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:

- 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!

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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 gain 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 exercise to raise the pay for a major section of NHS staff.”

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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 evidence 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.”

“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 whose 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 Ayrshire 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 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 preparedness of services may have to be considered.”

One Scottish nurse in five could be substantially under paid!

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 training 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.”

UNISON tells nurse members “Be Safe”

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 overwhelming 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 analyzed 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 makes measuring the effect of understaffing on each patient difficult, they stated that the relationship between staffing levels and patient care needs to be readdressed.

Computers are no substitute for sufficient nursing staff in ensuring quality patient 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 scored 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 contractors back in-house.

On these and other issues, UNISON is 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.

There are still many health service staff who need UNISON’s support, but who have not yet joined the union.

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 already a UNISON member, why not pass on this paper to a work colleague who has not yet joined?

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 placements.

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 break.”

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.

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How we beat back the Sodexo scabs
Carolyn Leckie, North Glasgow Branch Secretary
Three hundred staff employed by private contractor Sodexo at Glasgow Royal Infortmy took part in 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 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 shift allowances, time ¼ only for overtime etc., All of their conditions were hived off for profit for Sodexho, whose Chief Executive, Pierre Bellocq, has 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 others across in England. Some were from Fife and Glenrothes. They 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 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 flashing 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. We were almost 100% successful in persuading delivery drivers with non essential goods not to cross the picket line. We raised serious Health & Safety and security concerns. Scabs with no means of identification were put on security duty!

The scabs were put on security duty!

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.

If you have any comments about the newspaper, contact UNISON, free of charge on 0800 597 9750

Scottish Health BULLETIN 3

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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 borough 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.

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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. In 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 assaults. 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. Scottish health organisation Jim Devine said, “While UNISON have attempted to separate the sick and the psychiatric 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 security when, “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 called the Scottish Executive to extend the "Guardian Angel" protection scheme to public sector workers who interact with clients/patients at home. The overall aim of any policy would be to provide a useful tool in the campaign to reduce potentially violent incidents for all NHS staff.

1. The Scottish Health Minister and NHS trade union will be jointy abused NHS staff in 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 consistently abuse NHS staff. These warnings could lead to the banning of individuals from NHS premises if they persistently physically or verbally abuse staff.

"The overall aim of any policy would be to provide a useful tool in the campaign to reduce potentially violent incidents for all NHS staff.

We believe that this could be a useful tool in the campaign to reduce potentially violent incidents for all NHS staff.

This pilot has been opera- tional for many months now and our members are claim- ing it to be a great success. It adds to the growing number of shockingly violent incidents for all NHS staff.

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UNISON has called on the Scottish Executive to extend the "Guardian Angel" protection scheme to public sector workers who interact with clients/patients at home. The overall aim of any policy would be to provide a useful tool in the campaign to reduce potentially violent incidents for all NHS staff.

The "Guardian Angel" protection scheme was set up by UNISON in collaboration with the Scottish Health Service and is a system that allows NHS staff to report incidents of aggression, verbal abuse, assault and attempted physical assault.

The "Guardian Angel" scheme is designed to protect NHS staff from potentially violent incidents and is based on the idea of a "Guardian Angel" who provides a safe and secure working environment.

UNISON has broadened the scheme to include all public sector workers, including those who work in prisons, hospitals and care homes.

The scheme is based on the premise that every NHS worker should have a Guardian Angel who can be contacted in the event of an incident.

The Guardian Angel scheme has been successful in reducing the number of violent incidents reported to NHS staff. The scheme has been praised by NHS staff and has been adopted by other public sector organisations.

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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 require police to install bug- ing 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 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 has slammed new policies which allow Scottish health boards to spy on staff at work and in their homes as “Big Brother” tactics. UNISON has accused some doctors of being “motivated by professional elitism, some doctors are elitist, some doctors are 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 spokes person told The Scotsman newspaper that the NHS Lanarksh ire document was “guid ance” for the NHS on how to respond to the Regulation of Investigatory Powers Act.

He added: “This act regul ates 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 individ ual 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.

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 reusable syringes would go a long way to saving lives, avoiding prevent able disease and therefore reducing the cost to the NHS of around £5.5m annually.

Millie Somervelle, chair of UNISON’s Health and Safety commit tee said: “The 16p or 17p extra that nurses and midwives pay with the older ones are a necessary investment for Scotland’s Health Service. Who can or should pay a price on human life?”

“Stabbed 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 hospital 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 campa ign 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 insti tuted 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 doctor gets the impression that, motivated by professional elitism, some doctors are feeling that NHS24 fails.

“Reports in the national press have attested 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 a solution to the problem: it is only right that its staff should be properly paid and supported in their work, John Humphries, the respected BBC correspon dent wrote in an article in a Sunday broadsheet.

“While I recognise that there are some doctors who believe that NHS24 is inferior to the level they were brought up in, they are in a minority. The new initiative, greeted with a certain amount of scepticism initially, is being run by experienced, trained health professionals.”

“The PFI blunders they are keen to cover up

The PFI blunders they are keen to cover up

LANARKSHIRE health service chiefs have plenty to be flustered about.

Not only did the £68m privately-financed Hairmyres Hospital bring a loss of £130,000 on its first year, but it also left the loss of patients’ records. The building itself evokes 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 hospital 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 onto children’s play areas.

Staffing levels have also been slashed in order to enable the Trust to pay £1.2m a month in fees to the private consortium that put up the cash to build it, and will recoup a massive £170m over 30 years.

UNISON has been in dispute with the Trust over issues including the nurses’ retirement, 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 medical, it appears that much of Hairmyres is at rock bottom.”

Things are little better at the new £120m 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 £68m over 30 years.

The Scotsman
What kind of welfare 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 long hours; nurses receiving 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 breach of labour law.

A landmark ruling by the House of Lords on care home costs could force councils to significantly increase funding for elderly care.

Law lords overturned a Court of Session ruling and decided that assets that had been disposed of by the time a person had entered into a nursing home were not assets for the purposes of nursing home care.

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

A Costa spokesperson described the meeting as “an attempt to get behind the ruling”.

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

Anne McCol, Costa’s social services and health improvement spokesperson, said: “Make no mistake, this judgement could cost councils a great deal of money.”

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 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 children and 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 “saturate” its beds, possibly seriously ill children and their families to travel to Yorkhill Children’s Hospital in Glasgow. The rise in patient numbers at the sick 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 mainly in Scotland by Royal and Yorkhill.

Martin Brannan, chief officer at Lothian Health Council, commented, “It would be very concerning if seriously ill children were 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 the families who would be put through a lot of extra anxiety and travel if they were transferred to Yorkhill.”

Bob Fraser, operations manager for adult 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 we have been in two-day slots during the first two weeks of July and we were so busy that we could not have taken another one. 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.”

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Lothian health branches sign minimum wage deal in Britain

UNISON has signed an agreement that ensures the minimum wage for NHS workers in Lothian is £5.29 per hour. And almost immediately afterwards that will rise to almost £5.29 per hour assuming that the 202/3 pay award is accepted.

The agreement spearheaded by UNISON is set to address the dire recruitment and retention problems that exist within the NHS in the Lothians. All Lothian NHS employees who currently earn less than £5.29 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 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 patterning 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.”

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 porter services in Glasgow’s Victoria Infirmary by 1st November this year.

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

Matt McLachlin, 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.

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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 18% 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, A&C staff group includes central services such as finance, supplies, personnel, information management and technology; national services supporting GPs’; 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 of the agreement: “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 3 years to achieve and must be the most significant pay rise for low paid NHS workers in the Lothians in the past 20 years.’

Although the Lothian NHS administrative and clerical staff 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.

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UNISON demands a decent wage in in Ayrshire

“Because we are worth it!”

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 NHS 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 host the first of 7 meetings with hundreds of porters, domestics, catering and other vital staff sat around 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 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 this consultation exercise we hope the Trust will 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 negotiating claims.

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

UNISON, Scotland’s largest health care union, has welcomed an August agreement with Argyll and Clyde Health Board that will see low-paid NHS Ancillary workers paid at least £5 an hour from 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 £21.60.

“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 for Scottish NHS Health Service, that in the next 2013-14 financial year, at the top of your salary, is not an unreasonable reward for the vital job these staff do.”
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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.

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