Interunion competition bleeds the NHS

ROGER DYSON

Earlier this year two area health authorities decided independently to review industrial relations in one of their hospitals. The first review was at Rainhill hospital, which is managed by Liverpool AHA(T); the second was at Westminster Hospital in London. There is one disturbing similarity between the two very dissimilar hospitals. In both cases industrial relations have been complicated and embittered by a degree of interunion competition that seems to have left management virtually powerless to effect improvements in the departments and sections concerned.

Rainhill is a 1550-bedded psychiatric hospital in the St Helens and Knowsley AHA, managed extraterritorially by Liverpool AHA(T). The terms of reference of the inquiry were: "to inquire into the present state of industrial relations at the hospital, the availability of trained management resource associated therewith and to make recommendations" and "to investigate allegations of irregularities and malpractices within the hospital and to report thereon."¹ Westminster Hospital is a 368-bedded teaching hospital with a range of acute specialties. It is managed by the Southern District of Kensington and Chelsea and Westminster AHA(T) and forms a sector of that district in its own right. The terms of inquiry at the Westminster were: "taking into consideration the views of all recognised and interested parties to review industrial relations within the Westminster Sector of South District and to make recommendations to these parties."² I shall concentrate on the problems of interunion competition that are highlighted in the reports.

The Rainhill report spoke of the conflict between COHSE and NUPE, the two major trade unions at Rainhill, and gave it as the view of local management that NUPE's disruptive tactics were part of "a power campaign by NUPE to maintain, and hopefully increase, membership."¹ A typical example was quoted from the laundry. "Most ancillary workers within the laundry had been COHSE members but NUPE stewards began to become involved in health and safety issues within this work place. As a result, a number of workers were attracted to this interest and became NUPE members. During this period, the working pattern of the laundry was reviewed and a number of persons were employed who did not have experience in laundries. The tradition in the laundry had been that a new employee went in at the bottom, for example, sorting out dirty linen, and worked up to more technical duties. However, the new employees eventually complained that they had too much of the hard and menial tasks. It was alleged that there were undertones of favouritism and that greater job sharing should exist. The result of this activity was that those laundry workers with the more technical jobs felt threatened, duly resigned from NUPE, and rejoined COHSE, which in turn gave rise to the current situation of a trade union split in the laundry. Subsequently a formal request for job rotation had been submitted by NUPE but COHSE has indicated that they would not negotiate any new arrangement."¹

The Westminster report gave the following example: "In one or two ancillary departments there is intense competition for membership between NUPE and COHSE with all the industrial relations rivalry that normally encompasses such competition. . . . Unfortunately, the situation in one or two ancillary departments is particularly tense even by NHS standards and the matter is currently being handled by the national officers of the two unions concerned."² In explaining the background to the problem the report stated, "Until a few years ago NUPE dominated the Westminster sector in membership terms but more recently NUPE has lost some ground to COHSE. There was an occasion, following a NUPE branch meeting, when a small number of dissatisfied members including two or more stewards withdrew from NUPE and subsequently joined COHSE. Since that time COHSE's membership has continued to grow. . . ." One department was claimed by the management side to be "a battlefield on which the two unions compete. If one union proposes something the other will oppose it and an example given was the pay-as-you-go system for meals within the department. It was claimed that even the day-to-day business of ordering the work routine of the department has become difficult and complicated with members constantly referring back to their steward in situations where the members of one union are responsible for supervising the members of another."²

All too familiar characteristics

The two reports show some interesting characteristics of interunion competition that may be all too familiar in other parts of the NHS. The first characteristic concerns the strength of the unions in competition and the distribution of their membership. The membership ratio at Rainhill was 803 in COHSE to 749 in NUPE, while in the Westminster sector NUPE had a lead over COHSE of 367 to 158. Overall membership figures were far less important than the distribution of membership within departments. Tension was worse in the Rainhill laundry and in the Westminster portering and catering departments and in these departments membership had split almost half and half. It was competition within a membership unit—for example, a laundry or kitchen—that caused the tension; relations were far less strained between respective memberships when there was no competition *within* departments.

Where membership was split there was a distinct tendency for the unions to pursue alternative policies. Examples are COHSE's opposition to NUPE's request for job rotation in the Rainhill laundry and NUPE's refusal to support COHSE's request for bonus schemes in the Westminster portering department. Policy differences that make it almost impossible for management to make industrial relations progress were not confined to departmental issues. At Rainhill NUPE resisted the introduction of a regional secure unit that was supported by COHSE and the other unions and an extensive NUPE campaign claimed that the hospital was mismanaged and that "this situation created a greater divide between the unions and had a profound effect on the relationship between management and NUPE."¹ It was this that management saw as a NUPE power campaign to increase membership. At the Westminster NUPE chose a far greater belligerence over the issue of private patients during the ancillary dispute in the spring of 1979 and rejected participation with COHSE and the other trade unions within the consultative machinery in the sector. As at Rainhill, management saw these efforts as part of the membership

campaign. Throughout Rainhill hospital and among the ancillary staff at the Westminster levels of trade union membership were so high that "a membership campaign" could mean only taking members from other trade unions.

Allegations of favouritism

Inability to make progress with developments in industrial relations is not the only disadvantage for managers in this type of competition. Whenever new staff are appointed or staff are promoted there are inevitable allegations of favouritism by the union that has failed to recruit the new employee or whose members have not been promoted. NUPE made such allegations of discrimination against a COHSE nursing manager at Rainhill and both COHSE and NUPE made allegations against different departmental heads at the Westminster on the same score. At Rainhill this went so far as allegations of particular nurse managers showing prejudice in favour of their own union in handling industrial relations problems between the two unions. A junior manager of COHSE had to face similar allegations by NUPE at the Westminster. A further complication was that a senior manager at Rainhill and a junior manager at the Westminster were also officials of their union and not just members. At Rainhill the report commented, "In most cases NUPE continued to pursue the issues seeking extreme disciplinary action against many of the managers involved." This leaves the uneasy impression that in seeking to gain the upper hand in the membership struggle some unions' branches are prepared to conduct a campaign to undermine the authority of managers belonging to the rival trade union and that managers who continue to hold union office are particularly at risk.

Another characteristic of this interunion competition seems to be its effect on the amount of time off during working hours that is taken by the senior trade union official among the employees. At the Westminster Mr Morris, NUPE branch secretary, had spent the whole of his working time on trade union duties for the last two years. At Rainhill Mr Haunch, secretary of the nursing branch of NUPE, admitted that he spent 95% of his working time on such business and the inquiry committee at Liverpool was "surprised at the excessive time Mr Haunch spent on union business in working periods, having regard to the extensive shop steward structure that exists and the opportunity for delegating responsibility to such stewards."¹ A similar statement was made in the Westminster report. Where tense competition exists senior union officers need to be constantly on guard and prepared to seize any opportunity that chance creates to extend recruitment at the expense of the other union. At Rainhill NUPE and COHSE had seized the advantage from one another in the laundry at different times and at the Westminster COHSE had seized the opportunity to benefit when several stewards and members resigned from the NUPE branch.

Impotence of management

One thing that examples like Rainhill and the Westminster make clear is that the TUC's disputes machinery, known as the Bridlington Agreement, has been of little or no value in resolving these types of disputes in the NHS. The Rainhill report showed that "the conflict between COHSE and NUPE, the two major trade unions at Rainhill, was emphasised from several sources whilst taking evidence. This was said to be apparent in the area of recruitment of membership and that these two Trade Union Congress affiliated organisations had disregarded TUC procedures, particularly the Bridlington Agreement."¹

The Westminster report indicated that the claims and counterclaims of the two unions had reached the national officers but that this had not resulted in any action and the matter was still under consideration. In the absence of action by the individual trade unions the Bridlington machinery cannot be activated and the conflict in the hospitals continues with both

unions striving for a mastery that is virtually impossible for either of them to achieve.

The interunion competition at Rainhill and the Westminster faced management with several unpalatable alternatives. The popular NHS view, recommended in the Rainhill report, is that management must remain absolutely impartial. This view is understandable but it has two almost inescapable consequences. Firstly, the merry-go-round of poaching and counterpoaching is left to continue indefinitely unless, rarely, one union succeeds in driving the other out of the department or hospital concerned.

The other consequence is that the management is unable to initiate the necessary developments in industrial relations because with the two unions disagreeing on all major industrial relations issues any progress on a particular issue is denounced as favouritism by the trade union that backs an alternative view. Impartiality often means stagnation in terms of industrial relations management. Examples are the regional secure unit at Rainhill and the continuing services difficulties in the catering department at the Westminster. If managers take the less popular view that they should press on with industrial relations development regardless of the interunion conflict tensions increase and can lead to highly personalised allegations against managers who are members or officers of rival organisations. Examples are not confined to Rainhill and the Westminster and are not confined to NUPE and COHSE. The Brookwood Inquiry has highlighted similar tensions between COHSE and RCN nursing officers. As these problems keep surfacing in report after industrial relations report it is clear that they are only the tip of the iceberg. What serves to emphasise the management's feeling of impotence is that even when an inquiry or review is undertaken the reports offer little hope for alleviating the problem. The Rainhill report made no recommendations for action on the question of interunion competition. The Westminster report was limited to urging the trade unions to take the necessary steps to reach an understanding in the affected departments—something the unions concerned had been trying to do unsuccessfully for nearly two years.

Scope for a trade union initiative

I have said that the TUC has its own Bridlington machinery to resolve problems of interunion competition. When convened, a TUC disputes committee can make an award which may require one of the parties to expel members considered to have been improperly recruited and to recommend them to join the appropriate trade union. The TUC has the power to expel any trade union that fails to implement the decision of a disputes committee. Before this machinery can be activated, however, one or other of the parties has to make a complaint to the TUC. If either COHSE or NUPE initiated such action in a particular case the other union would match the complaint with one of its own from some other hospital. This could give rise to a large increase of formal complaints that would swamp the TUC's machinery and would cost the unions concerned considerable time, energy, and money. Instead, the trade unions have to try to reach informal understandings at national officer level, which tend to be no more than "swap" agreements—that is, "you turn a blind eye to poaching here and we will turn a blind eye to poaching there."

An easier method of settlement than using the full Bridlington machinery is to enter into influence agreements. Under such agreements membership is not necessarily transferred but agreement is reached that, for example, in one department of the hospital it is recognised that NUPE would negotiate on behalf of all the staff including COHSE members and that all new staff would be encouraged to join NUPE, while in another department COHSE would negotiate on behalf of all staff including NUPE members and all new staff would be encouraged to join COHSE. Agreements on spheres of influence can also be extended to cover whole hospitals. Such agreements are not uncommon in British industrial relations but they do

not seem to be prevalent between COHSE and NUPE in the NHS. Possibly one party often expects ultimately to win at the expense of the other or it may be that local full-time officers are reluctant to try to establish such agreements where they are unsure of their ability to persuade local activists to stick to the deal. Whatever the reason the lack of effective action is clear to see. Another way that trade unions have found of ending disputes of this kind has been by merger and it may be that ultimately this is the way that the problem will be resolved in the NHS, at least so far as NUPE and COHSE are concerned.

Conclusion

Operational managers are well aware of the extent of inter-union competition and the problems that it causes them. But within the Service as a whole little public attention had been given to the problem before the Rainhill and Westminster reports and there is no certainty of a proper national debate. Another reason for the lack of attention is that interunion competition rarely leads to strike action that can be directly attributed to that cause. The Rainhill report showed that there had been no strikes at the hospital and neither of the two strikes in two years at the Westminster could be directly attributed to interunion competition.

The real cost of this problem is measured in less dramatic ways. It is measured in terms of day-to-day tension at the place of work, of personal animosities, and of the necessary progress in the development of the Service and of patient care that is lost because management has to adopt a policy of inaction. If nothing is done there is a growing likelihood that managers will be tempted to interfere to end the conflict by backing one union or the other. One authority recently ex-

perienced the creation of a small militant NUPE branch in a largely COHSE hospital. NUPE appointed several stewards and began campaigning vigorously for concessions in terms of working practices as a means of gaining membership. As soon as the NUPE stewards encouraged a form of industrial action that was in breach of the grievance procedure, the management withdrew recognition from all the NUPE stewards and refused to come to terms. COHSE supported management's action enthusiastically and the COHSE members made it possible for the industrial action and the new NUPE branch to be broken. This is not the right way to resolve such disputes but it is understandable and a continuing policy of inaction by the unions concerned will only encourage the spread of such tactics. Some managers take a cynical view that it is better to have split departments because it is easier to break strikes by playing one union off against the other. This cannot be a recipe for long-term harmony in industrial relations.

The days when most trade unions could expand in the NHS by recruiting non-union labour are rapidly ending. Further expansion and recruitment can now be achieved only at the expense of other trade unions. Surely, therefore, it is time for the unions to work out a more peaceful means of coexistence and all the agencies and organisations concerned with patient care should do their best to urge such action on the trade unions.

References

- ¹ Liverpool AHA(T), *Report of the Committee of Inquiry, Rainhill Hospital*. July 1979.
- ² Kensington and Chelsea and Westminster AHA(T), *A Review of Industrial Relations in the Westminster Sector of the South District of Kensington and Chelsea and Westminster AHA(T)*. August 1979.

Short-term certification

Doctors asked to continue while discussions go on

Last week Dr R A Keable-Elliott, chairman of the General Medical Services Committee, sent the following letter to all general practitioners:

As you are probably well aware, the Conference of Local Medical Committees has been debating the question of certification for many years. The following resolutions were passed in 1979:

- (1) "That, in view of the unsatisfactory progress of discussion relating to certification, this conference requests the GMSC to advise all GPs that National Insurance certificates should *not* be provided by GPs free of charge."
- (2) "That Social Security certificates for periods of incapacity of three days or less be abolished with effect from 1 January 1980."

The second was a clear instruction to the GMSC that the profession did not wish to issue short-term certificates (statements) for three days or less and both the Secretary of State and the Department of Health were informed within a week of this conference decision. The implementation of these resolutions has subsequently been raised with the Department at successive negotiating meetings. We were informed that the Department was hopeful that the wishes of the conference could be met in relation to the second resolu-

tion, namely the cessation of short-term certification, but they failed to make any definite proposals until the November negotiating meeting; even then all that was offered was a letter of intent dependent upon Ministers reaching a firm conclusion.

The Secretary of State, Mr Jenkin, has asked to meet representatives of the profession on 13 December, when I understand that the Government's response to these resolutions will be available.

The issue is very delicate at this stage and after a most careful analysis of the relative

advantages and disadvantages the negotiating team have decided that it would be premature to cease short-term certification on 1 January 1980 as such action could prejudice discussions with Government on this and wider issues related to certification.

We therefore ask you not to stop short-term certification until you have heard further from the GMSC.

The GMSC is meeting on Thursday, 20 December, when this matter will be fully debated. This present decision has been taken only after the most careful consideration and I am writing this letter to appraise you of the position well before the Christmas mail rush makes the post even more unreliable. The decisions made by the GMSC in the light of the information from the Secretary of State will be communicated to the profession.

Handling industrial disputes—continued from page 1604

rule, "blacking" certain areas of work, or deliberately restricting production they are usually in breach of contract and management should take appropriate action.

Picketing should be kept within the law and management should not allow pickets to operate on NHS premises or to use normal staff facilities such as canteens or lavatories. Staff who refuse to cross a peaceful picket line will be regarded as absent without authorisation and in breach of contract. Staff who are taking strike action (or action short of strike action which has resulted in a breach of

contract) are not entitled to sickness payments. Facilities for trade union activity should normally be withdrawn except where management consider that time off to attend a trade union meeting might lead to an improvement in the dispute. Annual leave entitlement will not accrue during periods of industrial action for which no payment is made. Superannuation contributions will not be made and superannuation entitlement will not accrue for that period. Other paragraphs deal with use of NHS equipment during strikes, continuity of employment, and safety rules and regulations.