homes are relying on overseas health workers they need to make sure they are treated with respect.

## UNISON welcomes HCI buy-out

UNISON has welcomed the announcement by the Health Minister, Malcolm Chisholm, that Health Care International will be brought into the NHS.

Speaking at a meeting in Glasgow, Jim Devine, Scottish Organiser for UNISON said, "This is good news for the people of Scotland and its good news for the Scottish Health Service."

"HCI is a modern hospital which will be a welcome resource for the Scottish Health Service."

"The Scottish Executive and, in particular, the Health Minister, Malcolm Chisholm deserve to be congratulated for this initiative, not only for the relatively cheap price that they paid for this facility but the very powerful political message that bringing a private hospital into the

## Scots' councils face extra costs for elderly

A landmark ruling by the House of Lords on care home costs could force Scottish councils into significant rises in spending on elderly care.

Law lords overturned a Court of Session ruling and decided that assets that had been disposed of by the time a person's need for nursing or residential care was being considered could not be taken into account.

The ruling was made in favour of 79-year-old Mary Robertson of Newmills, near Dunfermline. Robertson and

her family complained that Fife Council should not include the house she had transferred to her sons in any assessment of her ability to pay for her place in a nursing home.

Representatives of the Convention of Scottish Local Authorities were due to meet with officials from Fife Council and the Scottish Executive on August 2 to discuss the implications of the ruling.

A Cosla spokesman described the meeting as 'an attempt to get behind the ruling'.

Anne McGovern, deputy leader of Fife Council, said: 'We accept this judgement. However, it will have far-reaching implications for local authorities throughout Scotland and could impact significantly on our ability to deliver services to vulnerable people.'

Ronnie McColl, Cosla's social services and health improvement spokesman, said: 'Make no mistake, this judgement could cost councils a great deal of money.'



"Put it this way - if you don't expire soon, our life savings will."

## Crisis as Edinburgh finds no beds spare for sickest kids

The Edinburgh Royal Hospital for Sick Children has had to close intensive care to referrals twice in two weeks because record patient numbers are causing a beds shortage.

Consultants have been forced to close the hospital's paediatric intensive care unit to referrals as the numbers of chronically ill youngsters needing treatment reached an "all-time high". Fortunately no more children needed to be admitted to the unit after the closure decisions were made earlier this month, so no-one had to be turned away.

However, consultants warn that the traditional winter rise in patient numbers would push the hospital to 'saturation point', forcing possibly seriously ill children and their families to travel to Yorkhill Children's Hospital in Glasgow. The rise in patient numbers at the six-bed unit follows a continuous increase

over the past few years. It has been attributed to a combination of better survival rates for children with conditions like cerebral palsy and ongoing centralisation of the service, which is now provided jointly in Scotland by the Royal and Yorkhill.

Merlyn Branson, chief officer at Lothian Health Council, commented, "It would be very concerning if seriously ill children had to be transferred to another hospital because of a lack of funding."

And Margaret Smith, convener of the Scottish Parliament health committee, said, "This is obviously very worrying. It is another example of Lothian's health board being asked to subsidise a service for the rest of the country because other health boards are not paying enough for the services they are using."

"There is a very urgent need to

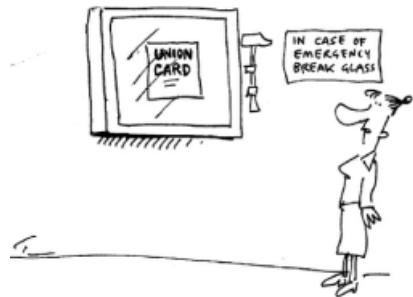
resolve this, both for financial reasons for Lothian and for very real practical reasons for these children and their families who would be put through a lot of extra anxiety and travel if they were transferred to Yorkhill."

Bob Fraser, operations manager for acute children's services at the hospital, stressed that he was warning of the problem now so that authorities could prepare.

He said, "No child has been turned away. But on two occasions on two days during the first two weeks of July we were so busy that we could not have taken another child. We would have had to refer them to Yorkhill."

"Reaching saturation point is rare but does happen in winter. What is concerning is that this is happening in spring and early summer. We are alerting people to this now so that we can plan ahead."

## Think you're a UNISON member?



### ... Think AGAIN!

■ If UNISON does not appear on your pay slip, and you are not paying by direct debit, you are NOT a member of UNISON.

Don't be caught without cover!

■ To join, fill in the forms on the back page, or ring UNISON Direct 0800 5979750.



## Lothian health branches sign 'Best minimum wage deal in Britain'

UNISON has signed an agreement that ensures the minimum wage for NHS workers the Lothians is £5 per hour. And almost immediately afterwards that will rise to almost £5.20 per hour assuming that the 2002/3 pay award is accepted.

The agreement spearheaded by UNISON is set to address the dire staff recruitment and retention problems that exist within the NHS in the Lothians.

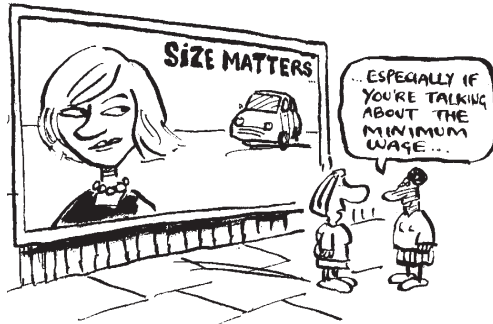
All Lothian NHS employees who currently earn less than £5 an hour will benefit. The majority of these are Ancillary workers such as porters, security guards, domestics, catering and laundry staff, some of whom have been earning near to the national minimum wage of £4.19 per hour.

Tom Waterson, UNISON Lothian Acute Health, a co-signatory

of the agreement said: "We have worked with UNISON Primary Care Branch, UNISON West Lothian Branch and Trusts to achieve this remarkable agreement which gives us the best minimum wage in Britain"

Tom added: "This is a historic deal which has taken almost 2 years to achieve and must be the most significant pay rise for low paid NHS workers in the Lothians in the past 20 years."

Mick McGeahy, UNISON Branch Secretary of Lothian Primary Care whose members threatened strike action when the deal stalled last year and Eddie Eagan, UNISON Branch Secretary of West Lothian Health also signed the agreement on behalf of Lothian UNISON.



Although the Lothian NHS Recruitment & Retention agreement with UNISON is applicable to NHS staff only, talks are in progress with Haden to secure the same deal for non NHS UNI-

SON staff. Willie Hatton, UNISON convenor for Haden staff said, "Haden staff deserve the same terms and conditions as NHS staff. We don't want a two tier health service here."



UNISON demands a decent wage in in Ayrshire

## "Because we are worth it!"

UNISON Scotland is launching the biggest ever campaign to end poverty pay for 800 NHS domestics, porters, catering and other vital support staff in Ayrshire & Arran.

The campaign will aim to secure a minimum hourly rate of £5.23 per hour. The first stage of the campaign is a massive consultation exercise amongst Hotel Services staff employed by Ayrshire & Arran Acute NHS Hospitals Trust, in advance of launching a pay claim to end poverty pay in the NHS in Ayrshire.

Simon Macfarlane, UNISON lead officer on ancillary staff said: "At 7.00pm tonight we hold the first of 7 meetings with hundreds of porters, domestics, catering and other vital support staff at Crosshouse Hospital. We will seek their approval to launch a massive campaign to bring an end to the disgrace of pay rates barely above the minimum wage."

"At tonight's meeting and at

similar ones in Ayr, Biggart and Ayrshire Central Hospitals, we fully expect our members to mandate us to demand a decent wage from the Trust. This support will come in the full knowledge, that in order to support our campaign, we may have to call on members to take industrial action in pursuit of their claim.

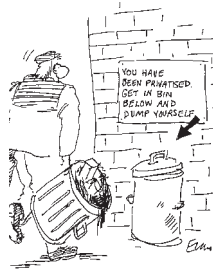
"When the claim is submitted following this extensive consultation exercise we hope the Trust will quickly respond to say they will meet our modest demands; of a minimum hourly rate of £5.23 an hour. In Britain's biggest public service at a time of major investment from the government it will be a disgrace if they continue to deny staff a decent wage. Our members simply won't stand for it any longer!"

UNISON will also be working with other key groups of staff in coming months such as nurses and admin and clerical workers to help them advance their pay demands through regrading claims.

## Sodexho booted out in South Glasgow

UNISON has welcomed the announcement by South Glasgow Hospitals NHS Trust that it will bring back in-house over 250 people employed by the private contractors who run cleaning, switchboard, catering and portering services in Glasgow's Victoria Infirmary by 1st November this year.

This will mean the contractor - Sodexho - leaving the contract before it is due to finish, and comes after earlier decisions in principle from both the North Glasgow, and the Primary Care Trust, to bring staff back in-house when private contracts end.



Matt McLaughlin, Regional Organiser for UNISON said: "This is a great result for the workforce and their union. UNISON and its members

have campaigned tirelessly to see this contract brought back in house.

"UNISON has worked in partnership with South Glasgow Hospitals NHS Trust to agree a business case for bringing the contract back, and the union will now start working with the Trust to improve our members pay and conditions. "It is a clear indication that people across the NHS recognise that the best way of providing world class public services is by having an in-house team, not with a two-tier workforce".

Commenting on the one portering contract at the Southern General Hospital that now remains in the hands of the

private sector within the Trust, Matt said,

"It's a pity that we are not in the position today to announce the complete and total end of the two tier workforce in South Glasgow's Hospitals.

"Sadly the Trust have not taken the necessary steps to return these valued employees also.

"UNISON will continue to oppose privatisation in our public services, we'll be working to ensure that maximum pressure is brought to bear on South Glasgow NHS Trust and that the private contractor staff at the Southern get the same fair deal as we've announced here today."

## UNISON Scotland stands up for "invisible" A&C staff

There are over 20,000 A&C staff working in the NHS in Scotland. They constitute 16% of the workforce, and outwith nursing are the largest NHS staff group. 85% are women, and one-third work part-time.

Often described as the 'invisible workers' of the NHS the A&C staff group includes central services such as finance, supplies, personnel, information management and technology; national services supporting GP's, dentists and pharmacists; the management of essential hospital support services including catering, laundry, sterile services and hotel services; and staff who provide direct support to the healthcare team including medical records, reception, secretarial



and administrative staff.

Far from being out of sight, two-thirds of A&C staff have frequent contact with the public.

Without these and many other essential support services the

Scottish NHS could not function. 60% of A&C staff salaries are less than the Low Pay Unit's low pay threshold. 80% earn less than £261 pw. This is leading to a serious loss of experienced staff. 87% of members reported staff shortages in the last 12 months and more than a third reported job losses in their work area in the same period.

UNISON Scotland campaigns for:

- A&C staff to be respected as full members of the healthcare team
  - A fair and decent wage
  - Full access to training opportunities
  - A safe working environment
  - Job security in return for a commitment to embrace positive change
  - Equal treatment regardless of sex, race, sexuality or disability
- UNISON is the leading union for NHS administrative and clerical staff in Scotland. A&C staff are

represented through UNISON's health branches in every trust and health board. In addition there is a Scottish A&C Sector Committee which co-ordinates UNISON's activities on behalf of A&C staff.

UNISON Scotland also produces a regular newsletter for A&C staff covering current issues of concern to A&C staff.

We work to ensure that the voices of A&C staff in Scotland are heard. So if you want to be heard - speak in UNISON!

## Argyll And Clyde get £5 hr: "A wake-up call for Scottish NHS"

UNISON, Scotland's largest health care union, has welcomed an August 28 agreement with Argyll and Clyde Health Board that will see low-paid NHS Ancillary workers paid at least £5 an hour from the next week.

It is a "wake-up call" for the

rest of the NHS in Scotland.

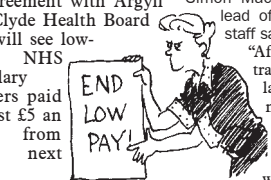
Speaking at the Royal Alexandra Hospital in Paisley, Simon Macfarlane, UNISON lead officer on ancillary staff said:

"After days of protracted negotiations, lasting well past midnight, we have concluded a deal that will see many low-paid workers receive an

increase in excess of £20 per week from Monday.

"The barriers against £5 an hour for Health Service Workers have now been ripped down in both Lothian and Argyll and Clyde Health Boards.

"This agreement is a wake-up call to the rest of the Scottish Health Service, that in the year 2002 £195 per week, at the top of your salary, is not an unreasonable reward for the vital job these staff do."



## UNISON lawyers top the ton

Figures from UNISON's legal officer in Scotland show that the union's lawyers have won personal injury settlements totalling over £100,000 for health service employees in both June and July this year, with a top settlement of £84,000.

The union's legal services are just one of the benefits of UNISON membership. If you are not yet a member, fill in the form on the back page today!



Don't be left in the lurch!  
Here's your chance to join



**"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.

**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.

**Join UNISON!**

To join UNISON simply fill in this form in BLOCK CAPITALS and hand it to your UNISON steward or send it (no stamp required) to:

Jim Devine, UNISON Scotland  
FREEPOST EH1 04  
Edinburgh  
EH4 0HU

YOU will receive a pack of information about UNISON and the services it offers. It will also include details of UNISON's Political Fund and how to pay into both sections of the Fund or opt out of payments. Your subscription includes a contribution to one section of the Fund.

If you do not specify your choice of Fund, you will be allocated to one section of the Fund by the National Executive Council.

UNISON's Affiliated Political Fund campaigns for members through affiliation to the Labour Party both locally and nationally. Those paying the affiliated levy can take part in APF activities and make their contribution on policy issues, including Labour Party policy. The Fund sponsors 20 MPs and works closely with a number of MEPs. Levy payers also receive regular Labour Link newsletters.

UNISON's General Political Fund is used to pay for campaigning by branch, regional and national levels of the union, as well as for research and lobbying in Parliament. It is independent of support for any political party and liaises with a group of MPs to pursue UNISON's interests. In the run-up to general or local elections, the Fund has been used for effective advertising campaigns to ensure that issues of importance to UNISON are high on the agenda.

Your subscriptions will be deducted directly from your wages or salary. If you would prefer to pay your subscriptions by direct debit or cheque, please ask your representative (or tick the box near the bottom of the next column).

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Employer's name

Your department

Your workplace

Workplace address

Postcode

**Please tick your annual pay before stoppages**

ANNUAL PAY	▼	Band	Monthly subs from Oct 1999
Up to £2,000	<input type="checkbox"/>	A1	£1.81
£2001-£5000	<input type="checkbox"/>	A2	£3.90
£5001-£7000	<input type="checkbox"/>	B	£5.34
£7001-£10,000	<input type="checkbox"/>	C	£6.59
£10001-£15000	<input type="checkbox"/>	D	£7.78
£15001-£20000	<input type="checkbox"/>	E	£9.57
£20001-£25000	<input type="checkbox"/>	F	£13.57
Over £25,000	<input type="checkbox"/>	G	£16.81

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Mrs/Ms/Miss/Mr

First name  Other initial

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Address

Postcode

Your job

**Tick one box**  
Full time  Part time  Job share

**National Insurance number (from your payslip)**

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**Now please read the following and sign**

- I wish to join UNISON and accept its rules and constitution.
  - I authorise deduction of the following Political Fund payment as part of my subscription
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 ● See above left for details of the Political Fund. If you do not tick a box, or if you tick both boxes, UNISON's NEC will allocate you to one section of the fund.

- Tick one box only**  
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 I wish to pay by direct debit/cheque (delete as appropriate)
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