

Increasing use of “zero-hours” contracts in Britain’s National Health Service

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“Zero-Hours” contracts, which restrict workers to on call working, no guaranteed income or employment rights have been widely implemented across the National Health Service (NHS). The *Independent* recently reported that zero-hours contracts are increasingly being used “in core services such as cardiac, psychiatric therapy, respiratory diagnostics and adult hearing” describing this as “a key change to the fabric of NHS employment.”

Zero-Hours contracts are part of the Conservative/Liberal Democrat government’s plans to drive down wages and working conditions across the NHS and prepare it for full privatisation. The *Independent* report identifies the concerns of critics and experts, who warn of a “G4S-style” fiasco within the NHS, referring to the inability of private security firm G4S to provide the required amount of staff at the London Olympics due to the scandalous pay and conditions offered.

NHS workers have already suffered a two year pay freeze, attacks on pensions and increases in the retirement age. They will now be in danger of losing welfare benefits that top up their salaries, such as child tax credits. Qualification for these requires a person to work a minimum 16 hours a week. According to the Citizen Information Board workers on zero-hours contracts “are protected by the Organisation of Working Time Act 1997 but this does not apply to casual employment.”

The protection offered by the Act is nothing but a rubber stamp for slashing wages even further.

If a worker “under a zero-hours contract works less than 25 percent of their hours in any week they are entitled to be compensated. The level of compensation depends on whether the employee got any work or none at all. If the employee got no work, then the

compensation should be either for 25 percent of the possible available hours or for 15 hours, whichever is less. If the employee got some work, they should be compensated to bring them up to 25 percent of the possible available hours.”

But as the report in the *Independent* outlined, the contracts being offered by the NHS Trusts and private firms “do not guarantee any specified number of hours”. NHS workers will be on call but will have no guarantee on hours, pay or employment rights and will only get paid for the actual time spent at work—meaning they are “in work, but not always at work” as one expert explained.

The *Independent* outlined the concerns of a newly qualified student, who wants to be a radiologist. She described that she had been offered employment by several NHS Trusts on the basis of zero-hours contracts. She added, “It [the contract] offered me no career security at all. No one could tell me how I would be able to continue my training.”

Trusts that have introduced zero-hours contracts include Oxford Radcliffe Hospitals, South Gloucester and University Hospitals Bristol. A representative of the Bristol trust was quoted as explaining, “They are employed to fill vacant shifts when these arise and are paid an hourly rate for the hours they work,” adding that this would save the public money by reducing the need to use more expensive agency staff.

South Gloucestershire NHS Trust use the zero-hours contracts as part of its NHS flexible staffing “bank system”, used by workers to top up their wages and also by “other health care professionals within the trust who are on permanent zero-hours contracts.”

Andy Burnham, the Labour Party shadow health secretary, admitted, “Zero-hours contracts have previously operated safely within the NHS. They suited

some staff willing to trade a bit of uncertainty for extra pay. But it's very different to extend these contracts into core delivery services."

What Burnham conveniently failed to mention was that it was Labour that initiated considerable parts of the privatisation process, including the setting up of a commercial directorate within the Department of Health and the independent sector treatment centre.

In addition the deal that made Circle the first private healthcare provider to run an NHS hospital, Hinchingbrooke in Cambridgeshire, was initiated by the last Labour government. A spokeswoman for Circle said that she "didn't know" if it used zero-hours contracts.

Sara Gorton, UNISON Senior National Officer for Health, said, "This casualisation of the NHS workforce is an unnecessary, untested experiment—a nightmare waiting to happen."

Gorton did not outline how Unison plan to avert the coming "nightmare". Another of the health unions, Unite, calls for workers "to stop David Cameron destroying our NHS" by "keeping the pressure on." This involves distributing the union's "campaign flyers, myth buster and petition" in order to send a message "loud and clear to government—Don't destroy our NHS."

In reality the unions agreed years ago to the casualisation of the workforce across the public and private sectors and the implementation of zero-hours contracts and all the associated losses of employment rights.

In November 2011, a dispute at Park Cake bakeries in Lancashire developed over the introduction of the Agency Workers Regulations (AWR), which included zero-hours contracts, agency staff on pay grades slightly above the National Minimum Wage and agency staff not accorded the same employment rights as permanent staff until they have been employed for 12 consecutive weeks.

Brendan Barber, then leader of the Trade Union Congress, acknowledged the critical role the unions have played in allowing firms to implement the directive on their terms.

He stated that the TUC and the Confederation of British Industry "reached an agreement on these regulations two years ago after many hours of discussion and compromises from both sides. The TUC

reluctantly agreed to the 12-week qualifying period for the new rights."

The treacherous record of unions across all industries and sectors must be remembered by NHS workers.

In the same manner health unions have collaborated in the implementation of Agenda for Change in 2004, claiming that radical reorganisation of job descriptions and work patterns would protect wages and conditions. At the core of the Agenda for Change were provisions for the end of national pay scales and increased dependency on discretionary pay based productivity gains. The action now being taken by the Pay, Terms and Conditions Consortium across SouthWest NHS trusts are a predictable outcome of the agreements previously made, including the implementation of zero-hours contracts.

The unions have done nothing and offer nothing in response to the privatisation of the NHS or attacks on workers' wages and conditions. Moreover, it is irrelevant if it is the Tories, Liberal Democrats or Labour that holds office. All are in the pocket of the banks and big business.



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