

Redundancies and Closures

The long-awaited and very expensive McKinsey report has been selectively released and basically restates most of what the staff were telling management for free. Despite promises of full transparency, no one on the staff side has yet to see the report and we only have had a brief presentation from McKinsey's.

The union representatives met on 25th February in Birmingham and have rejected much of the management plan for further redundancies in the labs and on the collection teams. Without full and credible evidence, the unions cannot agree to any further redundancies. This includes the loss of posts by stealth through the use of Annex A which is meant to predict the hospital demand for blood. As any team member knows, many of our sessions are short-staffed and this will only be made worse if further posts are cut. It is also clear that there is still no reliable system in place for prediction donor attendance. The figures are often under-estimated by as much as 70% when compared with actual attendance. The accuracy of the predictions in Annex A have been further undermined by the addition of 50,000 more units of blood than the original Annex A predicted.

The joint union statement is as follows:

The NBS Trade Unions receive with great caution the outcomes of the review and revision of the announced National Strategy. At this point we cannot accept the proposed wholesale closures of laboratories and with regard to the 240 job losses in SD, the staff side will not support any further reductions in front-line staff. We were given the assurance that supporting evidence by McKinseys would be made available following the review in support of the new and revised strategy. We believe that evidence should be made available as we still have grave reservations as to the ability of the proposals to deliver a high-quality service nationally.

We therefore continue to OPPOSE the NBS intention to withdraw some specialist service provision to the NHS, ensuing lab closures and reduction of staff numbers on the front-line of donor collection teams. We will support our local groups and branches who mount local campaigns in defence of service provision to patients and donors alike and in defence of their jobs.

Colin Anderson

Staff Side Secretary Organisational Change Sub Group

Unsocial Hours Agreement

After a delay of over three years, the new unsocial hours proposals have been sent to all union members to vote for in a consultative ballot. As usual, the working conditions of the collection

staff have been completely ignored even though the chief union negotiator is Mike Jackson of Unison, who used to be the staff side secretary of our National Joint

Staff Committee.

Whilst there are some small gains for those staff in bands two and three over the current arrangement, all Donor Care Supervisors who are in band four will lose 10% of their unsocial hours pay and all staff who work Sunday sessions as extra days above their 37.5 hour week will be paid at the lower overtime rate, rather than their unsocial hours rate so they will still be worse off than under the old Whitley Council agreements.

This is a far worse agreement than the original Agenda for Change agreement which was worse for a small number of night and weekend staff but was far better for the majority of staff. This must be why the management side agreed so quickly to re-negotiate the agreement when the unions agreed to withdraw it. The pledge that 'nothing is agreed until everything is agreed' was broken and staff were put in the position of voting for only part of the agreement.

While there is little we can do about this flawed agreement, many staff will think twice about volunteering for Sunday working as an extra day if they are working next to staff earning 38% more unsocial hours pay than they are.

Richard Fry Leaves

Richard Fry has left the NHSBT. This may be due to the total failure of the ACE project, the lack of consultation with staff and the insulting letters he sent to all staff over a couple of very minor observations on one team by the MHRA inspectors, but it may just as well be a management scheme to find a scapegoat for past failures whilst pushing equally ludicrous and dangerous plans for the the collection teams such as the removal of nurses and the continued cutting of staff in the face of evidence that more staff are needed to give donors a good service, not less.

Unison Claims 'Victory' Over Appointment Times

In a letter sent to Unison (and non-Unison) members, Unison claimed that it had secured a management agreement that no donor appointments would be made later than fifteen minutes before the published finish time of the session rather than five minutes before the end as now happens.

This was actually a Unite proposal which is clearly minuted from the 27th November 2007 South East Region JCC meeting and management immediately agreed that it was a good idea but that technical issues were delaying the implementation. This is still the case so staff may be confused to receive a letter saying it is already in place.

It is our assumption that the staff side work together at

the RJCC meetings and that any victories, agreements or concessions are the result of this joint working and should be presented as such.

Operational Improvement Programme

As a result of the McKinsey report, there is now an operational improvement programme in place (obviously completely different to the previous programmes with similar names). This is meant to improve the flow of donors through sessions and will also concentrate on the teams with the worst complaint records. Of course, this should really be read as the team managers with the worst complaint records as we have been told of the need for the numerous tiers of management in the NHSBT, so they should take responsibility for problems with complaints.

Just looking at the number of complaints does not really address the problem as the reasons for complaints are many. If management insist on further cutting front-line staffing, no doubt complaints about waiting times will rise.

Donors are still being called to sessions without enough staff to look after them in a timely manner.

Green Issues

Most staff are probably unaware that the NHSBT has an environmental policy. It is MPD/ITF/EM/008/01 and is called 'Environmental Management'. On the last page it states: 'The NBS will openly communicate its environmental performance to staff, customers, Government authorities and other stakeholders and interested parties on request'.

Whilst I am aware of some efforts being made at our fixed sites, I have heard nothing about any environmental measures being taken on the collection teams. If anything, most measures on the teams have lead to even less recycling and an increase in road miles.

The proposals to concentrate all processing on a limited number of sites (possible five rather than the original three) will add further to our road miles as blood collected in South London will be taken to Bristol, Colindale or North London for processing and then have to be returned to Tooting for distribution. It has been estimated that at least another one million road miles will be added by this change.

The NHSBT actually won an environmental award for using bio-fuels. There is more and more evidence that bio-fuels are not the answer to global warming. Much of the land used to grow bio-fuel crops used to be used for food production which has caused large increase in the prices of wheat and maize which hits the poor very hard. The growing and transport of bio-fuel (and some

is transported back and forth across the Atlantic to qualify for a US Government subsidy) uses nearly as much fossil fuel as is meant to be saved by the use of bio-fuel. Bio-fuel is also more polluting than normal petrol at street level further increasing the incidence of lung diseases caused by air pollution.

As 27% of carbon emissions come from road transport, this is an area where team members can make a difference. Unfortunately, much of the problem is due to terms and conditions that offer positive incentives for nurses to drive on business. One problem is that the larger your engine, the more money you are offered to use your car.

Only by changing these incentives will it be possible to reduce the large amount of business miles claimed by NHSBT staff.

There is already a rule in place that could cut business miles if it were ever enforced. Staff can only claim business rates if there is no appropriate alternative transport available. Otherwise, they can only claim the £0.23 public transport rate. The only time I have ever seen an attempt to enforce this rule was for a donor carer who had to travel to a training day at a base with poor public transport access. This was not an appropriate use of the rule and donor carers account for barely any of the business miles claimed in the NHSBT.

There are many other measures that can be taken to reduce our road miles. I won't go into great detail here but the following websites have good advice about this:

www.envirowise.gov.uk
www.sustrans.org.uk
www.corporatecitizen.nhs.uk
www.foe.co.uk
www.thecarbontrust.org.uk



Unite (T&G Section) Blood and Transplant Branch



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If you need help and your team is not listed,
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The branch website is located at:
www.tgwu-nhsbt-branch.org.uk and there is a blog
(web log) located at:
www.tgwu-nhsbt-branch.org.uk/blog

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