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 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 have had to deal with include:

- A Pontefract nurse verbally abused by a doctor in front of staff and visitors – YEARS later she is still fighting her case;
- 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?

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.

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.

Trust fined £49,134 for failure to take action

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.

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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 allegations 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 PGR 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 of your job title that you would use)

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
Attacking deadlines, etc
Excessive work monitoring
Setting unrealistic targets or deadlines
Keeping you out of things
Vicinising 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 □

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

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 stowering 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 campaigns 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)
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 Trust and Primary Care Trusts are entirely undemocratic, appointed bodies with no direct accountability to the local population, the Scrutiny Committee members 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 faint, 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 suggest a couple of weeks earlier showed Mid Yorkshire 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 the briefest look at the Trust’s own Performance Summary at the end of October 2007, which showed 50 percent higher than 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.

After a drop in performance in thrombolysis “call to needle” times, 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 needed to look at 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 of 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.

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.

Some workers are already on or above 10 percent readmission levels on or above 10 percent. The BAOT were one of the few organisations who were not alone in wanting to make their voices heard.

We have a strong tradition of Nursing and Midwifery representation at national level and it is not often that Occupational Therapy staff make their presence known.

I was particularly encouraged by the number of therapy staff who not only supported the event but were prepared to visit the rally to 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.
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; 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 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 a concerted national action – was the old tried and tested technique of playing off the weak branch to outflank the strong one.

Instead of announcing, boldly, before Christmas that there would be a major march through London on March 3 and that every health branch was required to book and fill coaches for this day of action will solidify our resolve.

Instead of putting pressure on the branches that have lifted a finger to challenge cuts and privatisation in their local areas to get up and start fighting back, national and regional officials took advantage of their inaction and announced there was insufficient support to build a convincing national protest.

But they did divulge, dallying 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 web sites, featured in every speech and press release, and ingrained on the consciousness of every health union member.

They would have pumped out our posters, stickers and tens of thousands of hard-hitting leaflets in place of the feeble “3

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 through its privatisation with little or no opposition from the members of the Health Service Group.

This 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 Health Service Group conference.

At the very least, a national day of action should be organised before the 2007 Health 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.

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.

“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 – the tendering and without a public mandate. It’s time for an open debate about whether people want the public privatisation of their health service.

Copies of the report, “The patchwork privatisation” of our health service: a user’s guide, will be available from the UNISON Office.

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 £1bn will cost a staggering £85bn over the life of the contracts.

The details and a very clear explanation of how the government is taking money from us is 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 stories.

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

The government has promised to support.
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 AIC 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 start a union steward to do so, I would like to acknowledge the steps taken by our local occupational therapist managers to keep me informed about what was happening and to channel 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 during evenings and weekends.
- The normal round of individual queries and problems requiring a steward’s advice.

Within the wider staff side context I have continued to try and play an active role in the monthly JCNC and JTUC 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 struggle, 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 newsletter focusing exclusively on a formal response to the Trust’s consultation over the proposals for downsizing Primary Care Trust health services.

Ten thousand leaflet versions were also distributed in 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 National Health Labour at local election time was more important than getting decent pay rises.

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

An initial handful of so 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 bullied 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 Services 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 at 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 3 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) project will be built, 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 profligacy rip off, through job cuts, downsizing 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 deary 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 caved in to the day this is – 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.
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 focusing. 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 “suitably” 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 Ext 6730 or e-mail ron.thompson@midyorks.nhs.uk.

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 hospital 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?

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How to find your Pinderfields and Pontefract Hospitals Branch UNISON reps

UNISON BRANCH MEETINGS

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

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

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Terry Blackmore, Housekeeper, Wd 5 PGI 2405

Michael Horner, Security, PGH 2645
Ken Hough, Porter, Theatre J, PGH 3490
Diane Moore, Domestic, PGI 6971
Anita North, Ward Asst, Ward 5, PGI 2402
Colleen Robinson, Linen Services, PGI 6864
Josie Smith, Domestic, PGI 6971

PROF & TECH REPRESENTATIVES
Barry Hardwick, Equipment Library, PGI 6996
Pam Shepherd, HSDU, PGI 3100
Katie Summers, OPD, Theatres, PGI
Simon Taylor, Ward Man, DSU, PGI

HEALTH & SAFETY
Christine Ratcliffe, HSDU, PGI 2568
Stephen Smith, OT, PGI 2382
Andy Tuckwell, Porters, PGH 3818

BAOT
Rusie Pearson, Occup. Therapy, PGI 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, the Trust is now being told that it needs to target another £14m over the next two years, with the 2-year target for £35m savings slashed to 18 months.

The Trust has declared a target of 120 beds by 2006, and claims that of the £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 in practice it was 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 the fears that such drastic cuts in staff numbers would require compulsory redundancies have proved to be wide of the mark. Instead the Trust has become obsessedly keen to avoid paying any redundancy money to staff, and seeking any and every way around the obligations placed on them – and on their managers – by the Agenda for Change (A4C) 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 you.

It seems that the Trust has also retreated from plans to “outsource” 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 proposals. Privatisation plans of all time, and some of those who plundered in to early deals are now countering 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 of 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 eagers to hear news of the conclusion of the deal are strongly advised not to hold their breath waiting.

Diane Moore
Agenda for Change is going from implementation stage to Operational stage.

What this means is that whilst Job Descriptions will still be matched and evaluated the same way, and some staff will still be 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.

Trust breaks contracts for displaced staff

Adrian O'Malley
Branch Chair

During the recent ‘Turnaround’ staffing cuts the Trust has announced that it has had to order out 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 decision. The expenses 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. (Cur.

The Trust adds that those 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 canbreach our contracts as they are providing a shuttle service for example if you have a problem over banding, you have just three months after getting your banding to get your review form back 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
Incorporated convened consistency panel.

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

Any new points or amended Job Descriptions will still go to pan-

ciles up made of Unit and Man- 

agement reps. These panels will also deal with staff who appeal for a hearing, just as we’re used to doing with regrading claims.

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

Any help needed please contact the UNISON office

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)

— In particular you must:

— Work with other members of the team to promote health care environments that are conducive to safe, therapeutic and ethical care (8.3)

— Where you cannot remedy circumstances in the environment of care that could jeopardise standards of practice you must report them to a professional nurse, you must act to identify and minimise the risk to patients and your part.” (4.5)

— 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)

— The purpose of this handbook states:

— You are required to change your 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 decision. The expenses 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. (Cur.

— As a registered nurse, midwife or specialist community public health nurse you must act to identify and minimise the risk to patients and your part.” (4.5)

— You must work with other members of the team to promote health care environments that are conducive to safe, therapeutic and ethical care (8.3)

— Where you cannot remedy circumstances in the environment of care that could jeopardise standards of practice you must report them to a professional nurse 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 posi-

tion 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, blockaded himself in a bed 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.
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 means 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 conveyancing facilities at reduced costs, 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.

Here are Ten good reasons for joining today:

1. UNISON pays benefits to members including accident and death benefits.
2. UNISON offers you a range of education and training courses.
3. UNISON provides a wide range of competitive financial services.
4. UNISON offers great break-away holidays through our travel club.
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6. UNISON provides free legal advice on state and welfare benefits.
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8. UNISON offers great break-away holidays through our travel club.
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Designed by John Lister, LHE, 07774 264112

“Rule book” BENEFITS

Death benefit

<table>
<thead>
<tr>
<th>Years of membership</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>72</td>
</tr>
<tr>
<td>6-10</td>
<td>118</td>
</tr>
<tr>
<td>11-15</td>
<td>158</td>
</tr>
<tr>
<td>16-20</td>
<td>198</td>
</tr>
<tr>
<td>21-25</td>
<td>244</td>
</tr>
<tr>
<td>26-30</td>
<td>282</td>
</tr>
<tr>
<td>Over 30</td>
<td>346</td>
</tr>
</tbody>
</table>

Fatal accident benefit

£1.296 after one year’s continuous membership, £2.876 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 £2,876 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.

UNISON 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!

Your chance to join Britain’s biggest health care union

APPLICATION FORM Please fill in this form in BLOCK CAPITALS, and send it to UNISON.

UNISON Office, Pinderfields Hospital, Aberford Road, Wakefield WF1 4DG.

YOUR DETAILS

Mrs ❑ Mr ❑ Ms ❑ Miss ❑ Mr FIRST NAME ............................... Other initial(s) ............... SURNAME ..........................................................................................................................................................................

ADDRESS ............................................................................................................................................................................................................

Postcode .................................................................

WORKPLACE ADDRESS (if different from above) ............................................................................................................................................................................................................

Postcode .................................................................

JOB TITLE/OCCUPATION ............................................................................................................................................................................................................

Employer’s name ................................................................. National Insurance number (from your payslip)

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

Payroll number (from your payslip)

NOW PLEASE SIGN AND DATE BELOW AND RETURN THIS FORM TO THE UNION OFFICE.

Signed ................................................................. Date .................................................................

1. WHAT YOU PAY – CURRENT RATES (SET OCTOBER 2003)

Please tick the appropriate box for your earnings (before deductions)

WEEKLY PAY

ANNUAL PAY

PER WEEK PER MONTH BAND

Up to £188.47 (A) Up to £2,000 £14.50 £141.00 £352.00 £3,000

£189.48–£476.16 (B) £2,001–£5,000 £15.00 £300.00 £450.00 £5,001–£8,000

£477.73–£113.84 (C) £8,001–£15,000 £15.50 £450.00 £600.00 £15,001–£20,000

£113.85–£211.53 (D) £15,001–£22,000 £16.00 £600.00 £750.00 £22,001–£30,000

£211.54–£626.33 (E) £30,001–£40,000 £16.50 £750.00 £900.00 £30,001–£45,000

£626.34–£736.72 (F) £40,001–£70,000 £17.00 £900.00 £1,100.00 £45,001–£75,000

£736.93–£843.46 (G) £70,001–£100,000 £17.50 £1,100.00 £1,350.00 £75,001–£100,000

£843.62–£1,461.76 (H) £100,001–£150,000 £18.00 £1,350.00 £1,650.00 £150,001–£200,000

£1,461.77–£2,673.92 (I) £150,001–£220,000 £18.50 £1,650.00 £1,950.00 £220,001–£300,000

£2,673.93–£6,737.08 (J) £300,001–£450,000 £19.00 £2,000.00 £2,400.00 £450,001–£600,000

£6,737.09–£957.00 (K) £600,001–£900,000 £19.50 £2,400.00 £2,800.00 £900,001–£1,200,000

£957.00+ (L) £1,200,001+ £20.00 £3,000.00 £3,600.00 £1,200,001+

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

£83.90+ over £35,000 £19 £22.50

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