UNISON Condemns the dismissal of 3 Ambulance Staff

The patient Transport Services (PTS) in Mid Essex was today 1st May 2014 privatised and is now run by SRCL and this has had the immediate effect of 3 ambulance staff losing their jobs.

Tim Roberts, Regional Organiser, said:- “UNISON believes that it was wrong to award the PTS Contract to a Private Company. The East of England Ambulance Trust ran a good service which Patients were very satisfied with. The Trust was able to make improvements and reinvest any money it saved back into the service. Now a private company is running it, and will want to take NHS money out of the service and give it to shareholders”.

He continued, “Unfortunately as a result of the privatisation, 3 UNISON members reported to work as normal today and were told they had no job.

They were dismissed with immediate effect. It’s a farcical situation—the Ambulance Trust says they should still be employed by SRCL, but SRCL argue they should be employed by the Ambulance Trust. Between them they have worked for the Trust for 52 years, and today they find they have no job, and have been dismissed with immediate effect.

Our members are distraught—they have families to feed, but have suddenly and unexpectedly become unemployed.

UNISON will now commence legal action against both the Trust and SRCL—we will not allow our members to be treated in this disgraceful way” One of the dismissed staff said “I am a single parent and I will be unable to cope financially. I find it hard to believe this has happened. I have never had a day off sick, and I’ve been treated so badly”.

Note—Mid Essex Clinical Commissioning Group awarded a 5 year PTS Contract to SRCL (Trading Name ERS) commencing 1.5.2014 for more info—Please Contact Fraer Stevenson or Tim Roberts.
Health Conference 2014

This year’s health conference was held at the Brighton Conference Centre between the 14th and 16th April 2014. Our branch delegates were conference veteran, Barry Jarvis and “first-timer” Claire Stuart. I also attended as one of two delegates appointed by and representing the national ambulance sector.

It was a fairly tame conference this year with no walk-outs or card votes taking place despite a call for the latter when one motion was quashed by a clear majority (but more on that shortly!).

Sunday 13th April 2014: My first task upon arriving in Brighton was to attend the ambulance sector briefing to catch up with my fellow sector delegate, Jo Fowles (SWAST) and go over the 3 motions we were going to be moving over the course of the next three days. I then joined Claire and Barry who’d gone to the “new delegates” meeting at the conference centre and from there we went on to the eastern regional health committee meeting for a briefing on the regional motions and any other urgent conference business.

Once business had been concluded, the entire eastern region delegation gathered together for a pre-conference meal, during which our Regional Head of Health, Tracey Lambert presented bng standing Unison activist, Regional Health Committee Chairperson and Service Group Executive representative, Jenni Saunders with a card and gift vouchers marking her decision to step down from her SGE duties.

Jenni has been an integral part of Unison at branch, regional and national level for more years than any of us, including Jenni herself, would care to count and I could probably fill a page detailing her many qualities but, in short, she is without doubt a highly respected and regarded staffside stalwart and inspiration to those who have worked alongside her over the years. So it’s rather fortunate for us that she intends maintaining an active role here in the eastern region.

Monday 14th April 2014: Day 1 of conference was opened by Unison President, Maureen de Marine! followed by the first of what was to be 3 reports from the Standing Orders Committee that day. We then heard an address from Service Group Executive (SGE) Chair Roz Norman and the SGE annual report was accepted.

The next speaker to the podium was Unison’s General Secretary; Dave Prentis whose reception from the floor and to my mind, his subsequent address to conference appeared a little subdued in comparison to the impassioned, ardent deliveries and responses seen in previous years. But that’s just my opinion!
The first day's agenda focused on Composites and motions relating to Recruitment and Organising, Equalities issues and Safe Staffing Levels. There was also a panel discussion about "Integrated Health and Social Care" and an address delivered on behalf of the striking members employed by Care UK in Doncaster who have taken further action in response to their employer's decision to proceed with the slashing of their pay, terms and conditions [http://www.unison.org.uk/news/doncaster-care-workers-strike-again]. A collection was taken and proceeds donated to the Care UK worker's strike fund to help support them during this period of unpaid industrial action.

Once the main conference business had concluded for the day, Barry, Claire and lattended the ambulance fringe meeting which was chaired by national ambulance sector chair, Bryn Webster and featured a presentation by Professor Paul Bennett (University of Swansea) whose "Stress in Ambulance Personnel" presentation is the result of his study of staff working for the Welsh ambulance service and an Unsocial Hours/Annex E negotiations update from Unison national officer, Sara Gorton:At the time of writing this article the trade unions (Unison, Unite and GMB) were still in negotiations with the English ambulance employers and due to meet with them again on the 29th April. Further updates will be sent out to members as and when they are made available from Unison's national ambulance sector and negotiators.

Tuesday 15th April 2014: Day 2's agenda kicked off with motions and composites relating to Agenda for Change Pay, Terms and Conditions followed by some pre-lunch focus groups. Unfortunately because there were only three of us and five focus groups, we are can only provide an overview of the ones we actually attended:

- Claire chose "Learning for Life (AFC Bands 1-4)" which highlighted the fact that staff in pay bands 1-4 deliver approximately 60% of direct patient care but only get 5% of the training budget. The Francis & Cavendish reports have highlighted the need for development & support for bands 1-4. The "learning for life" campaign aims to embed a culture of learning across the NHS and support employees in their personal development, their employment role & career progression. The open university has over 600 free OU courses online including health & social care, skills, childhood & youth, psychology, business and management (www.open.ac.uk/openlearn or www.unionlearn.org.uk or unionlearn@tuc.org.uk)

- Barry chose "Staff engagement and partnership (has Francis made a difference?)" which considered the effects that the Francis report has had on partnership working within health trusts and had been the subject of a recent survey by Unison, the results of which showed a generally positive impact although the way in which the aspects of the Francis report were being considered and dealt with varied considerably. A detailed report into this survey will be published shortly and Barry will circulate the relevant link to the committee as soon as he has it.

- I lattended the "Be Safe Speak Out" training taster session about the one-day training programme developed by Unison for its reps so they feel able to actively support, engage with and encourage staff to raise concerns if they feel that patient care safety or experience is being compromised. Unison has taken this initiative because despite the findings of the Francis report, staff remain fearful of being labeled as "troublemakers" if they raise such concerns. Training roll-out across the regions is being coordinated by regional heads of health and education officers. More information about the "Be Safe" campaign can be found at: [http://www.unison.org.uk/at-work/health-care/key-issues/be-safe/home] and [http://www.unison.org.uk/at-work/health-care/key-issues/be-safe/resources].

The other focus group sessions were about "The big NHS sell off" and "Challenging down-banding".
After lunch the debate around Motion 22 "Future of pay determination for NHS staff" began and in a nutshell, called upon conference to support a complete move away from the current method of submitting evidence to the Pay Review Body (PRB) as we currently do in England. The Scottish Health Committee (who submitted this particular motion) feel it is not in the best interest of NHS employees and that we should return to nationally negotiated pay as they have in Scotland and where they struck what they believe to be a fair deal with their Labour government.

The arguments against this motion from English (and some Welsh and Northern Ireland) branches were numerous although it has to be said that there were also a few speaking in support of it. The opposition view is that moving away from PRB would be worse than what we have now and that it would almost certainly lead back to the regionalised pay negotiations as we had in the days before Agenda for Change.

As expected, this debate ran for some time with speakers for and against (although the majority were against it) until the question was put and the vote taken. It was fairly close but it was clear that the “no’s” had it.

At 5.06hrs precisely and as a mark of respect, proceedings were halted and everybody in the conference centre joined Unison’s president Maureen de Marine as she led us into a minutes’ silence to mark the 25th anniversary of the Hillsborough disaster; a sobering reminder of an unnecessary and avoidable tragedy R.I.P.

We ended the day with some of the many "Professional and Occupational issues" motions and composites but the overrun caused by the lengthy Motion 22 debate meant that the remaining motions on this subject matter had to be moved onto the following day’s agenda.

**Wednesday 16th April 2014**: The final countdown began with a reminder that 28th April was International Workers Memorial Day. Workers Memorial Day (WMD) is commemorated throughout the world on the same date every year and is officially recognised by the UK Government. The purpose behind Workers’ Memorial Day has always been to “remember the dead: fight for the living” and unions are asked to focus on both areas, by considering events or memorial to remember all those killed through work but at the same time ensuring that such tragedies are not repeated. For information about this year’s campaign and WMD events being held in or around your region please use this link: [http://www.tuc.org.uk/workplace-issues/health-and-safety/workers-memorial-day-28-april-2014](http://www.tuc.org.uk/workplace-issues/health-and-safety/workers-memorial-day-28-april-2014)

The "Professional and Occupational issues" that had been carried over to from the previous afternoon were then heard starting off with my delivery of the first of three ambulance sector motions (29) "Careerpathways in the ambulance service". Barry took over from me at the rostrum to not only speak in support of motion 29 but to also place an emphasis on the lack of pathway opportunities available to PTS staff in the NHS and private sectors which was an excellent idea.
The next motion (30) "Campaign for Ambulance Workers Pension Retirement Age" submitted by South Central ambulance service called upon conference to support the need for parity with our fire service and police colleagues who can retire at 55 and 60 respectively. Needless to say this was a subject close to so many of our hearts and compelled a number of ambulance delegates including our Welsh ambulance sector colleague, Joe Conaghan and myself to get up and speak in support of this long-standing motion. Armed with only a few key words scribbled on a scrap of paper I think I probably give my best ever conference speech (even if I do say so myself!)

South West Ambulance Service (SWAST) and fellow sector delegate, Jo Fowles was up next to move the second of the three sector motions (31) "Categorisation in the Ambulance service" and it was interesting watching the somewhat shocked and/or disbelieving reactions of people sitting in front of me when Jo referred to how ambulance services measure success – you know the one;

- Response time of 8minutes and 1second but a life saved nonetheless = FAIL
- Response time of 7mins 59seconds but life extinct/unrecoverable = SUCCESS

The eastern regional health committee chair and delegate, Isaac Ferneyhough presented Emergency Motion 3 "Bullying and Harassment in the NHS" on behalf of our region. This motion touched on the effects and impact of bullying and harassment, the culture of fear still present in today's' NHS, the pressure put upon staff to meet targets, including the falsification of data.

This motion called on conference to put in place certain measures to protect and defend staff (and by association our patients/public), to empower and support them, provide NHS specific training and appoint dedicated stewards, to ensure that employers adopt a zero tolerance to bullying and harassment and to adhere to their workplace policies of the same genre. It also called for conference to undertake a national staff survey, to publish the results and to report back on this motion at next year's healthcare conference.
Concerns over NHS Staffing High levels of concern regarding staffing levels in the NHS have been revealed in the Annual Survey of Health Workers conducted by UNISON, the largest Union in the sector. According to 59% of respondents, staff numbers were not at the levels required to deliver safe, dignified and compassionate care. The Survey sought the views of NHS Workers over staffing arrangements for one typical day in March 2014. Two-thirds of those surveyed said they did not have enough time with patients. And of these, 55% reported that as a result care was left undone.

This was despite over half of those surveyed working more than their contracted hours. Almost half 45% reported that they were caring for at least 8 patients at a time. This is the ratio of Patients to Nurse at which indicates there is a significant risk to patients.

A year after the publication of the Francis Report on failings in care by Mid –Staffordshire health Trust, 31% of respondents reported that there was a risk of a similar situation occurring where they worked. Yet over half did not feel confident in raising concerns locally. Raising the spectre of another Mid–Staffs type scandal, Gail Adams, UNISON’s Head of Nursing called on the government to introduce legally enforceable nurse to patient care ratios.

“One of the most damaging findings of this survey is how little has changed since last year” she said. Progress on safe staffing has been glacial and that means poorer care and patients still at risk.”

Labour Research Department Survey May 2014.
On 1st May, following the loss of the PIS Mid Essex contract earlier this year, a number of EEAST staff were due to TUPE across to ERS Medical (SRCL).

Some of the staff on the TUPE list had been told a few weeks ago that ERS/SRCL were disputing they were attributed to the contract and that EEAST had engaged its solicitors over the issues, as well as appealing to Commissioners for assistance. EEAST staff, as NHS staff on AFC terms and conditions, are paid at a higher rate than ERS/SRCL staff, and there is some suggestion that this is why a percentage of staff were being disputed. The affected staff were advised by EEAST that they were on the TUPE list, and legally they felt they should transfer to ERS/SRCL.

The morning of the 1st May, T accompanied these staff to ERS/SRCL in Springfield where they were lined away and advised to return to EEAST. We travelled to EEAST at Chelmsford where the staff were also turn away, and told they should have transferred to ERS/SRCL.

The affected staff have a combined NHS service of 52 years, and to be dismissed unfairly without any notice or redundancy is very unjust. UNISON is supporting the staff with legal claims, and both employers will be cited.

It does appear from the evidence we have seen, that the staff were attributed to the Mid Essex contract and their roles formed part of the contract tendered for by ERS/SRCL. Ultimately though it will be up to an Employment Tribunal to decide who is at fault.

Prior to the TUPE it became apparent there had been little if any consultation with all the staff on the TUPE list. TUPE (Transfer of undertaking, protection of employment Regulations) is designed to ensure employees are protected during and after transfers and one of the main requirements is set out in Regulation 13; the duty to inform and consult. This requirement lies with the existing employer, and the last few weeks have been very frustrating; there’s been considerable difficulties getting information from EEAST HR that should have been openly shared with UNISON about any employees affected by the transfer.

Regulation 13(1) defines 'affected employees' as any employee 'who may be affected by a transfer or may be transferred.' This has been further defined by caselaw, 'affected employees will be those whose work is transferred.'

Anthony Marsh was asked to assist in accessing the withheld information, and despite the CEOs support, HR were unwilling to provide all the information requested, particularly around the disputed staff. TIlk full information was provided the day after the transfer, which will clearly not fulfill the requirement of Regulation 13, which states that the information must be provided, 'long enough before any relevant transfer to enable the employer... to consult the appropriate representatives...'

After discussions with the affected staff, MPs have been asked for assistance, and they have been very supportive.

Sir Bob Russell, MP for Colchester, spoke in Parliament the morning of the TUPE date, after he was updated over the situation; "May we have a debate on competitive tendering within the NHS, using as a case history ERS Medical, a private firm that was awarded a contract for patient transport services in Essex? This morning, former members of the NHS ambulance trust turned up for work at ERS and were limited. I would say that that is illegal - it is certainly immoral... we should look at whether ERS Medical should be made more of these cheating tricks to win contracts.'


UNISON is also considering legal claims over the failure to inform and consult. This could result in protective awards being awarded of up to B weeks pay for each UNISON member affected.

There’s more campaigning planned, and the outcome from the Employment Tribunals will be publicly available and widely shared.

Given the Norfolk PCT contract has also been lost to ERS/SRCL, with a TUPE date of 1st Oct, we will work with EEAST HR to ensure the staff are better supported and lessons are learnt.

http://www.bbc.co.uk/news/uk-england-26617752

Fraser Stevenson UNISON Branch Secretary East of England Ambulance Branch
DO 'T L T UKIP ST AL W T MATT RS T YOu.

UKIP want to scrap your right to paid holiday, maternity leave and sick pay.

THEY.RE: NOT ON OUR SIDE:

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Then vote Labour on 22 May. Labour will defend your right to 4 weeks' paid leave.
“A group of lifesavers are flying the flag for Ambulance Staff across the country in their most difficult challenge yet!” The Pedalling Paramedics, a team of eight staff from the East of England Ambulance Service NHS Trust will embark on the 999 mile trek around the country on FRIDAY May 9th, and finish on Saturday May 17th.

The riders have received a major boost from UNISON and GMB, which have donated £25,000 between them, which brings the total after almost three years soaring past the £20,000 mark for the Ambulance Service Benevolent Fund (ASBF).

The group of Paramedics are gearing up for the route in just 9 days, their third and most ambitious ride yet, taking them around the country, to the heights of Penrith in Cumbria, and as far South as Southampton. This follows journey’s between Land’s End and John O’Groats, and across the English Channel to Paris. Pedalling Paramedic Matt Broad said; “The ASBF is a great cause and its brilliant to be able to help our colleagues across the ambulance services, as you never know what can happen. The new support is fantastic, and it really feels like everyone is behind the cause. This is going to be our most difficult challenge yet, but we are training hard and enjoy all the thrills of a test like this one.

Branch Chair of UNISON, Steve Imrie said: “UNISON is proud to be able to help support the group in their biggest challenge yet. The ASBF is a charity we work closely with through UNISON Welfare, and we know the difference this can make to Ambulance personnel in difficulties. We wish the Team well, we’ll be following their adventure as they travel around the UK raising money and highlighting the profile of this important charity.”

GMB Branch Secretary, Chris Bretton said; “The GMB is proud to support this worthwhile cause, this donation will help the welfare of ambulance personnel throughout the country, and it’s a great opportunity for us to provide support where we can.

The pedalling paramedics are taking on a mammoth challenge for a fantastic cause, and we’re proud to be part of that.” The Paramedics have a following of around 3000 on Social Media. You can track their route daily via Twitter@EastEnglandAmb and look out for more information on their training and preparation via the EEAST website.

Note – The cycling response unit at EEASt is a scheme where paramedics use bicycles in town centres to reach patients more quickly. They cover six different locations in the region with an average response time of between two and three minutes.

Article Richard Dunn EEASt Comms
It will take two years to deliver the improvements needed at our Trust. The new Chief Executive of the east Anglian Ambulance Trust was outlining his plans at an ACT on AMBULANCES meeting at Cromer earlier this month—his first public speaking event since he took over the role in December. Dr Marsh told the audience that the average ambulance response time for North Norfolk had fallen from 27 minutes for life-threatening emergencies to 18 minutes over the first 3 months of 2014, which he said showed signs of progress. However there was still work to be done, with the campaigns latest statistics showing that in February 2014 only 35% of calls for the district were being met within the 8 minute target, well below the 75% expectation of Trusts. The Ambulance Chief explained that his first goal was to ensure safety of both patients and staff by investing in new vehicle, additional "home grown paramedics, and more ambulance hours, which would then lead to improvements in response times. He was also critical of his predecessors attempts at rota re-designs which had an over-reliance on Rapid Response Vehicles, rather than Double staffed vehicles. He answered a variety of questions which included the crisis in A&E, long term funding for the service, and contracts for private ambulances.

Denise Burke, who chaired the meeting and is a Labour Prospective parliamentary candidate for North Norfolk said;

"Dr Marsh has set some clear priorities for turning round the Trust and improving performance in North Norfolk. It will take time to recruit and train new staff, and get more ambulances on the road, but we welcome his ambitions.

Note. “Act on Ambulances will monitor progress closely to ensure that North Norfolk gets the Ambulances service it needs for its aging population in remote/ coastal areas and influx of tourists. Any local residents experiencing issues with the Ambulance service can contact us for help in raising the matter with the Trust. We have invited Dr Marsh back to North Norfolk in a years’ time to see what progress has been made.”

Article from the North Norfolk labour Party. Picture left to right—Dr A Marsh-- Denise Burke- Matt Broad

UNISON National Ambulance Staff Stress Survey

The following link has been sent out for circulation to all Ambulance Staff; for further attention— Please make every effort to promote and complete this SURVEY and to also circulate it on the Link to all your other Media contacts.
https://www.surveymonkey.com/s/UNISONambulance2014

The results of this Survey will be published at UNISON Health Conference, and it is likely to generate significant media interest for the Ambulance Sector, as well as highlighting this important issue—It is ‘Anonymised’ and comprises 13 Tick box questions and 2 comments Boxes.

So it is time for you to “Tick your own boxes” and to act now. Many Thanks.
Hundreds of thousands of healthcare workers including Nurses, Paramedics, Porters, Cleaners, Cooks, Therapists, and Healthcare Assistants, are to be balloted for industrial action over pay. Delegates at UNISON’s Healthcare Conference in Brighton today gave an overwhelming “YES” vote to a ballot. Speaker after speaker angrily condemned the Government’s decision to give a derisory 1% consolidated increase only to HHS Staff at the top of their incremental pay scale. This has left 60% of NHS Staff without an increase this year including 70% of nurses.

In a passionate speech calling for a ballot action, Christina McAnea UNISON’s Head of Health said:

Demand for NHS services is increasing, and funding has been cut, regardless of what the Westminster Government says– you know the reality of this and they want you and our members to make up the shortfall by cutting pay and conditions. We are the largest health Union, and we take the responsibility that comes with that very seriously. Members neither strike often or easily, but this time it feels that we have no choice. We face a government in England deliberately provoking us into a dispute and so no doubt they are preparing for this. So we must be prepared.

To kick off the campaign, the Union is asking for a day of protest on 5th June including lunchtime demos at workplaces across the country. Let’s have a day all health unisons can be part of, and use this day to build support for a resounding “YES” vote when we ballot for strike action. We’re not asking members to strike for 1%, we’re asking for a pay award that starts to restore the value of your pay, fight for a living wage for all, and because a demoralised, demotivated workforce is not good for patients. The value of health workers pay has fallen between 10-14% since the coalition came to power. Speaking about the impact of falling pay on staff in the NHS, she said workers were turning to food banks for help and facing dreadful hardship. “The dread when you realise that your kids need new shoes—or the car needs to be repaired, or just the sheer worry of dealing with rent and food bills. My mother used to describe it as a ‘hand to mouth existence’ and that’s the shocking reality for too many of our members.” The motion calls for an effective protest against the treatment of health staff in 2014, and calls for both protest, and formal action up to and including lawful strike action; following today’s decision the Union is committed to drawing up a timetable and long-term plan for events over the Summer right up to the General Election next year. UNISON Press Release. 15th April
A common question I get asked by the members I represent is, "What is the union doing for us at the moment?" Now I'm sure this isn't an experience confined to myself and for my part I try and attend as many local partnership forums and branch AGMs so I can pass 'the word' on. It sounds as if the branch are also making moves to make information dissemination easier through the membership with the use of social networking.

However, in the words of JFK, "Ask not what your union can do for you, ask what you can do for your union". Well same sentiment!

relationship with our union and our working life. I'll be the first to admit that my attitude to my working life has suffered in recent years in favour of my union activities. So when I put the above quote as a signature on the bottom of my emails it isn't just as a reminder to those I'm contacting but also to remind myself that I should be striving to be better at work. In my clinical knowledge and skill, motivation, empathy to patients and colleagues, relationships with work colleagues and professional development.

Contrary to popular belief the membership are the union. Not the representatives, not the committee (sorry guys), not the paid activists and not the senior hierarchy in London. We are all equal in the responsibility to act and strive for the best working practices we can.

This is not unlike the beloved organisation we work for. No one person has the right to consider themselves a greater part or the service, even in one with a rank structure. Those at the top have as much responsibility to strive to achieve the best in terms of work practice, service provision and above all empathy and support toward their colleagues.

An American author and self-proclaimed expert in business management said, 'I am not judged by the number of times I fail, but by the number of times I succeed: and the number of times I succeed is in direct proportion to the number of times I fail and keep trying'. The sentiment is right - never give up in your attempts to succeed. However, it is a very simplistic (but catchy) cover all of both attaining goals and managing people. But sure as well as asking why we fail at work we should be asking; are we trying to attain the right goals?

In a performance sense that might be the organisation strives to attain a set of government assigned goals however, clinical performance is not measured in any meaningful way only clinical consistency. Clinical performance in our profession is only assessed at point of training or when a Serious Incident or complaint is raised. This seems ludicrous when clinical performance is our profession. And I do mean OUR profession. Those members in other areas of the organisation other than those with patient contact are just as much a part of the clinical performance attained by the Trust. As those who support the 'care givers' on the shop floor allow those 'care givers' to do their work to the highest standard. Therefore if one person or one crew fails to provide the best clinical performance it can; then we all must bear the burden of that failure.

In a management sense it might mean trying to attain a reduction in those staff on long term sickness absence by means of discipline yet surely discipline should be the last resort rather than the first tool we take from the box. It seems that the best practice would be to combat the underlying reasons for the long term sickness. And so back to our part in the union. What can you do to help the union succeed?

UPDATE your details with your representative. This makes it easier for the union to involve you in important decisions.

CONTRIBUTE your ideas to your representative. This can be taken to local partnership forums and the like for discussion/implement.

VOTE. Always cast your vote in ballots. Apathy is a killer of democracy.

REPRESENT. If your workplace hasn't got an elected representative, managers representative, health & safety representative or work place contact please think about becoming one/e training is good and paid time off to participate is protected by law.

HELP. Make your steward's life easier by following the 'to do list' below before approaching them-

1. CAN A MANAGER SORT THE PROBLEM FOR YOU? Don't approach your rep with a grievance before taking that grievance/concern to your manager. However, make a note of who you spoke to and when. In case you need to refer the issue to your rep.

2. TELL YOUR REP AS SOON AS POSSIBLE & IF IN DOUBT SPEAK TO THEM IN THE FIRST INSTANCE.

3. COMPLETE A STATEMENT OF THE INCIDENT.
1. Dates and times (If a sustained event; diary of incident(s))

2. State facts of the incident (Names of players, names of locations, map of location, equipment involved etc)

3. State how the incident made you feel (Remorseful, upset, scared, intimidated, humiliated, list injuries/illnesses)

4. State actions taken to either rectify the problem or make the situation better (Injury book completed, line manager informed, police informed, apology to other party etc)

Email your rep the statement before showing to management.

4. Always keep your rep informed of management contact.
   - Don’t engage in any fact finding meetings prior to speaking to me.
   - Always request representation at any meeting. If this is part of a potential disciplinary process any meeting is formal and on the record.
   - Let me know your home email/contact numbers so I can contact you if necessary.
   - Let me know of any conflict of interest or prior mark on your record that might be an issue.
   - Limit the amount of people you speak to about the incident

5. Things your rep will do.
   - They will speak to you informally to gauge the seriousness of the incident/situation.
   - They will give you an initial assessment and a possible stance that we might take as well as whether they think the case might be successful.
   - They will email you a Union Case Form to complete to start the ball rolling if it is a formal issue.
   - If a case form is started they will inform the branch Case Coordination Officer of an impending case keeping details to a minimum.
   - They will most likely speak to management unofficially to gauge their feelings on the situation.
   - They might refer you to another representative if there is a conflict of interest or if they feel they are more experienced in this area.
   - They might ask for the case to be referred to the union’s solicitors - Thompsons.
   - They will keep notes of conversations they have with both you and management regarding the case.

6. Things they won’t do.
   - They will not disclose any information to anyone about the case that they feel inappropriate.
   - They will not spoon feed the member. They will give you as much to research and sort out yourself. This is only fair as they are probably/definitely running more than one case at a time.
   - They will not make false promises. If they believe that a sanction or negative disciplinary outcome is likely then they will be candid about it.

Andy Salter Hart and Central Cambridgeshire Steward
A member of the public has been walking into fire stations in the West Midlands, posing as a photographer to film members of staff and the station, and then posting the footage on 'YOU TUBE'.

It appears that the individual’s aim is to try and get around as much of the station as possible without being challenged, and he has said he will be moving to other emergency services next. This man wears a tactical black vest with a recording camera attached, and is not thought to be dangerous. However, could you please be vigilant as always when letting people into stations, and ensure you know why, and who they are visiting.

For security advice, please contact the Trust’s Local Security Management Specialist Anne Wright by email at anne.wright@eastamb.nhs.uk or by phone 07768946414. There are some strange people about, and it would be awful if one of our stations ended up on ‘YOU TUBE’ because of this man. It may be a game to him but other opportunist intruders could easily see the layout of a station and use it for their own intentions.

Kind Regards Anne.

Ambulance Employers and Trade Unions have been in negotiations to resolve differences in the application of Unsocial Hours allowances during sickness absence. At a Meeting on April 4th Employers made a proposal that was considered by the Trade Unions. At a joint meeting at April 29th the Trade Unions reported that this proposal fell short of expectation. The parties reiterated their commitment to constructive talks on the issue, and have therefore agreed to take time out from the talks to reflect on their position and consider next steps.

Jackie Robinson National Sector Representative.
Asbestos Awareness Guidance

All employees who are liable to be exposed to asbestos must have an awareness of asbestos which encompasses a number of points, including: the properties of asbestos, the types of products or materials likely to contain asbestos, the operations which could result in asbestos exposure and the importance of preventative controls, safe working practices, control measures and protective equipment, emergency procedures etc.

Properties of asbestos

Asbestos is a naturally occurring mineral with many physical forms, of which the three most significant are pictured below.

- Amosite (brown asbestos)
- Crocidolite (blue asbestos)
- Chrysotile (white asbestos)

The physical form of asbestos is long, thin fibres and fibre bundles. Once airborne, the fibres can be inhaled and due to their shape they can be transported deep into the lungs.

Nasopharyngeal region: air velocity is high, particles of approximately 5-30 microns in diameter are deposited.

Trachea and bronchial region: air velocity is slowing, particles of 1-5 microns are deposited.

Alveolar region: air velocity here is minimal and particles are deposited largely by diffusion. Gases, vapours and particles typically 2 microns diameter or less reach this region. Fortunately a high proportion of submicron particles are breathed out before they get the chance to be absorbed.

Health effects

There are four main diseases caused by asbestos: mesothelioma (always fatal), lung cancer (almost always fatal), asbestosis (not always fatal, but it can be very debilitating) and diffuse pleural thickening (not fatal). These diseases can take from 15-60 years to develop and are responsible for around 4500 deaths a year. So you need to protect yourself now to prevent contracting an asbestos-related disease in the future. The likelihood of developing disease as a result of exposure to asbestos depends on a number of factors, including: your age when you begin to be exposed, the number of fibres breathed in, the number of times exposed and duration of exposure. It is also important to remember that people who smoke and are also exposed to asbestos fibres are at much greater risk of developing lung cancer - the risk is greater than the sum of the risks from smoking and asbestos inhalation in isolation.

When could I be exposed to asbestos fibres?

If it is known that high-risk (i.e. friable) damaged asbestos is present at an incident, HEOC should ensure that the HART are the response dispatched. However, it is possible that you may arrive at the scene of an incident where asbestos fibres may be present. E.g. if someone has fallen through a roof made of asbestos cement sheeting, or treating patients who have escaped a building fire where asbestos materials were damaged. If you suspect that you may encounter asbestos fibres you must put on your decontamination suit/overalls and FFP3 respirator. You are not expected to knowingly expose yourself to asbestos.

Asbestos is resistant to heat and not subject to chemical attack. It was valued for its insulating properties and its high tensile strength and was used extensively in many products and materials. It is important that you are aware of the products and materials that may contain asbestos - see Asbestos Guidance - Identification for more information and photographs.

When things are breathed in we have many defence mechanisms. In the upper regions of the airway there are hairs that line the passages, and mucus is exuded. The hairs waft the particles upwards and they are then coughed, sneezed or blown out. If particles reach the alveolar region, they are attacked by white blood cells (macrophages) which attempt to engulf the foreign particles and dispose of them. Unfortunately, Asbestos fibres can penetrate the air sacs in the alveol, They can be too long to be 'swallowed' by the macrophages, and can rupture them.

Controls and procedures

Always put on your FFP3 respirator and decontamination suit/overalls if you suspect asbestos fibres are present. Staying up-wind will reduce exposure. Damp down (watering) asbestos material will help prevent fibres becoming airborne. Always damp down contaminated clothing, then remove it, double bag it, seal it, label it as asbestos waste and store it securely. Report any suspected exposure to asbestos fibres to your line manager and DATIX within 24 hours.

For more information, email: healthsafetysecurity@eastamb.nhs.uk

PLEASE Note: The above is submitted by the Trust Health & Safety Security Team in a series of Guidance Sheets. Both this and a number of other documents can be found on East24 in the Health, Safety Security section at this website address: http://east24.eastamb.nhs.uk/Support-services/Health-safety-guidance.htm. Also if you have any queries, you may contact the team at healthsafetysecurity@eastamb.nhs.uk. We hope this is of help in getting this shared message out there for all staff awareness and security.
Branch Office List for 2014

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Pensions Officer Mike Leary 07508111357  mike.leary@eeas-unison.com
Young Members Officer Vacant

Please Note  Your items and input into the Newsletter in the interests of openness and transparency are always appreciated. Any newsletter needs to reflect a variety of opinion to be of maximum interest to ensure it contributes to the monitoring needed to move the Trust forward; we are circulating and servicing an area of 7500 sq miles. Each Newsletter goes straight onto the branch website and can easily be accessed by going into the site at www.eeas-unison.com. The circulation is 650 copies, for distribution. It is also emailed out to the Retired Members and available on PDF, if you wish to be included in this mailing list please forward your e-mail address to myself.

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 Welfare Contacts — Branch Contacts — Jeff Pittman and Darren Jones - as well as your own County Leads.

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All other UNISON Health & Safety Representatives and Workplace Representatives contacts can be found on the Website

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