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A Workers' Liberty healthworkers' bulletin

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CQC report Trust Special Administrators are not fit for purpose.

The CQC report confirmed something we have all known for some time – Queen Elizabeth Hospital A&E is 'not fit for purpose'. And they even gave the correct reason why:

"We saw a shortage of beds for admission to the hospital. This created a block in the system particularly for patients from A&E... Additionally, bed occupancy in the trust is regularly over 85%, which... indicates that there is insufficient capacity in the hospitals bed numbers."

For those of us working at QEH, this is a completely different assessment from the one we heard last year. This is the same hospital and A&E that Matthew Kershaw, former Trust Special Administrator, and Jeremy Hunt, the Health Secretary, declared would save 100 extra lives a year - if Lewisham was forced to close and all their patients re-directed here. They said the solution to QEH's problems, was to cut £100 million from its healthcare budget and to close surrounding hospitals. But the CQC has identified bed shortages across South-East London as the problem facing Queen Elizabeth Hospital.

The reason for the different assessments is clear. The CQC are responsible for assessing clinical care and safety. The

Trust Special Administrator was appointed to make the hospital meet financial targets. By trying to 'balance the books' at a hospital with an unaffordable PFI debt, Matthew Kershaw and Jeremy Hunt could have created a humanitarian disaster to rival Mid-Staffs. It was only a local campaign that stopped him. Despite this, Hunt has now increased the role of Trust Special Administrators nationally, so that he can appoint more of them, wherever he wants to close services. He has promoted Kershaw to Chief Executive of Brighton and Sussex University Hospital Trust. He put financial concerns above patients – which is exactly what the Francis Report blamed for the disaster at Mid-Staffs, a culture of denial and corporatisation.

Hunt hasn't commented on the CQC report at Lewisham and Greenwich because it has told the truth about healthcare in South-East London. That there aren't enough beds. Increasing the bed numbers is expensive, and the Tories don't want to invest in the NHS – especially at a PFI hospital.

Hunt likes to tell us how NHS nurses aren't caring enough and are 'coasting'. But the CQC has also told the truth about NHS staff:

The staff on both sites are committed to high quality care and this is a focus of their work. If medical or nursing staff made a misdiagnosis that resulted in serious harm we could be sacked and struck off our professional registers. But when the likes of Hunt and Kershaw issue their dangerous prescriptions that put the health of millions at risk, they receive promotions, riches and increased powers. It is a rotten hierarchy of yes-women and yes-men that let them get away with it. We need a mass movement of clinicians and patients that can smash that hierarchy and ensure our bosses are held to the same standards that we hold our colleagues.

LHW provides a forum for staff at the hospital to tell their stories and air their views. If you have a story to tell or an opinion to share then get in touch.

The bulletin is edited by healthcare professionals.
All articles are published anonymously and
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May 2014 Elections

Don't mourn, organise!

Depressed by the May elections?

The opportunity to vote for a selection of capitalist parties distinguished only by how openly they are trying to scapegoat immigrants for the problems caused by the bankers.

(Hold your nose) and vote Labour

Unison members this week have received a surreal text message urging them to "Vote against public service cuts, vote Labour". But across the country Labour councils are making the cuts. In Lewisham, the Labour administration has made £100 million of cuts. The £20 billion NHS cuts was a Labour party initiative. Labour is pro-cuts.

Workers Liberty argues for a vote for Labour despite its wretched leadership and capitalist policies, because the Labour party remains the party of the organised working-class. The fact that the organised working-class is a much diminished social, political and ideological force is both cause and effect of the neo-liberal Labour leadership. Unison should not be sowing illusions in the Labour party. It should stop the grovelling loyalty and wage a battle within the Labour party for policies that are in the interests of Unison members and the broader working-class.

UKIP: the same old crap

UKIP are a bosses party in favour of tax cuts for the rich. They want to abolish inheritance tax and cut taxes for business. They would axe public services, reduce state pensions, and cut funding to schools and colleges. They want a bonfire of employment rights, scrapping maternity leave, sick pay and holiday entitlements. Their slogan "Taking back control of our country" should conclude: "So we can reduce you all to a state of near slavery in the service of unfettered capitalism." They hope their hysterical racist propaganda will hide their true character; just another bosses party. Against this we fight for working-class unity across Europe and the world.

Where is the working-class alternative?

Politics in Britain is in a bad way. There is a desperate need for a party that speaks for working-class interests – a fully public and well-funded NHS, social

ownership and democratic control of the banks, progressive taxation and a massive transfer of wealth from the 1% to the 99%. Workers Liberty is not that party – but we have some ideas about how we might get there. If you are interested then get in touch.

Wot?! No pay?

Many of the most essential workers in our hospital are paid minimum wage, on zero hour contracts, with no security in their income. In itself, this is an outrage. But more shockingly, sometimes these cowboy employers do not even pay this meagre wage.

LHW has heard that Initial, who employ the cleaners, porters and catering assistants in this Trust (recently absorbed into a company called Interserve) have not been paying their staff properly since January. The company decided to change the pay date, which meant that no-one was paid at all in February – this was covered by a bridging loan, and February's pay was paid in March's paypacket.

But since then the payslips are incomprehensible, the loan repayment conditions confusing, and staff are missing hours, and bank holiday payments, in some cases great chunks of money haven't been paid. No-one can be sure at the end of the month how much money they'll get. It's come to a crunch this month after the pay was received late by everyone. When people just can't say when they'll be able to pay their rent despite working full time, something's got to change. & it's looking like it's going to. This powerful group of workers have been angry for some time, but are now getting organised. They need and deserve our solidarity.

Minimum staffing ratios

NICE is issuing non-mandatory 'guidance' that there should be no more than 8 patients to every staff nurse. According to the 4:1 campaign the average on NHS wards at the moment is 9:1 so for many wards they will already be doing better than 8:1. But just last week I met a nurse on a ward who was trying to eat at gone 3pm, having looked after 14 patients all day. 8:1 is not enough. As any nurse knows, keeping track of what you should be doing for more than 6 patients is impossible, never mind actually meeting their needs. If you've got 8 patients to look after that means you can spend on average 7.5 minutes with each patient every hour, just about enough time to get them a cup of tea maybe. Even if the guidance were mandatory, it doesn't go anywhere near far enough.

To find out more about the 4:1 campaign, including the evidence-base for a 4:1 ratio, please see www.4to1.org