

Build the strikes: Defend the NHS

Sunak and the Tory's have said our demand for better pay is 'unaffordable', they say we are being 'unfair' and that we are bringing the NHS to its knees by organising 'unnecessary' strike action. They accuse us of not caring about the impact on patients. The clapping has turned to attacks, the gratitude to contempt.

Save the NHS

The reality couldn't be further from the truth. The Tories have purposefully run the NHS into the ground in order to pave the way for further privatisation and the ending of any meaningful public health provision. They have presided over years of below inflation pay awards. Waiting lists are soaring, staff are leaving and there are 132,000 vacancies in NHS England alone. The daily reality for NHS staff is working in a system that is chronically underfunded with the constant fear that patients' safety is being put in jeopardy.

Our strikes are about all of this. They are focused on pay because the cost of living is hitting us hard, but also because laws on industrial action say that 'political' strikes are illegal ie we can't strike to defend the NHS. The same laws have been used to make taking any strike action very difficult. We have to have over 50% turnout and in the public sector 40% of those eligible to vote have to vote in favour. And now, they threaten to rush more

laws through parliament to make legal strike action even more difficult in the public sector.

Dates

Despite these restrictions, in the RCN, 176 trusts voted for strike action. In Unison, GMB and Unite ambulance workers voted overwhelmingly for strike action and a further 3 Liverpool trusts also hit the threshold for action. Strikes are planned on 15th, 20th Dec by the RCN, on 21st Dec by Unison, GMB and Unite ambulance worker branches, and 28th by the GMB. These strikes are the first significant strikes in the health service for 20 years.

These strikes need to be the start of a co-ordinated industrial and political campaign by the trade union movement. All the branches that met the threshold should be involved in the strike, reballots should begin in the areas that voted for action but that didn't meet the thresholds. We need to make sure our union leaders don't give up our strong position before we have even started. Talks are not enough to stop the action. Instead, the strikes need to be escalated quickly from single days to more sustained action and co-ordination of the strikes need to take place on a national, regional and branch level.

This dispute is about more than pay, it is about the future of the NHS. □

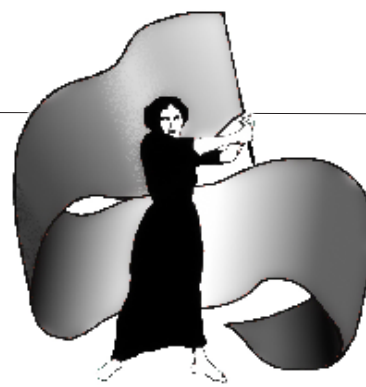
Organise to drive up pay and conditions for directly employed and outsourced NHS workers

Health workers in the NHS need to stand alongside outsourced workers who aren't included in the current pay ballots. There have been victories for outsourced staff in the NHS. In November, Linen services staff at Barts Health Trust working for Synergy secured a deal to be put on NHS terms and conditions. The same trust will also see 1,800 workers, including cleaners, security and domestic staff employed by Serco transferred to Agenda for Change conditions when the contract expires in April 2023. This was after a two week strike in January and February. In Croydon, the GMB



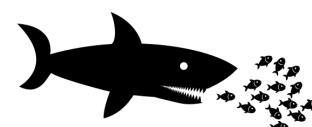
are campaigning for G4S workers at Croydon University Hospital are brought back in house.

Outsourcing has led to the creation of a two tier workforce, where many workers, many of whom are migrants, lack sick pay, enhanced pay for bank holidays and unsociable hours. □

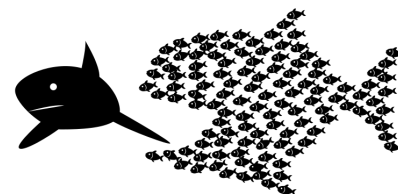


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Derogations



ORGANIZE!



If strike committees offer too many derogations it undermines our strike. Unions should not agree blanket derogations for whole services. Instead the union should issue a list of workplaces it expects to see closed on strike days (administrative offices, community team hubs, training centres, etc) and only offer derogations when our pickets confirm that those workplaces are closed. If they are open that that demonstrates management have sufficient staff to cover the life and limb service and can redeploy. There may be particularly skilled and irreplaceable workers in some specialist critical care areas, and these striking workers may need to be derogated to save life and limb. But these health workers are few and far between and can be negotiated with the strike committee on strike day. □

About Workers' Liberty

We are a socialist group active in the labour movement and in campaigns in Britain, fighting for a revolutionary alternative to capitalism and Stalinism based on common ownership and workers' democracy.

To find out more about our ideas and activity visit workersliberty.org, email awl@workersliberty.org, or phone 020 7394 8923.



Workers take control of our strikes! Organise in our workplaces



Our union leadership teams are already making some pretty stupid decisions. Each union leadership seems hell bent on setting its own strike dates, ignoring opportunities to coordinate and thereby strengthen our strikes. In Scotland, where the RCN just delivered a thunderous strike vote, all the union leadership teams have called off strikes and Unison and Unite have accepted a rubbish below inflation pay offer. The RCN leadership have said they will call off the strikes for talks on pay.

None of the people currently running the unions have ever won a national strike. Many have never organised a national strike before full stop. Many have never had a job (or any status) outside of their own union. All of them seem a bit timid. We should not leave the running of the strike to these people. It is our labour that we are withdrawing and our working conditions and pay on the line. This is a dispute of frontline NHS workers and we should seek to run it on our own terms.

The starting point of that is to organise together at work

across unions. Speak to anyone in your workplace that is interested in the strikes and suggest calling a hybrid meeting open to all. Book a room, advertise widely, send out a Teams link, encourage people to invite their colleagues, get as many of your workmates to come as possible, especially your fellow union members who voted to strike. Attempt to get your local union branches backing where possible, but where necessary do it without.

Organise to win!

We should not let anyone stand in the way of us organising together. At your first meeting plan some organising activity to do together. As a starting point, you could commit to publicising the strategies in this bulletin, explaining our rights to strike and encouraging the official unions to publicise these facts, building petitions to demand rebalots, publicise meetings that new activists can attend, in short building cross-union rank-and-file organisation.

The history books are full of union leaders selling out their members. They are also full of effective rank-and-file union organisation that got results. The strength of a strike movement is not simply down to its readiness to go on strike whenever the union leadership demands it. What really tips the balance in our favour is when the boss class see that we are organising independently.

It is worth considering what might we change about the NHS if we had a level of union organisation similar to that of the rail or post? What might happen in society if we had a workers movement able to set terms to the boss class? A strike movement offers the potential for building up rank-and-file union organisation. □

Can I go on strike and choose not to crossing a Picket Line?

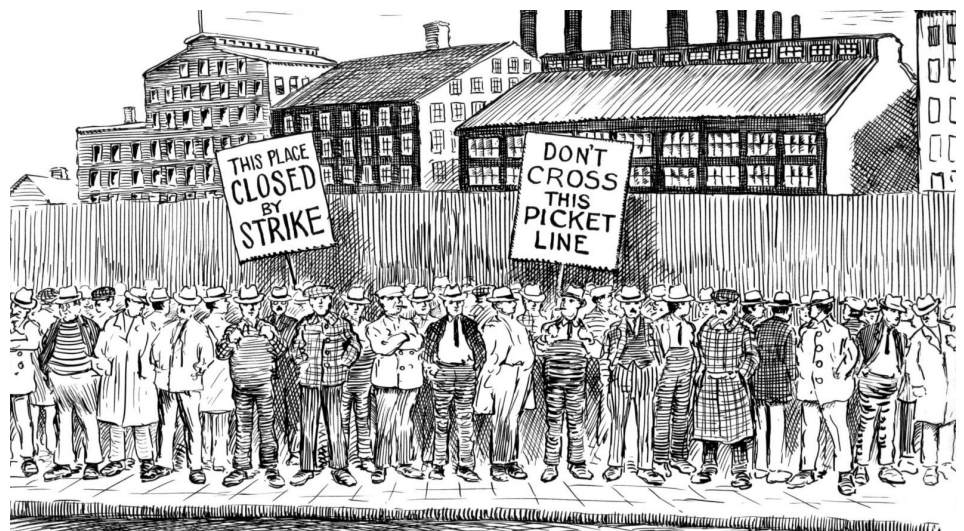
To win our demands health workers need unity between our trade unions. Our action will be more effective if we stand together.

National – That means firstly a co-ordinated campaign of strike action called at a national level on the result of the ballot mandates. The national unions should call joint strike days.

Local – At a local level we also have to work together, across trade unions, to make our action effective. Joint TU strike committees should be set up to co-ordinate emergency cover, picketing and campaigning on strike days. Strike committees should be open organisations, bringing in new reps and active members, not just made up of existing union officials.

Don't Cross a Picket Line – If a mandate for strike has been achieved in a particular Trust by one union but not another our action will be stronger if we don't cross each others picket lines.

The Guidelines for Managing Industrial Action 'NHS Organisation,' states, **"Everyone whether in a Trade Union or not has the right to decide whether they will cross a picket line and they would not be subject**



to disciplinary action should they choose not to cross."

The government website guidance states, **"Non-union Staff and Striking. If non-union members go on strike they are protected from dismissal and have the same rights as union members, as long as the industrial action is lawful."** So legally we are covered if we choose not to cross picket lines, if our grade is affected by the strike. Aslef the train drivers union tells its members, "An employer cannot dismiss you for taking part in industrial action for the

first 12 weeks of action....Interestingly you have the same protections if you refuse to cross the picket line of another union who is taking action with your employer – as long as their action is following a lawful ballot." Our unions should be encouraging us to stand together like this. We need to ensure our unions back any members that take action on this basis. Health workers might choose to dual card (ie join a second union) for the period of the strike to ensure we have full support from a union with a mandate for strike action. □