



## Branch Newsletter

**June 2009**  
**Issue 27**

### Is 'Patient care' forefront with the East of England Ambulance Service ?

**THE** East of England Ambulance Service NHS Trust covers 7,500 square miles of urban and rural area's covering six counties in the East of England. It responds to over half a million emergency calls each year, and employs over 4000 members of staff, of which over 2000 of these are clinical professionals that attend 999 calls.

Since the merging of the existing three Ambulance services on 1st July 2006, the organisation is still not fully merged to work as one organisation.



Photo: Chris Taylor

Call taking 999, dispatching, and radio communication systems, drugs and drug protocols, vehicles and medical equipment such as cardiac monitors and lifting cushions are not standardised throughout. The use of Clinicians like Emergency Care Practitioners (ECP's), and Ambulance Support workers (ASW's) to name but a few are different in each county throughout the organisation.

Policies and procedures, guidelines such as rest periods for clinicians are still in the negotiation stage's with trust managers stalling with policy thereby giving staff poor working conditions. Staff moral has hit rock bottom with clinicians now having 'a come in and go home attitude' as no continual education, support or career progression is offered or supported by the trust. Despite the trust having a recognised the Trade Union with policies to consult, negotiate, and

facilitate Partnership Working into the heart of the organisation, "a happy workplace is an efficient workplace" has no real meaning within this organisation. Trade Union Representatives find themselves speaking to 'non-receptive management ears' to improve working conditions for staff and move patient care back as a priority for the Trust.

Senior managers display a cavalier attitude, by suspending staff without fully complying with their disciplinary procedures, ignoring or not implementing changes under their own grievance procedure, with staff and local managers constantly being pressured by middle and senior management to achieve targets outside of their control, no wonder moral is at an all time low.

UNISON the Trade Union for Trust employees meets with the trust locally on a quarterly basis, and frequently on a senior level, but negation, and cooperation is a regular attendee to these meetings, with the trust doing as they please without consultation as the only resulting action. Agendas are often complied with the same repetitive issues, with little or no action being undertaken by the trust.

Recently the trust was referred to the health & Safety Executive (HSE) by UNISON for non-compliance with mandatory fire regulations, as well as the (post code lottery) provision of stab vests to staff. (Still to be resolved).

All these issues have a profound effect on patient care provided by highly skilled clinicians, striving to provide the professional services that the public expect. Is it any wonder staff sickness levels are higher within the NHS ?

Cont over-

The Government standard "Call Connect" takes precedence over all else, putting more and more pressure on the limited number of ambulances roistered to cover a large area, failing both the workforce and public in turn. A view becoming increasingly common amongst operational staff is that; if a clinician gets to the patient in less than 8 minutes, then this is considered a success in relation to Call Connect targets, even if the patient dies! Conversely, if a clinician takes more than 8 minutes to reach a patient, it rates as a 'failure' even if the provision of high quality care results in the patient making a full recovery. What is the world coming too.?

The latest attack on the valuable Trainee clinicians employed by the trust illustrates how poorly the service values its workforce. Of the Student Ambulance Paramedics (SAPS) currently in the system, a number of them recently received strongly worded letters from the trust telling them they were in breach of contract, and would be subject to a formal investigation that could lead to the termination of their contract, all because the 'new education pathway' provided by the University of East Anglia (UEA) is letting them down by way of poor, inadequate streams of communication between the Trust, the university, as well as a complete lack of local site support for these students.

Staff under investigation have dropped off, or deferred their courses for reasons to include; no support for learning needs, system failures with University software, resulting in no access to specific individual learning points of reference.

Internet access is restricted to submit applications to the University admissions team, further undermining the confidence of staff who have little or no IT experience, and will have been out of education for a long time.

The Trust started formal investigations against these staff last week without prior consultation with UNISON, hearing the news about their plans from a third party. UNISON representatives were left enquiring via the HR Managers as to why the non-compliance of their own disciplinary procedures and why a local informal approach was not followed in the first instance. In addition, had UNISON not intervened promptly to address the issue of localities accommodating the abstractions of these staff to attend their investigatory meetings at the specified venues, the potential existed to reduce already stretched resources to a dangerous level. A failure to provide a safe level of cover would undoubtedly lead to the Trust's reputation and abilities being placed under close scrutiny from the public as well as the Strategic Health Authority and beyond.

After being reluctant to even discuss the matter at senior level, I contacted the Chief Executive who stated he knew nothing about the matter or the action being taken.

I find myself asking the question "who is running this organisation"?

The action of resorting to formal investigations when an alternative may have been more appropriate, is both a financial and time consuming drain on valuable Trust resource which is funded from the public purse. The action the Trust has taken is unacceptable, instead it needs to acknowledge and address the lack of support for staff and re-evaluate its own systems in relation to 'which party is guilty of breach of contract'? The dangerous levels of cover left as a result of this action could have had the consequences of bringing the service into disrepute, had a member of staff done this, they would most certainly have been suspended and investigated, yet no action has been taken against managers who could have put the public at risk.

Stuart Reeves UNISON County Lead Representative for Hertfordshire

## Foundation Status

It has been announced within Issue 135 of Focus East that we as a Trust are officially to embark on the journey to Foundation Trust Status. *Quote- from C E Haydon Newton "My new team will drive forward the changes and developments needed to cement our existence as one Ambulance Service, and prepare for our move to become a 'Foundation Trust', which will give us more freedom, and provide us with a structure to enable us to engage more effectively with a wider range of people, throughout the East of England"*.

*End*

**Members Please Note.** UNISON Healthcare Sector Committee has already issued a full UNISON Guide to Branches with their position on the Foundation Trust issue which can be found on the UNISON Website at <http://www.unison.org.uk/foundation/index.asp>

The document is dated January 2009.

E.M. Communications

## Pay Claim for Trust Contract Holders not on A.F.C. Contracts

The Pay Claim for Staff on Trust Contracts that is people that did not take up the Agenda for Change Contract has been tabled- It is as follows- In view if the Nationally agreed and accepted 3 year offer made to staff on Agenda for Change Contracts, we are asking that the trust should mirror that offer by way of a 2.4% increase in salary to all staff that were on Trust Contracts at April 1st 2009, and that increase be backdated from April 1st.09

K Risley Branch Secretary

## Secretary's Corner

As a Branch, and as a Union we are currently in the process of negotiating and campaigning both locally and nationally on some very important and contentious topics on your behalf.



Locally we are in discussions with the trusts management on issues such as Dynamic Deployment, ASW's /ECA's, Annual Leave, Student Paramedic pathways, meal breaks, and foundation trust status, to mention but a few.

Locally and nationally we are campaigning in areas such as Technician and Paramedic Pay banding, keeping the NHS public and keeping our NHS contracts out of the hands of the private contractors. This is alongside all the usual day to day issues of grievance, disciplinary, policy and procedures, working conditions, Health and Safety etc issues. In the best interests of Job Descriptions statements, this is not an exhaustive list!

One of the best ways of keeping our members informed of what is going on is via this newsletter. We hope that it is informative and our editor, Eric does a fantastic job in putting it all together each month. However it is a monthly publication, and things are happening and changing on an almost weekly if not daily basis at the moment. With this in mind we are trying to keep our website as up to date as we possibly can with any latest news. I would urge all members to make every effort to take a look at the website on a regular basis at [www.eeas-unison.com](http://www.eeas-unison.com), don't forget also that members can sign up to our e-news service whereby information can be sent via e-mail to any individual users inbox.

As a member led branch we will almost certainly be carrying out further on-line member consultations similar to the one we trialled before, we are confident that we will be able to sort out the glitches that were experienced in NSC last time, and all members will be able to make their views known. These consultations will only be available to UNISON members, so to make use of the chance to have your say- JOIN UNISON TODAY.

I would like to take this opportunity to make a plea All of this work does tend to fall to a very small number of branch officers. With this in mind could I please ask once again that interested members put their names forward as departmental reps, it is a very rewarding role, (honest) also that any local issues are referred to local reps or County leads in the first instance for a timely response and action. Contact details can always be found in the newsletters and website.

And finally, it would appear that depending on where you work in any trust around the country, the rules on our PTS Staff being exempt from using bus lanes in the same way as our colleagues in the A & E varies from county to county. Where the use of bus lanes is not allowed by staff in NES, longer journey times and the knock on effects of missed appointments are having a detrimental outcome for patients, and creating difficulties within the NHS system. UNISON believes that there is a very strong moral argument for PTS vehicles that serve the community to be exempt from bus lane restrictions across the UK. Dave Ward one of our Unison colleagues and senior PTS stewards based in Oldham has kick-started a national campaign aimed at removing any restrictions for the use of bus lanes by any NHS/PTS and the (not for profit) patient carrying vehicles. He has launched an on-line petition to be sent to Downing Street, it is easy to sign the petition by simply going online to - <http://petitions.number10.gov.uk/NHS-TRANSPORT/> and signing in, it took me less than 5 minutes.

Kevin Risley Branch Secretary

## Annual leave when on long term sick

### Please Note

A recent European Court of justice (EC) decision means that cut off dates for carrying over annual leave from one year to the next should not be applied to those staff on long term sick leave.

In a recent referral from the house of lords (Stringer and others vs Her Majesty's Custom & Excise) The ECJ has held that the right to be paid annual leave continues to accrue during sick leave and that, on termination of the Employment relationship, a worker that has been on long term sick leave, and unable to take paid annual leave is entitled to a payment in lieu.

The Staffside of the NHS Staff Council Executive has raised this issue with the NHS Employers with a view to producing joint guidance for discussion and implementation via the relevant national bodies in England. Cymru / Wales and Northern Ireland, Employers in Scotland have already issued instructions related to the decision.

From your Regional Organiser John Toomey  
UNISON Bury Office

## Annual leave review

Branch officers are still currently involved in the long protracted review of the Annual leave Policy agreement to which at present there has been no agreement reached with management as to the way forward as yet. Further meetings are to be held this week and members will be kept fully up to date with the final outcomes.

## Student Ambulance Paramedics latest news

Having raised the consequences of the heavy handed approach from HR to this issue at the Partnership forum on June 5th. It was recognised that whilst the investigation does form part of the policy's formal process, staffside felt that the lack of consideration shown to the more informal 'fact finding' option had led to unnecessary upset amongst those who had been unfortunate enough to receive one of the letters.

Subsequent to this meeting, the affected staff should now have received a further letter which outlines in more detail the range of outcomes that can arise from any investigation process.

A well attended meeting for the Student Ambulance paramedics was convened on Wednesday 10th June which has brought to light a variety of different issues that the SAPS had been experiencing. In order to move forward and hopefully address these issues in a structured way, this information will be collated into a document for presentation to the Trust in the near future.

For more information Please go to [eeas-unison.com](http://eeas-unison.com) or [eastamb.nhs.uk](mailto:eastamb.nhs.uk)

Branch Officers.

## UNISON Officers Branch Officer Listing 2009

Please note where a Branch Officer has taken on other roles these are also listed below

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Pensions Retired Members	Ian Mc Kenna Officer	07870544241	ian.mckenna@eastamb.nhs.uk iantracey@mckenna2003.fsnet.co.uk
LGBT Members Herts County H & S Lead	June Felstead	07903585081	june.felstead@ntworld.com felstead@bhamb.nhs.uk
Womens Officer Job Shared with	Carole Taylor NSC Lesley Hilton BHE	07745549287 07989786661	carole.taylor@eastamb.nhs.uk lesley.hilton@sky.com
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Beds County H & S lead	Vacant		
Suffolk County H & S lead	Vacant		

## Going by the rules

**We are** writing to convey our growing concern over what we perceive to be the erosion of the National Agreements contained within the AFC Terms & Conditions of service that has been in force since either June for EI sites or November 2004 for National roll-out.

Whilst being totally aware, and in most cases, in full agreement of the areas that allow for both local agreement and interpretation clearly set out within that document, we are increasingly concerned over the quite clear differences appearing between various ambulance trusts in areas where local flexibility does not and should not be either encouraged or allowed.

The difficulty we have is that in trying to follow both the requirements and spirit of that national agreement, we find our position increasingly undermined by Trusts doing 'deals' to gloss over problems in a very short sighted manner, with no concern or consideration given to how their insular actions impact on those other trusts throughout the country.

One of our main areas of concern is the banding issues in regard to Ambulance Technicians. It is quite apparent that to facilitate the 'acceptance of 'ambulance support workers' or emergency support workers, several ambulance trusts have 'shoe-horned' their existing Technicians into band 5 without the substantive changes in their personal specification, or their 'job description' that would be required to trigger that change through the job evaluation scheme. The whole issue of the support workers was itself supposed to be dealt with on a national level with a properly designed and conducted trial period, and subsequently an independent evaluation, but this again has just been brushed out of the way by trusts that seem to be able to act autonomously from any national agreement or position, therefore in various guises ambulance trusts in many parts of the country have all appeared to 'cut' deals.

We also note with some dismay, the apparent failure of the national ambulance forum, albeit not from any lack of effort from the staff and union side of that group, but a total failure of the Chief Executives to engage with any meaning in that forum, and no apparent clear steer from the department to encourage them to do so.

Please do not misunderstand us we ourselves are still trying to progress a re-banding for our Technicians, but are doing that by following the nationally agreed Job evaluation scheme through the completion of job evaluation questionnaires, assessment panels etc.

When AFC first came into being there was a complete support system both locally through the S.H.A's and nationally through the best practice facilitators, consistency groups etc, that ensured trusts were interpreting and implementing various strands of the agreement in a coherent manner.

What this unsupported approach allows is the fragmentation of what is supposed to be a national agreement, but is slowly undoing and undermining the position we have reached of many years of hard work within the authorship of the AFC agreement. Whilst we appreciate that those remaining at national level involved in the 'guardianship' of this agreement have been busy in both harmonising the unsocial hours agreement, (which as a branch we were totally involved in) and now the subsequent harmonisation of the 'on call' arrangement, mileage review etc, it does appear to us if the agreement is to remain a national one, then it needs to be 'managed' and nurtured to bring an end to the continued erosion and deal making we refer to above.

End

*Members should note the above letter:- It has been sent to the NHS National Forum at the request of the East of England branch Committee after a series of significant breaches in the Agenda for Change Agreements Policy occurring around the country, demonstrating an inability to confront and manage the concept of the 'management of change' as best described in accordance with the principles stated within their own documented manuals.*