

# Reinstate Charlotte Monro

The dismissal of long standing union rep and health worker Charlotte Monro has repercussions not only for health workers but for all workers, particularly those in the public sector. As her tribunal approaches we are publishing these bulletins in order to promote discussion around some of the issues this case highlights.

## Bulletin 1

### Cuts to budgets and services

#### **Barts Health Trust: a paradigm for NHS problems**

The NHS is facing a crisis of unparalleled proportions, which the public are now beginning to wake to. See <http://youtu.be/i-0H3qHdWsU>

But health workers and union reps who speak out are increasingly finding themselves under threat.

Over the last few months growing waits for operations and treatment, long established targets such as A&E waiting times impossible to meet, overworked staff unable to deliver the quality of care needed - have all been reported in the press. A report from Cancer Research UK reveals the strain on cancer services from funding reduction as need grows, stating recent improvements are "in danger of unravelling".

On Saturday thousands in London greeted the Jarrow peoples march by the Darlow Mums, defending the NHS against cuts and privatisation of the NHS.

Nearly half the acute hospital trusts in England are in financial difficulties. The total deficit forecast of £750 million is nearly double that of last year. This is now recognised as a systemic issue not confined to a few 'failing' trusts. (1)

London acute sector faces a deficit of £100 million but this is driven by deficits in just six of the twenty acute providers. Of those six, Barts Health has the largest deficit of £44.8m forecast. This trust provides health care across East London and West Essex to some of the most deprived areas of the capital - indeed some of the most deprived in the country. The population in the three main boroughs served by this trust is set to grow by 32% over next 20 years – 270,000 additional people equivalent to a whole new London borough.

Yet instead of increasing funding to meet need the government is reducing funding by £400m in the health budgets for the area, stated in the 'Case for Change' issued by Barts Health Trust with the NE London Commissioning Support Unit (2). This is clearly in direct conflict with meeting need.

We have already seen the consequences of a ruthless drive to meet spending cuts of £76 million last year (now £108 million this year) where experienced staff have left in droves as demoralisation and demotivation followed a mass down banding and staff reduction programme forced through by the Trust Board. Building health services is a long term process driven by the vision and commitment of health staff. To destabilise the workforce inevitably has an adverse effect on services to patients, rendering them more vulnerable to reduction or closure.

Staff and unions warned of the impact of the proposals, with more than 500 written submissions, representatives speaking at the board, and staff demonstrating in their hundreds. Along with the drive to implement these reductions in staff pay and conditions came an increasing climate of intimidation. This was revealed in a Care Quality commission inspection at the time in November 2013. Management determination to remove barriers to change by silencing critical voices is demonstrated in the case of Charlotte Monro, a senior clinical staff member and trade union representative of many years' service, very well placed to comment on the changes proposed and on the likely effects.

Ahead of the launch of the change proposals she was barred from the Trust meetings with Union reps and placed under disciplinary investigation for her trade union activities and then dismissed. This sent a clear message to staff on the likely consequences of speaking out. (The dismissal is being challenged by Charlotte and her union through an employment tribunal to be held on 23<sup>rd</sup> September 2014.)

**The campaign for Charlotte's reinstatement is gaining widespread support because the issues are increasingly seen as having national resonance with concerns that this is a growing national trend. In a climate where NHS budgets and services are being cut and contracted out to the private sector, the importance of staff and staff representatives being free to speak out to maintain good quality patient care has been clearly demonstrated by recent experience.**

**In the context of impossible funding cuts how can any consultation be meaningful unless it includes challenging the fundamental assumptions which drive the proposals for change.**

## **Notes**

1 – HSJ <http://www.hsj.co.uk/5073942.article#.VA1hU2PHQhM> and printed version 22/8/14

2 – Transforming Services Changing Lives Interim Case for Change  
<http://www.transformingservices.org.uk/downloads/caseforchange/TSCLFULLDOCUMENTWITHAPPENDICES%20080814.pdf>