



## Welcome

This is the first newsletter of the TGWU NHS Blood and Transplant Branch. It is our intention to publish a newsletter four to six times a year. Paul Selby is the branch secretary. He is a donor carer with the Bristol West team.

The membership includes drivers, stores staff, donor carers, session planning staff, marketing staff and nurses.

The branch is run by its members who have the right to select their branch officers including stewards, health and safety representatives and union learning representatives every two years. (Members also have the right to recall any branch officer they are dissatisfied with by asking for a special general meeting.)

Stewards are team-based and all stewards who have had the appropriate training can represent members at grievances and disciplinaries. If the steward does not feel confident about representing members at hearings, a more experienced steward will take this on. Ideally, the local steward will also attend in order to gain experience.

The TGWU is one of the unions recognised in the NHSBT recognition agreement and its representatives sit on all national and local negotiating committees including the NJSC and the local RJCCs.

The TGWU nationally has always worked with the other recognised blood service unions and that will continue to be the case both locally and nationally.

## Local Recognition

The management of the NHSBT has refused to recognise the accreditation of some of our local T&G representatives, contrary to its own recognition agreement and the ACAS guidelines. Their grounds for refusal are all spurious. They have more or less admitted it is because they do not like one of the elected representatives. If this were legitimate grounds for refusal of accreditation there would be very

few union reps accepted by management. This is a totally unwarranted interference in the internal affairs of the T&G and is being dealt with by Bryan Kent

Until this is sorted out, we will still provide support for all T&G members locally and nationally. If we are not recognised as representatives, we can still attend hearings as workplace colleagues. Our rights to speak at hearings are identical to those of recognised representatives.

## 600 Redundancies

The management has announced a further 600 redundancies in the NHSBT. This comes on top of the 80 redundancies that were announced at the start of the Donor Services consultation. This is to come about by closing most of the processing and testing centres and concentrating this work in three centres, Colindale, Manchester and Filton (near Bristol). There is no guarantee that some of these will not be compulsory. If the number of processing facilities is reduced to three from the current eleven, there will be a huge increase in the road miles that blood is transported which is totally contrary to current government policy about reducing carbon emissions. When questioned about this, the management answer was very vague. It may be that large areas of the country are cut off from donating altogether because the distances are too great.

It will also be difficult to get blood back in time for platelet processing as the 100% target for component donation of platelets has been reduced to 60%. This means we will still collect 40% of our platelets through normal blood donations which will need to be processed within six (or possibly eight) hours of collection.

All of the NHSBT unions are opposed to these redundancies and Amicus members have voted heavily in favour of industrial action in an indicative ballot.

## Team Restructuring

Most of you will have seen the proposals for team restructuring that were introduced at the



end of August. There are serious implications for staffing due to an increase in the number of managers by 16 and a decrease in front-line nurses by 27 in order to pay for this. There also is an attempt to invent a band five nurse who will do an identical job but get paid £6200 less. No doubt, this is to pay for the new and higher paid management posts.

It also states that regions will no longer exist and that everything will be local (area teams) or national. This raises the question of why there are still eight RCMs (renamed Donor Services Managers) as they do not fit into this local/national pattern. It is very convenient that the RCM in the Southern Region has recently left his post so that, in fact, no RCMs will be made redundant.

There are no proposals to change terms and conditions for donor carers (at least not yet) and they are not included in any of the four working parties. It does appear that nurses will be asked to travel even more than they do and given the positive encouragement nurses already have to use their cars, this will add even more to the NBS's already poor record on green transport.

Even though there is a significant number of nurses in the TGWU, they are not represented on the working party. It is made up of three RCN reps (one full-time officer, one manager and one session nurse) and one Unison representative, Colin Coates who is a session nurse. His email address is: [celtcoates@btinternet.com](mailto:celtcoates@btinternet.com)

## Health and Safety

At the SD Health and Safety sub-group, both the staff and management sides agreed that if the temperature in the venue is below 16°C it should be closed until that temperature has been achieved. Whilst the manager should be informed, it is not a matter of discretion on their part. The session must be closed.

It was also agreed that if one of the exits of the six-bedded mobile unit is blocked, the session should also be closed until the exit is unblocked.

Both of these incidents happened recently and management did not close the sessions.

When a six-bedded mobile unit is split into two three-bedded mini mobiles, two nurses are needed to cover the two units (not one as is the case in Southampton). It is impossible to guarantee the safety of the donors in the unattended unit. This also raises the prospect of the nurse being asked to run back and forth in the rain and snow to cover both units. This should have been thought of before the six-bedded unit was taken away.

The new hand cleaning liquid is causing irritation and breathing problems for many staff throughout the country. Staff are being asked to report to occupational health as if it is somehow their fault (though I'm sure they are told it is for their benefit). There is an alternative already on the teams and any member of staff who finds the liquid is causing them irritation should switch back to the hand wipes.

There have been numerous accidents related to the introduction of crew cabs on some of the teams including some lost-time accidents. There are only meant to be six roll cages on each vehicle but some teams still have more than that which reduces the room staff have to manoeuvre on the tail lifts which has led to some accidents. There is also no step down from the front seats and the vehicle is not designed to fit one. One member of the Mitcham team had a time-off injury due to the lack of a step.



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

Edited by David Linsey

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)

The blog is updated every month or so and has the latest information.

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