

## 'Unite' is born

Following the vote to merge the TGWU and Amicus, the union is now going to be called 'Unite'. The merger became official on 1st May 2007 but there will be an 18 month transition period before the union is fully merged.

## Edna Connell 1933-2007

Edna Connell was a member of the Mitcham team for nearly 25 years when she retired in 1998. She suffered a massive stroke at Heathrow Airport in January whilst returning from holiday in Las Vegas and died on 20th June. She always maintained good contact with her former colleagues, most of whom attended her funeral. Our thoughts and feelings go out to her husband, Jim, and her family.

## Dismissal Overturned

A Unite (T&G section) member in North London who was dismissed for alleged harassment was reinstated on an appeal supported by her branch. The conduct of the original hearing panel was heavily criticised by the appeal panel. Whilst the member was not exonerated, the appeal panel felt the the original decision to dismiss was far too harsh.

## 900 Redundancies

The number of proposed redundancies keeps rising. Now there are proposals to sack nearly 300 nurses as well as the 600 lab staff already mentioned in the last newsletter (Note: All back issues of newsletters are available on the branch website). This is to make way for the proposed post of donor care technician. After eight weeks of training, they are meant to run donor sessions without a nurse as nurses move off sessions and sit in front of a computer taking queries. This just illustrates the poor status of nurses in the blood service where they do not even warrant a board level position unlike almost all NHS Trusts. It also shows the ignorance of the NBS management in what the experience of nurses offers to the safety of the donors and the patients by having responsibility

for the clinical running of donor sessions.

Management has not made any concessions on its plans to close centres and make staff redundant. As a result of this, all of the unions will be balloting their staff for some form of industrial action.

On 15th June 2007, many demonstrations were held at lunchtime, outside many of the threatened processing centres. There was some good press coverage and a clear link was made with World Blood Donor Day on 14th June 2007.

## Reports From National Meetings Submitted by Paul Selby

### NJSC Sub-Group – Organisational Change

The last meeting took place on the 28th June at the Birmingham Research Park. The management side was represented by David Evans and Tracy Wright. The staff side reps were Paul Selby and Colin Anderson from Unite, Carol Reed from Unison, Christine Hood from the RCN and Moji Gensinde from the BMA.

The selection criteria for redundancy were agreed, and will be submitted to the NJSC for approval. There will be a weighting system for selection for redundancy, based on disciplinary record, sickness/absence record, work performance, relevant experience and qualifications and length of service. We are still totally opposed to any redundancies but we at least want them done fairly if they are done at all

Relocation/removal support guidance, based on current policy was agreed, and will be submitted to the NJSC for approval. This will consist of an application form, to be sent to Tracy Wright when staff are placed on the 'at risk' register. They can apply for these expenses for relocation, subject to agreement.

Lobbying of Board Meeting, on 5<sup>th</sup> July at BPL – A number of reps will be allowed to attend this meeting, without any right to heard. This is where plans are approved by the board. David Evans stated that there was no intention to submit the business plan for the setting up of the three super

centres or the decommissioning of the existing sites., as this has not been finalised, This is puzzling, as we already have plans to move work to other centres, close sites, and relocate or make staff redundant. However there is no final plan to move to three centre working. Some reassuring news, we think.

There will be a teleconference, with staff side on

Richard Fry has proposed plans to start weekend working in Bristol and Southampton. Consultation is to start in September.

## Roles and Relationship Working Group

This group meets on the 2nd and 3rd July. This will discuss the enhanced new role of donor carers, who it is proposed might take on a greater clinical role. New job descriptions should be written and re-evaluated for Agenda for Change. A view that some of the group take is that the donor carers were not properly banded under Agenda for Change and the outcome of grievances and reviews, was that the work would be revisited. This is an opportunity for us perhaps to start this again, but not to the detriment of our HCP colleagues. We will insist on proper consultation for any proposals.

## Small Health & Safety Group

This group was formed as a result of problems inherent in the trials for session flow, and consists of only three colleagues from the Donor Services Health & Safety group, including Paul Selby.

The Taunton team in the South West have withdrawn from the trials, due to the problems experienced at the Bridgewater session, where staff had to stand continuously, and deal with abuse from donors due to the unacceptable numbers called. Donors were left without close monitoring at the donation beds. Staff need to be aware that no risk assessment has been carried out for these trials, hence the need for the above group.

## Donor Committee

The problems with the new appointment booking system were as raised. Richard Fry does not seem overly concerned about the lack of flexibility for teams to adapt it to their staffing levels. Session planning staff are concerned that they will have

only a limited chance to alter the number of donors called and not until much later in the trials.

Richard Fry proposes that donor carers perform venepuncture, and not advanced donor screening (ADS), as it is proposed that screening will be done on computers by the donors. Trials for this have raised concerns about safety and reliability. We are also concerned that not all donor carers are willing to take on venepuncture which will put staff who carry out ADS for the DCII roles, in an untenable position. There are no plans to eliminate the DCI role, but Richard Fry has asked for suggestions about enhancing the DCI role to obtain DCII status. We are cautious about any change to roles, as this would mean altering the Collections Agreement, and this would mean national consultation.

The Collections Agreement Hand Book is to be written by Tracy Wright with staffside consultation. This was tried before, and resulted in alterations which we rejected. We will need the same levels of vigilance this time around.

Plans for alternative collection environments (ACE) are still ongoing, and we have concerns over working arrangements that will be changed as part of this. There is already a threat that staff will move to five day working.

## Boxing Day Working

Staff in the South West have concerns that this is being forced on all staff, even though there was no previous agreement or need for this. We are insisting that staff only volunteer for this and should not be forced. Last year several teams were threatened with disciplinary action for refusing to work on this day. We understand that other regions have worked this Bank Holiday on an historical basis, and it might have suited them, but to have a blanket arrangement without the need for this is unacceptable, especially when we heard that a high number of units were discarded last year, and there are six days platelets available. It is also against our agreement to force staff to work on a Bank Holiday when it does not fall on a weekend as the agreement is very specific about this.

## IWL

It would be interesting compare what the NHSBT submitted to the Improving Working Lives inspection team to current proposals to increase

late and weekend working. Child care facilities, and so called 'family friendly' policies, do not benefit staff whose working lives are affected by plans to work later, and on more weekends. There is growing evidence of sickness caused by stress and bullying in the workplace making our working lives even more difficult.

## Pay Cut

All NHS staff have only been offered a 1.9% pay rise by the government. This is made up of a 1.5% pay rise in April 2007 followed by a 1% pay rise in November 2007. As inflation is currently running at 4.6%, this amounts to a 2.6% pay cut.

This appears to be the governments way of clawing back any pay rises staff may have received under Agenda for Change (though in the NBS, 32% of staff had their pay reduced and were put on pay protection.

All of the major health unions are now considering balloting their members over possible industrial action in response to this derisory offer.

## Health and Safety

The new hand cleaning liquid is still causing irritation and breathing problems for many staff throughout the country. There is a number of staff off sick because of the hand cleaning liquid. A gel version has been introduced which seems to be a slight improvement. There is a non-alcoholic hand cleaning liquid that is approved for hospital use and is meant to be much less irritating. It is called Esense. At the next health and safety committee meeting, I will propose that we have a trial on one of the teams.

There are problems with the tail lifts on the new crew cabs. They don't fully lower when the surface is not level.

## Green Issues

Most staff are probably unaware that the NSHBT 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.

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](http://www.envirowise.gov.uk)  
[www.sustrans.org.uk](http://www.sustrans.org.uk)  
[www.corporatecitizen.nhs.uk](http://www.corporatecitizen.nhs.uk)  
[www.foe.co.uk](http://www.foe.co.uk)  
[www.thecarbontrust.org.uk](http://www.thecarbontrust.org.uk)



# Unite (T&G Section) Blood and Transplant Branch



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Mark White  
Steward

If you need help and your team is not listed, contact any other representative on the above list.

The branch website is located at: [www.tgwu-nhsbt-branch.org.uk](http://www.tgwu-nhsbt-branch.org.uk) and there is a blog (web log) located at: [www.tgwu-nhsbt-branch.org.uk/blog](http://www.tgwu-nhsbt-branch.org.uk/blog)

Please retain this page as a reference. It will only be updated when there is a change in union officers. Amicus officers will be listed soon.