

UNISON Union eyes

Bulletin of UNISON Wakefield and Pontefract Hospitals Branch.

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**AGM
2007**

March 1:

see centre pages for details

PLUS

- Scrutiny Committees
- Turnaround
- Trust is breaking contracts
- ... and more!

Fighting to keep Pontefract services

Concerned at the threat to hospital services in Pontefract from the ever-dwindling plan for a new PFI hospital with even fewer beds and services, our branch has worked hard to sound the alarm and inform local people.

We submitted a detailed branch response to the most recent PFI proposals – which have subsequently been further postponed, with no further developments expected until at least the end of February.

We also worked with Wakefield District Trade Council to build a Defend Our Public Services public meeting at Pontefract Town Hall, from which a Local Keep Our Health Services Public campaign group was formed.

A handful of activists within the group distributed 10,000 leaflets in Pontefract over a 6 week period and a respectable march and rally of a couple of hundred (right and inside, page 5) was organised, gaining good media coverage.



Trust fined £49,134 for failure to take action

Act now on bullying!

Adrian O'Malley – Branch Chair

In late 2005 the Trust was forced to pay £49,134 to a former employee who resigned and claimed constructive dismissal when the Trust failed to take action on her claim that she was being bullied by her managers.

The Tribunal was highly critical of the Trust's implementation of its own Bullying and Harassment policy. The investigation that did take place was more of an investigation of the employee's competency in doing her job rather than her claim about her managers' bullying behaviour.

The Tribunal was also critical of the time it took for the Trust to act, which was months rather than days and the lack of priority managers gave to such an important issue.

In response Idris Griffiths, the General Manager representing the Trust at the Tribunal said "timescale is an issue – we will look into it".

Trust fails to act

Unfortunately, despite over a year having passed, the Trust has not acted



UNISON survey on bullying – p2

on its promise and Bullying is still a serious problem within the Trust.

The Mid Yorkshire staff handbook says "The Trust has a policy on harassment and any complaint will be dealt with seriously and under the disciplinary and grievance procedures if necessary"

But, despite the trade unions raising the issue on numerous occasions the Trust's record in dealing with bullying is in our opinion pathetic.

Bullying starts at the top

In the modern day, target-driven NHS staff are pressurised to deliver at every level. There is a fine line between pressure and bullying.

The recent 'turnaround' project within the Trust is a good example. The government and Department of Health demand that the Trust must balance its books. Directors are put under pressure to make savings and pressurise General Managers to come up with cost cutting plans ... and down the ladder it goes.

In the worst cases this results in staff being given 30 minutes to decide which ward or hospital they want to work in – or face their job being made "at risk".

We have numerous examples of nurses with three kids being given an ultimatum to switch to 12-hour shifts or face losing their jobs: that in our view is bullying – and as a result too many staff have voted with their feet and left the Trust.

UNISON has in the past few years had to take forward bullying complaints against a former chief executive and a former Director of Nursing, as well as Senior Managers and Consultants. There is a serious problem which needs addressing urgently.

Other examples of bullying we have had to deal with include:

- a Pontefract nurse verbally abused by a doctor in front of staff and visitors – 5 months later no action taken;

- a Pinderfields clerical worker complained about a consultant – THREE YEARS later she is still fighting her case;

- a Clayton nurse had to be advised not to take her complaint forward as it would be too stressful.

The list goes on and on, and is totally unacceptable.

What is the point if the Trust having a Bullying policy if it doesn't use it?

One rule for us?

A recent incident in a non clinical area shows how quickly bullying allegation can be dealt with. A staff member complained about a colleague's threatening behaviour.

The staff member was interviewed the

same afternoon – as were the staff on duty. The "investigation" and a decision on whether to go to a disciplinary were to be finished that week.

Why can there be such swift action when it's a low-paid member of staff, but inaction for months on end when a senior member of staff is accused?

This kind of double standard is unacceptable to UNISON and the staff side unions.

We want the Trust to deliver on its promise to the Employment Tribunal and take Bullying and Harassment seriously, especially when its senior members of staff are abusing their positions.

Bullying costs the Trust thousands of pounds every year due to staff sickness. If the Trust wants to save money, it should stamp down seriously on Bullying and Harassment.

As well as reducing sickness it may avoid paying out thousands in future fines at Employment Tribunals.

- If you are being bullied at work you don't have to take it. Contact UNISON on PGH ext 2335 or PGI 6730. All calls will be treated confidentially and advice given on how to stop the bullying.

UNISON Branch bullying survey

Bullying at work is where an individual abuses a position of power or authority over another person. It can take many forms, including shouting at or humiliating an individual, especially in front of colleagues; picking on an individual; undermining someone's ability to do their job; abusive or threatening behaviour which creates a stressful or intimidating atmosphere.

Such bullying behaviour is an abuse of power and a denial of our rights to be treated with dignity and respect. Bullying causes stress. It damages the health and safety of staff and adversely affects the quality of service provided.

UNISON is concerned about the amount of bullying that goes on at work.

In order to convince management that bullying of staff is a serious problem and that changes are needed to eliminate bullying, your union branch is conducting this survey. We need your views and experiences on any bullying you face at work.

Please help us to help you by answering the following questions.

Your replies will be treated as confidential (you will notice that you have not been asked to provide your name).

WHERE DO YOU WORK?

.....

WHAT IS YOUR JOB? (Give a description if your job title would identify you)

.....

ARE YOU:

Male Female

IS BULLYING AT WORK:

A very serious problem? Yes No

A serious problem? Yes No

A minor problem? Yes No

A non-existent problem? Yes No

Have you ever been bullied at this place of work? Yes No

Are you currently being bullied? Yes No

If yes, when did the bullying start?

.....

WHAT ARE THE MAIN SOURCES OF BULLYING? (Tick those relevant)

From your line managers

From senior managers

From colleagues

From the public (clients, patients, customers)

From visitors

From contractor's staff

Other (please state)

WHAT FORM DOES THE BULLYING TAKE? (Tick those relevant)

Shouting

Threats

Abuse

Intimidation

Humiliation

Excessive criticism

Setting unrealistic targets or deadlines

Altering targets, deadlines etc

Excessive work monitoring

Setting unrealistic targets or deadlines

Keeping you out of things

Victimising you

Malicious lies or rumours

Refusing reasonable requests, such as for leave

Other (please state)

HOW OFTEN DOES THE BULLYING HAPPEN? (Tick those relevant)

Daily

Weekly

Monthly

Less than monthly

HAVE YOU OR OTHER STAFF IN YOUR AREA EVER HAD TIME OFF WORK BECAUSE OF BULLYING?

Yes No

Have any staff left their job because of bullying at work in your area?

Yes No

If yes, how many?

.....

WHAT DO YOU THINK CAUSES BULLYING?

Tick those relevant

Stressed managers

Stressed colleagues

Excessive workloads

Pressure to meet deadlines

Pressure to meet work targets

Staff shortages

Pressure not to take sick leave

Inadequate training for managers

Inadequate training for staff

Poor management

Performance approach

Workers scared to report it

Other reasons (please state what they are)

.....

WHAT MEASURES WOULD YOU LIKE TO SEE TO REDUCE BULLYING?

.....

Have you got access to a counselling service? Yes No

If yes, how effective is it? (Tick those relevant)

Very effective

Sometimes effective

Useless

ANY OTHER COMMENTS?

.....

Thank you for completing this questionnaire. Please return it to the person who gave you to complete, or post it back to us at the UNISON Branch office, Pinderfields.



Diane Shepherd

It is with great sadness that the branch has to report the sudden death of our Education Officer, Diane Shepherd.

As a Catering Assistant Diane had worked within Pinderfields Catering Department for over 10 years before she became elected in 2002 to become a shop steward and health and safety representative.

Like everything else in her life Diane attacked the stewarding role with gusto. She very quickly attended all the training courses that she could get onto and generally developed a keen interest in all things educational.

In 2003, when the Wakefield District Trades Union Council was re-launched, Diane was one of a handful of us who were determined to re-establish the principles of collective trade unionism within our area.

She also had a prominent involvement in the trades council campaign initiative to defend

local council housing from the proposed privatisation.

After becoming a learner representative Diane proceeded to take over the responsibility of branch Education Officer in 2004.

It was this role that she was particularly devoted to, especially in relation to developing learning/career opportunities for non clinical support staff members.

After such a short time of activity in June 2005 Diane was elected onto the National Executive Committee of Unison.

We were proud that she was elected on a socialist/left wing programme and, typically for Diane, at her very first NEC meeting announced that she was with the socialists. She will be sorely missed.

Mick Griffiths, Branch Secretary, (personal capacity)

Manchester nurses vote 9-1 for strikes to halt cutbacks

UNISON has given official notice to the Manchester Mental Health and Social Care Trust that 250 of their staff will take their first day's strike against cuts in jobs and services on Wednesday January 31st.

This follows a 91.6% ballot result in favour of strike action.

The strike action will be taken by 250 community nurses, occupational therapists and team secretaries to stop the cuts in community mental health teams which include:

- reduction in staffing numbers in community mental health teams and consequent higher caseloads, and a reduction in service to keep people well

- job freeze on all nursing posts in the Trust as there will be 33 less nursing posts and 8 less OT posts (yet they can afford an expansion of 24 extra managers at a cost of £1.25million!!)

- downgrading of most nursing, occupational therapy and admin staff,

- no guarantee of no redundancies,

- possible privatisation of four community teams,

- closure of one of the south Manchester old age day centres and 7-day support team.

The strike promises to be the most substantial industrial action yet taken to combat cutbacks which are affecting mental health services all over the country.

Our branch is lending its full support to this action, and has already donates £500 to the Manchester strike fund.

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EDITORIAL

Mick Griffiths, Secretary UNISON Pinderfields and Pontefract Hospitals Branch

Who will check on the scrutinisers?

Since the abolition of Community Health Councils, one of the few fragile lines of democratic accountability remaining in today's endlessly "reformed" NHS has been the right of local "Health Oversight and Scrutiny Committees" to call in local NHS managers and ask them searching questions about their plans.

While NHS Trusts and Primary Care Trusts are entirely undemocratic, appointed bodies with no direct accountability to the local population, the Scrutiny Committees are made up of elected councillors, often with the full-time support of council officers.

They have real powers: they can demand full information on any plans or services that give grounds for concern – and if a change of service, cutback or switch of resources is seen as a threat to local health care, the committee can block the plan and refer it to Patricia Hewitt as Secretary of State for a final decision.

Since councillors are not otherwise responsible for NHS policy, they have a degree of freedom to criticise.

How lame, therefore, has been the performance of our local Scrutiny Committee, which last month held a session in which Toby Lewis from our Trust was called to give a briefing on progress.

Despite the fact that official Department of Health figures a couple of weeks earlier showed Mid Yorks Hospitals projecting a worsening deficit of more than £15m for the current financial year (the same size deficit as last year, but 50 percent higher than the estimate three months earlier) Mr Lewis was allowed to claim that the Trust was "on target" to achieve financial balance by October 2007.

And he went on, straight-faced, to claim that the last quarter's performance figures "highlight performance scores improvements".

The bare-faced cheek of this claim is shown by even the briefest look at the Trust's own Integrated Performance Summary at the end of November, which showed:

The 'first breaches this year' of targets for outpatient waiting times

Another rise in the numbers waiting over 11

weeks for outpatient appointments

An increase in the number of cancelled operations

A drop in performance in thrombolysis "call to needle" times

A fresh rise above target in MRSA

A rise in readmissions of patients discharged after treatment, with several departments recording readmission levels on or above 10 percent.

A drop below plan in inpatient treatment, day case treatment and outpatient attendances – all of which are potentially serious problems under the NHS "payment by results" system.

Mr Lewis went on to admit that a further 120 beds have closed (40 in each hospital).

But there was no need for him to feel nervous about facing tough questioning from the Scrutiny Committee, their performance was lamentable.

All the councillors could manage on our behalf was a couple of soft questions, none of which probed beneath the surface of his completely misleading report. Nobody asked him to explain how he claimed to be cutting £35m of spending without affecting patient care.

Instead they just thanked him for coming, with the Chair declaring that "the Committee were encouraged by what they had heard".

But they only need to look up the Trust's link on the NHS in England website to see bold red boxes proclaiming that both its quality of services and its use of resources are branded WEAK by the Healthcare Commission.

With "scrutiny" as feeble as this, no wonder nobody in Wakefield is getting the real picture of the Trust, its finances and declining services.

And we can be sure that if – despite Mr Lewis's strenuous denial to the committee – there has been a further down-sizing of the Hospital Development Plan, the Scrutiny Committee would be the very last to know.

A first step to fighting for an improvement in services and a halt to cuts is a determined effort to uncover the present situation.

The Scrutiny Committee needs to get its finger out and get on with just that task if it is not to be made a laughing stock by Trust and PCT bosses.



"Let's call the foot amputation five toe operations"



BAOT members make their voices heard

Rosie Pearson, BAOT Steward, Pinderfields & Pontefract hospitals

It is not often that Occupational Therapy staff are prepared to stand up and make their voices heard when it comes to the political arena.

It is therefore a sign of the growing unease at what is happening in the Health Service that numerous British Association of Occupational Therapy (BAOT) members chose to join around 1000 NHS colleagues in Leeds City Centre on Saturday 11th November for the "Keep the NHS Working" march and rally.

Many of the NHS Trusts in our region have been subject to "Turnaround" and other reorganisation initiatives and these have had a direct impact on the

number of therapy posts and delivery of services throughout the local areas.

All the therapists I spoke with on the day could describe instances of how their work was being adversely affected by the incessant changes taking place in the NHS.

Each of them saw the rally as an opportunity to express their strength of feeling in an effort to get Trust Chief Executives

and government ministers to grasp the impact of what is happening to the services in which we are employed.

It was pleasing to see Mid Yorkshire Trust staff supporting this rally and it was also clear that we

were not alone in wanting to make our opinions known when we linked up with colleagues from various other NHS Trusts in the West Yorkshire area including Leeds Teaching Hospitals and local PCTs.

I was particularly encouraged by the number of therapy staff who not only supported the event but were prepared to visibly demonstrate their presence by carrying placards and handing out leaflets.

The 21st century is not a time for naivety and I readily acknowledge that change has to happen if the NHS is to survive.

However, our services are about real people, with real problems and real needs – a fact that seems to be increasingly overlooked in the drive to meet yet more and more targets.

I would appeal to all NHS workers to take a long hard look at what is happening and then consider where their priorities should lie the next time an opportunity to make their feelings known presents itself.

Please be prepared to stand up and be counted, otherwise you may find that one day you are just one more insignificant statistic in the "brave new world" that is the modern NHS.



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'Nimby' ministers back local protests

Labour's Party Chair Hazel Blears has been among more than a dozen senior government and Labour figures protesting at the local impact of NHS cuts Tony Blair has promised to support.

Our branch has been keen to see similar support for local communities from some of our high-profile local MPs – Yvette Cooper and Ed Balls – and from any other Labour MPs who may not even face the pressure of holding on to a job in Blair's government.

In fact Blears' limited show of local concern is rather less surprising than the almost unbelievably servile attitude of the majority of Labour MPs, most of whom have said nothing, or even shown themselves ready to defend Blair's NHS reforms regardless of the level of local popular anger.

A UNISON demonstration through Nottingham last autumn against NHS job losses and service cuts, in a city where deficits total £60m, was unable to secure the support of a single local Labour MP – all of them balking at one line in UNISON's leaflet which talked of the "NHS on its knees".

By contrast one prominent Blairite junior health minister, Bury MP Ivan Lewis, has joined Blears and local campaigners in opposing the impact of plans which would also close obstetric, neonatal and paediatric in-patient services in his constituency's Fairfield hospital.

Blears, Reid and Lewis are of course guilty of hypocrisy: as part of the New Labour machine they are demanding MPs back the government on closures in other constituencies across the country – regardless of local opinion.

They are trying to do this but also save their own political skins by jumping aboard band-wagons defending popular local services – in a classic case of "not in my back yard".

But given a choice between a "nimby" protest that inevitably puts more pressure on Patricia Hewitt, and no protest at all, it is clear that we want more ministers and MPs – for whatever motive – to side with local people in fighting to keep their services open – rather than siding with Blair's line of closures and privatisation.



Photo courtesy Peter Harbour, Newsquest (Bolton) Ltd

This 20 foot banana was used on January 24 to attract attention by staff at the Royal Bolton Hospital protesting against cuts in the NHS.

March 3: steps that could have built a national demo

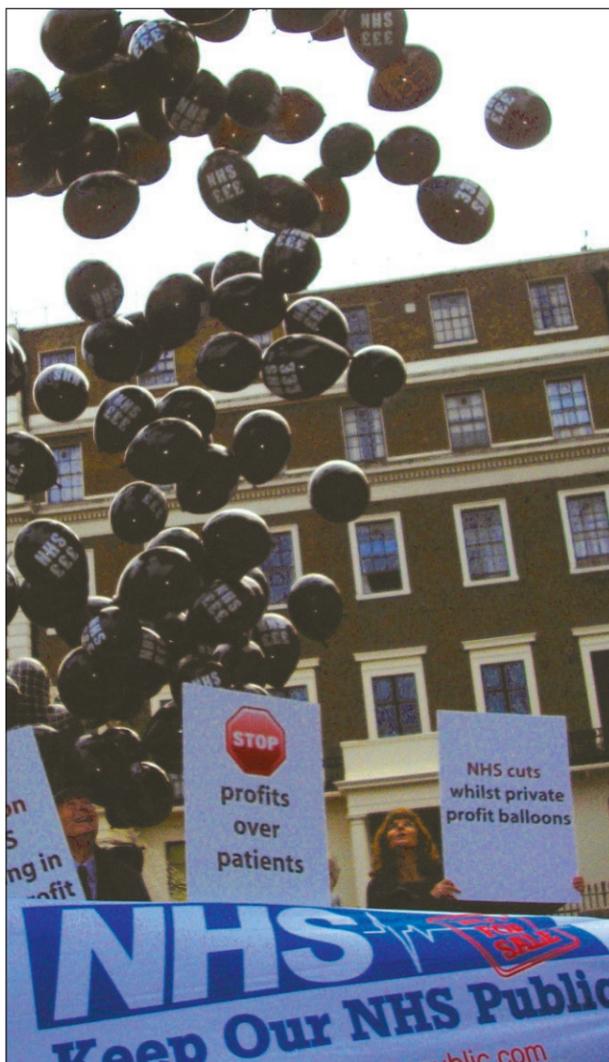
Fifteen health service trade unions and professional bodies, organised by the TUC in a new coalition called NHS Together, have called a national "day of action" for March 3: but this day of action will consist of a series of regional and local events.

Despite the efforts of many UNISON activists, and our colleagues in other health unions, we have not been able to persuade the national officials who take the final decisions that there should be one, big national protest in London to give voice to all the local campaigns which have already been marching and protesting in their own towns over the last nine months or more.

UNISON's technique in avoiding the call for a national demonstration – despite the clear mandate from last year's Health Conference to press for concerted national action – was the old tried and tested technique of playing off the weak branches to outflank the strong ones.

Instead of announcing, boldly, before Christmas that there was to be a major march through London on March 3 and that every health branch was required to book and fill coaches of members and local community campaigners, a circular was sent round to branches asking how many people they could mobilise for an event that had not even been called.

Instead of putting pressure on



Campaigners release balloons on January 20 to symbolise the soaring profits siphoned out of the NHS by PFI

the branches that have lifted not a finger to challenge cuts and privatisation in their local areas to get up and start fighting back, national and regional officers took advantage of their inaction and announced there was insufficient support to build a convincing national protest.

They also dithered, dallied and delayed until the start of the Christmas holidays before announcing that there would be no national demonstration – and have now wasted best part of a month after Christmas before deciding what regional and other local events would be supported on March 3.

If the national officials had wanted a march, they could have built one: the date would have been plastered all over the website, featured in every speech and press release, and imprinted on the consciousness of every health union member.

They would have pumped out posters, stickers and tens of thousands of hard-hitting leaflets in place of the feeble "5

Healthy Options" nonsense we have been given.

They would have taken up some or all of the many opportunities to get press coverage challenging health cuts and privatisation in the last two months: they would have raised the heat, and made the issue one that anyone concerned about the NHS was talking about.

These are the sort of tactics that can build upon the activity of local campaigners across the country, give confidence to stewards and activists in UNISON branches and pull out the maximum support.

But these tactics are clearly foreign to our national officers who prefer to sit back and pray that Gordon Brown when he takes over will be less brutal in his market reforms than Blair has been, and who see the campaign to save jobs as one of back-room chats with ministers rather than a gloves-off fight with management.

We now have to find ways to ensure that March 3 events are significant enough to win local and national press coverage, and use the support for these events as another lever in our fight to get the unions to mount a nationwide, concerted fight against the government's nationwide, concerted attack on the NHS.

We are not alone: on January 20, 250 campaign activists from across England met in London at a one-day conference called by Keep Our NHS Public to discuss the way forward and combine the efforts of all the varied forces involved.

Many of them shared our frustration at the inaction of our union leaders: but the breadth of the opposition should also give us confidence that if we step up the pressure we can force things to happen.

Local campaigns are already creating cracks in the government, with 13 ministers and Labour's chair Hazel Blears being dragged in to supporting protests in defence of hospitals and services in their own con-

Branch motion for UNISON Health Care Service Group conference 2007

NHS still in crisis. No more cuts in jobs or services. Defend the NHS. Industrial action against marketisation now!

This conference is deeply concerned about the non-implementation of the Wakefield & Pontefract and Leicestershire Health branches' composite motion to the 2006 Health Service Group conference, on the NHS crisis.

Whilst the Health Service Group has dithered, thousands more jobs have been axed and hundreds of thousands of members' terms and conditions have worsened as a result.

UNISON's "5 healthier options for the NHS" campaign strategy demands have abjectly failed. The government has steamrollered ahead with its marketisation onslaught regardless of its severe impact on jobs, conditions and services.

Merely meekly begging for a slowdown of the reform process whilst full involvement in the consultation process takes place flies in the face of the reality of what is really happening at the local level.

Conference condemns the SGE's abdication of leadership responsibility, and demands immediate implementation of the above mentioned composite motion which was carried unanimously at the 2006 HSG conference.

At the very least, a national day of action should be organised before the 2007 Health Care Service Group conference is due to be held.

In the event that this is not arranged conference calls for a vote of no confidence in the SGE and its national officers and calls for their immediate resignation.

Private earnings balloon in 'patchwork privatisation' of our NHS

Up, up, and away!

The private sector will pocket at least £23bn of NHS money in profits and interest over 30 years through the Private Finance Initiative hospital building scheme, according to calculations made by the Keep Our NHS Public campaign.

According to Department of Health figures, PFI hospitals with a capital cost of £8bn will cost a staggering £53bn over the life of the contracts.

The details and a very clear explanation of how the process is taking place can be found in a new report showing how the government is carrying out the 'patchwork privatisation' of the NHS.

For the first time, the report presents a comprehensive picture of the many kinds of privatisation occurring in the health service – of which PFI is only one. It provides indisputable evidence that a process of privatisation is in train.

Unlike Thatcher's privatisations of gas, water and other utilities in the 1980s, the whole NHS is not being put up for auction: nor is there a high-profile advertising to sell shares.

Instead, through back-room deals and secretive contracts the NHS is being parcelled up into bite-sized pieces, and handed over to private control bit-by-bit.

Alex Nunns of Keep Our NHS Public who

researched the pamphlet said: "Unbeknown to the public the NHS is paying astronomical sums of money to the private sector.

"When the NHS is making cuts and closures across the country it's time to ask if this is the best use of public money.

"The government's greatest achievement has been to push through the biggest change in the history of the NHS – under the radar and without a public mandate. It's time for an open debate about whether people want the patchwork privatisation of their health service."

Copies of the report, *The 'patchwork privatisation' of our health service: a users' guide*, will be available from the UNISON Office.



BAOT annual report to AGM

Rosie Pearson, BAOT Steward

In many respects the past 12 months has continued to be dominated by Agenda for Change.

At the start of the year many people had still not been notified of the results of their job matching and once the outcomes were known, a high percentage of staff spent the rest of the year awaiting either their back pay or the results of their request for a review of their AfC banding.

At the time of writing a number of issues have still not been resolved which is a rather sad state of affairs for a system that was originally intended to be implemented by October 2004.

From March to June I found myself "out of the loop" due to health problems but I had to hit the ground running when I returned to work, as the Trust was proceeding full steam ahead with its Turnaround project.

The most visible impact of the Turnaround measures within our service has been the closure of the OT treatment workshop at Pinderfields but it is the ramifications of the less noticeable "cost improvement programmes" that are now starting

to become more apparent.

Although it may seem anomalous to some people for a union steward to do so, I would like to acknowledge the steps taken by the lead occupational therapy managers to keep me informed about what was happening and the reasons behind some of the difficult decisions that were taken in implementing Turnaround across our service.

Various other issues have arisen during the course of the year, including:

- the decision to withdraw the individual annual uniform allowance payment and replace it with a system where the Trust provides the uniform clothing instead

- the introduction of extended hours of provision in some service areas necessitating changes to staff work patterns to cover evenings and weekends

- the normal round of individual queries and problems requiring a stewards advice.

Within the wider staff side context I have continued to try and play an active role in the monthly JCNC and JTURC meetings as well as continuing to act as the main staff side lead as regards the implementation of the Knowledge & Skills Framework.

REPORT TO ANNUAL GENERAL MEETING

Branch stands the 'turnaround' test

Mick Griffiths, Branch Secretary

Once again the year has been a very busy one. With the passing of each year the struggle against cuts, closures, privatisation and job losses seems to intensify.

As these attacks deepen in the new year, the strength, resolve and collective resistance of the branch will bound to be further tested.

The year kicked off with the production of a special edition of the branch newspaper focusing exclusively on a formal response to the Trust's consultation over the proposals for downsizing Pontefract health services.



Reality check: how much of the PFI project will be built?

Ten thousand leaflet versions were also distributed to the general public within the Pontefract side of the district. Management didn't like it very much, and the Trust claimed to have posted their glossy consultation leaflet to 72,000-75,000 households – even though on our stalls we could not find anyone, anywhere, who said they had actually received one!

On a national scale the union let us down over pay by not offering to lead a national dispute over the government's miserable 2.5% pay offer.

For the first time in 24 years (since the last national pay dispute!), Head Office gave branches just one week to consult with members on the offer! Obviously bailing out New Labour at local election time

was more important than getting decent pay rises!

Locally, just like many other Trusts, we were hit in June with the "Turnaround Project" which set the objective of cutting pay bills by an average of 10% across the Trust.

An initial hundred or so jobs were potentially displaced with staff being placed in possible redundancy situations.

The branch developed a twin track approach. Within the Trust we balloted the entire membership, recommending support for industrial action short of strike against compulsory redundancies.

A magnificent 97% supported the call both within our branch and Dewsbury's. We believe that the intended industrial action influenced management in their efforts to ensure no one was made compulsorily redundant against their will.

On the public front we instigated with Wakefield District Trade Council a Defend Our Public Services public meeting at Pontefract Town Hall from

which a local Keep Our Health Services Public campaign group was formed.

A handful of activists within the group distributed 10,000 leaflets in Pontefract over a 6 week period and a respectable march and rally of a couple of hundred was organised which received good media attention.

By October the branch had recruited its 250th new member which represented more recruits than during the whole of the previous year (which itself was the fifth consecutive membership increase).

With the Trust intending to reduce the workforce by around a fifth over the next 5 years (i.e. 1,100 fewer whole time equivalent posts) no doubt more staff will be joining the union as they become fearful that their jobs will be threatened.

At the time of writing it is still not known if the plan for the new PFI (Private Finance Initiative – or should it be Profiting From Illness?) hospital development is to be given the Treasury approval it needs to proceed.

However, it is already abundantly clear that it is our members who are expected to pay the price for the private sector's profiteering rip off, through job

cuts, downgradings and general intensification of labour exploitation: less and less of us are increasingly expected to do more work for less pay!

And now the Government intends to "reward" us in 2007 with a derisory and very insulting pay increase offer of just 1.5% (which being well below inflation represents a real terms cut in pay!)

The branch had a resolution passed at the April 2006 national health group conference calling for national industrial action against the health cuts, redundancies and privatisation.

We also called upon UNISON's national executive to organise a national day of action as a matter of priority as soon as possible.

UNISON leaders (after prolonged and increasing pressure from below) have finally named the day for this – which is on Saturday, 3rd March, two days after the date of our branch's 2007 AGM.

Hopefully by the time of the AGM the branch will have organised many of our members to attend this vital day of action. Through united solidarity we may stand a chance of fighting back.

Fighting NHS cuts and privatisation

Write to your local MP

UNISON will be pulling every lever it can in its efforts to build a large-scale and broad campaign to roll back the cuts and halt the further privatisation of our NHS.

Our branch is not known for repeatedly urging people to write to MPs, but at this stage of the game we must use each and every avenue open to us, so we are making a special plea for action – even relatively few let-

ters can be enough to convince an MP that an issue is concerning their constituents.

Individual letters are more effective in swaying MPs than copying a single model letter, and the more directly you express your views the better.

If possible forward a copy of your letter to us at the union office.

Local MPs covering our branch area are Jon Trickett, Yvette Cooper, Ed Balls and Mary

Creagh. You can either write to them at the House of Commons London SW1A 0AA, or write to their local constituency office.

■ JON TRICKETT MP, 18 Market St, Hemsworth, Pontefract, West Yorkshire WF9 5LB

■ YVETTE COOPER MP, 2 Wesley St Castleford, W Yorkshire WF10 1AE

■ MARY CREAGH MP 20-22 Cheapside, Wakefield WF1 2TF

■ ED BALLS MP 54 High Street, Normanton, WF6 2AQ

Wakefield & Pontefract Hospital Branch

Annual General Meeting

Thursday March 1 2006 7.30 pm.

Pontefract Angling Club

- To receive Reports from Branch officers.
- To Elect Branch Officers under Rule 6 of the branch rules.

Rule 6 Branch Officers

a) The following officers will be elected at the AGM:

■ Chairperson ■ Secretary ■ Assistant Secretary ■ Treasurer ■ Education Officer ■ Health & Safety Officer ■ Political Officer ■ Equality Officer ■ Welfare Officer ■ Women's Officer ■ Young members Officer

b) Officers' posts may be shared at the discretion of the AGM or other Branch meetings.

c) The AGM will elect two Auditors who shall not hold any Branch Office

d) Nominations for officers' posts must be received at the Union Office two weeks before the AGM.

e) If there is more than one candidate a vote will be held at the AGM.

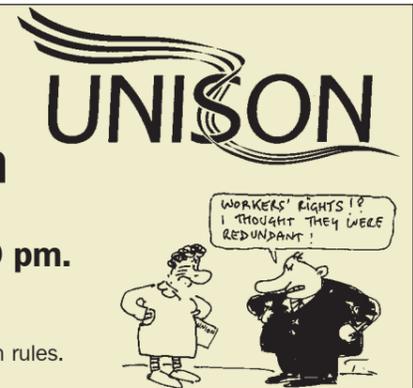
f) No Branch officer is allowed to hold more than one Branch office except where temporarily covering a vacancy.

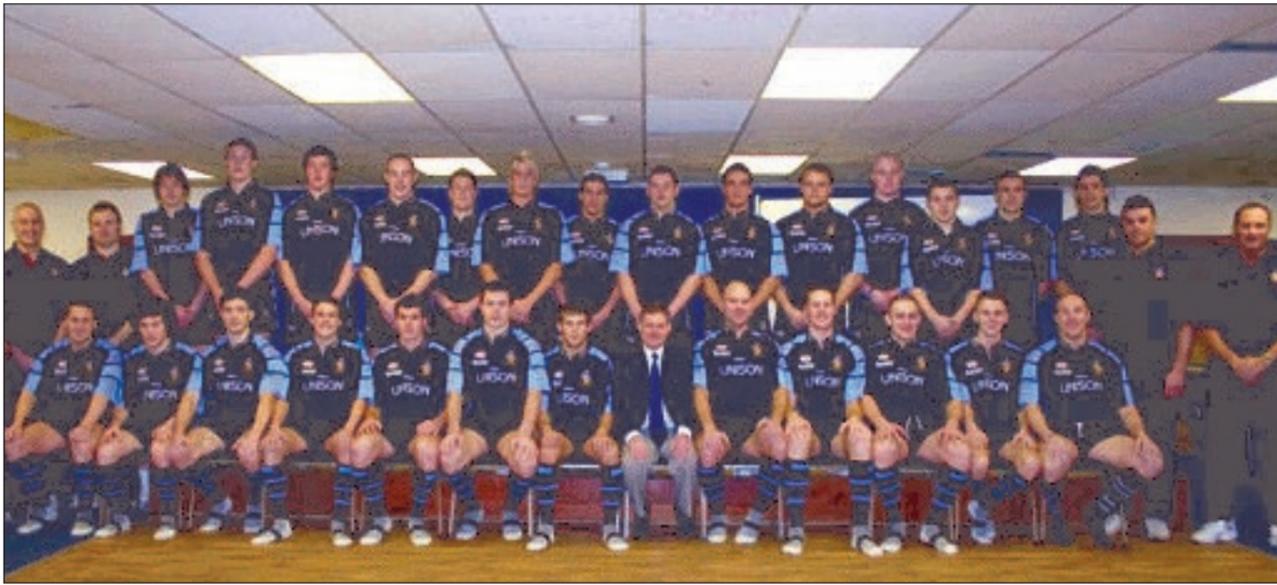
g) Branch officers and representatives will assume responsibilities as per the Rule Book.

h) Additional officers may be elected from time to time in accordance with needs of the Branch, and the promotion of equal opportunities.

● NOMINATIONS must be received at Branch Office by Thursday February 15

Welcome drink for all members. Please try to attend.





Branch renews Featherstone Rovers sponsorship **UNISON and Rovers – a winning team!**

UNISON has continued and increased its sponsorship of Rugby League locally, with renewed support for Featherstone Rovers. Programmes now display UNISON logos, and UNISON as also the most prominent logo on the players' shirts.

Our sponsorship of the team is run jointly with UNISON's local government branch: but in addition our own hospitals branch is investing in the future, by sponsoring the team's up and coming young players.

UNISON members who follow the sport can also get concessionary rates on tickets to watch Featherstone Rovers. For more details contact the union office in Pinderfields.

Do you work with display screen equipment (DSE)/VDUs? **Your right to free eye tests**

There is mounting evidence which suggests that visual display units (VDUs) may cause actual eye damage.

For example in America and Japan, temporary visual impairment is officially recognised as an occupational health problem and that in Denmark the Association of Computer Professionals has concluded that many screen-based workers become short-sighted. They believe that this is due to the eyes focusing at the same distance for too many hours.

Out of an estimated 6/7 million VDU 'users' in the UK, only one in five have exercised their legal right to an eye test paid for by their employer. Many are not aware of their entitlement. Some employers are also confused about who is entitled. Others try to avoid the costs of complying with the law.

Whilst Regulation 7 requires employers to ensure that all VDU 'users' are aware of their right to ask for a free eye test, often this is not the case. Regulation requires employers to provide, on request, an appropriate eye and eyesight test for 'users' or those who will shortly

become 'users'. There is legal no requirement for employers to provide them automatically.

But note that the onus is on the employee to request eyesight tests

The employer may specify where the test is to be taken, but an individual may wish to negotiate for the employer to make a reasonable payment where an individual chooses to go elsewhere. In particular, where an individual has specialist needs the optician chosen by the employer may not be able to carry out the appropriate tests.

Individuals who already have a problem should see a specialist with the branch ensuring that the cost is met by the employer.

All eye and eyesight tests must be:

- 1) carried out by a competent person, either a doctor or optician with ophthalmic qualifications;
- 2) carried out as soon as practicable after being requested where the employee is already a 'user', and where not already a 'user' before the employee becomes a 'user'; and
- 3) without cost to the employee.

'Users' should be provided with tests at regular intervals, but cannot be compelled to take one. The optician or doctor will be able to advise how frequently these tests should be. It may vary between individuals.

Employers must also provide, on request, tests for users who experience visual difficulties, which may reasonably be considered to be related to DSE work, for example headaches, eyestrain, or difficulty in focussing.

UNISON believes that employers should allow paid time off to attend these tests during working hours.

THE COST OF GLASSES

If the test results show that glasses are needed for DSE work, employers must pay the cost of these corrective appliances. Employers often claim that they only need to make a payment where the glasses are required "solely" for DSE work.

This is not in accordance with either the wording or the spirit of the regulations and branches should ensure that

the cost is met even if the glasses are also going to be used for general reading purposes, where they are also required for DSE work.

The employer may specify where 'special' corrective appliances are purchased.

The regulations also state that the employer need only meet the cost of a basic adequate pair. If 'users' want more expensive pairs or optional treatments, the employer need only provide a basic pair or it may choose to part pay for a more expensive pair, but only to the value of a basic pair.

REST BREAKS

Taking regular breaks away from DSE work is also important for relaxing the eyes. Regulation 4 requires employers to plan the activities of 'users' so that their DSE work is periodically interrupted by breaks or changes of activity. The more intensive the work, the more frequently breaks are required.

Where possible, 'users' should be

allowed to take breaks when they need them. Where this is not possible, or unlikely due to pressure of work, an agreement on DSE work breaks should be drawn up.

The Guidance to the Regulations says that breaks should be taken before the onset of fatigue, not in order to recuperate, and when performance is at a maximum.

Taking breaks should not mean that the same amount of work needs to be done in less time. Short frequent breaks are preferable to longer occasional breaks, and if possible they should be taken away from the screen.

Studies seem to suggest that changes of work activity, rather than formal rest breaks are more effective in relieving eye strain.

Of course, this fact should have no detrimental affect on formal tea breaks.

For further information, contact Ron Thompson, Branch Health and Safety Officer

via Extn 6730 or e-mail ron.thompson@midyorks.nhs.uk



How to find your Pinderfields and Pontefract Hospitals Branch UNISON reps

BRANCH REPRESENTATIVES 2007

BRANCH SECRETARY

Mick Griffiths, Porters, PGH 2335

ASSISTANT BRANCH SECRETARY

Maria Thompson, Staff Side Office, PGI 6730

BRANCH CHAIRMAN

Adrian O'Malley, Porters, PGH 2335

HEALTH & SAFETY OFFICER

Ron Thompson, Staff Side Office, PGI 6860

TREASURER

Peter Walton, Clinical Waste, PGH 2335

EQUALITIES OFFICER

Colleen Robinson, Linen Services, PGI 6864

WELFARE OFFICER

Karen Mander, O/P, PGI 6744

WOMEN'S OFFICER

Diane Moore, Domestic, PGI 2335

NURSING REPRESENTATIVES

Sarah Allan, Reg Nurse, MAU, PGI 6132

Susan Armitage, Research, Cardiology 2405

Terry Blackmore, Housekeeper, Wd 5 PGI



UNISON BRANCH MEETINGS

are on the first Thursday of the month, alternating between Pontefract (at the Angling Club) and Pinderfields (in Wakefield Labour Club)

Rob Crabb, Ward 5, CCU, PGH 2404

Ruth Gillmeister, Ward 2, PGH

Karen Grace, AMU, PGH 2899

Sam Howe, RGN, Theatres, PGI

Cheryl Johnson, Nurse, Ward 9, PGI 6429

Karen Mander, OP, PGI 6744

Christine Robinson, Theatres, PGI

ADMIN & CLERICAL

Denise Athey, MS Co-Ord. Ward 2 PGH 3518

Maria Thompson, Staff Side Office, PGI 6730

Terry Weaver, Pharmacy, PGH 2873

ANCILLARY REPRESENTATIVES

Lorraine Dykes, Linen Services, PGH 2186

Hayley Garbutt, Domestic, PGI

Michael Horner, Security, PGH 2848

Ken Hough, Porter, Theatre J, PGH 3490

Diane Moore, Domestic, PGI 6971

Anita North, Ward Asst, Ward 5, PGH 2402

Colleen Robinson, Linen Services, PGI 6864

Josie Smith, Domestic, PGI

PROF & TECH REPRESENTATIVES

Barry Hardwick, Equipment Library, PGI 6996

Pam Shepherd, HSDU, PGH 3100

Katie Summers, ODP, Theatres, PGI

Simon Taylor, Ward Man, DSU, PGI

HEALTH & SAFETY

Christine Ratcliffe, HSDU, PGH 2568

Stephen Smith, OT, PGI

Andy Tuckwell, Porters, PGH 2382

BAOT

Rosie Pearson, Occup. Therapy, PGH 3818

Not yet a member?

Join UNISON today!

Just fill in form on back page

Turnaround team turns round a tidy profit

With well over £1 million already spent on private sector management consultants, and the total rising every day, the Mid Yorkshire Trust's "turnaround" process has been intensified, with the 2-year target for £35m savings slashed to 18 months.

The Trust has declared a target of cutting the pay bill by 10 percent, and claims that of the £35m target up to £22m will come from reduced staffing costs, with up to £17m to come from "non-pay savings."

None of the figures seems to make much sense when set against the other figures, especially when the Trust claims to be on target for its 18-month savings target but reveals that its projected deficit at the end of the second quarter was slightly higher than the result at the end of last year.

However pressure from the union has paid off, so that early fears that such drastic cuts in staff budgets would require compulsory redundancies have proved to be wide of the mark.

Instead the Trust has become obsessively keen to avoid paying any redundancy money to staff, and seeking any and every way around it, resorting to identifying jobs at risk in batches of just under 100 to avoid either consultation or additional redundancy entitlements.

Meanwhile staff morale is being systematically undermined, and individuals are being placed under untold pressure by a constant process of reorganisation, which also involves reducing staffing levels to the point that many members of staff fear for the safety of patients.

120 beds have also closed across the three main hospitals, piling additional pressure on to frontline beds and the staff working on them.

Nursing staff in particular are reaching the end of their tether, and UNISON is braced for an explosion of anger in one or more of the departments facing

the most severe shake-up: they can't squeeze more and more out of fewer staff for ever.

We are concerned that staff who used to enjoy and value their jobs are now telling UNISON that they dread coming in to work and the start of each shift.

Nursing staff should bear in mind the obligations placed on them – and on their management – by the Nursing and Midwifery Council's Code of Conduct.

We believe that code is binding on professional nurses who are now acting as managers – and that demanding staff work outside of the Code could leave managers open to complaints of unprofessional conduct.

If it seems the staffing levels and working patterns proposed for your ward or department by management put the quality of care at risk, make sure you tell

your nearest rep and the branch office, and we will investigate the steps open to us.

It seems that the Trust has also retreated from plans to "out-source" medical secretaries' work to private sector companies in India and elsewhere: there has been an official denial, which comes at the same time as many other Trusts are also thinking twice on one of the maddest privatisation plans of all time, and some of those who plunged in to early deals are now counting the cost in delays, errors and hidden inefficiencies.

It seems that the unresolved financial situation is one of the factors in the continual postponement of signing the Private Finance Initiative contract for building the new hospitals at Pinderfields and Pontefract.

After being told for much of last year that the deal had to be signed by the end of November, it was once again postponed, to the end of February. Staff eager to hear news of the conclusion of the deal are strongly advised not to hold their breath waiting.

I COME TO A BRIGHT SPOT IN ANOTHERWISE GLOOMY YEAR...



What the NMC Code of Conduct says

(Remember this also applies to managers with nursing qualifications):

"As a registered nurse, midwife or specialist community public health nurse, you must:

- protect and support the health of individual patients and clients ...
- uphold and enhance the good reputation of the professions (1.2)

"You are personally accountable for your practice. This means that you are answerable for your actions and omissions, regardless of advice or directions from another professional. (1.3)

"You have a duty of care to your patients and clients, who are entitled to receive safe and competent care. (1.4)

"You are expected to work cooperatively with teams and respect the skills, expertise and contributions of your colleagues. You must treat them fairly and without discrimination (4.2)

"When working as a member of a team, you remain accountable for your professional conduct, any care you provide and any omission on your part." (4.5)

"As a registered nurse, midwife or specialist community public health nurse, you must act to identify and minimise the risk to patients and clients" (8)

"You must work with other members of the team to promote health care environments that are conducive to safe, therapeutic and ethical practice." (8.1)

"Where you cannot remedy circumstances in the environment of care that could jeopardise standards of practice you must report them to a senior person with sufficient authority to manage them ..." (8.3)

Who's the Boss?

When the body was first made, all parts wanted to be boss.

Brain said, "I'm the boss, as I control everything."

Feet said, "We should be boss, we carry him about and get him in the position he wants."

Hands said, "We should be boss, we do all the work and earn all the money."

So it went on – Heart, Lungs, Eyes – until finally Arsehole spoke up.

All the other parts of the body laughed at the thought of Arsehole being boss.

As a result Arsehole went on strike, blocked himself up and refused to work.

Within a short time, Brain became fevered, Eyes became crossed, Hands became clenched, Feet twitched and Heart and Lungs were struggling.

So they all decided that Arsehole should be Boss, consequently the Motion was passed.

All other parts of the body did the work while Arsehole, as Boss, just sat there and passed out a load of shit.

The moral of the story is:

You don't need a brain to be a Boss, Just an Arsehole.



Agenda for Change UPDATE

Diane Moore

Agenda for Change is going from Implementation stage to Operational stage.

What this means is that while Job Descriptions will still be matched and evaluated the same way as before, and staff still are going through informal reviews, the process is now coming to an end, with only a small minority of staff to be assimilated.

The main thing to remember is that when you get a letter that is dated, please keep to the time scales stated.

Time scales are strictly used –

for example if you have a problem over banding, you have just three months after getting your banding to get your review form back in to the Agenda for Change office.

Final

Your review banding is final: from that point you can only take out a grievance against the process, not the banding.

Examples of issues in the Agenda for Change process which may give grounds for an appeal are:

- Not being informed of matching panel date
- Panel bias
- Incorrectly convened consistency panel.

Again you need to work to the time scale for grievance as these are also applied strictly

Any new posts or amended Job Descriptions will still go to panels made up of Union and Management reps. These panels will also deal with staff who appeal for a higher Band, just as we used to do with regrading claims.

All back pay should be paid by the end of the financial year

Any help needed please contact the UNISON office

Trust breaks contracts for displaced staff

Adrian O'Malley Branch Chair

During the recent 'Turnaround' staffing cuts the Trust has refused to honour the contracts of those staff who have been forced to change their work base.

Section 17.27 of the Agenda for Change Terms & Conditions handbook states:

"Employees who are required to change their base of work as a result of a merger of NHS employers or their acceptance of another post as an alternative to redundancy may be reimbursed their extra daily travel expenses for a period of 4 years from the date of the transfer. The excess shall be calculated on a basis of the bus fares or standard rail travel or if the employee travels by motor vehicle on the basis of the public mileage rate. (Currently 23p/mile)"

Therefore staff who have been forced to travel to another hospital to work are losing out on the compensation agreed nationally between the unions and employers.

The Trust claim they can breach our contracts as they are providing a shuttle service



This penny-pinching attack on our terms and conditions has been imposed on the staff by the Trust. It has NOT been agreed at the monthly meetings of the Trade Unions and Senior Management.

The Joint Trade Unions have lodged a collective grievance with the Trust Board where we will be calling

on the Board to honour our contracts just as they expect their staff to honour theirs.

UNISON condemns the Trust for its hypocrisy in cherry picking which parts of the national agreement it will honour.

If the appeal to the Trust Board is unsuccessful and the Trust continues to rip off our members we will consult the union's solicitors about the possibility of legal action.

● If you have recently moved hospital and have not received excess travel payments contact: ADRIAN O'MALLEY, PGH ext 2335

or MARIA THOMPSON, PGI ext 6730



We need YOU!

Have you ever thought about getting more involved in your Union?

If you have, we can guarantee that we won't throw you in at the deep end. We'll only ask you to do as much as you're prepared to take on.

Although we're always on the look out for new stewards and health and safety reps there are plenty of other ways that you can get involved. If you are interested please don't hesitate. Just a tick a box or two on this slip and send it back to us. Go on, you know it makes sense!



- Shop Steward
- Health and Safety Rep
- Workplace contact
- Black Members Rep
- Gay and Lesbian Rep
- Welfare Committee
- Social Committee

I'm interested in getting more involved in UNISON and would like more information on the following:

Name

Department

Phone/Extension/Address

.....

Please return to: MICK GRIFFITHS, UNISON, Union Office Pinderfields Hospital, Abeford Rd, Wakefield WF1 4DG

UNISON

"Rule book" BENEFITS

Death benefit

| Years of membership | £ |
|---------------------|-----|
| 1-5 | 72 |
| 5-10 | 118 |
| 10-15 | 158 |
| 15-20 | 198 |
| 20-25 | 244 |
| 25-30 | 282 |
| Over 30 | 346 |

Fatal accident benefit

£1,295 after one year's continuous membership, £2,875 after ten years' membership, to be paid to the member's partner or children.

Incapacity benefit

Members who suffer partial or total incapacity due to injury while at work are entitled to £1,437 for partial, or £2,875 for total incapacity, as described in the rule book.

Convalescence

Members can apply to the Welfare Fund for convalescent accommodation:

- To recuperate from an illness.
- To have a temporary rest for the benefit of health.
- To take a holiday they could not otherwise afford.

Accident benefit

£2.90 per day of sickness, £14.50 per week maximum, up to a maximum of 30 days or £87 in any calendar year.

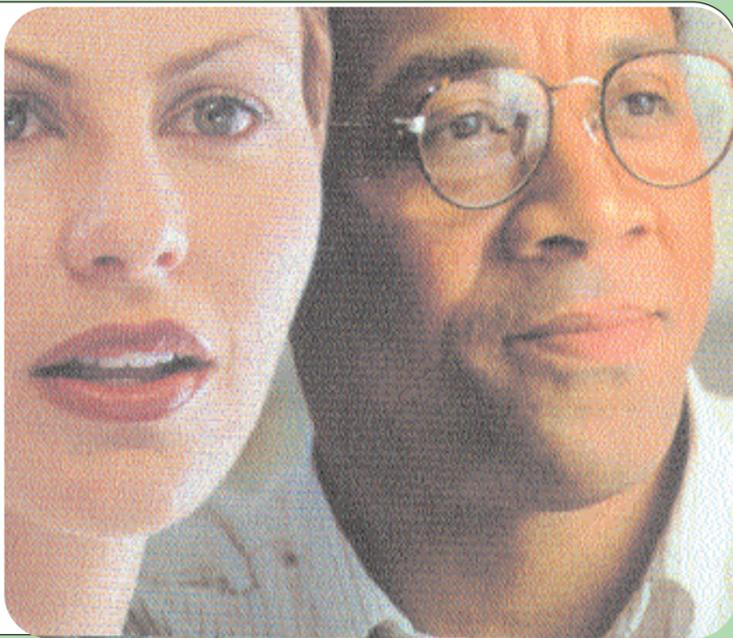
Education and training

Members can be considered for a grant by the NEC for training or study courses.

FREE indemnity insurance

UNISON provides free professional indemnity insurance of up to £1 million for a wide range of health service professionals, including nurses, ambulance staff, PTAs and PTBs.

Don't delay, join today!



Ten good reasons to join UNISON

If you are not already a trade union member, then why not consider joining UNISON?

Here are TEN good reasons for doing so:

■ UNISON represents nearly 1.5 million employees across Britain, making us the biggest trade union in Britain. We only recruit people who work to provide services to the public - so our size and our specialisation mean that we offer strong, professional and effective protection to all our members.

■ UNISON's trained representatives provide free support and advice on any problems you might have at work.

■ UNISON provides professional negotiators to sort out your pay and terms and conditions of employment both nationally and locally.

■ UNISON membership brings free legal representation for accidents at work and while travelling to and from work, and free representation on other employment related issues.

■ We also offer legal advice for domestic and other problems at much reduced rates. UNISON's trained health and safety representatives provide free services to make your workplace safe to be in.

■ UNISON pays benefits to members, including accident and death benefits.

■ UNISON looks after you. We provide convalescent facilities at reduced rates, offer financial assistance to members suffering unforeseen hardship, and give free advice on state and welfare benefits

■ UNISON provides a wide range of competitive financial services. These include reduced mortgages, home, car and holiday insurance, road rescue, personal loans, credit cards and financial planning advice.

■ UNISON offers great break-away holidays through our travel club, as well as our own family holiday centre in Devon.

■ UNISON offers you a range of education and training courses. These include courses leading to professional qualifications, GCSEs and vocational qualifications.

Your chance to join Britain's biggest health care union

UNISON

APPLICATION FORM Please fill in this form in BLOCK CAPITALS, and send it to MICK GRIFFITHS, Union Office, Pinderfields Hospital, Aberford Rd, Wakefield WF1 4DG.

YOUR DETAILS

Mrs Ms Miss Mr FIRST NAME Other initial(s)

SURNAME

ADDRESS

Postcode

WORKPLACE ADDRESS (if different from above)

Postcode

JOB TITLE/OCCUPATION

National Insurance number (from your payslip)

If you have been a member of a trade union before, please state which one:

Employer's name

Payroll number (from your payslip)

I wish to join UNISON and accept its rules and constitution.

I authorise deduction of the following Political Fund payment as part of my subscription: Tick one box only

Affiliated Political Fund

General Political Fund

I authorise deduction of UNISON subscriptions from my salary/wages at the rate determined by UNISON to be paid over to them on my behalf and I authorise my employer to provide to UNISON information to keep my records up to date.

If you are, or have been, a member of the Freemasons you must declare this in writing when completing this form.

I wish to pay by direct debit/cheque (please tick if appropriate)

3. WHAT YOU PAY - CURRENT RATES (SET OCTOBER 2003)

Please tick the appropriate box for your earnings before deductions.

YOUR SUBSCRIPTION—WHAT YOU PAY

| WEEKLY PAY | ANNUAL PAY | PER WEEK | PER MONTH | BAND |
|-----------------|--|----------|-----------|------|
| Up to £38.47 | <input type="checkbox"/> Up to £2,000 | £0.30 | £1.30 | A |
| £38.48-£96.16 | <input type="checkbox"/> £2,001-£5,000 | £0.81 | £3.50 | B |
| £96.17-£153.84 | <input type="checkbox"/> £5,001-£8,000 | £1.22 | £5.30 | C |
| £153.85-£211.53 | <input type="checkbox"/> £8,001-£11,000 | £1.52 | £6.60 | D |
| £211.54-£269.23 | <input type="checkbox"/> £11,001-£14,000 | £1.81 | £7.85 | E |
| £269.24-£326.92 | <input type="checkbox"/> £14,001-£17,000 | £2.24 | £9.70 | F |
| £326.93-£384.61 | <input type="checkbox"/> £17,001-£20,000 | £2.65 | £11.50 | G |
| £384.62-£480.76 | <input type="checkbox"/> £20,001-£25,000 | £3.23 | £14.00 | H |
| £480.77-£576.92 | <input type="checkbox"/> £25,001-£30,000 | £3.98 | £17.25 | I |
| £576.93-£673.08 | <input type="checkbox"/> £30,001-£35,000 | £4.68 | £20.30 | J |
| £673.08+ | <input type="checkbox"/> over £35,000 | £5.19 | £22.50 | K |

Please tick this box if you are a student member in full-time education (including student nurses or Modern Apprentices). Your subscription is £10 per year.

Please tick the appropriate box to indicate how often you are paid
Weekly Fortnightly Four Weekly Monthly

For UNISON use

Now please sign and date below and return this form to the Union Office, Pinderfields Hospital, Aberford Road, Wakefield WF1 4DG

Signed

Date

6am- midnight
UNISON DIRECT
0845 355 0845