

UK: Rotherham Hospital workers face further attacks on jobs and conditions

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Rotherham NHS Foundation Trust in South Yorkshire, England has signalled its intent on driving through further attacks on jobs and working conditions. This endangers not only those National Health Service (NHS) employees at the hospital, but also future medical care for workers, the elderly and youth in this densely populated working class area.

According to the risk rating agency Monitor, the trust is in significant breach of its “terms of authorisation”. Monitor is an organisation used to justify the hospital cuts the Conservative/Liberal government is demanding. Its stated role is “in assessing NHS trusts for foundation Trusts status and ensuring that foundation trusts are financially viable and well led, in terms of both quality and finances”.

For over five years the Rotherham Trust has carried out a relentless campaign of rationalisations and restructuring, under former chief executive Brian James. His brief from the start was to increase efficiency within the hospital. To this end, James was allowed to spend millions of pounds on an IT system that would enable all patient records to be filed on computers, as opposed to the bundles of paper records that exist at present and have to be ferried physically around the hospital on trolleys.

This was not carried out from the standpoint of helping patients and staff, but is aimed at cutting jobs and reducing working conditions. The computer system had serious teething problems and its failure has reportedly lost the trust £50 million.

Things came to a head just before Christmas when the Trust announced that because of a financial crisis, it was going to have to make up to 750 job cuts. In the ensuing public outcry, James was forced to resign his position.

In 2007, multi-millionaire businessman Gerry

Robinson was invited by the Trust to use the hospital for his live BBC television programme “Can Gerry Robinson Fix the NHS?” This consisted of Robinson walking the wards and offices encouraging managers and consultants to discuss where improvements could be made and productivity increased.

Robinson promoted one orthopaedic surgeon in particular because of the great enthusiasm he showed for speeding up operations. When he returned at the end of that year, Robinson wrote an article in the right-wing *Daily Telegraph*, in which he said, “One of my greatest sadnesses was the loss of an orthopaedic surgeon, unorthodox and driven, who had carried out twice as many operations as his colleagues through good planning and operating an all day list”.

He added, “So I was disappointed to learn that while managers dithered, he had become fed up, resigned and gone into private practice. He is still treating NHS patients—only now the NHS must pay the private hospital’s fees for his services”.

The *Telegraph* recently divulged that Rotherham Trust has already paid out £1 million to 10 patients whose surgery by this same surgeon went badly wrong. Now the hospital is facing a further 85 complaints against the surgeon in what could become one of Britain's biggest clinical negligence claims. One patient in her fifties was left with one leg longer than the other, and in such pain that the entire joint had to be removed, for almost three months before it was corrected. A 23-year-old given the wrong hip implant was left disabled for life.

These accounts testify to an incessant drive for productivity increases, under which an atmosphere of job insecurity, fear and demoralisation was built up amongst staff, the better to carry out management’s desired cuts.

Meanwhile, the Trusts' financial crisis has been used as the excuse to close wards, including important Central Treatment Rooms (CTR). Their closure was hypocritically justified on the basis of "saving nurses from becoming de-skilled". If nurses are being de-skilled it is not because of CTR but because of staff shortages, longer hours and increased paperwork that doesn't allow time to learn dressing and other clinical procedures.

Everything carried out by the Trust has been done with the purpose of setting up the hospital's services for privatisation. This was confirmed by the introduction of a Lloyds privately operated single outlet, out-patient pharmacy system in place of the old pharmacy.

Unison, the major public sector trade union, has been totally complicit in this onslaught. Whilst making the odd protest against one or another attack, such campaigns have been used to prevent any genuine struggle from developing, while concealing their own collaboration with management.

Refusing to mobilise their members in a struggle to defend jobs and conditions, Unison has played the major role in preventing workers in Rotherham from joining up with other hospital workers throughout the NHS nationally, who are confronting similar issues.

The union bureaucracy's main campaign is consciously directed towards concealing the real nature of the crisis facing hospital staff. The unions have blamed one individual, Brian James, for incurring the massive debt built up by the trust. There is no doubt that bad management is involved in the hospital's financial problems, but the reality is Rotherham's Trust is facing exactly the same problems as every hospital in Britain, as proven by the recent Francis report on Stafford Hospital. (See "Stafford Hospital report points to decimation of Britain's National Health Service")

Attacking James is simply a ploy by which Unison conceals its own role, while they continue to hold long drawn-out secret talks with other directors of the Trust. As a result of these talks, both sides have allowed various rumours to circulate; including the claim the Trust is bankrupt and will be unable to pay wages in March and April.

Unison has sought to divert its members into harmless, futile campaigns. Its latest stunt was a call by Dave Prentice, its general secretary, for members to

hold a "Valentine's Day blitz" across the UK. Branches were encouraged to take giant Valentine's Day cards to hospitals, schools, day centre's, libraries, leisure centre's, town halls and police stations, to highlight the variety and value of work carried out every day across public services.

Having been given time to work out a new strategy, the Trust acquired the services of the consultants Bolt Partners at the cost of £3 million. Last week it was announced by the Trust's board of directors that there is to be an immediate reduction in the number of executive directors. Matthew Lowry, Acting Chief Executive of the Trust, was axed and replaced by an American businessman as part of an emergency "restructure". Also hired at a cost of £1,500 a day is a new a "director of transformation", Tim Bolot.

The attacks on the NHS staff at Rotherham Hospital are set to intensify. The experiences that they have been through, alongside those of health workers throughout the country, demonstrate that decent health care is incompatible with the relentless drive for profiteering in the NHS and its carve-up in readiness for privatisation.

The trade unions do not represent the interests of NHS workers. The union bureaucracy are part of a middle-class social layer that supports the pro-capitalist policies being pursued by all bourgeois governments, whatever their political colouration.

Workers can only take a step forward by building an independent political movement, outside of the control of the trade unions and the capitalist parties, in a fight for a workers' government and the nationalisation of health services under democratic control.



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