UNISON is calling for a “signifi-
cant” increase in nursing and pay
review body salaries in 2003, to
tem the loss of nurses. The claim
for non-review-body staff is still
being finalised, but the ancillary
sector (backed by our Region) is
calling for £2,000 or 10%, whichev-
er is the greater, and a 15-hour
week.

Some people might say that these
figures are too high; but when you take
into account the fact that NHS
Trusts in Oxford are wrestling with a
constant shortage of nursing and
other staff, it puts the claim into per-
spective.

You’ve only got to look at the latest
figures on house prices from the
Land Registry to see what staff are up
against.

In Oxford the average property
price is £238,000, meaning mortgage
payments as high as £1500 per month.

In October UNISON organ-
ised a national ambulance
conference in London. One
of the guest speakers was the
minister responsible for
the National ambulance service
Mr David Lammy MP. Myself
and Mr Simon Murphy were
given the opportunity to ask
as to why the ambulance ser-
vice had to wait to transfer
patients from the ambulance
to a trolley.

Mr Lammy said he was
unaware of any delays or
problems of this nature within
Oxfordshire. However he said
he would look into the matter.
Locally UNISON will now
take the matter back to our
local JCC meeting in
November. At the same time we
hope that Mr David
Lammy will ask questions of
the Thames Valley Strategic
Health Authority as to why the
ambulance service is provid-
ing nursing care rather than
providing emergency care!
Enrico Ferrari

In April I became a UNION steward. The problems and doubts I could have about becoming a steward were: will I have enough time for it, will I become involved in bureaucratic organisation? Do I want to get involved in a trade union that has such friendly links with the Labour Party, which I judge a right wing, neo-liberal and neo-colonialist party? In the end, I thought that the little help I could give to fellow students/workers was better than no help at all. The basic principles of trade unionism, of collective action by workers, were paramount.

After becoming involved, I am glad that I did. I can manage the time I want to spend on UNION activities, and decide how much I want to get involved. Moreover I am learning a lot both from a personal and from a political point of view.

From a personal point of view, being a trade unionist involves developing personal skills of communication, organisation, negotiation, being a representative, and awareness of the power of numbers and of how carefully it should be used.

The local branch is very open and supportive and it is not hierarchical at all. Decisions are taken democratically at a local level, without hidden biases or influences, and everybody’s opinion is taken into consideration. Everybody can make the difference at a local level.

From a broader point of view, it is a place to discuss about both national and internal problems. The Union itself has many different political faces, and there are strong debates within UNION. Moreover being involved in the Private Finance Initiative, promoted by the Labour government in line with previous Tory policies of introducing the market in health, involves developing the market in health.

The private sector invests its money just for profit: in the long term the NHS will have to pay back all the union borrowings, with interest.

Other issues include discussions about pay, and general problems, such as solidarity with Palestine, asylum seekers and a position against the war on Iraq.

Enrico Ferrari

Until July 2001, nursing students, enrolled at Oxford Brookes University, used to have access to the Cairns library.

The Cairns library is located at the John Radcliffe Hospital and is part of Oxford University Library service, and Oxford Brookes library used part of the student fee to purchase access to it.

Access was withdrawn as a cost-saving measure: since the cost of the contract was rising, it was decided to terminate it and to invest the budget to increase the stock of Brooks internal library and electronic access to health care journals.

Following protests by students, since there was only limited access to electronic journals, as a UNION steward I joined some of the student representatives, in an attempt to restore access to the Cairns library for nursing students.

Our lobbying was effective, and a negotiated compromise was reached: the library was re-opened for the next three years to third year students, who need it most, since they are writing their dissertations.

In these three years funding will improve Brookes library and its electronic access to journals. Brookes management was supportive.

However, the whole issue deserves other questions over the Government’s plans. In ‘The New NHS, Modern, Dependable’ (Department of Health, 1997) the new Labour Government stated that one of its aims was ‘To shift the focus onto quality of care so that excellence is guaranteed to all patients’ (p.11).

It added that it was committed to promote best evidence, and to tackle the problem that ‘Research results are not readily accessible’ (p.58).

The NHS Plan (Department of Health, 2000) adds that ‘In future the new efficiency targets for the NHS will not permit a trade-off between cost and quality’ (p.62).

We argue that the current arrangement is good within the UNISON limits. But – in the interest of future patients and society – ‘best evidence’ and ‘excellence’ (to use the Government’s own words) would imply unlimited access to every source of evidence, including libraries, for everyone who is learning.

A trade-off between cost and quality is always necessary when the budget is limited.

And the decisions about budget and about the fact that the only comprehensive library at the John Radcliffe is not owned by the Trust (a possible anticipation of future scenarios, with the Private Finance Initiative?) are political decisions, the responsibility for which must fall on the Government.

Why UNION must fight its corner in the Labour Party

Liz Peretz

It’s been an odd year for those of us in the Labour Party and in UNION, and even odder for me as a UNION steward even odder for me as a Party and in UNISON, and those of us in the Labour Party to listen to UNISON representatives continue to put the fundamental question to the Government: will I have enough time for it, will I become involved in bureaucratic organisation? Do I want to get involved in a trade union that has such friendly links with the Labour Party, which I judge a right wing, neo-liberal and neo-colonialist party? In the end, I thought that the little help I could give to fellow students/workers was better than no help at all. The basic principles of trade unionism, of collective action by workers, were paramount.

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Liz Peretz

Nursing Students win back library access

Enrico Ferrari

Funding for South East UNISON members continues to put the drive for Diagnostic Centres, against both these initiatives, in line with pre-eminence into private finance deals around hospitals. More acute – at least more pressing – is the question: will I have enough time for it? will I become involved in bureaucratic organisation? Do I want to get involved in a trade union that has such friendly links with the Labour Party, which I judge a right wing, neo-liberal and neo-colonialist party? In the end, I thought that the little help I could give to fellow students/workers was better than no help at all. The basic principles of trade unionism, of collective action by workers, were paramount.

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What improving Working Lives can mean to you

Andrea Parsons

Branch Secretary

The NHS Plan announced the government’s commitment to deliver improvements to the working lives of all NHS staff.

It was also stated that all NHS employers would be assessed against performance targets, including the Improving Working Lives Standards, and that by April 2003 they would expect to be accredited as putting the standards into place.

No longer will improvements in staff working lives be left to chance.

Very soon your Trust or PCT will need to ensure that they can demonstrate that they are providing staffing by promoting flexible family friendly working patterns, including self-revolving, annual hours options, career breaks and reduced hours options. Employers should also be promoting NHS pensions and pension planning in support of flexible careers and enabling flexible retirement.

The NHS Plan is clear that unions need to support staff with hours to suit their needs, plus training for the job they do. Providing a good working environment will not only promote a healthier workforce but also better patient care.

This is YOUR chance to improve your working conditions, so make sure you get involved in your local IWL group within your workplace:

• ask your Trust what new working patterns they will be putting into place;

• bring up any Health and Safety issues you may be concerned about;

• raise issues of access to canteen facilities;

• are staff getting regular training for the job they do?

• your Trust is ready to be assessed, accredited, assessors will come in to speak to you, to make sure these things are happening.

This is your chance to get your voice heard and improve your workplace.

Don’t miss this chance get involved.

Join UNISON today: fill in the application form on back page
PCT nursing staff organise to win

There are three collective grievances which have been registered in recent months with PCT management teams. In each case the staff are all in the union, have elected their union stewards (reps) from amongst themselves and organised a campaign.

The first, in Cherwell Vale PCT, has been successfully resolved by transferring staff (the ICSS Team) from Social Services to a restricted NHS nursing C grade (you can't get to certain points of the grade unless you've obtained your NVQ).

**Responsibilities**

District Nurse Auxiliaries have registered a claim for 'C Grade' on the grounds that they have similar responsibilities and they have held a successful lobby of the Trust Board meeting.

Their dispute continues and they are still currently trying to find a negotiated solution.

**ICSS team: is fair pay and decent treatment too much to ask for?**

Oxford City PCT has another ICSS team transferred from Social Services but management are refusing to come to an agreement – possibly we will be taking this case to ACAS for conciliation.

**Grumbles**

Understandably many NHS staff dislike the idea of disputes. Recently when Oxford City PCT decided to re-organise its Public Health and Health Promotion teams and require staff to re-apply for their jobs, people grumbled but decided not to put in a grievance.

Now some face immediate redundancy (including the country's only domestic violence worker) while others have to travel to new workplaces. UNISON stewards urge members to reject bad proposals from management.

The union supports members in insisting we are treated properly.

**Minor Injury Units may stay patients and others on less acute cases.**

**Welcome to Branching Out**

This is the second issue of Branching Out, UNISON’s newsletter for members. We are publishing number two more or less a year after our first one, but this time we have plans for a swifter follow-up, to keep members in touch with events and UNISON activity within Oxfordshire’s health services.

We see the paper playing a valuable role in informing members, and helping to give UNISON an increased profile in the various workplaces as we set about recruiting new members and improving our level of organisation.

In this issue we have covered many areas of activity within our branch, ranging from the campaign we are building for a cost of living allowance to compensate for the rocketing cost of putting a roof over our heads in Oxfordshire, to the latest pressures on the ambulance service and the latest news from the various Trusts.

In addition we will be launching a major publicity campaign in the new year targeting the use of costly private finance (PFI) to pay for the relocation of the Radcliffe Infirmary services to Headington – which we are convinced will cause major problems for other health care services throughout the county.

We are also inviting members to have a go at re-naming this paper. If you can come up with a new and more dynamic name for our branch newsletter, you can win a first prize of a bottle of bubbly!

Drop us a line or an email with your ideas by the first Friday in February.

Our branch AGM will be on February 20 in the John Radcliffe, giving you a chance to stand for election for steward or as an officer of the branch and to get more involved with the union (for details, see page 4).

There will also be a raffle among all the members who turn up on the night, with a star prize to be announced.

We wish all UNISON members and readers a Happy New Year, and hope you enjoy reading the paper.

Andy Armsby, Publicity Officer
UNISON is a trade union – one of the biggest in the country. It is a union for people who work in the public sector, or whose jobs used to be in this sector. In the NHS it is the only union that is open to all sections of health workers, whether qualified or not.

It is made up of members, who pay subscriptions on a scale related to the amount they earn.

We elect some members to leadership positions. There are also some paid officials who help members.

As a trade union, UNISON is a sort of voluntary self-help group. We work together collectively look after each other’s working lives.

Do I have to join in?

It is not compulsory to join. And sometimes people who are not members still manage to benefit from the campaigns run by unions – for instance the French unions have just won the 35 hour work week with no loss of wages, bringing long weekends for all staff in France!

But if we are not members of UNISON we weaken the bargaining position of the union – so if only 5% of staff were in a union, the employers would pay little attention to it.

How do I join?

You can fill in the form on the back page if this paper, or you can phone UNISON Direct on 0845 355 0845, or get a membership form from your UNISON rep or phone the branch office on 01865 220317.

How do I get in contact with UNISON members in my workplace?

Each UNISON rep is encouraged to organise regular work place meetings and get your views to feed into the UNISON branch. If you don’t have a rep, or the meetings don’t happen, come along to the second half of the monthly branch exec meetings.

What are the benefits of me joining UNISON?

The general benefits are collective representation in regards to your employment to achieve and maintain reasonable levels of wages, conditions and Health and Safety, for example. Members also have a number of advantages, as individuals will know who have needed, for example, representaion in regradings, acception, grievances & disciplines – by a UNISON rep.

There are also other benefits for members who suffer sickness or require welfare support.

UNISON has also negotiated deals for its members with building societies, insurance companies, credit cards, motor breakdown cover etc.

What are the disadvantages of being a member?

There are two costs – the monthly membership dues (which are lower if you have a low wage) and, for UNISON to be effective, a little of your time participating in workplace meetings and other events. If you get more involved in UNISON there are Oxfordshire, regional and even national events.

So I thought: “I can save a few bob if I don’t want in the bit about paying union dues!”

What if I don’t agree with everything?

No one in UNISON agrees with everything!

When people join they have to make a judgement about whether the UNISON is generally helping improve things. If you disagree with something and you get support from most other members then it will be changed.

How can UNISON help me?

As part of UNISON we can do a great deal to help ourselves.

We spend a great deal of our lives at work and we all want it to be a good experience! Work is important to the community and we must expect to be treated with dignity and respect – and that includes being paid a living wage.

What are the benefits of me joining UNISON?

Who else is a member of UNISON?

There are over 1.3 million UNISON members in the country. You could be working alongside one - or two!

How does UNISON work?

We have one branch for all health staff in Oxfordshire, this has a Secretary, Chair, Treasurer and other officers.

All officers and reps are elected in February or March each year. Members are sent nomination papers (in case you want to stand for election or propose someone else). If you get stuck, phone the office and we’ll help.

What do UNISON reps do?

The main job of the rep is to keep contact with UNISON members in that work area and to discuss with them what the union is doing and should be doing. The rep is the link between the local branch and members.

What do UNISON reps do?

The UNISON does not give out lists of its members to the employers.

If you go to a UNISON meeting, other members will know you’ve joined.

What will my colleagues, peers, managers think of me joining?

In most workplaces there are more members than non-members.

In the NHS many doctors and senior managers are also in trade unions.

We have a right to be in a union too.

Will it affect my job/ career?

Being a member of UNISON could improve the quality of your working life immensely and can help develop you and your skills!

Discrimination against people for union membership is unlawful.

Are people in UNISON labelled e.g. activists, trouble makers, busy bodies?

Most people and employers respect those who stand up for themselves and expect to be valued and treated with respect at work.

What do the government think of unions now?

The current government consults with unions a great deal. Of course, as in any consultation, people don’t always agree with each other.

How political is UNISON?

Previous Conservative governments reduced union rights considerably – for example, we are no longer allowed to withdraw our labour (strike) in support of others or because of a political principle (in the past there were disputes against social injustices – such as apartheid oppression in South Africa).

Today, though the unions speak for and publicly campaign for a fairer society, it is unlawful for us to take industrial action for these ends.

UNISON members can choose to contribute to the Labour Party through their monthly subs. Members recently voted to review our relationship with the Labour Party.

Join UNISON today: fill in the application form on back page
UNISON colleagues who represent nurses and other professional staff onrotate experiences of nurses breaking down because of the long hours, they are expected to work, the stress, poor pay, fatigue, and extra responsibilities constantly being put on them.

Many nursing staff are juggling more and more work, because their workloads are being increased. Month after month, it’s no wonder that we are losing so many of these under-valued people.

But there is another side to this sad story, one which revolves around an even more under-valued, under-paid and neglected part of any hospital workforce: the Portering and Domestic staff.

At the John Radcliffe Hospital, these hard working people were for years employed by ISS Mediclean, whose Terms & Conditions are drawn up in order to ensure that they would not be paid $5.05 an hour. Here are a few examples of the injustices and abuses that this band of Industrial Brigands imposed on its employees.

1. Their rate of pay, which was $4.85 an hour (the ISS rate) until 3 weeks ago – is now $5.05 an hour.

2. A porter was advised by Sickness Protection Equipment (SPE) that he should go to An Accident & Emergency (A&E) department inside the big hospital. He was phoned at home and told he should go to the local doctors, or to go home. He was sent back home and had his shoes, or a shirt not tucked in. Breaches of the dress code – such as no tie, wrong colour shoes, or a shirt not tucked in – and probably never will be: the affected staff were delighted, with the transfer back to the NHS and after 12 years of living in the dark ages of the ISS regime they were to return to an employer that had enough confidence in them as a workforce, to put in a lot of investment in an increase in wages, and better conditions, an occupational pension, training and equipment, plus other benefits.

3. Under ISS Mediclean there was no occupational pension, other than the ‘pence in the pound’ pension, that we never had any details of, and ISS made it explicitly clear that they would not be making an employer’s contribution to any pension scheme.

4. The sick pay scheme was to say the least, archaic, and was conceived not out of concern for the welfare of its employees but to kid potential employees that there was an effective sick pay scheme in place. In fact nothing was further from the truth.

The maximum benefit you could achieve was 12 days paid sick leave a year, and that was only if you did not have a day off for any reason for a year beforehand.

To achieve the entitlement of 6 months full pay and 6 months half pay, that would be comparable to NHS employees, you would have to work for ISS for 14 years without a day off! And this in 2002!

It astounds me that a Multinational company such as ISS Mediclean can have a hospital contract for 12 years and make no significant changes in the Terms and Conditions of their employees other than derisory annual pay increases.

ISS made great a deal of fuss about giving their employees an increase of 3 days annual leave per year. It needed UNISON to point out that this was anything but a magnanimous gesture by ISS Mediclean: in fact they were legally obliged to increase the minimal holiday entitlement because of the European Working Times Directive, which laid down that we were entitled to 4 weeks leave.

There are many, many examples of the injustices and abuses that this band of Industrial Brigands imposed on its employees. Here are a few:

1. Security

(a) Porters are very often expected to go in support of Security staff in the event of any incident including violent incidents, but with no restraint training, and never any Personnel Protection Equipment (PPE) namely Body Armour.

Yet if a porter were to be injured and off sick as a result of such an incident he would only be paid Statutory Sick Pay, whereas if Security Staff – directly employed by the Trust – were injured, they would receive full pay for six months half pay for six months, and in extreme circumstances this could be extended.

(b) A porter was advised by an Accident & Emergency Doctor that he should go home sick, as he had a large abscess on his thigh that was open and weeping. He therefore went home leaving a message that he would not be in the next day.

The following morning he was phoned at home and told by his supervisor to return to work at once, under pain of losing his job, and further informed that his visit to the A&E dept had cost him 6 hours pay.

I immediately took the matter up with ISS and had him sent back home and had his pay restored.

2. Sickness

(4) Even with a labour turnover rate of over 70% per annum, and an absentee rate of up to 30% per week, often meaning that ISS could not even put on a basic portering or domestic service, it was not uncommon for ISS to send employees home for minor breaches of the dress code – such as no tie, wrong colour shoes, or a shirt not tucked in – and then expect the remaining staff to cover the work.

Getting there

Six months down the line since ISS Mediclean got the boot, no it’s still not 100% and probably never will be: but we are getting there.

Most of the workforce are happier than they ever were under ISS. Yes they are still griping about the wages, which even at the improved rate of $5.10 per hour are not good by any measure: but a review is taking place with a view to improving the workers’ lot.

What has happened is that the Trust Management and UNISON are working together in order that the NHS can once again deliver the service that the people of this country deserve. This is the aim.

What is the reality facing the NHS?

The majority of the population, and the trade union movement, want an NHS that is going to be funded by Government money, not money passed to a PFI contractor for them to cream off massive profits over 25 years or more. Those profits could be used to improve patient care, to provide improved wages and conditions for nurses, porters, domestics.

The only way these Industrial Brigands can make a profit is by slashing the wages and conditions of these hard working people that Blair, Brown, and company are selling out.

It’s not as if the Government can’t afford it: we are the fourth biggest economy in the world; they could pay for the whole programme without breaking any of their own financial rules.

PFI doesn’t bring in extra cash: every pound that is borrowed in this way is repaid many times over during the life of the contract. When you consider start up costs, expected profits, and higher borrowing, PFI doesn’t make any project more expensive over 25-30 years.

What happens when, as many have, schemes suffer from going over time and cost? They are bailed out by Government money. Look at Air Traffic Control, nuclear power and other schemes where millions more are being spent.

The one thing that is certain is that these private contractors will be the only winners for many years, creaming of massive profits PFI will fail us today and fail...
Needlesticks account for the highest number of accidents to staff in hospitals – over 100,000 a year. Many incidents involve UNISON members and it is essential the health service be pricked by needles or other sharp instruments. These devices may have been in contact with infected blood or viruses such as Hepatitis B and C and HIV. UNISON is calling for ‘safer needle’ legislation and better promotion of this problem by the NHS and Department Of Health.

The Issues

Healthcare workers use a range of equipment with sharp edges, points and needles. UNISON is particularly concerned about the number of accidents which involve needles; these are often called needlestick injuries. Who is at risk?

There are increasing numbers of incidents where UNISON members in the health service are pricked by needles or other sharp instruments which may have been in contact with infected blood or other body fluids. These include anyone – from nursing staff injured after giving injections, to cleaners or refuse workers dealing with poorly disposed-of needles.

Dangerous pathogens

There are more than 20 different pathogens (viruses, bacteria etc) which have been transmitted from infected patients to workers via needles. There are particularly hazardous: Hepatitis B and C (which can lead to liver disease) and HIV (which can lead to AIDS).

Inevitable?

The term ‘safer needles’ is broad and includes those that do not retract into the syringe after use, those that are backed, or some that do not have a protec- tive shield over the needle and some that do not use needles at all. These have active reduced injuries dramatically in the US and would do the same here.

What can I do?

In the workplace Always report needlestick injuries and always ensure you dispose of needles and other sharp instruments correctly. Encourage your employer to start evaluating, and begin implementing, safer needles. Pursue health and safety grievances through the proper procedures where necessary.

Tell us what you’re doing!

UNISON’s Needlesticks campaign team is waiting to hear from you. Let us know about your experiences. And don’t forget the team is collecting examples of pro- active action to tackle this growing problem, so tell us the good news too – contact details at the bottom of this page.

Contact your MP

Telling her/him that you are backing UNISON’s Needlesticks campaign and you believe that the Department of Health and the NHS should be doing more to publicise the growing problem of needlestick injuries is crucial.

The Safer Needles Network Website

UNISON was a founder member of this network that aims to raise awareness of needlestick injuries and campaigns for the use of safer needles.

www.needlesticksforum.net

All agreed in Plymouth

Andy Armsby reports on the UNISON Gay & Lesbian Interest Conference, Plymouth 2002

It all began with travelling down to Plymouth on Friday; it took many hours, as Plymouth was almost non-existent for a Friday. When Sue and I arrived in Plymouth we had a short time to settle into our hotel and to register for conference.

Friday’s conference session began with a discussion on the plans to register non-qualified nursing staff and what that means in terms of professional development and pay and conditions.

There was also a brief discussion on agenda for change which is the new proposition for the NHS, even though at the time of writing this report it remains behind schedule, and it is still unclear who the early implementers will be.

Friday evening was spent networking with other delegates at the conference social.

Saturday conference started with a speech from UNISON’s president Nancy Coul and a guest speaker from the local Fire Brigade Union, Gary Jones.

Many motions were debated ranging from how to criminal Records Boards deal with motions submitted regarding the sale of the Millennium Dome, to how we can all be more open about the need for repairs for slavery.

Sadly there was no real motion that sparked any kind of lively debate, apart from the motion needing a card count.

Saturday afternoon was spent in group workshops, which covered a range of issues relating to gay men & women.

Conference restarted around 4.55pm with another load of motions being debated: again there were no real motions that sparked any kind of debate, and hopefully next year will be different.

Saturday evening was spent sampling the delights of Plymouth and networking with other delegates.

On Sunday morning it was time to draw conference to close. It was and enjoyable conference and I would recommend any gay or lesbian members to attend next year in order to find out more about the internal workings of the union.
Cost of living campaign

Philip Bolley

Sixty people attended a meeting with Andrew Smith MP at Banbury Town Hall on 25 October at the Oxfordshire Civic Centre. The campaign coordinator is Martin Gregory, from the Oxfordshire County Council branch of UNISON.

Mr Smith opened the meeting saying he was sympathetic to the campaign and recognised the impact of the real take home pay that workers who were renting or buying a home in Oxfordshire were experiencing. He made it clear that his responsibilities within the Government were now centred on pensions. He went on to say that local pay initiatives were rising up the agenda at Westminster and was now an issue for a number of MPs.

The Government also said that pay within the NHS had risen by 4.7% compared with 3% in the private sector. He acknowledged that other initiatives would also be needed to make it possible for low paid workers to improve their position in order to buy or rent within Oxfordshire.

He personally advocated the release of green belt land specifically for low cost housing. The meeting ended with Mr Smith accepting petitions from a number of trusts. He assured the staff to continue to press their case for a cost of living allowance.

Parys-Snowdon staff on privatisation roller-coaster

The 30 staff who pay the wages for most Oxfordshire health workers know all about privatisation. Their current employer, Parys Snowdon, was the fifth to have taken over the payroll operations which were originally run by the Oxford Trust, part of the NHS. The Trust was privatised – and bought up by a subsidiary of a US defence company.

The quick-change roller coaster began in the mid 1990s when the consortium was privatised – and bought up by a subsidiary of a US defence company.

Among the various organisations that have taken over since was the Welsh water company Hyder: Parys Snowdon still has another office in north Wales and another in Scotland. On one occasion the change of ownership meant that staff all had to reapply for their own jobs, but most of the time they have been bunched up and transferred as part of the company, with their terms and conditions protected by the TPE (Time for Under-takings) procedure.

The end result has been that all the Parys Snowdon staff are now responsible for paying wages and salaries to 100,000 staff in various parts of the country. More than two thirds are union members, and UNISON is seeking recognition across the Parys Snowdon group, so that it can negotiate on pay and other issues.

Bryan Nicholls, convenor, Oxford Radcliffe Hospitals Trust

In the last few months UNISON has succeeded in getting a new pay deal for security staff in Oxford Radcliffe Hospitals Trust, backdated to 18th May – a nice little Christmas present! Bryan Nicholls and Jean Butler are holding the fort at Banbury – and doing sterling work.

We will be starting a recruitment drive at the JR on 15th December followed by Banbury, the Churchill and the R.

If there is anyone out there who can spare a few hours of your time, please get in touch, so I will have the support of others to back up your views.

Bryan Nicholls
Behind reports of 10% pay increases for NHS staff ...  
Whose agenda for change?

THE GOVERNMENT has suddenly speeded up the stalled talks with the health unions over the restructuring of Agenda for Change – the so-called ‘Agenda for Change’. At the end of November ministers (and now our own Trust) claimed that agreement had been reached, on what they described as “ground-breaking reforms to working prac-
tices”. Reports have suggested that increases “worth an average 12.5% in basic pay” – or even as much as 16% – will be offered in exchange for new ways of working. Many media reports ignored the fact that the deal was to be phased in over at least three years, and simply trumpeted the plan as a “10% pay deal for health workers”. In fact applications by Oxford Radcliffe Hospitals Trust and Oxfordshire PCTs to be “early implementers” of the scheme have been rejected, so unless there is a pay rise next April our members could get no more than the first 3.2% instalment of the package between now and October 2004. It seems that in many cases the estimates of the increases are wildly exaggerated. While many lower-paid health workers seem likely to benefit from the move to a single 37.5 per hour – this would not begin to be phased in until the end of 2004 – by which point they might already have reached that level anyway, UNISON’s health group executive has insisted that no agreement has yet been given to these proposals, and that they will not do a deal while the firefighters are still in dispute.

No details

In fact the details of the final proposed package, which emerged after over three years of talks between ministers and 12 health unions, have still not been released. It seems that UNISON and other unions representing NHS staff are still awaiting: so it is very difficult to assess exactly how much money is on the table for staff in Oxfordshire’s Trusts. Fullers facts will not be published until early next year. One of the hugely contentious issues that has not yet been resolved is where all of the multi-
tude of different jobs within the NHS, currently spanning 650 job 
titles, will be slotted into the new 8-band pay structure. Some 200 job profiles have yet to be finalised, and until they are it is impossible to identify who will win or lose on the pay front. UNISON at least is committed to holding a special delegate confer-
ence to discuss the proposals, fol-
lowed by a ballot of all our 400,000 NHS health members before any deal can be accepted. What we can say from the available information is that the plan revolves around a limited injection of new money, meaning that there will be losers as well as winners. The Health Service Journal has estimated that as many as one in six health workers could wind up worse off: the Department of Health estimates that as many as 12,000 could mean 100,000-
200,000 staff. For those who stand to lose out, the proposal is that rather than face a cut in their pay, they will stand still for several years while other grades rise around them: the upshot could be years with no increase in pay even to keep pace with inflation.

Rubbing his hands: Milburn

Once the new jobs have been alltered their rank in the pay banding, 
staff will no longer get auto-

mative annual increments: any increase or progression will require them to learn new skills, or pass a competency test to get through a “gateway” to a higher level. But the deal also involves a stan-
dardisation of working hours – to 37.5 per week. While some such as paramedics will gain from this, many staff who currently work fewer hours, 33.5 or 36 hours will face a lengthening of the working week.

However paramedics and others who currently work longer weeks, would benefit. These changes will again be phased in after a period in which existing hours will be protect-
ed. And local weighting to compensate for higher living costs seems likely to be limited to 5% of pay outside London – well short of the £2,000 we are seeking in Oxford.

Not enough?

It seems that the NHS unions are concerned that the basic pay increases on offer in the deal – of just 3.2% per year for three years – are insufficient to persuade staff to accept the many strings attached. Any additional increases above the 10% over three years will depend upon agreeing “new ways of working”. But NHS pay increases for most staff over the last few years have jogged along at between 3-3.6% a year – without any of the strings attached to Agenda for Change.

We will carry further informa-
tion on Agenda for Change as soon as more details are published in the New Year, to enable you to form a balanced view. If you can help us distribute information in your workplace, contact us at the branch office.

But remember: if you want any say on the proposals, you have to be in a union: nobody else’s views will be taken into account.

For the latest on Agenda for Change go to www.unison-nhs-health.org.uk/PAY

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