

S
807

PREM 19/847

PREM 19/847

TO BE RETAINED AS TOP ENCLOSURE

Cabinet / Cabinet Committee Documents

Reference	Date
E(EA) (79) 27	13.7.79
E(EA) (79) 8th Mtg, Min 1	16.7.79
CC(80) 6th Concs, Item 4	14.2.80
CC(79) 23rd Concs, Item 4 d	28.11.79
CC(80) 5th Concs, Item 5	7.2.80
CC(80) 4th Concs, Item 4	31.1.80
CC(80) 7th Concs, Item 5	21.2.80
CCU(81) 2	8.1.81
CCU(81) 1st Mtg	9.1.81
CCU(81) 3rd Mtg	13.1.81
CCU(81) 34	26.5.81
CCU(81) 9th Mtg	27.5.81
CCU(81) 35	28.5.81
CCU(81) 36	2.6.81
CCU(81) 10th Mtg	3.6.81
CCU(81) 11th Mtg	8.6.81
CCU(81) 12th Mtg	12.6.81
CCU(81) 13th Mtg	19.6.81
CCU(81) 15th Mtg, Item 4	13.7.81
CCU(82) 9	1.2.82
CCU(82) 27	25.5.82
CC(82) 30th Concs, Min 4	27.5.82
CC(82) 35th Concs, Min 5	24.6.82
MISC 80 (82) 1st Mtg	25.6.82
MISC 80 (82) 1	1.7.82

The documents listed above, which were enclosed on this file, have been removed and destroyed. Such documents are the responsibility of the Cabinet Office. When released they are available in the appropriate CAB (CABINET OFFICE) CLASSES

Signed R. Porman

Date 23 10. 12

PREM Records Team

TO BE RETAINED AS TOP ENCLOSURE

Cabinet / Cabinet Committee Documents

Reference	Date
MISC(80)(82) 3rd Mtg Min 2	1.7.82
CC(82) 36th Concs Min 4	1.7.82
CC(82) 38th Concs Min 4	15.7.82
MISC 80(82) 9th Mtg, Min 4	15.7.82
CCU(82) 12th Mtg Min 1	15.7.82
MISC 80(82) 10th Mtg Min 2	21.7.82
CC(82) 39th Concs Min 4	22.7.82
MISC 80(82) 11th Mtg Min 2	29.7.82
CC(82) 40th Concs Min 4	29.7.82

The documents listed above, which were enclosed on this file, have been removed and destroyed. Such documents are the responsibility of the Cabinet Office. When released they are available in the appropriate CAB (CABINET OFFICE) CLASSES

Signed R. P. man Date 23.10.12

PREM Records Team

PART 1 ends:-

WR to DHSS 31.8.82.

PART 2 begins:-

FILE

da



Nat Health

10 DOWNING STREET

From the Private Secretary

31 August 1982

NHS Pay Dispute

The Prime Minister has seen your Secretary of State's minute of 27 August. She has commented that there has been an enormous increase in staff numbers in the NHS since 1961, and that the manpower cost per bed and per patient has consequently risen as well. She wonders whether it would be useful for Ministers to draw attention to this in arguing for a reasonable pay settlement in the NHS this year.

I should be grateful if you could let me know as soon as possible if you have any problems with this line of argument.

I.W.F.S. RICKETT

David Clark, Esq.,
Department of Health and Social Security.

RESTRICTED

He


 Prime Minister
 cc JV
2
LW
31/8

DEPARTMENT OF HEALTH & SOCIAL SECURITY

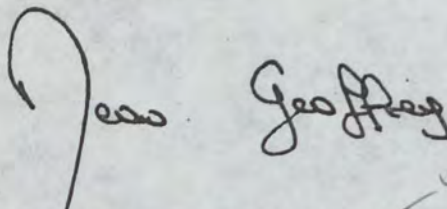
Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Secretary of State for Social Services

The Rt Hon Sir Geoffrey Howe, QC MP
 Chancellor of the Exchequer
 Treasury Chambers
 Great George Street
 LONDON
 SW1

27 August 1982



 Thank you for your letter of 24 August about longer-term arrangements for handling NHS pay. I was in any case about to write to you concerning the handling of the discussions with health service management and the trade unions about new pay arrangements, which are reaching a difficult stage.

Perhaps I could deal first with the nurses. Since last March, when I met both sides of the Whitley Council to discuss possible approaches, there have been further discussions chaired by Kenneth Clarke. The next meeting, on 2 September, is likely to focus on the central issue of the nature of a new system that would be acceptable to Government. Kenneth Clarke has so far limited discussions to possible methods of assessing pay movements. Management and unions will now be seeking commitments on the form and timing of implementation of a mechanism for fixing pay levels (as well as pay movements). Some of the unions are ambivalent about concluding any new arrangements with this Government and would not be displeased to be put in a position in which they could break off the talks on the grounds that the Government's commitment to the nurses had been exposed as hollow and without substance.

It is important that we should avoid this, if we can, partly because the Government's reputation is involved and partly because a breakdown at this stage could eliminate the possibility of talks on the scope for new pay arrangements for other NHS staff - which provide a possible key to settlement of the current dispute. Accordingly we need to be able to keep the talks going by offering some real prospect of progress, but without giving any commitments on the handling of pay levels, or indeed on the arrangements for handling annual pay movements, until the Government has reached a view on these issues in the context of the Megaw Report on civil service pay.

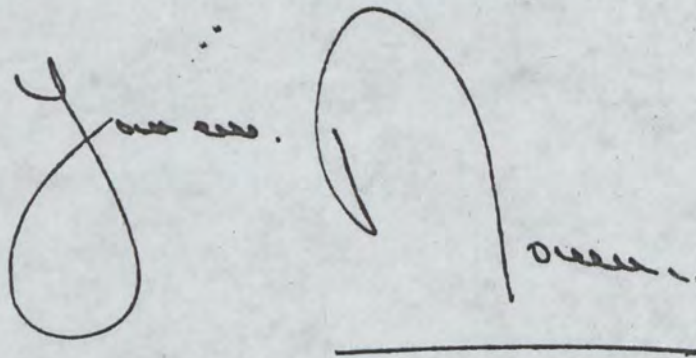
What I propose is that the meeting on 2 September should confine itself to some general issues, including the possibility of developing an interim arrangement for assessing pay movements for the 1983 settlement. Management has already put forward detailed proposals for a "basket of analogues", which rely very heavily on public sector jobs. We shall point out that this conflicts with the Megaw recommendation and that there will need to be a Government view on the analogues that should be selected. There is also a need for a Government input on affordability and market factors. On the matter of settling pay levels, we will confirm that new pay

arrangements for nurses should have regard both to pay levels and to annual pay movements. The management and staff representatives will be invited to discuss the kind of arrangement they think would be appropriate eg factorial analysis, the Megaw idea of four year adjustment, and the inter-quartile principle. But here too there would also need to be a Government input on market factors and affordability as well as a Government view on the selection of comparators. So there would be a number of major issues on which management and unions would be invited to express views, which Government would then consider. In advance of this consideration we would make clear that we could not enter into any commitments on the detailed content or timing of implementation of any new pay arrangements, and that we are not in the business of writing blank cheques, but need to look at detailed proposals and their resource implications before any arrangements can be finalised.

It is by no means certain that this approach will prevent a breakdown in the talks, but it has a fair chance and is as far as I think we can go.

As soon as possible after the meeting on 2 September, I would propose to circulate a paper to E(PSP) outlining, in the context of the Megaw recommendations, proposals for the handling of nurses' pay and for arrangements for other NHS staff. I am very conscious of the timing difficulties which arise from the fact that we have not yet reached a firm view about the application of the Megaw proposals to the civil service. But we cannot delay much longer formulating substantive proposals in relation to nurses; and the developing pay dispute in the NHS means that we may not be able to control the time when we have to be able to express definite views about the nature of the pay systems we are prepared to accept for other NHS staff groups.

I am copying this letter to the recipients of yours and to Nicholas Edwards.

The block contains two handwritten signatures. The first is a large, stylized signature on the left, and the second is a smaller signature on the right. Below the second signature is a horizontal line.

PRIME MINISTER

NHS PAY DISPUTE

You and Cabinet colleagues will wish to know how matters stand.

The result of the ballot by the Royal College of Nursing was announced on 26 August, and showed a two-to-one majority against the 7.5 per cent pay offer on a turnout of just under 50 per cent. I have made clear in my public comments that there is no question of more money being made available, and that arbitration or mediation this year, which the RCN appears to favour, is therefore not acceptable to us. I shall be repeating these points when I meet representatives of the RCN, at their request, on 3 September.

Also on 26 August, the TUC Health Services Committee issued a statement about their plans for the future conduct of the dispute. The statement consists mainly of rhetoric. For the rest, Committee tells local co-ordinating committees to continue and intensify industrial action, and calls for a national stoppage by NHS staff on 22 September (with emergency services continuing to be provided) and a national rally in London. Other unions are asked to support the stoppage and the rally.

The situation in the National Health Service in England is better than reports in the media suggest. The position improved substantially after the 5 days of national action were over, and has continued to improve subsequently. Over much of the country, services are being provided at normal levels or not much below. There are, however, areas in the Midlands, North West and North where continuing industrial action is having a serious effect on services, and there are two or three black spots (eg Oldham, Rotherham) where the position is very difficult.

Can we start to
put across the enormous
increase in nos since 1961
and, ∴ the extra manpower
cost per bed and per patient?
not.

E. R.

Overall, therefore, the position is tending to improve, and there is no question at all, as reports in the media might suggest, of the widespread collapse of health services being near. We must wait to see whether, in the light of the outcome of the RCN ballot, local activists intensify industrial action in some areas. But there is some encouragement in the fact that the national action called for by the TUC Health Services Committee is both delayed and relatively modest.

I shall be bringing this report up-to-date shortly, in the light of reactions to the result of the RCN ballot and the decisions of the TUC Health Services Committee and shall then hope to make proposals about the future handling of the dispute.

I am sending copies of this minute to Cabinet colleagues and to Sir Robert Armstrong.



27 August 1982

N F

Nat Health
MS

MAJOR INDUSTRIAL DISPUTES

NHS Nursing and Ancillary Workers - (COHSE, NUPE and other unions)

1. Following last week's 5 day programme of industrial disruption, the NHS unions have begun a rolling programme of selective action. Local and regional union committees are to decide where action is to be taken and what form it should take. Ambulancemen on Teesside began a strike yesterday. Police and volunteers are providing emergency cover.
2. The RCN ballot result is expected to be available on 26 ^{August} ~~April~~, on which day there is a further meeting of the TUC Health Services Committee.

3. 320 Derbyshire ambulancemen have been on all out strike since Monday because of a local bonus dispute. Emergency service is being provided by police and volunteers.
4. The EETPU London Press Branch Secretary Mr Sean Gerraghty was last Friday fined £350 and ordered to pay costs estimated at over £10,000 following the one day sympathy strike by electricians which stopped all Fleet Street papers on 11 August. His branch has deferred a decision on whether or not they will pay his fine and costs.
5. The dispute began after the unions rejected offers ranging from 4% for ancillary workers to 6.4% for nurses (later increased to 5% and 7% and then to 6% and 7½%) and, as part of a co-ordinated campaign in support of a common pay claim of 12.5%, embarked on a series of 1-day strikes, with varying kinds of local action. Sporadic local action began on 14 April, with COHSE members introducing a ban on the admission of non-emergency cases. Other local action has included working to rule, overtime bans and non-cooperation with management on plans to re-organise hospitals. ACAS, which was asked by the TUC Health Service Committee to try to seek a solution, has concluded that there is no basis for conciliation.



Caxton House Tothill Street London SW1H 9NAF

Telephone Direct Line 01-213.....6400.....

Switchboard 01-213 3000

Tim Flesher Esq
Private Secretary
10 Downing Street
LONDON
SW1

12 August 1982

Dear Tim

... As we agreed on the telephone this morning, I am enclosing a copy of a letter I sent yesterday to Carole Souter in Norman Fowler's office about the industrial action in Fleet Street in sympathy with the NHS dispute.

Over the past 24 hours there have, as you know, been threatening noises from the NGA and from the Health Service unions about support for Sean Geraghty in the event of his being imprisoned. So far, however, all the unions concerned have been careful not to commit themselves too firmly to any particular course. Moreover, the signs are that Geraghty will turn up in Court tomorrow which will considerably reduce the chances of his being sent to prison.

The hearing is scheduled for 2.00pm tomorrow so we may have a result by the late afternoon. I shall be in touch again as soon as we do.

Yours sincerely

Mamie Fahey

MISS M C FAHEY
Private Secretary



Caxton House Tothill Street London SW1H 9NXF

Telephone Direct Line 01-213.....6400.....
Switchboard 01-213 3000

Mrs Carole Souter
Private Secretary to Secretary of State
Department of Health and Social Security
Alexander Fleming House
Elephant and Castle
LONDON
SE1

11 August 1982

Dear Carole

NHS DISPUTE: INJUNCTION IN FLEET STREET

I thought you might find it helpful to have a note of how officials here are viewing the latest events.

On Monday afternoon twelve newspapers sought an injunction in the High Court to restrain the threatened sympathetic action in Fleet Street in support of the NHS dispute, planned for Tuesday night. The injunction was granted and 8 named union officials, including the General Secretaries and London branch secretaries of SOGAT and the NGA and the London press branch secretary of the EETPU, were ordered to withdraw their strike call.

The granting of the injunction was no surprise. This always seemed like a clear case of unlawful secondary action under section 17 of the 1980 Employment Act. For secondary action to be lawful under section 17 it must be taken by employees at suppliers and customers of the employer in dispute and targetted on supplies going to or from the employer in dispute. A strike in Fleet Street clearly fulfils neither of these conditions.

SOGAT and the NGA appear to have complied with the Court Order, apparently encouraged to do so by the health service unions, who fear that attention will be diverted from their own dispute by the Fleet Street action. The militant electricians, however, seem determined to ignore it and their London Secretary, Sean Geraghty, who is named in the injunction, has made it clear that he sees defiance of the injunction as a good opportunity to confront the law and the Government.



The newspapers went back to the Court yesterday and appear to have complained that Mr Geraghty had not obeyed the injunction. The Court has fixed Friday for a hearing. What may happen on Friday is difficult to predict. Mr Geraghty seems to be in contempt of court. If he turned up on Friday and meekly apologised, that might be the end of it. But if, as seems likely, he does not turn up or makes it clear that he has no intention of obeying the Court, he may be fined or imprisoned. The Courts are generally most unwilling to commit persons to prison in these circumstances. But, particularly if Mr Geraghty fails to appear, the Court may just possibly order his arrest.

A lot, of course, could happen between now and Friday. The attitude of the other unions may well be crucial to whether the newspaper proprietors pursue their legal action. Our Ministers will be taking the line that it would be wrong to comment while the matter is before the courts.

Two final points about the legal technicalities. Theoretically, the employers could seek injunctions against any or all of the strikers involved although for practical reasons the employers have chosen to proceed against named union officials. Secondly, the effect of the 1982 Employment Bill on this case would be to enable an injunction to be sought against the union itself which, in the event of the injunction being ignored, would put at risk the union funds.

Don't hesitate to get in touch, of course, if you need any more information.

Yours

Mamie Fahey

MISS M C FAHEY
Private Secretary

III 21112399
1 2 3 4 5 6 7 8 9 10 11 12

Prime Minister 2

PRIME MINISTER

Wm
C/S

MS

INDUSTRIAL ACTION IN THE NHS

The initial impact of the five day action period has been similar to in the previous three day period. Some hospitals have been reduced to accepting emergencies only though there are many taking urgent cases as well as emergencies and others are relatively unaffected. The worst hit Regions are Northern, North Western, Yorkshire and Trent. In Northern and Yorkshire Regions some ambulance staff have failed to provide even emergency services and Service ambulances are standing by but have not yet had to be used.

The unions clearly appreciate that there is little support in most areas among their members for all-out action and are concentrating on selective strikes in sterile supply departments, stores, laundries and transport and backing this up with lightning short stoppages by hospital staff (including some COHSE and NUPE nurses, but not RCN nurses). This produces disruption in the running of hospitals which may have a cumulative effect on services by the end of the week, particularly as in the harder hit areas managers and staff who are trying to keep services going have been under considerable stress for three months. However, there are also indications that many union members now recognise we intend to stand firm and are becoming increasingly reluctant to take action which obviously harms patients as well as costing them money.

Our public presentation will continue to stress the finality and fairness of our offers and the damage being done to patients by industrial action.

I shall, of course, remain in the Department for the remainder of the five days; and probably for the rest of the month. In any event Kenneth Clarke will also be here from next Tuesday.

10 August 1982

N F

STATEMENT FROM NORMAN FOWLER

"Reports from health authorities today show that although there are black spots the majority of health service staff are at work.

The most serious difficulties have come when emergency cover has been withdrawn. For example, some hospital staff in Southampton and Liverpool walked out leaving no emergency cover. In two areas - Northumbria and South Yorkshire - some ambulancemen failed to provide even an emergency service. This goes smack against even the TUC's own guidelines and puts patients lives at risk. There are also other districts which have been affected by serious industrial action.

Nevertheless there are encouraging signs. Most health service staff-including medical staff, nurses, ancillary staff, professional and administrative staff - are continuing to work. In some districts services are almost unaffected by industrial action and in others action has been of a token kind.

I believe that the public will want to pay tribute to all those who are continuing to give patient care. Many people in the health service are working long and arduous hours to keep the service going."

Reports from health authorities today show that although there are black spots the majority of health service staff are at work.

The most serious difficulties have come when emergency cover has been withdrawn. For example, some hospital staff in Southampton and Liverpool walked out leaving no emergency cover. In two areas Northampton and South Yorkshire - some ambulance men failed to provide even an emergency service. This goes back against even the TUC's own guidelines and puts patients lives at risk. There are also other districts which have been affected by serious industrial action.

Nevertheless there are emergency services. Most health services staff including medical staff, nurses, auxiliary staff, professional and administrative staff are at work. In some districts services are almost unimpaired by industrial action and in others action has been of a token kind.

11 10 AUG 1968
LABOUR
11 12 1 2 3 4 5 6 7 8 9 10

I believe that the public will want to pay tribute to all those who are constrained to give patient care. Many people in the health service are working long and arduous hours to keep the service going.

Prime Minister 2

These arrangements will
ensure Ministerial cover
in DHSS over the summer.

WH
2/8

PRIME MINISTER

NHS PAY DISPUTE - COVER BY DHSS MINISTERS

I undertook to let you have a note of the arrangements I have made to secure Ministerial cover for any developments in the NHS pay dispute during August.

I would be available, either in the office or in England, during the following periods:

31 July to 16 August inclusive (ie including the period of the 5-day strike)

26 August to 29 August inclusive.

Kenneth Clarke will be available during the following periods:

17 August to 25 August inclusive

31 August to 5 September inclusive.

On 30 August, Geoffrey Finsberg will be contactable by telephone in Norfolk. In addition, Hugh Rossi will be available up to and including 22 August; and Geoffrey Finsberg will be available, either in London or in Norfolk, from 7 August onwards.

My office will let yours have details of where all DHSS Ministers can be contacted throughout the holiday period.



30 July 1982

N F



bc JV DSG

10 DOWNING STREET

From the Private Secretary

28 July 1982

Dear David,

NATIONAL HEALTH SERVICE PAY

Your Secretary of State minuted the Prime Minister on 26 July about National Health Service Pay.

The Prime Minister agrees with your Secretary of State's approach. She has commented that the proposal to discuss longer term arrangements with the unions representing health service staff other than nurses is, as your Secretary of State suggests, hedged about with difficulties, since the Government is willing to enter into these discussions only on an exploratory basis, and subject to a number of conditions (set out in my letter of 16 June).

I am sending copies of this letter to the Private Secretaries to the other members of Cabinet and to David Wright (Cabinet Office).

Yours sincerely,

Michael Scholer

David Clark, Esq.,
Department of Health and Social Security.

DL

CONFIDENTIAL

27 July 1982

MR SCHOLAR

Prime Minister

①

cc Mr Mount

NATIONAL HEALTH SERVICE PAY

Agree that X should be included in a reply to Mr Fowler's office which otherwise generally

please see his minute to you, attached

I am sure that Mr Fowler is right, in his note of 26 July, to reaffirm the current strategy in our handling of the NHS dispute. But there is one point of which I think you should remind Mr Fowler's office, if the Prime Minister agrees, in your acknowledgement.

approach?

Mes 27/7

MS

You will recall that we were very anxious about Mr Fowler's commitment to discuss longer-term pay arrangements other than for the nurses; and that the Prime Minister, sharing this concern, called Mr Fowler in on 16 June. Your record of that meeting says clearly that Mr Fowler "could offer discussions designed to investigate the scope for long-term improvements in the arrangements for negotiating NHS pay" - Mr Fowler, in his current formulation, has dropped the reference to "the scope for"; and your record also made it clear that there were conditions attached to the Prime Minister's agreement - no commitment to arbitration in 1983; no question of favourable treatment for NHS groups; and no move towards indexation or automatic links with other groups. While I have every sympathy with Mr Fowler's need to make as much as possible of the longer-term arrangements, I think it is particularly important that we remind him of the constraints under which he is operating, as we enter discussions with the Civil Service unions on the post-Megaw arrangements.

JOHN VEREKER

CONFIDENTIAL

CC JV

PRIME MINISTER

NATIONAL HEALTH SERVICE PAY

The response within the health service to the three day stoppage this week was of the same order as the previous days of action. Many staff continued to work but a number of hospitals across the country could provide only restricted services.

I attach the Statement issued by the TUC Health Services Committee after their meeting on 22 July. The unions remain committed to further industrial action in support of their claim and have called for a five day national stoppage beginning Monday 9 August, local selective action between now and then and sympathetic action during the national stoppage by all TUC affiliated unions.

Our strategy remains the same. First, every opportunity is used to emphasise that no more money will be available this year, that the offers on the table are fair in relation to settlements elsewhere and that the industrial action is damaging and unjustified. This has been effective. The media is critical of the effects of industrial action and in general do not support the unions' claims. The unions are sensitive to this as demonstrated by their anger at the publicity we have given to effects of the dispute and the differences of view on further action between COHSE and NUPE reported in Friday's press. There is also a marked reduction in the level of sympathetic action by TUC unions not involved in the dispute.

Second, we repeat our firm commitment to nurses and in particular to better long term arrangements and have arranged for advertisements on the current 7.5 per cent offer to appear in the Nursing Journals from next week; a copy of the draft advertisement is attached. (I am proposing to place similar factual advertisements in the national press aimed at NHS staff generally.) This will provoke an angry comment from the TUC unions as did our instructions to the health service to ensure that all employees were informed individually of

E. R.

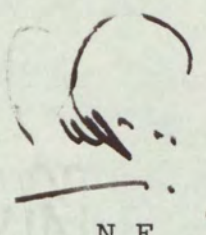
what is on offer. A favourable outcome in the ballot would weaken considerably the TUC unions' strategy.

Finally, I have reaffirmed my willingness to discuss longer term arrangements with the unions representing other health service staff. The end of that road is not clear. Our emphasis on factors other than comparability and in particular those of affordability and improving efficiency will be a long way from the unions' aspirations. Nevertheless it does offer a way out of the present impasse for the unions since there is nothing else on offer for this year. And it is in our interest to stress that we would prefer to avoid an annual confrontation.

I believe this is the best and indeed only approach - consistent with our broad economic and other problems. I hope colleagues will continue to use opportunities to get our message across.

I am sending copies of this minute to other Cabinet colleagues and Sir Robert Armstrong.

26 July 1982



N F

STATEMENT FROM TUC HEALTH SERVICES COMMITTEE 22 JULY

The TUC Health Services Committee today reviewed the progress made in their united pay campaign. All the unions considered that the three days of intensive nationwide industrial action had been tremendously successful and they expressed their appreciation for the widespread support for the pay campaign, demonstrated by a great range of workers outside the Health Service who have recognised the importance of this campaign for the future of the Health Service

The intransigence of the Secretary of the State leaves the Committee ever more determined to maintain and consolidate its coordinated programme of industrial action, to reduce the Health Service to an accident and emergency only and to plan for five further days of intensive nationwide industrial action from August 9 to 13 inclusive.

The TUC General Council are again to be urged to encourage all TUC affiliated unions to take sympathetic action on those days, and in particular to organise 2-hour workplace meetings to enable health service workers to explain their case.

In the meantime, unions will be stepping up their industrial action organised locally, in particular selectively withdrawing key workers. All these actions will be undertaken in accordance with the TUC Code of Conduct. The coordinating committee will be meeting at 5.00 pm on July 27 to determine detailed plans for the further action.

The Committee restated their clear willingness to negotiate with Secretary of State and indeed their continued willingness to use the services of ACAS. They deeply regret the continued unwillingness of Secretary of State to reconsider his present unacceptable offer.

The Committee is determined to press ahead in unity with its campaign which is backed up by enormous public support.

IMPROVED PAY OFFER TO NURSES

An improved pay offer of 7½ per cent has been made to nurses and midwives. The proposed increases for certain grades are shown below. Important points to note are:

* The offer is about 1½ per cent more than has recently been agreed for other public groups, notably doctors, teachers, civil servants and the armed forces.

* The new pay scales would be backdated to 1 April 1982 and backpay would be paid as a lump sum as soon as possible.

* The increases would give staff nurses at the top of their scale an extra £7.81 a week on basic pay; ward sisters at the top of their scale an extra £10.38 a week.

* The Government has now made it clear that this is the final offer. There is no more money for further improvement.

In addition, the Government is committed to developing an agreed permanent method of determining nurses' and midwives' pay for introduction in 1983.

Weekly pay	Old Basic	New Basic	Estimated New Average Earnings
Student	£63.10 to £68.91	£67.83 to £74.07	£74.95 to £81.85
Nursing Auxiliary	£60.28 to £77.04	£64.80 to £82.81	£77.76 to £99.37
Enrolled Nurse	£76.87 to £92.73	£82.64 to £99.69	£97.80 to £117.98
Staff Nurse	£85.34 to £104.06	£91.75 to £111.87	£107.35 to £130.89
Ward Sister/Charge Nurse	£107.93 to £138.37	£116.03 to £148.75	£132.27 to £169.58
Nursing Officer I	£125.10 to £149.42	£134.48 to £160.62	£142.48 to £170.17
Director of Nursing Services III	£198.49 to £236.85	£210.40 to £251.06	Basic Pay Only
District Nursing Officer DHA1	£294.92 to £378.82	£312.62 to £401.55	Basic Pay Only
Regional Nursing Officer R1	£328.39 to £420.46	£348.08 to £445.68	Basic Pay Only
Clinical Teacher	£119.82 to £144.81	£132.29 to £158.81	Minimal Additional Earnings
Senior Tutor	£141.76 to £166.08	£155.44 to £181.21	Minimal Additional Earnings
Director of Nurse Education I	£228.70 to £257.47	£242.43 to £280.54	Basic Pay Only

27 JUL 1982

11 12 1
D 1
9 1
8 7 6 5

Prime Minister

PA Mus 30/7

①

Bernard raised this with me and

I put the case to him for going ahead
with this advertising.

~~His whole background and experience,~~
nonetheless, makes him think it wrong - particularly
in view of X. Do you wish to go ahead with me

PRIME MINISTER

DHSS ADVERTISING SPACE

I have only just learned of a plan by DHSS to buy advertising space to put over the facts of the pay offer to hospital staffs in view of the blacking in some areas by NALGO.

I am all in favour of employers getting over direct to their employees (and to the public, if necessary) the details of their offer and not leaving it to the unions or shop stewards to make a bad or distorted case.

advertising?
Mus 19/7

But the advertising should be by the employer. In this case the Government is not the employer; the health authority is. And it is the health authorities who should put over the facts of their offer through the newspapers.

If the DHSS goes ahead with the plan to take advertising space it will:

- politicise the dispute beyond doubt; is this what the Government wants with Scargill positively itching for an opportunity to go to war?
- raise questions about the proper use of public money or possibly the use of public money for political ends;
- create a precedent which might not be welcome in other disputes or which would provide cover for advertising by less scrupulous Governments.

x ||

All my training tells me the present plan is wrong. You will find it difficult to justify the expenditure of the money for this purpose and you have enough problems/rows on your plate at the moment without adding one unnecessarily. In any case the NHS workers, in my view, are not going to win, especially after the ASLEF capitulation; it is only a matter of time before they are forced to face reality.

B Ingham

B Ingham
19.7.82

I will have a word

with Norman Fowler tomorrow.
I had thought that he would
try to get the offer across. What
is the alternative.
MB.

PRIME MINISTER

W
Nat Health

MR. FOWLER'S STATEMENT ON NHS PAY

Mr. Fowler was on belligerent form, and managed to make the Opposition appear as though they were supporting the strike action planned for Monday.

Gwyneth Dunwoody led for the Opposition, and claimed that Mr. Fowler had tried to blackmail the health unions, divide the Royal College of Nursing from the other unions, and had threatened the regional health authorities. She claimed that the revised allocations to RHAs, that he announced yesterday, represented a direct cut in services. She painted the letter describing the pay offer to be included in NHS pay packets as a deliberate attempt to influence the RCN's ballot.

Mr. Fowler described her remarks as absurd. The Government was providing more money for the NHS in real terms than any previous government. He was sure the House would support the Government's efforts to make known the facts on the pay offer, especially in view of the rubbish being peddled by the Opposition. He used the 1979 quote from David Ennals who had condemned action that might harm the sick, and called on Mrs. Dunwoody and the Opposition to condemn the strike.

Mrs. Dunwoody repeated her accusation that the Government was trying to cut the resources available to the health service, and said that she would certainly condemn those who were forcing the health service workers to strike. She was joined by William Hamilton and Laurie Pavitt who said that they would be proud to join the picket lines. This allowed Norman Fowler to condemn the Opposition for standing behind the strikers in the same way as they were standing behind ASLEF. He said that they should be ashamed and not proud to join the picket lines. He made effective use of the facts on the resources available to the NHS, the increasing number of nurses and other staff, the shorter hours being worked, the cuts in waiting lists which had been achieved, the fact that the Government had already ^{improved} made their offer twice, and the fact that the Government had offered negotiations on long-term pay arrangements.

16 July 1982

WM

STATEMENT ON NHS PAY DISPUTE

With permission Mr Speaker, I should like to make a statement on next week's threatened industrial action in the National Health Service.

The health service unions affiliated to the TUC have called for a three day national strike throughout the health service starting on Monday. This action is in support of their claim for pay increases of 12 per cent.

Each health authority will do everything it can to maintain services and to minimise the effect of action on patients in accordance with the guidance we issued in 1979. The Government have made contingency arrangements to maintain emergency services where these are withdrawn.

But I must warn the House that if industrial action is taken for three days patients will suffer. In the previous 24-hour stoppages the response was patchy but seriously disrupted services in some places. If the strike goes ahead outpatient appointments and non-emergency admissions will be cancelled and waiting lists for operations will grow longer. Past experience suggests that not even emergency services can be guaranteed in all areas.

Mr Speaker, I believe that in the light of this, the health unions should now urgently reconsider their case for taking industrial action. Their claim for a 12 per cent increase in pay and improvements in holidays and hours of work making a claim of 20 per cent in all is quite unjustified. Over £400 million has been provided for increases in pay this year. That is our final ^{decision} offer and there is no more money. The offers made by the Whitley Councils are for average increases

ranging from 6 to 7½ per cent. This compares with settlements around 6 per cent for civil servants, teachers and the armed forces. The money on the table, backdated to 1 April, is substantial. We estimate that average earnings would increase by £6.00 a week for a male full-time ancillary worker, £7.50 a week for a staff nurse, over £9.00 a week for a nursing sister and £11 a week for a leading ambulanceman.

In addition the Government have already started talks on permanent new arrangements for determining nurses and midwives pay which we want in operation by next April. I have also offered to have talks with the health unions about improving arrangements for their pay in the future.

Mr Speaker, on pay for this year the right action for the unions would be to return to the Whitley Councils and begin discussions. On future arrangements for pay talks between myself and the unions could start at once. I urge all those working in the health service not to take industrial action. Such action will only damage the health service and put patients at risk.

National Health Service (Pay Dispute)

The Secretary of State for Social Services (Mr. Norman Fowler): With permission, Mr. Speaker, I should like to make a statement on next week's threatened industrial action in the National Health Service.

The Health Service unions affiliated to the TUC have called for a three-day national strike throughout the Health Service starting on Monday. This action is in support of their claim for pay increases of 12 per cent. Each health authority will do everything that it can to maintain services and to minimise the effect of action on patients in accordance with the guidance that we issued in 1979.

The Government have made contingency arrangements to maintain emergency services where these are withdrawn, but I must warn the House that if industrial action is taken for three days patients will suffer. In the previous 24-hour stoppages the response was patchy, but seriously disrupted services in some places. If the strike goes ahead out-patient appointments and non-emergency admissions will be cancelled and waiting lists for operations will grow longer. Experience suggests that not even emergency services can be guaranteed in all areas.

I believe that in the light of this, the health unions should now urgently reconsider their decision to take industrial action. Their claim for a 12 per cent. increase in pay and improvements in holidays and hours of work, making a claim of 20 per cent. in all, is quite unjustified. Over £400 million has been provided for increases in pay this year. That is our final offer and there is no more money.

The offers made by the Whitley councils are for average increases ranging from 6 per cent. to 7½ per cent. This compares with settlements of around 6 per cent. for civil servants, teachers and the Armed Forces. The money on the table, backdated to 1 April, is substantial. We estimate that average earnings would increase by £6 a week for a male full-time ancillary worker, £7.50 a week for a staff nurse, over £9 a week for a nursing sister and £11 a week for a leading ambulance man.

In addition, the Government have already started talks on permanent new arrangements for determining nurses' and midwives' pay which we want in operation by next April. I have also offered to have talks with the health unions about improved arrangements for pay in the future.

On pay for this year, the right action for the unions would be to return to the Whitley councils and begin discussions. On future arrangements for pay talks between myself and the unions could start at once. I therefore urge all those working in the Health Service not to take industrial action. Such action will only damage the Health Service and put patients at risk.

Mrs. Gwyneth Dunwoody (Crewe): Is it not now clear that after trying to blackmail the health unions, trying to divide the Royal College of Nursing from the health unions and threatening the regional health authorities, the Minister has had to admit that what he is suggesting is no new money in terms of pay and a direct cut in patient care? Since this is a clear attempt to influence the RCN ballot of nurses, will the Minister make it clear that his offer is worth 69p to student nurses and £1.31 to nursing officers? Will he make it clear that he has been fiddling the figures, not the health unions?

~~Will the Minister make it plain that he has intended all along to cut the resources available to the National Health Service and that if at the same time he can clobber the health unions that is to him a positive political advantage?~~

~~What is the cost to the regional health authorities of the extraordinary letter that he insists they print at short notice and circulate to all staff? Who will pay for that? Will the Minister admit that the real cost of the poor deal that he is offering—a deal which will be rejected by the health unions because of its unacceptable terms and because it is a direct attack on the fabric of patient care?~~

Mr. Fowler: I reject everything that the hon. Lady has said. It was totally absurd from beginning to end. She knows that her claim that the Government have cut spending on the Health Service is totally untrue. The Government are spending more money, in actual and real terms, on the Health Service than any other Government in the history of the Health Service.

Even with the adjustments which I announced yesterday, there will be a growth of 1.3 per cent. in Health Service spending for this year. That is the fact, and I ask the hon. Lady to check it and accept it.

The hon. Lady obliquely recognises that the Royal College of Nursing is balloting on the offer. I hope that she welcomes that development. The hon. Lady asked about circulating in wage packets the details of the offers by the management side of the Whitley councils. Surely the hon. Lady supports that. Is it not a good idea that the members concerned should know the facts of the offers instead of listening to the rubbish which the hon. Lady insists on putting before the House?

Mrs. Dunwoody rose—

Mr. Fowler: It looks as though the hon. Lady intends to intervene again, so perhaps she will make the Opposition's position clear. Her right hon. Friend the Member for Norwich, North (Mr. Ennals), when Secretary of State, said:

"I believe that we should condemn industrial action that does damage to the Health Service, whether it comes from doctors, nurses or any one else who works in the service."—[*Official Report*, 1 February 1979; Vol. 961, c. 1684.]

Do the Opposition stand by that statement? Are the Opposition prepared to condemn industrial action? If they are not, they have no credibility.

Mrs. Dunwoody: Will the Minister now answer the questions that I asked him? How much will the offer mean in real terms for the health authorities? He knows that, far from a growth of 1 per cent., there will be a direct cut in patient care. How much will it cost the regional health authorities to circulate copies of the 12-page letter which represents a straight attempt to influence the RCN ballot?

If the Minister wants condemnation from the Opposition, let me make our position clear. We condemn those who seek to push Health Service workers, who are committed to caring for patients, into industrial action to which they are totally opposed and which he is forcing upon them.

Mr. Fowler: The House will recognise the hon. Lady's remarks as weasel words. Is she or is she not condemning industrial action in the Health Service? She is not, and once again the Opposition are showing no leadership.

The growth in the Health Service for this year will go down from 1.7 per cent. to 1.3 per cent. That is the fact. ~~That is the price of the wages offer. It is extraordinary for~~

and 13 July are days with a difference. If the hon. Gentleman had visited the Province with his friends on those two days he might have been enlightened to his advantage in the representations that he makes at the Dispatch Box today. I hope that the promise given by the Government on that occasion to which the hon. Gentleman referred will be implemented. If all the hon. Members for Northern Ireland, including the hon. Member for Belfast, West, had been present, that would not have altered the vote.

Mr. J. Enoch Powell: Does the hon. Gentleman agree that a comment such as that made by the hon. Member for Hammersmith, North (Mr. Soley) comes ill from a party that does not seek to represent the Northern Ireland electorate in the proper democratic manner? When that party seeks to do so, then, and only then, can it be listened to on the matter of attendance or non-attendance of hon. Members from Northern Ireland at debates in the House.

Rev. Ian Paisley: I should certainly welcome members of the British Labour Party standing as candidates for the Assembly. They have the opportunity to give their blessing to it. The hon. Member for Hammersmith, North could stand himself. I advise him to come to North Antrim, and I am sure that the right hon. Member for Down, South (Mr. Powell) would invite him to South Down as well. He would receive a hearty welcome, but not a good vote, and would probably lose £150, which would be a salutary experience. However, I do not want to deal with such matters today as there are other important matters to be debated.

I was pleased to hear the Minister praise the Common Market and its assistance for Northern Ireland, but I am amazed that he has failed to suggest that the less favoured

areas should receive support from the Common Market. I press the Minister on this matter. This is a running sore among farmers in Northern Ireland, as I am sure he is aware because the matter has been raised over and over again.

May we be told today what will happen? Will the Government now proceed with an application to the Common Market for assistance for the less-favoured areas of Northern Ireland? Are the Government prepared to put up their part of the money so that those less-favoured areas can be helped? I am sure that the Minister is well aware that this important matter will effectively assist the farming community in Northern Ireland.

Will the Minister deal at length with this problem and ensure, first, that the Common Market will receive an application for assistance for the less-favoured areas in Northern Ireland and, secondly, that the Government will put up our part of the money? It has been made clear at the Dispatch Box that the Government are not yet committed to putting forward an application to extend the less-favoured areas. I trust that the Minister will say something about that.

Perhaps the Minister can explain the announcements in January and March about the Common Market special repayments schemes and why none of the £50 million allocated to housing in Northern Ireland is additional money for the housing executive. Some of the trouble with the German Government stems from that. My hon. Friend the Member for Belfast, East (Mr. Robinson) and I met the German ambassador in London—

It being Eleven o'clock, MR. SPEAKER interrupted the proceedings, pursuant to Standing Order No. 5 (Friday sittings).



✓ JV
SCOTTISH OFFICE
WHITEHALL, LONDON SW1A 2AU

Prime Minister (2)

ms 16/7

CONFIDENTIAL

The Rt Hon Norman Fowler MP
Secretary of State for Social Services
Department of Health and Social Security
Alexander Fleming House
Elephant and Castle
LONDON SE1

ms

15 July 1982

Dear Norman,

I refer to your minute of 12 July to the Prime Minister about the NHS pay dispute.^{TPM}

The effects of the industrial action in Scotland have been markedly more serious than in England even when compared with Northern Regional Health Authority Areas. Throughout the dispute there have been a considerable number of instances where the TUC's own guidelines have been ignored. Even early on in the dispute, hospitals in Edinburgh were very severely hit and at one stage it looked as if the Edinburgh Royal Infirmary might have to close its doors altogether. Patients in the Royal Edinburgh Hospital, a major mental illness hospital have been without bedlinen and clean clothes. More recently, while the situation remains serious in the east and across Scotland's central belt, the main focus of action has switched to the west. Many hospitals in Scotland are now close to an accident and emergency service only, with the situation being worsened by sporadic but serious action occurring in different parts of the country. To take two examples, on Wednesday 7 July all ancillary staff at two major hospitals in Glasgow walked out on a lightning 24 hour strike with no emergency cover and, more emotively, the press is taking a real interest in the difficulties at the Royal Hospital for Sick Children in Glasgow. Laundries remain a prime target everywhere.

I agree with you that the pay offers which we have authorised are now fair and reasonable and that there should now be a determined effort by all Ministers to drive home to the public the damaging effects of the dispute. This is all the more necessary in Scotland since we find it more difficult than you to contemplate a dispute lasting for as long as you seem to envisage. Only through the weight of public opinion and loss of income will NHS workers be brought to see the essential futility of their position. We certainly intend to do all we can to publicise the problems faced by individual hospitals and the effects on patients; to demonstrate the reasonable

nature of the Government's position; and to emphasise our determination not to change that position. John MacKay, who has responsibility for health matters here, will be visiting affected hospitals on Friday and giving a press conference on what he finds.

I am copying this to the Prime Minister, Cabinet colleagues and Sir Robert Armstrong.

Yours wes,

George.

10 11 12 1
9 8 7 6 5 4 3 2

14 JUL 1982

1



PA.

DEPARTMENT OF HEALTH & SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

*From the Secretary of State for Social Services*Michael Scholar
Private Secretary
10 Downing Street

15 July 1982

Dear Michael

I attach a copy of the draft statement my Secretary of State intends to make in the House of Commons tomorrow.

I am also sending a copy to Muir Russell (Scottish Office), Adam Peat (Welsh Office), Nick Huxtable (Lord President's Office) and Terry Mathews (Chief Secretary's Office).

*Yours ever
Mary McVerry*MARY McVERRY (MRS)
Private Secretary

ENC

STATEMENT

With permission Mr Speaker, I should like to make a statement on next week's threatened industrial action in the National Health Service.

The health service unions affiliated to the Trade Union Congress have called for a three day national strike throughout the health service starting on Monday. This action is in support of their claim for pay increases of 12 per cent.

Every health authority will do everything they can to maintain services and to minimise the effect of action on patients in accordance with the guidance we issued in 1979. The Government have made contingency arrangements to maintain emergency services where these are withdrawn.

But I must warn the House that if industrial action is taken for three days the public will suffer. The experience of the previous 24-hour stoppages is that the response will be patchy but will seriously disrupt services in some places. Out-patient appointments and non-emergency admissions will be cancelled and the waiting lists will grow. Nor can the unions' claim that emergency services will be maintained be guaranteed in all areas.

The health unions should reconsider their case for taking action. Their claim for a 12 per cent increase in pay and improvements in holidays and hours of work making a claim of 20 per cent in all is quite unjustified. The Government have provided no less than £400 million for increases in pay this year. There is no more money. The offers made by the Whitley Councils are for increases ranging from 6 to 7½ per cent. This compares with settlements around 6 per cent for civil servants, teachers and the armed forces. The money on the table, back-dated to 1 April, is substantial. We estimate that average earnings would increase by £7.50 per week for a staff nurse, over £9 for a nursing sister, £11 for a leading ambulanceman, over £8 for a physiotherapist on the minimum of the scale and £18 at the maximum and over £6 per week for a male full-time ancillary worker.

These are very reasonable offers. I urge all those working in the service not to take industrial action. It can achieve nothing but damage the service and put patients at risk. They should tell their leaders to return to negotiations in the Whitley Councils. I stand ready to discuss pay arrangements for the future to see if we can find a way to avoid this annual crisis. The Government has demonstrated its commitment to the health service. I urge the unions and the health service workers to do the same.

Ref. A09019

PRIME MINISTER*original filed on: -
Transport: BR notes: p 5*Industrial Affairs

There are two items for discussion, viz:-

- a. British Railways; and
- b. the National Health Service dispute.

British Railways

2. As expected, the intervention of the Advisory, Conciliation and Arbitration Service got nowhere. ASLEF insisted that it would call off the strike only if the existing flexible rosters were withdrawn and proposed that subsequent negotiations should centre on other more efficient (but unspecified) ways of rostering footplate staff. The BRB for their part insisted that if ASLEF returned to work, those flexible rosters which had already been introduced should be worked ie. that ASLEF should accept the principle of flexible rostering. Not surprisingly, ACAS found it impossible to devise a compromise.

3. The British Railways Board therefore announced this afternoon that the railway network will be closed from Wednesday, 21 July, and that those drivers who remain on strike on Tuesday, 20 July, will be dismissed. The Board has, however, agreed, in response to the discussions which the Secretary of State for Transport had had with them, as reported in the Chancellor of the Exchequer's minute to you of 13 July, that where a useful train service can continue to be operated the network will be kept open. The staff who are laid off as a result of the closure of the rail network will initially receive basic pay, as provided for in the 1919 Guaranteed Week Agreement. But the Board intends to review that during the course of next week, and they clearly do not rule out the option of lay off without pay, despite the legal risks involved.

4. The main question at this stage is the impact of dismissal on the resolve of the strikers to continue with the dispute. The Board will be primarily concerned to ensure that the public and the trade union movement continue to regard the dispute as primarily industrial, and that attempts to present it as

President

an attack on ASLEF, and therefore on the trade union movement, do not succeed.

5. The Chancellor of the Exchequer's Group on Current Industrial Disputes (MISC 80) has the situation under constant review. MISC 80 is also considering, against the possibility that dismissal might not have the desired effect, what the next steps might need to be. Consideration is being given to the possibility of bringing together a substitute force of train drivers - or at least giving the impression to the strikers that this is a practical possibility - as one way of further undermining their resolve; and also to what limitation might be placed on the extent of the Government's financial guarantees to the Railways Board. In due course the Group will also need to consider, and the Secretary of State for Transport will need to discuss with the Railways Board, how this dispute is to be brought to an acceptable conclusion.

6. There have been press reports that some ASLEF drivers on London Transport might strike in sympathy if the British Rail ASLEF drivers are dismissed. The Civil Contingencies Unit is monitoring closely the traffic situation in London and what might be done to provide extra parking spaces; and already has well in hand an urgent study of the measures that might be taken if there were to be simultaneous all-out strikes on LT and BR in the future, drawing on the experience gained earlier this month.

The National Health Service

7. The Nurses and Midwives Whitley Council met yesterday, but pay was not discussed in any detail. As argued in the minute to you of 12 July from the Secretary of State for Social Services, the Government's only option now seems to be to stand firm in the face of continuing industrial action, and make every effort to emphasise that the current pay offers to the NHS are far from unreasonable. An early settlement of the dispute seems unlikely.

8. Again, MISC 80 and the Civil Contingencies Unit are keeping the situation under close review.

HANDLING

9. You will want to invite the Secretary of State for Transport to report on the latest situation on the railways and how things are likely to develop over the next few days. The Chancellor of the Exchequer might be asked to report on the work which is in hand in MISC 80 and the Home Secretary on the CCU aspects.

10. On the National Health Service, you will want the Secretary of State for Social Services to report on the latest position.

CONCLUSIONS

11. The Cabinet need only take note of the position in relation to either dispute.

A handwritten signature in black ink, consisting of the letters 'RA' in a stylized, cursive font.

ROBERT ARMSTRONG

14 July 1982



10 DOWNING STREET

Premier Minister

S/S DM 62 65 PM 12 7 82

Mr. Fowles is coming to see
you at 12.45 tomorrow when he
will bring you up to date
on the NHS pay dispute.

You will, therefore, wish to read this
before you see him.

Alan Laga

Duty Clerk

12/7

PRIME MINISTER

ms

It is time to bring colleagues up to date on recent developments and future prospects in the NHS pay dispute.

Industrial action began in late April. It has taken the form of isolated national days of action, with local action in the meantime, and there are to be three further days of action on 19 - 21 July. The effect on the NHS has been patchy. Some hospitals have been almost untouched, but in others, especially in the north, the effects have been serious. A number of hospitals have been reduced to an emergency service - that is there are no routine diagnoses or operations - and even that is maintained with difficulty and because some members of the staff are willing to take on extra duties and to work very long hours. I attach a report on my visit to St Thomas' Hospital last week by way of illustration. It should be emphasised that, over the country as a whole, all medical staff, the vast majority of nurses and many other staff are continuing to work.

But the dispute is becoming increasingly politicised. The TUC has encouraged secondary action by the members of other trade unions, and on 19 - 21 July the health service unions have been asked to encourage secondary action by all their members who work in other industries. The attack is not just on pay, but on our industrial relations policies generally (with particular reference to the Employment Act 1980) and on our financial policies (including the provision for funding the NHS). There are undoubtedly elements in the TUC which would like to provoke a general confrontation with Government.

Our public position has been greatly strengthened by the provision of extra funds which has made possible offers of 7.5 per cent to nurses and the professions supplementary to medicine, and at least 6 per cent to everyone else. The immediate task is to persuade all concerned that this is our final position, and that the best course is for the staff to return to the negotiating table on the basis of the extra cash now available. This lesson will be driven home by the issue within the next few days of a circular to health authorities (and a Parliamentary reply) making clear the effect which the revised pay offer will have on

the resources available for maintaining or developing health services. We are also taking other more direct steps to convince other NHS staff that no more money will be made available.

The length and conspicuous nature of the dispute, and the increasing political overtones, mean that this is a battle which we cannot afford to lose. The TUC have, for the first time, chosen to co-ordinate and orchestrate a number of separate NHS pay disputes. In doing so, they have put up the political ante in a way which makes it necessary for us to stand absolutely firm. We must, in other words, win on our terms: there is in particular no scope for further increases in the pay offers now being made by Whitley Councils. There are several reasons for this in addition to the obvious political imperative. The major ones are that it would be unacceptable for the ancillary staff to receive larger pay increases than the Armed Forces and the Civil Service, and that it would be impossible to divert more of the NHS financial allocations to pay without causing cuts in health services of the most damaging kind.

I cannot predict how the dispute will develop. It may be that, after the next days of national action are over, staff will gradually lose interest in industrial action. The holiday season and the accumulation of significant amounts of back pay may encourage this. Even on this relatively optimistic basis, industrial action is likely to drag on after, and perhaps long after, Parliament has risen for the summer recess. The public, and our own backbench supporters, will rightly be disturbed; but I hope that colleagues will take every opportunity of publicly stressing that, with the improved pay offers which the availability of extra resources has made possible, continuing industrial action is entirely unnecessary, and that responsibility for its continuance, with all the consequential harm done to patients, lies at the door of the trade unions. The message to get across is that the pay offers are fair, that there is no question of their being increased, that the public is being made to suffer for no good reason, and that the proper course is to return at once to the negotiating table.

I am sending copies of this minute to other Cabinet colleagues and to Sir Robert Armstrong.

12 July 1982


N F

CONFIDENTIAL

REPORT ON A VISIT TO ST THOMAS' HOSPITAL, LAMBETH, FRIDAY
9 JULY 1982

Background

St Thomas' has no history of industrial relations problems. But the current bout of action in the NHS is hitting it badly.

I met the Health Authority Chairman Mr Lionel Cowan and the District Management Team. They briefly outlined the problems. I also met a union deputation. In my tour of the hospital I visited operating suites, the Intensive Care Unit, an orthopaedic ward and the Central Sterile Supplies Department (CSSD). I met doctors, nurses, patients and the CSSD manageress. I ended my visit with a discussion with the District representatives and other members of St Thomas' medical staff.

Position today

The industrial action which had affected the hospital since 23 June was being taken by only 25 employees subsidised by a levy from their colleagues. It was confined to the CSSD and the Central Stores but reinforced by picketing at the hospital's main entrance. The effect on patients had been considerable. St Thomas' 1018 beds had been reduced by 8 July to some 650. Six wards were closed, one a children's ward.

Over 1000 operations had been postponed: a maximum of five theatres were now in use, carrying out 30 operations a day instead of the normal 14 carrying out 120. Clinicians explained that between obvious emergencies (eg appendicitis) and operations which were clearly not urgent was a large group of cases where an operation was urgently needed but it was not possible to argue that hours, or even days, would affect the outcome. Doctors were now having to decide which of these cases should take priority for surgery.

The patients involved included sufferers from cancer and heart disease, for whom the postponement of operations caused great mental anguish. In the orthopaedic ward waiting lists were growing fast. Further delay of such operations as hip replacements, though not life-threatening, meant much extra discomfort.

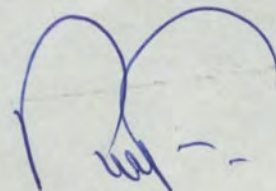
In the CSSD a service was being maintained by volunteers from the senior nursing staff who were packing sterile supplies at the same time as being 'on call' for their normal duties. The manageress said they were using contingency reserves and were constantly worried that demand might outstrip supply. The previous weekend a heavy caseload in casualty, including 10 stabbings, had put serious strain on CSSD.

Delays in mail had occurred because Post Office workers had refused to cross picket lines. Contact with Post Office management and trades union officers at national level had not so far resolved the problem. The Chairman of the Pathologists' Committee was concerned that vital clinical specimens were deteriorating in the post. Not only did this affect patients inside and outside St Thomas' it presented a possible public health hazard.

The attitude of pickets varied from day to day. For example, since post had been allowed in that day, linen had not. Even the hold up of so-called 'inessentials', eg toilet rolls, could cause problems for nurses responsible for patient care. The collection of rubbish had been severely reduced though it did not yet present a serious health hazard. However, catering, domestic, portering and maintenance services were operating normally.

Conclusion

One could not have a more telling demonstration of the hypocrisy of the unions' attempts to present their action as not seriously affecting patient care.



N.F.

12 July 1982



✓c Nurses pay file
 Prime Minister 2
 JJV
 MCS
 wh
 3/6

DEPARTMENT OF HEALTH & SOCIAL SECURITY
 Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Secretary of State for Social Services

The Rt Hon Sir Geoffrey Howe QC MP
 Chancellor of the Exchequer
 Treasury Chambers
 Great George Street
 London SW1

MS

June 3 1982.

Geo Geoffrey

We are about to enter a critical period as regards pay and industrial action in the National Health Service. There are days of national action on Friday 4 June and Tuesday 8 June, and the TUC Health Services Committee is to meet on Wednesday 9 June, when it will review the position and consider the future conduct of the campaign of industrial action. The outcome of the pay ballot by the Royal College of Nursing is due to be announced tomorrow and there will be a meeting of the Nurses Whitley Council on 8 June, at which the Staff Side's attitude towards the 6.4 per cent pay offer will become known.

Industrial action is meanwhile continuing sporadically throughout the country. I am satisfied that health authorities are standing firm and are ensuring that those who do not work are not paid. The effect of the action is uneven, but there are a number of hospitals which are providing no more than an accident and emergency service, with all ordinary inpatient admissions and outpatient attendances cancelled. Many patients are therefore not receiving the treatment or diagnosis they require, and waiting lists are building up. It remains to be seen what effect the forthcoming days of national action will have on the continuing level of industrial disruption.

1 It has been my hope that the nurses would accept the 6.4 per cent pay offer. We should then have reached agreement with them and with the doctors and dentists, and this would give us a reasonable basis from which to move on to seek settlements with the other groups. However, my firm impression now is that the nurses are likely to reject the offer. This will face us with new and more difficult problems.

As yet it is too early to reach a judgment about this. The immediate requirement is to assess the implications of whatever decision is reached by the nurses, and similarly to assess the outcome of the two days of national action, and of whatever decisions are taken by the TUC Health Services Committee on 9 June about the future conduct of the programme of industrial action by the affiliated trade unions. Following that, we can consider what would be the best line to enable us to achieve our objectives.

I am sending copies of this letter to the Prime Minister, other members of E(PSP), George Younger, Nicholas Edwards, Jim Prior and Sir Robert Armstrong.

Geo

NORMAN FOWLER

National Health Service (Industrial Action)

3.50 pm

The Secretary of State for Social Services (Mr. Norman Fowler): With permission, Mr. Speaker, I should like to make a statement on the industrial action in the National Health Service.

The House will wish to be informed of the latest position on industrial action in the Health Service in support of the current pay claim and the action being taken to ensure, as far as possible, that patient services are maintained. I am sure that the House will agree that the welfare and safety of patients must always be our first concern.

First, let me report on the action taken last week in the national 24-hour stoppage called by Health Service unions affiliated to the Trades Union Congress. The action was widespread, but patchy in its effect. In some areas, there was serious disruption of services. In other areas, there was limited response or none at all. The majority of nurses continued to provide patient care, reflecting their traditional concern not to do anything that might harm patients. However, the action did have an effect on patient services. In many places, admissions were restricted to accident and emergency cases and routine treatment was restricted or prevented altogether. Similarly, services for patients in hospital were affected, so that, for example, cold meals had to be served and clean linen was not available. This demonstrates the plain fact that industrial action cannot be taken in the Health Service without adverse effects on patients.

One further point that I should like to make clear concerns the risk of emergency services breaking down. It was clear last week that the assurance given by the trade unions that accident and emergency services would be fully protected could not be guaranteed in all areas. This underlines the potential danger of continuing industrial action in the Health Service and should be a vital consideration not only to those responsible for making arrangements to meet this contingency but also to those who seek to justify or support the action.

Nevertheless, certain unions have indicated that they intend to continue industrial action. Clearly, the main task for management is to continue to provide the widest possible range of services and to ensure the welfare and safety of patients. The main responsibility for dealing with industrial action lies with the local health authorities, but we have reminded them of the guidance issued by the Government in December 1979 on the action to be taken when industrial relations break down. My Department is in touch with the relevant authorities to ensure that the appropriate arrangements are being made. The Government are taking steps to ensure that an emergency service can be maintained.

It is important to recognise that over the past three years the National Health Service has enjoyed real growth and secure and growing employment. The numbers of full-time staff directly employed in the hospital and community health services have increased by 47,000 including 34,000 nursing and midwifery staff. The offers on the table give increases of more than 6 per cent. to about half the work force, including nurses and midwives and junior doctors, and will increase the pay bill by 5.5 per cent. This rises to 6.5 per cent. if the growth in services is included.

The claims by the Health Service unions are not only for pay increases of about 12 per cent. but also for other improvements such as reduced hours of work and more annual leave. If met in full, these claims would add about £1 billion to Health Service expenditure in a full year. Such claims could be met only at the expense of the taxpayer or by reducing the level of health services. In the Government's view, the offers on the table which will increase expenditure by £320 million this year, plus the cost of employing more staff to provide the extra services planned, are both fair and realistic. As to the future, we have already made it quite clear that we want to discuss urgently with the nurses and midwives Whitley Council new permanent arrangements for determining their pay so that we can avoid these annual difficulties.

I must emphasise again that industrial action in the Health Service can only harm patient services and may put their health and safety at risk. The longer the action continues, the greater the risk. I therefore urge the unions to reconsider their action.

Mrs. Gwyneth Dunwoody (Crewe): I searched in vain in that wholly inadequate statement for any acknowledgement of the Secretary of State's responsibility for the current state of affairs. It was the Secretary of State who directed the management side of the Whitley council as to the percentage to be offered, thus distorting the entire management machinery, and it was the Government who destroyed the Clegg commission, which was capable of providing the machinery to examine outside analogues and determine a proper rate of pay.

Will the Secretary of State now acknowledge that it is not just the nursing profession, important though it is, that has a strong commitment to patient care? Nowhere in his statement did he acknowledge that if he had been prepared to refer the matter to ACAS and to deal with the problem of low pay in the health services we should not now be faced with industrial action.

Will the Secretary of State acknowledge that Sir Sidney Hamburger has written to him on behalf of the chairmen of the regional health authorities protesting at the divisive nature of the offer of 6.2 per cent. to the nurses but only 4 per cent. to ancillary and other workers? Will he confirm that he has been asked to move immediately towards ACAS with a view to ending the industrial action? Will he now accept that the Government are responsible for the present position and take immediate action to remedy it?

Mr. Fowler: The hon. Member for Crewe (Mrs. Dunwoody) is quite wrong to say that Sir Sidney Hamburger wrote to me on behalf of the regional chairmen. The views that he put were his own. They were not the views of the regional chairmen. I can say that with authority, as I met the regional chairmen only last week. I ask the hon. Lady to accept that.

I believe that the offers that have been made are altogether fair. We propose that nurses and midwives should receive an average increase of 6.4 per cent. Clearly, there is a differential. One of the arguments put by Sir Sidney Hamburger and others was that everyone should receive exactly the same, even if that meant 4 per cent. We do not accept that.

As for arbitration, I do not believe that we can subcontract the decision as to how much the nation can afford in that way. Additional money has already been made available, as the hon. Lady will know. I hope that she will acknowledge that.

to give a position of prominence to the disabled or blacks, if the leader of the council stood down, representatives of either could be appointed to Ted Knight's position?

Mr. Martin Flannery (Sheffield, Hillsborough): You silly boy

Mr. Biffen: My hon. Friend has made his point. I wonder whether we need a debate on this subject during the week of our return. I know that the matter gives rise to great anxiety. On the programme that I have announced for the week after the Recess, it is clear that there is no Government time for such a debate.

Mr. Tam Dalyell (West Lothian): Does the Leader of the House agree that there should be two statements, one of which should be in the next 24 hours, setting out the Government's response to those thinking Americans who see great dangers for the whole of the English speaking world in the prospect of outright British military victory? Does he agree that there should be a second statement, either when we return or next week, about how the Government see the long-term solutions to the Falkland Island problem, about which they have been extremely coy, since so much is dictated by injured political pride on both sides of the argument?

Mr. Biffen: There has been no lack of occasions for matters associated with the Falklands to be debated in the House. I shall, of course, draw the attention of my right hon. Friend the Foreign Secretary to what the hon. Gentleman has said and to his belief that there should be a statement on the matter.

Mr. Tony Marlow (Northampton, North): When considering the possibility of a debate in Government time about the closure of the British Rail workshops, will my right hon. Friend consider the implications of that as a precedent? Does he agree that, if there is a debate on that matter, there would have to be a debate on the closure of any factory or workshop whether it be in the public or private sector? Does he agree that there is no difference between a closure in British Rail or in any firm in the private sector?

Mr. Biffen: My hon. Friend underlines why I have great reluctance to accede to the request of the Leader of the Opposition on that point.

Mr. Greville Janner (Leicester, West): Does the Leader of the House agree that it is time for a discussion on the problems of hospitals? Will he allow the debate to be wide enough to encompass the closure of such hospitals as Glenfield district hospital in Leicester before they have even opened, due to the enormous shortage of money that is now being experienced? May we at least have a statement on the circumstances of areas such as Leicester, which are wholly disadvantaged in health matters?

Mr. Biffen: I should at once like to correct any misconception about a debate on the National Health Service. I have given no undertaking that there will be such a debate in Government time. I take note of what the hon. and learned Gentleman has said about health circumstances in his own area. My right hon. Friend the Secretary of State for Social Services is also here to take note of what he has said.

Mr. David Winnick (Walsall, North): Will the Leader of the House bear in mind that there is a new factor regarding the House being recalled during the recess—namely, the resolution passed by the Security Council yesterday and the question of the Secretary-General reporting back to the Security Council within seven days about the possibility of a negotiated ceasefire? Do the Government intend simply to ignore that new plea for peace from the Security Council?

Mr. Biffen: I have nothing to add to what was said about that by my right hon. Friend the Prime Minister at Question Time.

Mr. Robert Parry (Liverpool, Scotland Exchange): Has the Leader of the House seen early-day motion 466 dealing with hangings in Malaysia, which has received the support of 181 Members?

[That this House, concerned that 31 persons have been hanged in Malaysia since March 1980 including a woman and a 14-year-old schoolboy, calls upon the Government of Malaysia to stop further hangings, in particular the forthcoming execution of Mr. Tan Chay Wa; and calls for all persons sentenced to death under the special procedure to be allowed to leave the country.]

Is the right hon. Gentleman aware that I have received news today that further hangings are imminent, including a farmer and another young woman? Will he ask his right hon. Friend the Foreign Secretary to make urgent representations to the Malaysian Government on humanitarian grounds?

Mr. Biffen: Although I wish to say nothing that would commit my right hon. Friend the Foreign Secretary to making a gesture that might be construed as intervention in the domestic affairs of another country, I recognise that this matter gives rise to deep feelings in many parts of the House and I shall draw my right hon. Friend's attention to the hon. Gentleman's question.

Mr. Bob Cryer (Keighley): In view of the controversial nature of the Northern Ireland legislation, would it not be better if the Government gave up one day in the first week after the recess to the report on the Crown Agents, which is a comprehensive unfolding of incompetence and greed? Does he recall that this Parliament decided that the report of the inquiry into this controversial matter should be published? Does he agree that the report is extremely expensive and should not be allowed simply to gather dust now that it has been completed? If we cannot have a debate in the first week back, will he consider the possibility of a debate as soon as possible thereafter?

Mr. Biffen: The hon. Gentleman will have noted from the reply to the question of my hon. Friend the Member for Harrow, Central (Mr. Grant) on this that the Government are now studying the findings in greater detail. Therefore, there can be no question of dust being allowed to collect. The question of a debate raises wider issues, but it might perhaps be arranged in due course through the usual channels if it were thought appropriate.

On the long-term determination of pay, I believe that our proposals go much further and are far better than the old Clegg system. We are trying to devise a long-term arrangement for determining the pay of nurses and midwives. We have made it clear—

Mrs. Dunwoody rose—

Mr. Fowler: If the hon. Lady will let me finish, she might learn something about what we would then expect.

We would then expect that to have an implication for the professions supplementary to medicine such as physiotherapy. I am also prepared to consider the implications that that would have for the rest of the workers in the National Health Service.

We must get down to talks upon those new permanent arrangements. The delay has been one not on the part of the Government, but on the part of the unions.

Mrs. Dunwoody: The Secretary of State must not continue to mislead the House. Is it not true that on 19 May the West Midlands regional health authority sent him a long telex urging that the dispute be referred to ACAS? As many as five of the 14 regional health authorities have complained that this immediate and divisive action is having an impossible effect upon the way that they are working.

Will the Secretary of State stop quoting the increased number of workers in the National Health Service when he knows that it is EEC directives on nurses' hours, not Government policy, that have made the difference to his statistics. That is clear.

Further, will the Secretary of State now acknowledge that, despite the divisive offer that he is making to nursing staff, their increased lodging charges and national insurance contributions will mean that in many instances they will take away the magnificent sum of 50p a week?

Mr. Fowler: I repeat what I said to the hon. Lady about the regional chairmen. I met them last week, and the views that she expresses were not put to me at that meeting. The hon. Lady is capable of checking for herself the agreed point that was put to me.

I should have thought that the increase in staff was a matter for some congratulation for the Government who have been able to increase by 47,000—[HON. MEMBERS: "They have not done it."]—the number of staff in the National Health Service and provide the money to finance that.

Mr. Martin Flannery (Sheffield, Hillsborough): Do not mislead the House.

Mr. Fowler: In addition, on present plans we shall, over the coming year, increase staff by a further 10,000. I know of no other public service, certainly nowhere in the private sector, that has a record of that kind.

The hon. Lady must also understand that the nurses' offer is now out to ballot with the Royal College of Nursing and I hope that it will be accepted.

At some stage I also hope to hear that the Opposition condemn industrial action in the National Health Service as affecting patients' care.

Mr. William Hamilton (Fife, Central): No, we do not.

Mr. Edward du Cann (Taunton): Whatever the rights and wrongs of this unhappy matter—it is difficult not to have some sympathy with the lower paid in the National Health Service—can we not agree universally that the

exclusive arbiter of what is or is not an emergency should be the doctor and no one but the doctor? Is it not the duty of managements to protect against bullying, intimidation and all sorts of arguments from those who are not qualified to make such judgments.

Mr. Fowler: I agree with both of my right hon. Friend's points. Of course, I have sympathy with the case that is being put, but we are trying to achieve the development of the National Health Service.

I am sure that my right hon. Friend is correct on his second point. No one other than medically qualified staff can make a medical decision. I hope that that message will go forward.

Mr. William Hamilton: Is the Minister aware that his crocodile tears on behalf of patients will deceive nobody? Does he not recognise that any discomfort caused to patients is his responsibility and his alone? He talks about what the nation can afford, but has he read *The Times* this morning which reports that the cost of the Falkland Islands disaster at the moment is running at £1,000 million and it will probably double before the end of the operation? That is the cost of killing people, and he is prepared to offer 6 per cent. to nurses to save people's lives. Those are the Government's priorities. Does the Minister recognise that half the full-time nurses in the National Health Service have weekly earnings below the Government's poverty line? That is completely indefensible. It is obscene. If the Minister cares about the National Health Service, he should resign.

Mr. Fowler: The hon. Gentleman has many of his facts typically and absolutely wrong. First, most of the House, and, I think most of the public, will disagree fundamentally with him on the comparison that he makes with the Falklands action. If the hon. Gentleman is going to quote *The Times* he might quote *The Times* leader of yesterday, which is entirely against the case that he has just put.

With regard to the poverty line, the hon. Gentleman is talking about a figure of £82 in respect of family income supplement. What the hon. Gentleman knows but does not say is that average earnings for full-time male ancillaries is £104 a week.

Mr. Reg Race (Wood Green): Tell us about the women.

Mr. Fowler: The figures that have been provided in that respect are final.

The average figure for women is £84 a week—

Mr. Race: That is right.

Mr. Fowler:—that is also above, not below the poverty line, as the hon. Gentleman said.

Mr. Clement Freud (Isle of Ely): It is much to be regretted that nothing in the Minister's statement would have given any hope to nurses, nor, indeed, give any credit to the service or industry of nurses, whether or not they were out on strike.

Will the Minister admit that giving judges and senior civil servants large pay increases will do nothing to make the nurses more helpful to his argument? Will he also look now into an incomes policy and the urgent need to implement it?

Mr. Fowler: The Top Salaries Review Body recommendations are to catch up with the recommended

[Mr. Fowler]

levels of awards for 1980. The hon. Gentleman should understand that the offer that has been made to nurses is clearly and explicitly and above the average at 6.4 per cent. Therefore, we recognise the nurses' special position, and I gladly pay tribute to them. The Royal College of Nursing is balloting on that issue at the moment.

Mrs. Jill Knight (Birmingham, Edgbaston): Further to the Minister's answer to my right hon. Friend the Member for Taunton (Mr. du Cann), did he note that it was reported in one newspaper earlier this week that some patients are being turned back at the door of the operating theatre on the say-so of trade unionists? Can he confirm that even with the extra people now in the National Health Service by virtue of what he has done, there is still a waiting list and no patient reaches the door of the operating theatre without needing the operation? Can the Minister stop this appalling decision-making by lay people who have no medical knowledge?

Mr. Fowler: I did read that report. Such a situation, if correct, is entirely indefensible.

Mr. Flannery: Are you a doctor?

Mr. Fowler: As I said to my right hon. Friend the Member for Taunton (Mr. du Cann), no one but a medically qualified person is capable of making decisions that can literally be a matter of life and death.

Mr. Race: If other members of the public sector, such as firemen, teachers, civil servants, and so on can have pay settlements above 4 per cent. and, indeed, above 6.3 per cent. and can go to arbitration, what is wrong with giving National Health Service workers the same? Why are the Government saying that poor judges need an 18 per cent. pay rise in order to compensate for inflation, when National Health Service workers need a £30 a week wage increase in money terms simply to get back to the level of pay that they enjoyed when the Government came into office?

Mr. Dennis Skinner (Bolsover): The Government are bribing the Tory judges.

Mr. Fowler: The difference between the position of the Health Service and that, for example, within the Civil Service is that although civil servants generally will receive an average increase of 5.9 per cent., it will be held within a 4 per cent. pay limit. In other words, the increase is being financed by a reduction in the number of staff in the Civil Service. That is not the position in the National Health Service, and I should not have thought that the hon. Gentleman would want to argue that it should be.

Mr. R. A. McCrindle (Brentwood and Ongar): My right hon. Friend the Secretary of State has admitted that any industrial action is likely to have an effect on patients. Does my right hon. Friend agree that the all-out action suggested in a certain trade union quarter could not fail to have a catastrophic effect on patient care? In those circumstances, does he not agree that, even in a democracy, there is a limit beyond which industrial action should not be taken?

Mr. Fowler: I certainly agree with my hon. Friend. When the right hon. Member for Norwich, North (Mr. Ennals) was dealing with a similar problem in 1979, he said:

"I believe that we should condemn industrial action that does damage to the Health Service, whether it comes from doctors, nurses or anyone else who works in the Service."—[*Official Report*, 1 February 1979; Vol 961, c. 1684.] I hope that that is still the Opposition's position.

Mr. Doug Hoyle (Warrington): Does the Secretary of State realise that his interference in wage bargaining is the cause of the industrial action? Will he stop it? Does he realise that offering Health Service workers 6 per cent. means cutting their standard of living by 6 per cent. on top of a similar cut last year? Does he accept that no other public-sector workers are being treated in this way? Does he realise that many professional and technical workers are being offered 4 per cent., and that a substantial number of them are being offered nothing.

Mr. Fowler: As I have said, unlike any other part of the public or private sectors, employment opportunities in the Health Service are rapidly increasing. I should have thought that Opposition Members would applaud that. It is an important point. A choice must be made. There are no easy options, but I believe that the right choice has been made.

Mr. Mike Thomas (Newcastle upon Tyne, East): Is the Secretary of State aware that many Health Service workers do not want to take industrial action, but find their position substantially undermined by the grotesque unfairness of the Government's policy? How can it be right that those with muscle, such as water workers, power workers and miners should be paid out by the Government when those who are in low-paid NHS jobs have the knife turned on them by the Government? The quite gratuitous statement that has just been made is clearly designed to do that. Does not the present position clearly prove the case for a fair incomes policy, and is not the Government's position as bankrupt as that of the official Opposition?

Mr. Fowler: I would be much more impressed by the hon. Gentleman's arguments for a fair incomes policy if I could find a case that the hon. Gentleman was not prepared to support. However, he comes forward on every case and always makes that point. I hope that the hon. Gentleman understands that in making a 6.4 per cent. offer we accept that those who rightly do not take strike action should have that factor recognised by the Government. That is what we have sought to do.

Sir Peter Emery (Honiton): Does my right hon. Friend accept that although nobody can, or should, restrict a person from withdrawing his labour, that does not give that person the right to picket and thereby to limit the service to those in hospital? If so, will he do everything in his power to ensure that in the event of a strike the vast pool of voluntary workers can be used to help patients and to ensure that no one suffers as a result of a strike?

Mr. Fowler: I am sure that my hon. Friend is right and that our first concern must be patient care.

Mr. Flannery: It is not the Secretary of State's first concern.

Mr. Fowler: In December 1979, we issued a circular setting out the position and role that could be played by volunteers. We have drawn the attention of authorities to that circular.

Mr. Roland Moyle (Lewisham, East): Is the Secretary of State aware that any expansion in employment in the

NHS is based on his principle of coolie labour? How can he say that his first concern is the safety of patients, when he is deliberately and cynically exploiting the unwillingness of Health Service employees to take action against their patients, and is holding them down and offering them a 4 per cent. increase, although he knows—given the increases that have prevailed in the rest of the public sector—that it must be an incitement to industrial action?

Mr. Fowler: I do not accept that. The right hon. Gentleman is not only a former health Minister, but is also sponsored by the National Union of Public Employees and therefore also has that interest. I do not accept what the right hon. Gentleman said for the reasons that I have stated.

Rev. Ian Paisley (Antrim, North): Is the Secretary of State aware that the region hardest hit by his decision about Health Service workers is Northern Ireland? In the past three years rents have doubled. In addition, energy costs are double and the cost of living and of transport is almost double that found in other parts of the United Kingdom. Has the Under-Secretary of State for Northern Ireland made any representations on behalf of those Health Service workers? I lay it on the line that I do not believe that the dedication of those in the Health Service should be exploited to keep their wages down.

Mr. Fowler: No one is exploiting anyone. Of course, I have discussed the matter with my right hon. Friend the Secretary of State for Northern Ireland.

Several Hon. Members *rose*—

Mr. Speaker: Order. I propose to call four more hon. Members from each side, which will be a very good run on the statement.

Mr. Laurie Pavitt (Brent, South): Does the right hon. Gentleman recall that some years ago there was a confrontation with under-paid doctors, and that they gave their resignations in bulk to the British Medical Association, threatening to withdraw their services? Has he made any contingency plans? If the nurses use a similar ploy and the right hon. Gentleman then has to employ them as agency nurses, it would cost a tremendous amount of money and would cause great disruption, although it would not represent industrial action. What is the right hon. Gentleman doing about the 7,419 qualified nurses on the dole?

Mr. Fowler: I have not made contingency plans for that possibility, for the good reason that the Royal College of Nursing is now balloting on the proposition that we put forward. I very much hope that the nurses will accept the 6.4 per cent. average that has been offered.

Mr. Nicholas Winterton (Macclesfield): Although I share my right hon. Friend's dismay and concern about industrial action in the Health Service, was not the Conservative Party—prior to the general election—committed to declaring certain sections of our industrial work force special cases? We have honoured our commitments to the Armed Forces and to the police, but does not my right hon. Friend accept that in the eyes of many of the public the offer made to the nurses is inadequate? Will he not make an offer to the nurses, in particular, that reflects the tremendous part that they play in the health of the people of Britain through the dedicated service that they give?

Mr. Fowler: I do not agree with my hon. Friend about the offer that is being made. Unlike previous Governments, this Government are trying to work out a new permanent arrangement for nurses and midwives for the very reasons that my hon. Friend put forward. The Government are not responsible for the delay. I am anxious and determined that the new arrangement should come into being by the next pay round. In that sense, we are fulfilling the pledge that we made.

Mr. Lawrence Cunliffe (Leigh): Does not the Secretary of State realise that he is completely out of touch with public opinion? There is wholesale and widespread public support for the Health Service workers and the nurses. The right hon. Gentleman accused us of not fully understanding the figures. However, the figures are clear. The facts are incontrovertible. Last year the nurses and lower-paid Health Service workers patriotically accepted 6 per cent. as against an 11 per cent. average wage increase. If that is added to this year's figures of 4 per cent. and 6.4 per cent., with inflation averaging 13 per cent. it is obvious, from a rapid calculation, that the nurses and lower-paid Health Service workers will be 13 per cent. worse off this year in real terms. Will the Minister note the mean and niggardly stance of the Government? The public would be willing to pay additional money. I appealed to the Prime Minister on 6 May to meet the Health Service unions. Sooner or later both the Minister and the Prime Minister will have to meet them to make an improved offer and secure a satisfactory solution to the problem.

Mr. Fowler: The hon. Gentleman is ignoring the fact that the Government have already made new money available, that we have brought up the offer to £320 million and that already we are seeking to make progress on a new long-term system for nurses' pay which will have implications throughout the National Health Service.

Mrs. Sheila Faith (Belper): While we all have sympathy with the employees in the Health Service, should they not take into account that they have job security? My right hon. Friend has already said that more people are employed in the Health Service than ever before. Should they not also remember that they have pension rights and that these benefits are not shared by many people who work in the private sector?

Mr. Pavitt: And the hon. Lady is a feminist.

Mr. Fowler: The National Health Service is the largest employer in the country. As my hon. Friend rightly says, employment in the Health Service has been increasing over the last three years, at a time when, both in the public and the private sectors, the complete opposite has been taking place.

Mr. Allen McKay (Penistone): Does the Minister agree that the new system he talked about, irrespective of how fast the progress towards it, is a long way off? We are talking about money on the table now. Does he agree that his Government are for the first time taxing the sick and the injured, and that that money should go back to the National Health Service? Has he noticed the support that is growing for the Health Service from the miners, the seamen, the water workers and the power workers? Does it not strike a chord in his memory that that could overrun what the Government are about? Does he accept that, if

[Mr. Allen McKay]

he is so sure that he is right, he should take the matter to arbitration, as happens at all times in a free collective bargaining system such as he supports?

Mr. Fowler: I have already talked about arbitration. In regard to the extension of the strike into other areas, many people in the Health Service would be dismayed if that were to take place. Clearly I would not only deplore that but would counsel against it. On the new permanent arrangement, we are not talking about an arrangement that is to be instituted in the late 1980s or anything like that. We want to have a new arrangement in place by the next pay round. As I have said, the delay that has been caused here is in no part the fault of the Government. We are most anxious to make progress on it.

Dr. Brian Mawhinney (Peterborough): Will my right hon. Friend tell the House whether patients' legal rights might be infringed if they are prevented, by the decision of non-medically-qualified NHS staff from receiving medical treatment?

Mr. Fowler: I shall look into that. Clearly, we very much hope that there will be no instance of that kind. No doubt it would be the solid wish of all the public that there should be no intervention of that kind by non-medically qualified staff.

Mr. Flannery: Does the Minister realise that the nurses and hospital workers are desperate and that he has driven them to that position by his niggardliness? Is it not the most appalling blackmail to hold over people's heads a miserable pittance for their work and destroy their human dignity, and then accuse them before the general public, when they say they are desperate and have to take action, of wishing to hurt patients in hospital whom they have struggled for a long time to look after? Will the Minister do something, even at this late stage, to give them dignity and a fair standard of living, instead of pretending that they, and not he, are the criminals who are hurting the patients in hospitals?

Mr. Fowler: I should point out to the hon. Gentleman that over the last three years nurses and midwives have had on average a 60 per cent. increase in their earnings. The pay bill has risen by 82 per cent.

Mr. Pavitt: Eighteen per cent. less.

Mr. Fowler: The 60 per cent. average is what we are talking about. That answers the point that the hon. Gentleman has made.

Mr. Ralph Howell (Norfolk, North): Is my right hon. Friend aware that the overall manpower of the National Health Service has increased by more than 100 per cent. since 1960, and that there are now more ancillary workers than there were in the complete work force of the National Health Service in 1960? At the same time the number of beds has fallen by 100,000. Is my right hon. Friend of the same opinion as me that the National Health Service is grossly overmanned?

Mr. Fowler: No, I am not of that opinion. Clearly I want, as any Minister of Health would want, a National Health Service run at maximum efficiency. That is the point. It is fair for me to point out that in what has been the worst recession the world has known since the end of the war, we have put new real resources into the Health Service. One of the effects of that has been that more people have been employed and patient services have been improved.

Mrs. Dunwoody: Will the Secretary of State tell us simply why Health Service workers should believe him when he says that he wants to create some kind of machinery for comparability when it was his Government who destroyed the Clegg commission the minute they came to office? If he is so certain of the excellence of his case and the percentages that he has quoted to the House for wage increases, why does he not immediately refer the whole question to ACAS?

Mr. Fowler: I have already made it clear that we cannot subcontract to arbitration the Government's decision upon what the nation can afford. In regard to the new permanent arrangement, I do not believe that there is any doubt about that for anyone who has come to the meetings on the staff side and to whom I have put the position. We are seeking to establish something infinitely more important than anything that Clegg had. I would again at this stage urge that we should make all progress in trying to devise such a scheme.

Several Hon. Members rose—

c. Mr. Duguid
Mr. Lankester

MR. INGHAM

Nan Heath

AMBULANCEMEN'S DISPUTE

You should know that it was agreed at the meeting of the Contingency Unit this morning that, although sporadic and isolated outbreaks of industrial action are still occurring in the ambulance service, Servicemen's notice will be lengthened to five days, from the present arrangements of two days for London and three days elsewhere. In the one-day strikes so far, Servicemen have actually had to be used only once, for one day, in Wales; so we can be pretty confident that local health authorities can continue to cope with the present pattern of action. The Service ambulances and materials will of course be kept on stand-by.

There are some signs of a negotiated settlement: the unions have asked for a meeting with Mr. Jenkin on 21 July. And PA is carrying a story today that London ambulancemen have decided not to stage any more one day strikes while there is a danger of rioting and looting.

J. M. M. VEREKER

13 July 1981



*cc Venables
Inphan*

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE
LONDON S.E.1
TELEPHONE: 01-407 5522

Andrew Jackson Esq
Private Secretary to
The Rt Hon William Whitelaw CH MC MP
Secretary of State for the Home Department
50 Queen Anne's Gate
LONDON SW1

12
/ July 1981 *M7*

Dear Andrew

Further to our telephone conversation this afternoon I am writing to confirm that 26 Army Vehicles and personnel are being placed on a four hour standby and 25 vehicles and personnel on a twelve hour standby as from 7am tomorrow, 2 July 1981. This is against the distinct possibility that lightening industrial action, without any emergency cover, will be taken by two of the four divisions of the London Ambulance Service.

We will, of course, review the position with the London Ambulance Service tomorrow.

I am copying this letter to Mike Pattison (No 10), Brian Norbury (Defence), Godfrey Robson (Scottish Office), John Craig (Welsh Office), Stephen Boys Smith (Northern Ireland Office) and John Rogers in Cabinet Office.

Yours ever

Mary McVerry

MARY McVERRY (MRS)
Private Secretary



0
1
2
3
4
5
6
7
8
9
10
11
12

14 JUL 1981

C. J. Jockes
Lphm

2 pp's

Not Health

Y SWYDDFA GYMREIG

GWYDYR HOUSE

WHITEHALL LONDON SWIA 2ER

Tel. 01-233 3000 (Switsfwrdd)
01-233 7448 (Linell Union)

Oddi wrth yr Is-Ysgrifennydd Seneddol



WELSH OFFICE

GWYDYR HOUSE

WHITEHALL LONDON SWIA 2ER

Tel. 01-233 3000 (Switchboard)
01-233 7448 (Direct Line)

From The Parliamentary Under-Secretary

22 June 1981

Dear Home Secretary,

INDUSTRIAL ACTION BY THE AMBULANCE SERVICE

On 18 June I wrote to colleagues summarising our experiences during the 24 hours ended on midnight 17 June when the ambulancemen were, for the most part, providing only a restricted service in Wales and in the areas of two Area Health Authorities almost no service because the authorities concerned had decided that their ambulancemen should work normally in return for full pay, or not at all. I included a breakdown of how emergency calls were handled, including those answered by service personnel and vehicles, in the two areas, South Glamorgan and Gwent, where ambulancemen were, with one limited exception, not responding to emergencies. Subsequently, at Friday's meeting of the Civil Contingencies Unit, CCU(81)13th Meeting, I was invited to circulate a further note on the potential use of the voluntary services and the police, particularly in Gwent.

In Wales the voluntary services are strongest in South Glamorgan and, although there was some uncertainty beforehand about the extent to which they would be available on 17 June, mainly because of the acrimony of two years ago, in the event they did handle about half the emergencies. The situation in Gwent is different. The voluntary societies there are very weak, as was demonstrated during an extensive local dispute in July/August 1978. The back-bone of the membership is in fact made up of full-time Gwent AHA officers and ambulancemen, offering voluntary assistance in their spare time, and the latter threatened to withdraw from the voluntary organisations indefinitely if they engaged in "strike breaking", leaving only a few middle-aged ladies unaccustomed to driving large vehicles, and since this would have crippled the voluntary bodies, they preferred not to get involved. This was the main reason why, in February 1979, the AHA decided that it would be futile to call for voluntary assistance and, of course, on the present occasion. Apart from Gwent and South Glamorgan, the St John Ambulance Brigade and the British Red Cross Society in the rest of Wales rely heavily on full-time ambulancemen in their off-duty hours.

/As regards ...

Rt Hon William Whitelaw CH MC MP
Home Secretary
Queen Anne's Gate
LONDON SW 1



As regards the police, I must pay a warm tribute to their effectiveness and co-operation throughout. Both the South Wales and Gwent forces responded magnificently to our calls for assistance, and made determined arrangements to cover the emergency. In both areas these arrangements were that the police would provide an escort service with local knowledge of the area and its hospital facilities, and a communications link, and would handle any motorway emergency using their vans to transport casualties from the scene of the incident to the nearest exit point where a Service ambulance would be waiting. We agreed to arrange for loose canvas/pole stretchers to be provided, where needed, for police vans and regarded these as an essential ultimate safeguard. Professional advice within the Department was that, given the nature of the service, that is the handling of critically-ill or injured people, the use of purpose-built ambulances with the full range of emergency equipment, including resuscitation apparatus, and with trained medical orderlies, was essential in the interests of the patient, particularly in view of the potential range of distances involved in transporting casualties in the county of Gwent. An analysis of the eight incidents handled by Service ambulances has vindicated this approach. For example, one Service ambulance cared for a mineworker with serious head injuries, and transported him 16 miles from Oakdale Colliery to the Royal Gwent Hospital, Newport, and then a similar distance to the St Lawrence Hospital, Chepstow. In such cases we should I believe have subjected patients to unacceptable risks if our arrangements had not involved the use of proper ambulances, with full emergency equipment. We should also, incidentally, have exposed ourselves to very serious public criticism if the purpose-built ambulances, which it was known generally were on standby, had not been used. It would also have placed an extremely unfair burden on the police, with their basic equipment, to have expected them to handle this sort of casualty when purpose-built vehicles and trained personnel were available.

Since our meeting on Friday, we have had further discussions with the Gwent and South Glamorgan Area Health Authorities, and with the police, and are continuing to appraise the situation with a view to reducing or eliminating Service participation if at all possible.

I am copying this to the Prime Minister's Office, the Chancellor of the Duchy of Lancaster, the Secretaries of State for Employment, Defence, Scotland, Northern Ireland, Social Services and Transport, the Financial Secretary, Treasury, and to Sir Robert Armstrong.

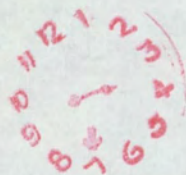
Yours sincerely

Susan Cobbold

for WYN ROBERTS

(Approved by Mr Roberts but
signed in his absence)

22 JUN 1981



CONFIDENTIAL



Veneba
Dywid

Ami British

Veneba
Lynne

This only came in today. Tho' it was obviously drafted on Friday.

PRIME MINISTER

INDUSTRIAL ACTION BY THE AMBULANCE SERVICE

DL
ny/l

The Civil Contingencies Unit met again on 19 June under my chairmanship to review the state of play on the ambulance men's dispute.

There was a varied response to the strike call in London on Monday and the police and voluntary services were able to provide emergency cover in those areas where the emergency service had been withdrawn. The number of emergency calls made by the public fell by half and the arrangements for medical screening of the calls that were made worked well. Military assistance was not required. London ambulance men did not take part in Wednesday's national strike, and seven other areas worked normally. In four of the remaining 37 no emergency cover was provided, but the police and the voluntary bodies were able to cope. Ambulance men in South Yorkshire stayed out on Thursday, and ambulance men in the Isle of Wight have imposed an indefinite ban on paperwork. In Wales military assistance had to be provided in Gwent and South Glamorgan. Both sides in the dispute have met with ACAS and talks are continuing. Union executives are to meet in the next day or so to decide what form further action might take and London ambulance men are being balloted on a second 24 hour stoppage.

l.c. last
w/land

Against this background we have agreed to extend servicemen's notice in England and Wales to 48 hours to give the troops a break over the week-end; notice in respect of London, South Glamorgan and Gwent will return to 24 hours from 7.00 a.m. on Monday. Health Ministers have delegated authority to shorten notice further and to commit troops if necessary.

In Scotland, the police and voluntary organisations continue to cope. The same is true of Northern Ireland.

The Department of Transport does not think that there is a serious risk of official industrial action on British Rail until the decision of the Railways Staff National Tribunal (RSNT) on the railway pay claim has been announced. This is not expected before 6 July at the earliest. The decision is not binding on the parties, and much will depend on the decision itself and the response to it. Management decisions by British Rail involving job losses will no doubt encourage some militancy but the announcement which the Secretary of State for Transport is to make on electrification on Monday should be an important factor in determining union attitudes.

You may also have seen reports of the possibility of industrial action on the London underground. The London Transport Executive has spelt out to the rail unions the productivity package it is prepared to offer on top of an 8 per cent rise in basic rates. The

CONFIDENTIAL

CONFIDENTIAL

2.

unions have referred this back to their executive committees. Despite the reported threats of immediate action, management expect that the unions will wait until the RSNT decision on British Rail pay is known in the expectation that they will be able to use this to justify higher increases. The Civil Contingencies Unit will continue to keep the position under review.

I am sending copies of this minute to the Chancellor of the Duchy of Lancaster, the Secretaries of State for Employment, Defence, Scotland, Wales, Northern Ireland, Social Services and Transport, the Financial Secretary, Treasury, and to Sir Robert Armstrong.

hollis

4. June 1981

CONFIDENTIAL

CONFIDENTIAL

National Health 2

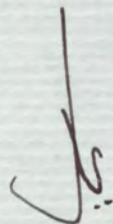
PRIME MINISTER

The Ambulancemen's Dispute

The industrial action by the ambulancemen earlier this week was not very effective. Servicemen were needed only in South Wales, where they coped without difficulty, and elsewhere police and voluntary services managed. Publicity was almost invariably critical of the unions, and there was no loss of life directly attributable to the dispute.

No progress was made when ACAS saw both parties to the dispute on Wednesday, and there will be a meeting of the unions' executives over the weekend, with an announcement early next week as to further action. A ballot of London ambulancemen is now taking place, and the result will be announced on Monday. The most likely outcome is the calling of another country-wide 24-hour strike.

The Servicemen will be put back on to 48 hours' notice over the weekend, but in London and South Wales they will be put on 24 hours' notice as from Monday morning. That will enable us to say, if necessary, that the troops are continuing to stand by, and that we are confident that any further action by the ambulancemen will be ineffective. I think there is a real chance that the ambulancemen will eventually give up, and in the meanwhile the Government's firm stand is certainly helping our public service pay posture generally.



19 June 1981

CONFIDENTIAL

SWYDDFA GYMREIG
GWYDYR HOUSE
WHITEHALL LONDON SW1A 2ER
Tel. 01-233 3000 (Switsfwrdd)
01-233 7448 (Linell Union)

Oddi wrth yr Is-Ysgrifennydd Seneddol



*✓ Dwynd
& Veteren* *Nat Health*

WELSH OFFICE
GWYDYR HOUSE
WHITEHALL LONDON SW1A 2ER
Tel. 01-233 3000 (Switchboard)
01-233 7448 (Direct Line)

From The Parliamentary Under-Secretary

18 June 1981

Dear Willie,

MBM

*R
18/6*

INDUSTRIAL ACTION BY THE AMBULANCE SERVICE

Last Friday's meeting of the CCU, CCU(81)12th Meeting, authorised the deployment of servicemen in Wales from Wednesday 17 June and agreed that we should be empowered to commit them if required.

During the course of Tuesday 16 June our officials, who had been carefully monitoring the likely pattern of strike action by ambulancemen in the Principality, received requests for military assistance from two of the eight Area Health Authorities in Wales, that is from South Glamorgan and from Gwent. In each case the request was made by the Area Chief Ambulance Officer with the knowledge and approval of his Area Chairman. These requests were considered very carefully. South Glamorgan reported that, although voluntary organisations had promised to provide four ambulances, the minimum requirement for the maintenance of an emergency service was assessed at eight. In the case of Gwent, the minimum emergency requirement was considered to be nine, against which four ambulances, two manned by senior officers and two by ambulancemen working normally, were thought likely to be available. In these circumstances, Ministerial approval was given for officials to activate contingency plans for servicemen to assist in providing an emergency service from midnight in the areas of the two authorities.

During the 24 hours ending at midnight on 17 June, there were 51 emergency calls in South Glamorgan and 35 in Gwent. These were dealt with as follows:

/...

Rt Hon William Whitelaw CH MC MP
Home Secretary
Queen Anne's Gate
London SW 1



South Glamorgan

Service personnel	-	26
Voluntary organisations	-	25
		<hr/>
		51
		<hr/>

Gwent

Service personnel	-	8
Senior ambulance officers and ambulancemen working normally	-	27
		<hr/>
		35
		<hr/>

I am clear, therefore, that the use of servicemen was justified. Even in Gwent, where the use of ambulance officers was more extensive than anticipated, the servicemen responded only to calls where other resources were already fully committed to emergencies. In the remaining areas of Wales, ambulancemen provided a complete emergency, or in some cases a full, service.

I have been reviewing the experiences of the past 24 hours and my view is that while there may be a case for examining with Gwent their need for service assistance in any similar situation in future, there seems to be little doubt that servicemen will be required in South Glamorgan. Immediately, I would be content for servicemen to revert to 48 hours notice over the weekend, but I would hope that the Unit would continue thereafter to delegate authority to us to commit service personnel as we think fit. We shall do so only if we consider that the situation would otherwise be truly critical.

I am copying this to the Prime Minister's Office, the Chancellor of the Duchy of Lancaster, the Secretaries of State for Employment, Defence, Scotland, Northern Ireland, Social Services and Transport, the Financial Secretary, Treasury and to Sir Robert Armstrong.

Yours ever

Wyn

WYN ROBERTS

118 JUN 1981

11 12 1 2 3 4 5
6 7 8 9



CONFIDENTIAL

✓ Mr Venker
Mr Ingham
Mr Ingham



Am. Ingham

DEPARTMENT OF HEALTH & SOCIAL SECURITY
Alexander Fleming House, Elephant & Castle, London SE1 6BY
Telephone 01-407 5522

From the Minister for Health

The Rt Hon William Whitelaw CH MC MP
The Secretary of State for the Home Department
Home Office
50 Queen Anne's Gate
LONDON
SW1H 9AT

12
17/1

16 June 1981

Dear Home Secretary,

ms

INDUSTRIAL ACTION BY THE LONDON AMBULANCE SERVICE 16 JUNE 1981

I thought that you would wish to be kept informed on what happened yesterday. Ambulancemen in London took unofficial action, despite an appeal from Alan Fisher, General Secretary of NUPE. Of the 145 ambulances normally available for emergency use, 26 were available during the whole day; 15 of the 76 ambulance stations in the GLC area were operating some kind of service. In addition 53 voluntary aid society vehicles and 40 police vehicles of various description were also used.

The statistics show that there was a 50 per cent reduction in the level of emergency calls - 726 emergency calls were received; the LAS dealt with 174, the police 196, the Red Cross 148 and the St John Ambulance handled 208. Medical staff at the LAS control were very effective in filtering calls and the end result was that London coped without calling for military assistance.

As far as we are aware there was only one untoward incident in London which has attracted publicity. This involved a patient at Claybury Hospital who fell from a window and later died in Whipps Cross Hospital. There was to be a post mortem earlier today and the Coronor's inquest was adjourned pending receipt of that report. The full facts surrounding the incident have yet to be established but it appears that a request for an ambulance was not received at the LAS control centre and the patient was moved to Whipps Cross Hospital by hospital transport.

As for the rest of the country on Wednesday, it looks as if health authorities will be able to cope with the official union action without requesting military assistance.

I am copying this letter to CCU colleagues.

Yours sincerely
JE Knight

Approved by
DR GERARD VAUGHAN
and signed in his absence

7 JUN 1981



CONFIDENTIAL



Mr Lamberton

Mr Venner

Prime Minister

2

WN 46

Not Health
To note

Handwritten notes:
as the by
the
the

PRIME MINISTER

R

46

INDUSTRIAL ACTION IN THE AMBULANCE SERVICE

The Civil Contingencies Unit met this morning under my chairmanship to consider what steps we might take to ensure the maintenance of an emergency ambulance service now that pay negotiations have broken down. The Unit is concerned only with the maintenance of supplies and services essential to the life of the community, and Patrick Jenkin will be reporting to you separately on the negotiations.

The trades unions concerned are now consulting their national executives and will then co-ordinate their plans for industrial action. Official action is unlikely to begin before next week; while we do not know what form it will take, there is some suggestion that it will consist of 24 hour strikes during which an emergency service only would be provided alternating with 24 hours normal duty. There is a possibility of unofficial action before the week-end but this is likely to be confined to the London area and may not be total.

The National Health Service have reviewed their contingency plans against the possibility of a dispute, and consultations have taken place between NHS regional administrators, military commanders and Chief Officers of police. They consider that it would be possible to maintain an ambulance service, albeit on a skeleton basis, with the help of the ambulance officers, the police and the voluntary bodies for a week or more in many areas, and in some cases indefinitely. Some areas, however, felt that military assistance would be needed within days.

The Unit agreed that if such assistance were to be provided it should be on the basis of Plan HELICAL, using service ambulances. Servicemen are at present at seven days notice. The Unit will be meeting again on Monday to consider in the light of developments whether to shorten notice and whether to authorise the drawing of vehicles and equipment from store, which would be likely to become a matter of public knowledge and could therefore influence the course of the dispute. The Unit have invited Patrick Jenkin and the other Health Ministers to consider with the Chancellor of the Duchy of Lancaster and with your Office what guidance we might give our backbenchers before the week-end on the Government's attitude to the dispute. We shall need to keep our public stance under review. It would, however, be premature to activate the Central Press Unit at this stage.

Contingency plans in Northern Ireland envisage an emergency service provided by the Royal Ulster Constabulary and the voluntary organisations. There would be no direct call on the armed forces, though there might be some need to escort police vehicles.

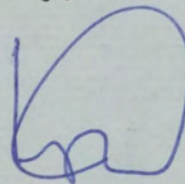
CONFIDENTIAL

CONFIDENTIAL

- 2 -

I will report further to you after Monday's meeting.

I am sending copies of this minute to the Chancellor of the Duchy of Lancaster, the Secretary of State for Employment, the Secretary of State for Defence, the Secretary of State for Scotland, the Secretary of State for Wales, the Secretary of State for Northern Ireland, the Secretary of State for Social Services, the Financial Secretary, Treasury, and Sir Robert Armstrong.



3 June 1981

CONFIDENTIAL



Faint, illegible text, possibly bleed-through from the reverse side of the page.

69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
00

- 4 JUN 1981

cc Mr. Lankester
Mr. Gaffin

MR. INGHAM

R

Ambulancemen

As agreed, I attended the meeting of the CCU this morning, chaired by the Home Secretary. The CCU agreed to authorise the deployment, and if necessary use, of the armed forces in support of local health authorities as from Monday morning in London, and Wednesday morning in Wales; and that the armed forces should be on 48 hours notice from Wednesday for the rest of the country. Servicemen will not be asked to shorten their notice in Scotland or Northern Ireland, where the health authorities think they can cope without.

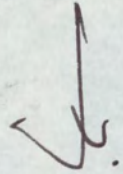
Dr. Vaughan circulated the attached draft statement, and suggested that it ought to wait until Monday morning. In the light of our discussion yesterday, which I had already recorded in a letter to the Chancellor of the Duchy's office, and copied to the CCU Secretariat, I said that your clear view was that the Government must convey its message - both that the strike would be ineffective and that the Government's offer was reasonable - in time for media coverage this weekend. The Home Secretary felt that it would be best if the message was put out before Mr. Jenkin left the country, and we therefore agreed, subject to your views, that it should go out today. You have since confirmed that it should go out as soon as possible, and I have so informed Neville Taylor in the DHSS.

No comments were offered in the CCU on the text of the draft statement, but Employment reported that the ambulancemen had agreed to have a meeting with ACAS on Wednesday. I said this ought to be mentioned, the point being that emergency services above all should not strike while negotiations were continuing - provided we did not raise expectations that ACAS would be allowed to arbitrate between the 6% cash limit and the ambulancemen's claim. DHSS have since said that they do not hold out any hope of ACAS arriving at an acceptable settlement, and would prefer not to refer to it, which I have agreed. Subject to one or two other small changes, therefore,

/the

the press notice will be put out early this afternoon, and we will be sent the final text in time for your lobby briefing this afternoon.

I also reported briefly that you now had in hand all necessary co-ordination arrangements.

A handwritten signature or set of initials, possibly 'J.K.', written in dark ink.

12 June 1981



SCOTTISH OFFICE
WHITEHALL, LONDON SW1A 2AU

cc J. Venner

Prime Minister

Mike Pattison Esq
Private Secretary
No 10 Downing Street
LONDON SW1

12
19/6

10 June 1981

Dear Mike,

INDUSTRIAL ACTION BY THE AMBULANCE SERVICE

TPM
10/6

The Home Secretary's minute to the Prime Minister of 9 June records that action by the Scottish ambulancemen is now to be deferred until next week.

That was indeed our information last night. We have now learned, however, that ambulancemen in the Greater Glasgow and Argyll and Clyde areas started industrial action at 7 am today, when the day shift did not report for duty. Accident and emergency cover is being provided by the police, and so far no problems have arisen for the police.

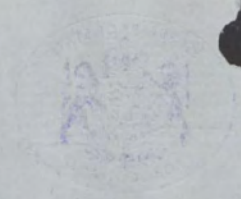
Crews in Kilmarnock have now given notice that they will not bring patients back from Glasgow (though they will continue to take them there). Otherwise ambulance crews in other areas of Scotland are working normally, though some other depots are to call meetings later in the week.

I am sending copies of this letter to the Private Secretaries to the Home Secretary, the Secretaries of State for Defence, Wales, Northern Ireland and Social Services and to the Private Secretary to the Financial Secretary, Treasury.

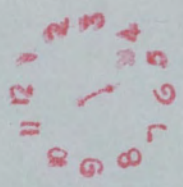
Yours truly,

GODFREY ROBSON
Private Secretary

SCOTTISH OFFICE
HIS MAJESTY'S CUSTOMS AND EXCISE



1886 JUN 14



Mc J Nesbitt

Ingham

CONFIDENTIAL



Prime Minister

2

mt

To note that the Army contingencies arrangements have now been activated.

PRIME MINISTER

INDUSTRIAL ACTION BY THE AMBULANCE SERVICE

The Civil Contingencies Unit met again yesterday under my chairmanship to review developments in the ambulancemen's dispute.

D

6/6

The unions have now called a 24 hour strike in England and Wales on Wednesday, 17 June which will be the first of a series of stoppages. They will instruct their members to maintain an emergency service, widely defined; it will include, for example, the transport of radiotherapy patients and the discharge of the terminally ill from hospital. It is likely that ambulancemen in London will take unofficial action on Monday, 15 June and that emergency cover will not be provided. In Scotland, the unions called a 24 hour strike for Wednesday, 10 June, including a withdrawal of emergency cover but we have since learned that this will be postponed to next week.

Health authorities are divided in the response that they will make. Some will send home at once those who take action and will then have to rely on the police and the voluntary services to provide emergency cover. Others will delay their response. Many authorities expect to be able to maintain an emergency service for a week or more, and in some cases indefinitely; others however, including London, expect that they will require military assistance within a matter of days.

Against that background the Unit decided that it would be right to authorise servicemen to draw vehicles and equipment from store for use if required throughout Great Britain. (There is no requirement for military assistance in Northern Ireland). Servicemen are at present at 7 days notice. Servicemen's notice for those who will be deployed in London will be shortened to 48 hours from Friday so that they can be deployed if necessary for Monday. The Unit will meet again on Friday morning to review the position. It would be possible to deploy servicemen nationally in time for Wednesday if the situation on Friday appeared to warrant it.

These moves are almost bound to become a matter of public knowledge. Arrangements are in hand for the Trades Union Congress to be informed that the Government is taking precautionary measures. The Secretary of State for Social Services will refer to these decisions as appropriate in answer to Parliamentary Questions.

I am sending copies of this minute to the Secretaries of State for Employment, Defence, Scotland, Wales, Northern Ireland, and Social Services and the Financial Secretary, Treasury.

CONFIDENTIAL

g h d
June 1981



11 12 1
8 7 6 5 4 3 2 1

10 JUN 1987

010

*Mr. Dennis
Mr. Keen
Mr. ...*



mb

Prime Minister 2

PRIME MINISTER

As expected the talks broke down. The unions will announce what they are going to do on Monday

AMBULANCEMEN'S PAY

Negotiations broke down at yesterday's meeting of the Ambulancemen's Whitley Council. The Trade Union Side were not prepared to accept the offer on the table - $7\frac{3}{4}$ per cent on basic rates with leave improvements - equivalent in total to 7.59 per cent increase in the pay bill over 15 months unless the cash total available was increased. The Management Side refused to go beyond the 6 per cent per annum in cash limits.

See also

2. Claims for increases on a par with the police and fire services were rejected. The Management Side offered a joint investigation into the feasibility of moving to a salaried structure for ambulancemen. The Trade Unions declined to commit themselves unless there was a guarantee now of any "new money" which may prove necessary for this purpose.

minutes below from Home Security.

Industrial Action

3. The four unions (NUPE, COHSE, GMWU and TGWU) are considering this week how to react, including the possibility of a succession of 24 hour strikes. Emergency cover would, it is believed, continue to be provided but even this could be withdrawn at short notice should NHS management move to suspend any ambulancemen not willing to carry out his normal duties. There are indications that Health Authorities are ready to take a robust line, and it is to be expected that some at least will start fairly soon sending men home who are not prepared to work normally. The unions' intentions are expected to be announced formally on Monday, 8 June followed by a few days warning of the start of official action. There is a risk of earlier, sporadic unofficial action, especially in London, perhaps starting before this weekend.



4. ACAS have intervened by inviting both sides to exploratory talks. This may delay the onset of industrial action by a few days but is not expected to lead to a settlement.

5. The Home Secretary is submitting to you a note of the discussion at CCU on plans to deal with industrial action.

Publicity

6. Apart from maintaining the general thrust of our policy on cash limits, there are specific arguments on this dispute that must be deployed, both to persuade ambulancemen not to heed the call to strike action, and to win the public argument. I attach a draft of some Questions and Answers that should be helpful both at Westminster and in the constituencies, and I am discussing the timing of distributing this with the Chancellor of the Duchy of Lancaster.

7. I am copying this note to William Whitelaw, John Nott, Jim Prior, George Younger, Nicholas Edwards, Humphrey Atkins and Francis Pym.

P.J.

4 June 1981

Y OF AMBULANCEMEN - THE FACTS

Members will have seen that Ambulancemen are threatening strike action following the breakdown of pay negotiations. The following notes may be found helpful in dealing with questions over the week-end.

1. How is the pay of ambulancemen negotiated?

Negotiation of pay and conditions of service for ambulancemen is a matter for the Ambulancemen's Whitley Council which includes representatives of NUPE, COHSE, GMWU and TGWU and NHS employing authorities.

2. Where do pay negotiations stand?

The Whitley Council Management Side's offer, within the 6 per cent pay factor in NHS cash limits, is an increase in basic rates of $7\frac{3}{4}$ per cent for a 15 month settlement period from 1 January 1981 until 31 March 1982. For the grades of Leading Ambulanceman and Qualified Ambulanceman (over 85 per cent of all ambulancemen) the increases in basic weekly rates would be £6.43 and £5.94 respectively. The offer was rejected on 2 June.

The Management Side have also offered a joint investigation of ambulancemen's pay and conditions. The Trade Unions are not willing to co-operate unless a guarantee be given now that any new money needed to bring changes eg to move to a salaried service, is on the table.

3. What are Ambulancemen being paid?

The case presented for an increase in ambulancemen's pay tends to quote current basic rates. This is very misleading. Few ambulancemen receive the basic rate; extra money is earned for shift and weekend working, overtime in excess of the standard 40 hour week and through bonuses. The figures are:

	Basic Rates	Estimated Average Weekly Earnings	
		London	Elsewhere
Leading Ambulancemen:	£82.97	<u>£172</u>	<u>£152</u>
Qualified Ambulancemen:	£76.60	£156	£132

ADDING THE LATEST OFFER THE FIGURES WILL BE:

	New Basic Rates	New Estimated Average Weekly Earnings	
		London	Elsewhere
Leading Ambulancemen:	£89.40	£184	£163
Qualified Ambulancemen:	£82.54	£166	£142

Since May 1979 the basic rate for a qualified ambulanceman has been increased by 48 per cent and average earnings have risen by about 54 per cent. The current offer would lift these figures to 59 per cent on basic rates and about 66 per cent on average earnings. Similarly 1979 the average earnings across the whole economy have risen by 35 per cent.

4. How do average earnings compare with the average for all industries and services as recorded by the D E Employment Gazette?

The average earnings (Great Britain) after the 1980 pay settlement, for all ambulancemen including those not qualified were about £130 pw.

According to the latest available estimate for 1980 (March), the figure for 'all industries and services Great Britain' was £124.50 pw.

9. How does the pay of ambulancemen compare with that of firemen?

Comparisons are complicated by the fact that the fire services basic salary is inclusive - there is no separate payment for shift working or weekend/night working or bonus. The ambulanceman's basic rate is enhanced by extra payments for these features. For example - an ambulanceman of two years service working the fire services duty system (ie 42 hours a week with duties rotating over seven days a week 24 hours a day) would earn on ambulance scales about £108 a week - this would go up to about £116 pw on the current offer. This should be compared with the fire service rates payable since 1 April 1981 of £110.53 pw for a two year service man.

6. How many hours do Ambulancemen work?

The national average working hours for the Leading and Qualified Ambulanceman grades are $46\frac{1}{2}$ hours, and in the London Ambulance Service, 51 hours a week.

7. Are Ambulancemen being treated fairly in comparison with the other emergency services?

The Government fully recognises the important role of the ambulance service as part of the NHS Accident and Emergency Service. But only around 10 per cent of the patients carried by the Ambulance Service are from emergency calls. The Clegg Commission considered the ambulancemen's unions' claim for pay to be settled in relation to the pay of police and firemen but concluded that this would not be right.

8. Why did Firemen get an increase of more than 6 per cent?

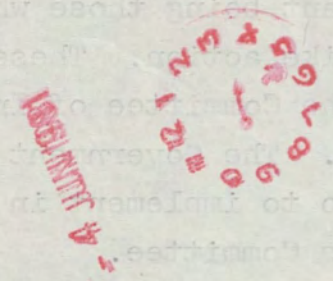
The TUC issued a statement at the end of last year endorsing support for the Fire Brigades Union which said "The General Council emphasises that whatever the position of unions generally in respect of the Government's 6 per cent cash limit, that was clearly a separate matter from the 1978 Agreement between the Fire Brigades Union and the Local Authorities, where the issue was simply that of honouring a binding collective agreement and bore no direct relationship to the collective bargaining circumstances of other unions".

9. Why special treatment for the Police?

The Edmund-Davies Committee of Inquiry into Police Pay [Cmnd 7823 (1978)] stated quite clearly that the police service cannot properly be compared with any other single group of workers and it was not possible to equate the work of the police with that of any other group of workers for pay purposes. Police officers occupy a unique role in the constitution of the country and this role is reflected in the restrictions and limitations to which they are subjected; the most important being those which prohibit joining a trade union or taking strike action. These factors were among those which influenced the Committee of Inquiry in determining the level of police pay. The Government made a specific commitment in its Manifesto to implement in full the recommendations of the Edmund-Davies Committee.

Special Treatment for the Police

The Board-Lewis Committee of Inquiry into Police Pay (1972) stated quite clearly that the police service cannot properly be compared with any other single group of workers and it was not possible to equate the work of the police with that of any other group of workers. The Committee also stated that the police role is reflected in the restrictions and limitations to which they are subjected; the most important being those which prohibit joining a trade union or taking strike action. These factors were among those which influenced the Committee's findings in determining the level of police pay. The Committee made a specific comment in its Manifesto to implement fully the recommendations of the Board-Lewis Committee.



CONFIDENTIAL

Am. Minister 2



012
✓ Mr. Lyburn
Mr. Walker

ms
R
174

PRIME MINISTER

INDUSTRIAL ACTION BY THE AMBULANCE SERVICE

The Civil Contingencies Unit met again this morning under my chairmanship to review the state of play on the ambulance-men's dispute.

The present position is that there is to be a national 24 hour strike on Wednesday during which emergency cover will be maintained. Sporadic unofficial action has already taken place in England and Scotland, including a withdrawal of emergency cover; contingency arrangements relying on the police and the voluntary bodies have worked well. There is to be a 24 hour unofficial strike in London on Monday, again including withdrawal of emergency cover; the health authority consider that if all goes well they will be able to maintain an emergency service without recourse to military assistance but the balance is a fine one.

Against that background we have decided that it would be right to place troops on standby to provide an emergency service for the capital if needed and have delegated the authority for their use. We have shortened servicemen's notice in the rest of England to 48 hours from Monday. There is uncertainty in Wales how far the voluntary bodies will co-operate; servicemen will be deployed there against the possibility that they will be needed on Wednesday. In Scotland the police and voluntary organisations expect to be able to contrive to cope and Scottish Ministers see no need to activate contingency plans at this stage. Contingency plans in Northern Ireland likewise rely on the police and voluntary bodies.

Health Ministers will make the Government's position clear over the week-end, emphasising that the settlement now on offer is fair and just and that adequate contingency arrangements exist to deal with any disruption. They will draw attention also to the efforts that ACAS is making to end the dispute; ACAS is to meet the trades union side on Wednesday.

I understand that you have expressed concern about the possibility, reported in some newspapers today, of a rail strike next week. The announcement by British Rail of their decision to close their works at Ashford will certainly add to militant pressure for a rail strike. But I understand that the Department of Transport takes the view that a major rail strike is unlikely before the NUR conference at the end of this month or the announcement by the Railways Staffs National Tribunal of its decision on the railway pay claim. Although the timing is uncertain, this is unlikely to be for a few weeks yet. An important factor will be what the Secretary of State for Transport is able to say following next week's discussion in the Committee of rail electrification.

1
CONFIDENTIAL

CONFIDENTIAL

2.

below | You will recall that earlier this year the Civil Contingencies Unit reviewed the steps which the Government could take in the event of a rail strike; their report was circulated under cover of E(81)49. I do not think that further action by the CCU is required at this stage but we shall, of course, continue to keep the position under review. We shall need to meet each week and review the developments in the ambulancemen's dispute in any case.

I am sending copies of this minute to the Chancellor of the Duchy of Lancaster, the Secretaries of State for Employment, Defence, Scotland, Wales, Northern Ireland, Social Services and Transport, the Financial Secretary, Treasury, and to Sir Robert Armstrong.

low

17 June 1981

CONFIDENTIAL

cc J. Vereker

cc Ingham

CF

Nat Health

Prime Minister

2

This is a further note for information. Mr Jenkin will seek approval from CUV, and then you, if Army assistance proves necessary.

PRIME MINISTER

INDUSTRIAL ACTION IN THE AMBULANCE SERVICE

1. You and colleagues will doubtless be aware from press reports that the main trade unions representing ambulancemen - NUPE and COHSE - have both been making threatening noises about strike action if their current pay claim (in excess of 18 per cent) is not met. The ambulancemen have been made offers within the 6 per cent pay factor built into cash limits but have made it clear that such offers are not acceptable.

12
475-

2. The last negotiating meeting was on 29 April. The Management Side agreed to take away for further consideration a number of issues raised by the Staff Side, including a request for a declaration that the Ambulance Service was part of the Emergency Services and that its staff were of similar status to police and firemen. The Staff Side also demanded that ambulancemen's pay should be taken outside the arena of industrial dispute and accorded automatic linkage with a recognised index.

3. The next negotiating meeting is on 2 June. Whatever the response on the two points mentioned above (and the response is unlikely to be satisfactory from the union's point of view, although it may conceivably provide the basis for further talks), the fact that no further money will be on the table makes it probable that talks will break down and the unions will authorise industrial action.

4. The NHS has experienced disruption in the ambulance service in the past and has shown itself capable of maintaining an emergency service for some days, if not weeks, using the resources of the police, Red Cross and St John's, volunteers and, crucially in some respects, ambulance officers. On this occasion, however, we have indications that the ambulance officers, particularly at junior levels, will not co-operate as in the past, (they too have a pay claim under negotiation). This puts at risk not only the



NHS's ability to maintain emergency services for any length of time but also their ability, if industrial action occurs, to keep services going for more than a very limited period until further assistance from military sources can be provided.

5. Following a meeting of the Civil Contingencies Unit at official level yesterday, at which the implications of this situation were discussed, I have authorised urgent and confidential "Three Wise Men" discussions between ambulance authorities, the police and the armed forces at local level to discuss the possible use of troops to assist in the event of industrial action. I have made it clear to the NHS that these discussions do not assume that a collective Ministerial decision to use troops either has, or will be, taken. The discussions are simply intended to ensure that if that decision has to be taken, it can be implemented without unnecessary delay. I have also made it clear that the use of troops is a last resort.

6. From reports of NUPE's annual conference, it appears that the likely form of action may well be a series of 24 hour total stoppages on alternate days. In these circumstances, I have concluded that it would not be possible to implement the contingency plan which depends on Army drivers using NHS vehicles because of the problems of handing vehicles over to the Army and back every 24 hours. Accordingly, if any plan has to be implemented, it will have to be that relying on Army drivers and Army ambulances.

7. I expect the initial discussions to be completed by the weekend. Depending on the reports which I receive and on any indications of the likely response to a strike call I expect to be in a position, following the outcome of next Tuesday's negotiating meeting, to judge whether it is necessary to ask colleagues to consider further steps on Wednesday. If it is clear that the NHS cannot, in the absence of support from ambulance officers, keep emergency ambulance services



going, it may be necessary for me to ask colleagues for authorisation to use troops from the outset of any industrial action which may be called and therefore to ask for a shortening of the seven-day period of notice normally required for the use of troops. I realise that this requires overt action to be taken and the fact that troops would be on stand-by would become public knowledge. In the interests of not raising the temperature of the dispute, I would prefer not to do this until absolutely necessary and to wait to see whether the NHS can maintain services using non-military resources. However, I think that it would be prudent to arrange a meeting of CCU at Ministerial level for Wednesday, 3 June in case immediate action is required.

8. I am copying this note to Willie Whitelaw, John Nott, Jim Prior, George Younger, Nicholas Edwards, Humphrey Atkins and Francis Pym.

A handwritten signature in blue ink, appearing to be 'P J'.

28 May 1981

P J

(APPROVED BY THE SECRETARY OF STATE
AND SIGNED IN HIS ABSENCE)



Faint, illegible text, likely bleed-through from the reverse side of the page.

Faint, illegible text, likely bleed-through from the reverse side of the page.

28 MAY 1981
10 11 12 1 2 3 4 5 6 7 8 9

CONFIDENTIAL

REPRODUCTION OF THIS DOCUMENT IS PROHIBITED

CONFIDENTIAL

Nat Health

MR LANKESTER

cc Mr. Ingham
Mr. Duguid

Possible Industrial Action by the Ambulancemen

The Prime Minister should know that there is now a serious possibility of industrial action by the ambulancemen, possibly supported by ambulance officers. The ambulancemen's Whitley Council meets on 2 June to consider the latest offer (7 $\frac{3}{4}$ per cent within the 6 per cent cash limit) and the Staff Side may sanction industrial action shortly thereafter. The Civil Contingencies Unit met this morning to dust off the plans for the use of Service vehicles and personnel, and I understand that their assessment is that these plans are adequate. I believe that Mr. Jenkin will be minuting the Prime Minister shortly about the negotiations.

27 May 1981

CONFIDENTIAL

Ref: B06092

MR LANKESTER

13/1

Yorkshire Ambulance Strike

The Home Secretary has this morning held a meeting of the Civil Contingencies Unit to review, with the Secretary of State for Social Services and others, the state of the dispute described in Mr Jenkin's minute to the Prime Minister of 9th January. He has asked me to let you know the upshot.

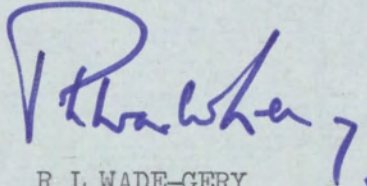
2. A return-to-work formula worked out locally late last night between management and union representatives is to be considered at a mass meeting of the ambulancemen at 4 pm today. In order not to prejudice the atmosphere for that meeting no decision will be taken before this evening either to shorten the troops' notice or to deploy them. If the mass meeting accepts the formula, the need for troops disappears. If it does not, the Ministry of Defence will this evening bring the necessary troops (80 men in one Field Ambulance Unit) to 12 hours notice; a decision will be taken by Mr Whitelaw and Mr Jenkin, in consultation with Ministry of Defence and Department of Employment Ministers, to deploy the troops; Mr Whitelaw will inform the Prime Minister; and the troops will be able to deploy by tomorrow afternoon, which will in Mr Jenkin's view be time enough.

3. Meanwhile, Government spokesmen can truthfully go on saying, if asked, that no decision to deploy troops has yet been taken. Publicity will be carefully co-ordinated between the Department of Health and Social Security and the No. 10 Press Office and the Paymaster/Chancellor of the Duchy's office (both were represented at Mr Whitelaw's meeting).

4. Mr Jenkin was quite clear that if the mass meeting rejects the peace formula military assistance will be needed to maintain emergency cover and that there are no practicable alternatives.

5. I am sending copies of this minute to the Private Offices of Ministers who attended this morning's meeting: viz Mr Whitelaw, Mr Jenkin, Mr Lawson, Mr Goodhart and Mr Morrison.

13th January 1981


R L WADE-GERY

NAT Health
Jan 80

Mufaxed to Cheques
See by Pm.



cc Mr Ingham

CONFIDENTIAL

PRIME MINISTER

STRIKE BY YORKSHIRE AMBULANCEMEN

Ambulancemen in South Yorkshire went on all-out strike on Wednesday. This followed six months of negotiations with the Regional Health Authority over the ending of a bonus-scheme that gave the men unjustified returns. The Authority gave the unions proper notice of their intentions, gave adequate time to negotiate a new scheme, and followed the proper procedures.

The result of the strike is that not even emergency services are being provided and a scratch service is being arranged only by the combined efforts of the ambulance officers, the police and Red Cross volunteers. The ambulance officers, who are crucial to the running of an emergency service, are working flat out and will be unable to keep going much longer at their present level of activity.

We are exploring alternative ways of providing help (including more assistance from volunteers) but in case these are insufficient officials met in the Civil Contingencies Unit this afternoon to consider the case for providing military help. Obviously, this is a last resort measure, and before taking a decision actually to commit troops Ministers will need to consider the implications, including the extent of military assistance in other public services. In the meantime some covert planning can be undertaken that will ensure that if we do decide to use troops they can be deployed in time.

An important part of our tactics will be, one way or the other, to ensure plenty of publicity, in the first place to bring out just how disgraceful and dangerous to the public is this piece of industrial action, and so put pressure on the strikers to return to work, but secondly to start



preparing the public for the use of troops if they become necessary. I am in touch with Francis Pym about the publicity arrangements. For the moment this is just to alert you to the nature of the situation and to the possibility that on Monday or Tuesday Ministers will need to decide whether to use troops.

I am copying this to Willie Whitelaw, Francis Pym, Jim Prior and John Nott.

P.J.

9 January 1981.

CONQUEROR



CONFIDENTIAL

CONFIDENTIAL



Prime Minister National
Health
CCU have concluded
that we should not
try to step up our
capability to deliver heavy
oil to hospitals.

PRIME MINISTER

SPECIALISED OIL TANKER VEHICLES

At Cabinet on 28 November 1979 (CC(79)23rd Conclusions, Minute 4d), in the context of the strike at the Charing Cross Hospital where pickets had prevented deliveries of heavy fuel for its furnaces, we noted the importance of specialised oil tanker vehicles able to carry heated oil and that the Ministry of Defence did not possess tankers of this type. 12
1/5

Officials of the Civil Contingencies Unit have been following up this apparent weakness in contingency arrangements. You and other colleagues principally concerned may like to know where the matter now stands.

The size of the problem. There are over 400 hospitals in Britain using heavy oil, which is about 66 per cent of the total. On average, each hospital receives more than one delivery a week. The viscosity of the oil means it has to be pre-heated at distribution depots and transported in specially insulated tankers; but if the depots are within three hours of the delivery point, ordinary tankers can be used.

Conversion. It is technically feasible to convert heavy oil furnaces to use light oil (which would not need to be heated). However, for all but the most modern installations, this is a major engineering task which would be costly, time-consuming and disruptive. In addition to conversion of burners, light oil would require separate storage, fuel lines, etc, and the total cost per unit is estimated at £3,000 - £80,000 according to size. Light oil is in itself a more expensive type of fuel to burn.

Hiring. Specialised tanker vehicles can be hired from the private sector. If they were required at, say, 40 hours' notice to respond in an emergency, dormant contracts at £5,000 per vehicle per annum would be demanded. The hire charge whilst in use is £300 - £400 per vehicle per week. Finance apart, there is the major snag that oil company depots could (and probably would) refuse to load hired tankers engaged on strike-breaking tasks. Neither the Department of Energy nor the Ministry of Defence hold sufficient stocks from which hired tankers might load.

Acquisition by MOD. There is no military requirement for the Services to acquire specialised tankers for carrying heated oil. To date, successive Governments have taken the view that the Services should not be required to acquire equipment or skills for civil contingencies. I do not think we would want to breach that principle. Even if the Government decided to acquire a limited number of specialised tankers, access to stocks of heavy fuel oil could still be denied by oil company employees. If emergency powers were taken, of course, stocks could be requisitioned. But at that stage private sector specialised tankers could also be requisitioned, and nothing would have been gained by the Government owning them.

/Pre-heating

CONFIDENTIAL



Pre-heating. Where a hospital was within three hours drive of a depot, (which under present contracts most are) the Ministry of Defence could in theory help by loading pre-heated oil into the non-specialised tankers they already possess. In practice, however, driving time would have to be significantly less than three hours, to allow for possible delay in getting through picket lines; so that quite a number of hospitals might turn out to be out of range of this delivery method. Moreover, access to stocks at depots could still present a problem, as noted in the preceding paragraph, unless emergency powers were taken. A further complication is that only tankers of the Royal Navy are technically suitable for this task. The RN own 40, driven by civilians who might be in sympathy with commercial drivers; RN drivers could take over but this could jeopardise deliveries of other fuel oils to naval establishments. Diversion of RN tanker vehicles to this task would incur penalties for the Services. Before and after use, the tankers would need to be steam cleaned; the RN does not have equipment for this purpose and the job would have to be done commercially. Nevertheless, officials are now studying the feasibility of drawing up a specific contingency plan to cover pre-heated delivery in appropriate cases.

General. Even if a plan had existed, I doubt if we would have wanted to use military resources in a case like Charing Cross where only a single hospital was involved. In cases involving no more than a handful of hospitals, it would probably be right to think in terms of other expedients, such as evacuating all patients who could not temporarily be sent home. This would of course be a matter on which the Secretary of State for Social Services would want to advise his colleagues at the time. But I am sure that military intervention should continue to be regarded as very much a last resort, to be contemplated only when all other measures have been exhausted.

Union agreement. The DHSS have considered, as a separate issue, whether it might be possible to persuade the oil companies to negotiate with their unions an agreement to safeguard hospitals' supplies during industrial action. They have concluded that this would not be practicable.

I am sending copies of this minute to the Chancellor of the Exchequer; to the Secretaries of State for Defence, Employment, the Environment, Scotland, Wales, Northern Ireland, Social Services and Energy; to the Minister of Transport; and to Sir Robert Armstrong.

hs 1/5

1
May 1980

Prime Minister, ²

PA

To note

MS

ABJ

Duty Clerk

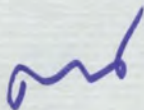
26.11.

MR. SANDERS

Charing Cross Hospital

The position at this hospital is that a small delivery of oil was made earlier today and it is hoped that a further delivery will be made tonight or early tomorrow morning to enable services to be maintained. The Regional Health Authority is currently talking with local management. Without further supplies, the hospital would be forced to shut down and transfer all patients - including the most seriously ill - to other hospitals. This would place the patients at risk and against that contingency we are in touch with the Ministry of Defence to provide for emergency delivery using troops if this is the only way to maintain basic services.

I will keep you in touch with further developments.



Don Brereton

Secretary of State for Social
Services' Office

26 November 1979

*7. I should be repelled Prime Minister
collaboration throughout
of course humanity.*

*Mr Jenkin's statement. On x, I am assured
that there could be no criticism of the police for
not intervening - i.e. it is a "peaceful" picket. But
another tanker got through this morning. T.*

Mr. Patrick Jenkin (Secretary of State for Social Services) in a speech to the TUC Conference this morning urged the Trade Union Movement, in the interests of its own reputation, to deal firmly with wreckers like the Charing Cross Hospital pickets.

Yesterday's scenes outside the Hospital must be as dismaying to you as they were to me. Television brought them into millions of homes and the wrath of the people is intense.

Until the Trade Unions themselves exercise discipline over their members who refuse to abide by procedure agreements, it is the unions who, in the eyes of the public, will be held responsible for these episodes.

The right or wrongs of the precise cause of this dispute pale into utter insignificance beside the sheer horror of seeing cancer-sufferers standing in the rain with blankets across their shoulders, pleading with these men to allow their treatment to continue.

This is not an official dispute - the AEWU Executive has so far refused to make the dispute official.

But, with the greatest respect - that is not enough.

These pickets are bringing the whole movement into disrepute. It is up to you - who represent the huge majority of decent citizens who utterly deplore their action - to say to these men "enough is enough".

I made it clear last night that if the siege is not lifted swiftly I will be prepared to authorise whatever action is necessary to ensure that supplies reach the Hospital.

It is of course for the management on the spot to decide when to call for help.

I have let it be known that I am ready to support them in any reasonable steps needed to restore services to patients at this Hospital.

CONFIDENTIAL

Nat Health



c.c. DHSS DN
HO Ch.Sec
ECO Cab.Off
HMT
DI
Ld.Pres
DM
MAFF
DTrade

10 DOWNING STREET

From the Private Secretary

23 July 1979

The Prime Minister has seen your Secretary of State's minute of 19 July, reporting the discussion in E(EA) on the pay of professional and technical staff in the National Health Service.

In the particular circumstances described in that minute, the Prime Minister accepts that it will be necessary to authorise the necessary increase in cash limits.

I am sending copies of this letter to Don Brereton (Department of Health and Social Security), to the Private Secretaries to the members of E Committee, and to Martin Vile (Cabinet Office).

M.A.P.

A.A. Duguid, Esq.,
Department of Industry

CONFIDENTIAL

TREP



PRIME MINISTER

PAY OF PROFESSIONAL AND TECHNICAL STAFF IN THE NATIONAL HEALTH SERVICE, AND CASH LIMITS

CONFIDENTIAL

Agree, if we take this back to cabinet all sort of other decisions may be required. MB

PRIME MINISTER 1.
The issue is to accept a breach of cash limits or to re open an earlier cabinet decision about flexibility in NHS cash limits for wage settlements. Agree increase?

MAP 29/1/79

At the meeting of E(EA) Sub-Committee yesterday we considered the first 'pay' case to come to us since our discussion in E Committee on Tuesday morning about cash limits, and the need to seek offsetting savings.

The Group concerned is a relatively small number of professional and technical staff who supervise construction work, and carry out operation and maintenance in the National Health Service. The Sub-Committee accepted the arguments from the Secretary of State for Social Services that they should on this occasion receive a settlement in line with that eventually adopted for related grades in the Civil Service. Although that figure is still in dispute, it seems likely that it will add to the cost of this particular part of the NHS by an amount which exceeds the existing cash limit provision by at least £3 million in the current year. The Secretary of State for Social Services drew our attention to the Cabinet decision on 17 May, (CC(79)2nd Conclusions Minute 5,) which implied that, in view of undertakings given when in Opposition, we would not treat the National Health Service cash limits more severely this year than our predecessors had intended, i.e that NHS cash limits for 1979-80 would be increased to cover the cost of wage settlements, subject to an overall offset for the whole NHS of £24 million. He argued that that principle had been applied as other parts of the NHS had reached pay settlements, and there seemed no reason to single this last group in the present pay round out for exceptional treatment. (No

attached

/decisions ...



decisions have, of course, been reached about the cash limits for 1980-81, to which E will be returning in September).

The Sub-Committee took no final view on whether to seek further offsetting savings in the current year. Although E Committee discussed the general problem of such offsets briefly on 17 July, as part of its discussion of pay and cash limits, no final conclusion was reached. My own preference, for reasons set out in my minute to you of 11 July, would be to seek some additional offset, though not necessarily the full £3 million. But I recognise that this would involve the reversal of the earlier Cabinet decision quoted by the Social Services Secretary. Clearly it will be very difficult to go back to Cabinet again to have this decision reconsidered. But in view of your own interest I undertook to report the Sub-Committee's discussion to you. Unless you wish to arrange for further Cabinet consideration, I fear we shall have to authorise this increase without seeking any further offsetting savings in 1979-80.

I am copying this minute to the Secretary of State for Social Services, to members of E Committee and to Sir John Hunt.

KJ

K J

19 July 1979

19 JUL 1979

121234
56789





Nat Health

8 ST. JAMES'S SQUARE LONDON SW1Y 4JB

Telephone Direct Line 01-214 6025

Switchboard 01-214 6000

The Rt Hon Patrick Jenkin MP
Secretary of State for Social Services
Department of Health and Social Security
Alexander Fleming House
Elephant and Castle
LONDON
SE1 6BY

R
12/6

12 June 1979

Patrick Jenkin

I have seen a copy of your letter of 31 May to John Biffen giving details of the settlements proposed for the three remaining groups of NHS staff in the 1979/80 pay round.

I recognise that there are long standing and precise pay links between the NHS administrative and clerical staff and those in the non-industrial civil service which will have to apply in the current round, but the details should be considered and cleared by the Official Committee in the normal way.

I am not at all happy about your proposals for the other two groups. Both claims need to be looked at very carefully by the Official Committee on Pay. This is essential in both these cases: the proposed increases are substantial and there is a possibility of very damaging repercussions. In particular the private sector construction industry settlement is being negotiated at present and those negotiations are for a 40 hour rate of £67 - well below that proposed for NHS building craftsmen.

I am sending copies of this letter to the recipients of yours as well as to members of E(EA).

John Biffen



NATIONAL HEALTH

DEPARTMENT OF HEALTH & SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Secretary of State for Social Services

The Rt Hon John Biffen MP
Chief Secretary to the Treasury
Treasury Chambers
Great George Street
London SW1

31 May 1979

R
4/6

Dear John,

REMAINING PAY SETTLEMENTS FOR NHS STAFF IN 1979/80 PAY ROUND

Pay settlements have been reached for most NHS staff although the full terms will not be known until the Comparability Commission reports. Apart from the doctors and dentists, covered by the Ninth Report of the Review Body, which is under consideration by colleagues, the remaining groups are mainly those whose pay is linked with the civil service. These include the administrative and clerical staff, scientific and technical staff and hospital pharmacists. Other groups whose pay is not formally linked with the civil service include works officers and building operatives. The cost of settlements will of course be met under Cabinet's decision on cash limits (CC(79) 2nd conclusion) but it may nevertheless be helpful for me to let you and other colleagues have details of these settlements as progress is made.

On this footing I am mentioning in this letter the settlements proposed for three groups of staff. First, the administrative and clerical staff which consists of 117,000 (whole time equivalent) staff in Great Britain and covers all grades from typist to Regional Administrator including personnel officers, management services officers, supplies officers and managers in catering and domestic services. There are longstanding and precise pay links between the salaries of staff in this group and those in the non-industrial civil service. This system of comparability has been consistently recognised by governments since at least 1958 and the Whitley Council proposes to apply these links in this round. I think this is right.

The effect will be salary increases paid in three stages, on 1 April 1979, on 1 August 1979 and on 1 January 1980. The settlement is costed at 25 per cent in a full year, 16 per cent in the current year. Cost will be £108 million (Great Britain) in a full year, £68 million in the current year. The latter sum is about £42 million more than was provided for this group of staff in cash limits.

E. R.

Secondly, the 9,500 building, craftsmen and labourers are due for a settlement from 1 January and, as a result of incomes policies have fallen behind NHS electricians and other craftsmen. They are now pressing for restoration of relativities. The negotiators propose to phase pay increases, the first on 1 January and the second in September. The second increase would bring the building craftsmen's rate up to £70.10 per week at a cost of £4.9 million (Great Britain) - an increase of 13 per cent on the pay bill. Cash limits provide for an increase of 5.6 per cent so that a settlement as proposed would cost about seven per cent more - in the order of £3.5 million.

Finally, there are some 6,500 professional and technical staff employed at Regional, Area and District level in Great Britain on capital developments and on operations and maintenance work. The group includes architects, engineers, quantity surveyors, building officers, technical assistants and site staff. Basic salaries range from £1,629 per annum for a trainee tracer to £14,239 per annum for a regional works officer.

There are no established pay links with other grades under which awards to those grades would be automatically applied to works staff, but there are relationships with administrative and clerical grades in the NHS and with professional and technical grades in the Civil Service of which account should be taken in settling pay.

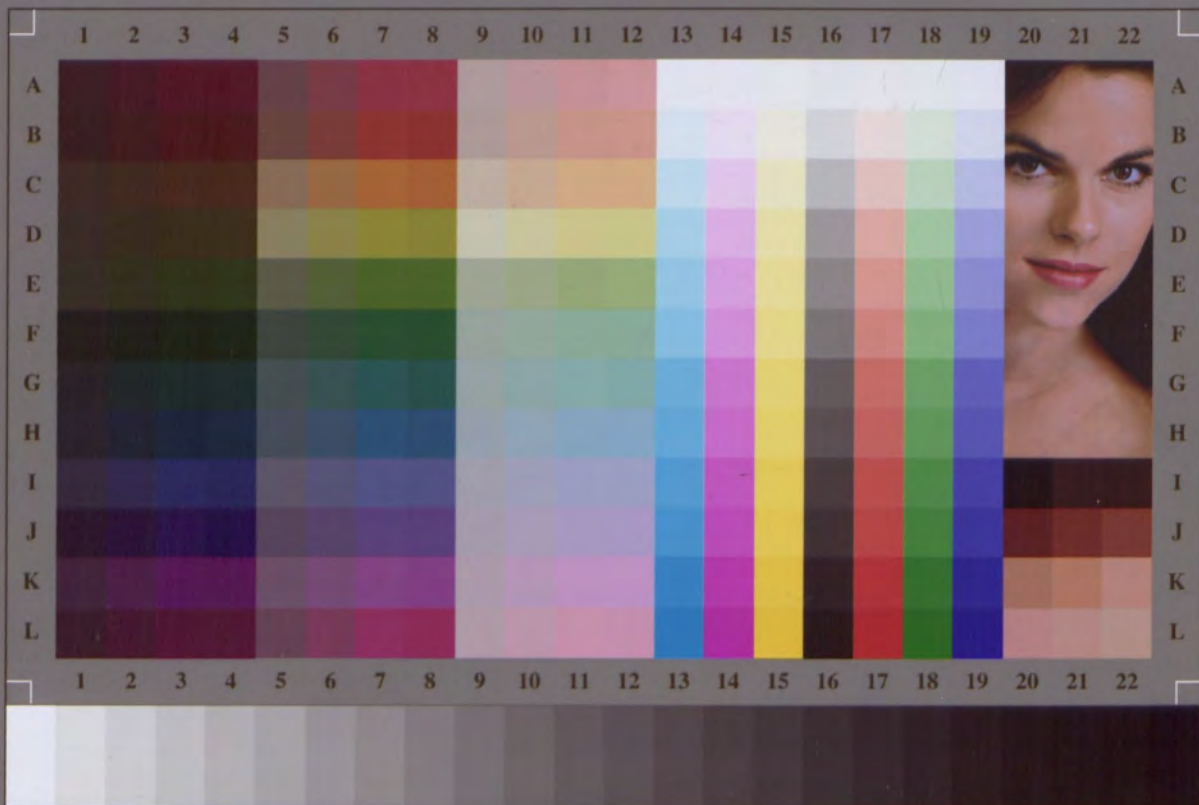
In addition, the Management Side of the Whitley Council believes that problems of recruiting and retaining staff which obtain are the result of higher rates of pay being offered elsewhere, particularly in local government. In the absence of precise pay links it would be reasonable for the Management Side to propose that the broad relativities with the NHS administrative and clerical staff and with the NHS professional and technical staff be maintained pending a substantial review. In line with the settlement proposed for the NHS administrative and clerical staff the offer would involve proposed increases totalling 25 per cent in a full year, 16 per cent in the current year at a cost of £9.25 million in a full year and £5.9 million in the current year. This represents £4.1 million above the provision made in cash limits.

I am copying this letter to the Prime Minister, Christopher Soames, Jim Prior, George Younger, Nicholas Edwards, and Sir John Hunt.

Yours
Patrice

KODAK Q-60 Color Input Target

C M Y



IT8.7/2-1993
2007:03

<FTP://FTP.KODAK.COM/GASTDS/Q60DATA>

Q-60R2 Target for
KODAK
Professional Papers

