

BRANCHING OUT

UNISON

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Now we've got the "no trolleys" crisis

Philip Bolley, UNISON Ambulance convenor

IT IS now a regular occurrence for an emergency ambulance vehicle to not be able to unload their patients at the John Radcliffe A&E department because there are no more trolleys available.

The impact of this is felt by the patient and by the ambulance service as they in turn have fewer vehicles available for other emergency calls.

In September Oxfordshire ambulance staff asked for a letter to be sent to the Thames Valley Health Authority expressing their concerns. The Health authority indicated additional beds were being opened on the John Radcliffe site with the aim of reducing delays in admissions.

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

Mr Lammy said he was unaware of any delays or problems of this nature within Oxfordshire. However he said he would look into the matter.

Locally UNISON will now take the matter back to our local JCC meeting in November. At the same time we hope that Mr David Lammy will ask questions of the Thames Valley Strategic Health Authority as to why the ambulance service is providing nursing care rather than providing emergency care!

Their fight is our fight: pay the firefighters!

As a show of the Branch's support for the fire fighters' pay strike, Bryan Nicholls UNISON Convenor at Oxford Radcliffe Hospitals presented a £500 cheque to Firefighters at Oxford's Rewley Road fire station on November 28.

Fair pay for all!



UNISON is calling for a "significant" increase in nursing and pay review body salaries in 2003, to stem the loss of nurses. The claim for non review-body staff is still being finalised, but the ancillary sector (backed by our Region) is calling for £2,000 or 10%, whichever is the greater, and a 35-hour week.

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

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

In Oxford the average property price is £238,000, meaning mortgage payments as high as £1500 per month and requiring an income of £68,000. Across the county property prices average £216,000, more than 30% above the national average.

Even an average flat ranges in price between £126,000 out of town and

£168,000 in Oxford, which means that you need be earning over £35,000 a year just to get a foot on the bottom of the ladder.

Yet the average wage in Oxford is just £23,920 - with many health workers earning substantially less than that.

The smallest terraced houses in Oxford averaged a massive £235,000 in November, again well above the national average.

And it's no easier if you're looking to rent: with Oxford having double the national average of privately rented property, just to rent a single room in July averaged £350 a month.

A one bedroom flat in the county will set you back at least £550 a month, and a small family house won't give you any change from £1000. These are the harsh economic realities that UNISON members face every day.

Many of the staff we need just cannot afford to come and work in Oxfordshire. Others can't afford to stay. Some have already upped sticks and gone, and others will follow. These are staff that it's nigh on

impossible to replace without the use of expensive agency staff.

UNISON's local government and health branches have been leading a campaign for public sector salaries to be supplemented with a £2000 a year local cost of living allowance as some compensation for these sky high prices.

So far the NHS has remained stubbornly resistant to any idea of paying up - except for a token payment to a relatively small elite of qualified nursing and professional staff.

The latest proposed restructuring of NHS pay includes an increase in London weighting, but offers only

5% or a maximum of £1,300 a year for staff in "fringe" high cost areas outside the capital - despite the fact that property prices and transport costs in Oxford are as high as many parts of London.

That's why Oxfordshire Health Branch will continue to support the campaign for local pay supplements, and for a decent pay increase that can attract, recruit and retain the staff we need to deliver high quality care for local people.

Like the firefighters, we know we're worth it!

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My experience of being a new UNISON steward

Enrico Ferrari

In April I became a UNISON steward for student nurses.

The problems and doubts I could foresee at the beginning were: will I have enough time for it? will I become entangled in a bureaucratic organisation? Do I want to get involved in a trade union that has such friendly links with the Labour Party, which I judge a right wing, neo-liberal and neo-colonialist party?

In the end, I thought that the little help I could give to fellow students/workers was better than no help, and that the basic principles of trade unionism, of collective action by workers, were paramount.

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

From a personal point of view, being a trade unionist involves developing personal

skills of communication, organisation, negotiation, being a representative, and awareness of the power of language, and of how carefully it should be used.

The local branch is very open and supportive and is not hierarchical at all.

Decisions are taken democratically at a local level, without hidden biases or influences, and everybody's opinion is taken into consideration. Everybody can make the difference at a local level.

From a broader point of view, it is a place to discuss about both national and internal problems. The Union itself has many different political faces, and there are strong debates within UNISON. Moreover being part of UNISON has clarified to me the role of many issues that I was only generally aware of before, but that might have an important impact on us.

First of all there is the Private Finance Initiative, promoted by the Labour government in line with previous Tory policies of introducing the market in health. The private sector invests its

money just for profit: in the long term the NHS will have to pay back all the money it borrows, with interest.

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



UNISON has led the fight for nursing students to get salaries in place of poverty-line bursaries

Nursing Students win back library access

Enrico Ferrari

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

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

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

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

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

In these three years funding

will improve Brookes library and its electronic access to journals.

Brookes management was supportive.

However, the whole issue deserves raises other questions over the Government's plans.

In 'The New NHS, Modern, Dependable' (Department of Health, 1997) the new Labour Government stated that one of its aim was 'To shift the focus onto quality of care so that excellence is guaranteed to all patients' (p.11).

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

The NHS Plan (Department of Health, 2000) adds that:

'In future the new efficiency targets for the NHS will not permit a trade off between

cost and quality' (p.62).

I would argue that the current arrangement is good within the budget limits.

But – in the interest of future patients and society – 'best evidence' and 'excellence' (to use the Government's own words) would imply unlimited access to every source of evidence, including libraries, for everyone who is learning.

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

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

Why UNISON must fight its corner in the Labour Party

Liz Peretz

It's been an odd year for those of us in the Labour Party and in UNISON, and even odder for me as a Labour Link officer.

The gap between the Labour Government's line and the interests of all UNISON members has become more acute – at least more explicit.

The NHS started the year being pushed into private finance deals around hospitals and staff: it is ending the year being pushed into buying wholesale private healthcare with NHS money, in the drive for Diagnostic Centres. UNISON has come out against both these 'initiatives' in the Positively Public campaign.

There has never been a time when it was more important for the Labour Party to listen to UNISON members – and the Regional and National meetings still go on, and our representatives continue to put the case, on the inside, for public funding, for South East weighting, – for all the logical policies to tackle the

problems we can all see.

It is not an easy task, and there is little indication the Government is swayed by these encounters. But every avenue needs to be pursued.

There has been movement on the reform of the whole Labour Link/non-affiliated political fund system. UNISON members were asked if they wanted to amalgamate the funds; they were also asked if they wanted to reform the use of the funds.

Local control

Locally, the view was that funds should be used locally – at local discretion – for political work with the political parties or candidates of whichever party was fighting for our policies – and if a Labour candidate was advocating privatisation of the NHS through PFI or contracting wholesale with the private sector they should not be supported.

There is still an important political battle to be fought, inside and outside the Labour Party. The few voices in the heart of the Party raised on our behalf (Ann Black being an outstanding



Liz Peretz

example) need supporting as best we can.

We need also to put our own voice of reason about the NHS on the local and regional political map – with all Parties – during the coming year.

While we can use UNISON's non-affiliated political fund (GPF) to help us finance posters, public meetings, and local campaigns, the affiliated political fund (APF/LabourLink) is the mechanism we have for raising issues within the Labour Party – and must continue as one important channel to make our voices heard.

What 'Improving Working Lives' can mean to you

Anthea Parsons
Branch Secretary

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

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

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

Very soon your Trust or PCT will be assessed to see if they can demonstrate that they are supporting staff by promoting flexible family friendly working patterns, including self-rostering, annual hours career breaks and reduced



hours options.

Employers should also be promoting NHS pensions and pension planning in support of flexible careers and enabling flexible retirement.

The idea is to support staff with hours to suit their needs, plus training for the job they do. Providing a good working

environment will not only promote a healthier workforce but also better patient care.

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

- ask your Trust what new working patterns they will be putting into place;
- bring up any Health and Safety issues you may be concerned about;
- raise issues of access to canteen facilities;
- are staff getting regular training for the job they do?

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

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

Don't miss this chance get involved.

Join UNISON today: fill in the application form on back page



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

PCT nursing staff organise to win

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

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

Responsibilities

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

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

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

Grumbles

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

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

The union supports members in insisting we are treated properly.

The Community Hospital

Review suggests that some hospitals concentrate on long stay patients and others on more acute cases.

Information is still scarce, but it seems likely that proposals to close a number of Minor Injury Units may come out of the review.

Community Hospitals

In addition the redevelopment of OxComm, is to be funded through an expensive PFI (Private Finance Initiative) deal which will cost the PCT £1.3 million a year (rising with inflation) for 25 years.

Big business – not patients or staff – will have the first call on the PCT budget. This affects ancillary services which will be privatised and clinical services will be liable to cuts too.

The union is absolutely opposed to this, and fully supports members in taking action against the effects of PFI.



Lobbying Andrew Smith MP against the use of PFI: our campaign will be stepped up next year, with a mass circulation newspaper, more advertising, and more activity.

EDITORIAL

Welcome to Branching Out

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

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

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

news from the various Trusts.

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

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

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

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

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

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

Andy Armsby, Publicity Officer

Keep up to date on www.unisonoxonhealth.org.uk/PCTs

Pay claims for 2003/4

CLINICAL STAFF
Each year unions put in claims to the national Pay Review Body, which then makes recommendations which can be accepted or rejected. UNISON's head of nursing says:
“... This year's evidence highlights the need to bridge the gap between nursing staff and other key workers such as teachers and police who typically earn 10% to 14% more”.

He added that it is now routine for non-registered nurses to take blood, put patient's feeds up and be trained in resuscitation – yet for that they are rewarded with a starting salary of just



£9,735 a year. For the detailed submission see <http://www.unison.org.uk/acr/obat/12967.pdf>

Non Pay Review Body Staff

(eg Admin & Clerical, Ambulance, Ancillary, Prof Tech 'B'...)

The claim currently under discussion is 6% or £1,000 (whichever is the greater) plus a 35 hour work week (with no loss of pay) plus regional pay weighting allowances.

Health Group Executive recommendations are at <http://www.unison.org.uk/acr/obat/B552.pdf>

What do UNISON members think of these pay claims? We aim to organise meetings in all the main workplaces to discuss these questions and begin campaigning.

We need UNISON 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!

I'm interested in getting more involved in UNISON and would like more information on the following (tick as appropriate):

Name

Department

Phone/Extension

Address

.....

Mobile

Email

Send to Joint Union Office, Warneford Hospital, Headington, Oxford OX3 1JX

Shop Steward

Health and Safety Rep

Workplace contact

Black Members Rep

Gay and Lesbian Rep

Welfare Committee

Social Committee

What is UNISON?



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

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

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

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

Do I have to join in?

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

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

How do I join?

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

How do I join in?

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



ABOVE: THE PHRASE EVERY BAD EMPLOYER FEARS.

What if I don't agree with everything?

No one in UNISON agrees with everything!

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

How can UNISON help me?

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

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

What are the benefits for me of joining UNISON?

The general benefits are collective negotiation with your employer to achieve and maintain reasonable levels of wages, conditions and Health and Safety, for example.

Members also have a number of advantages, as individuals will know who have needed, for example,

representation in regradings, accidents, grievances & disciplinaries – by a UNISON rep.

There are also other benefits for members who suffer sickness or require welfare support or legal services. UNISON has also negotiated deals for its members with building societies, insurance companies, credit cards, motor breakdown cover etc.

What are the disadvantages of being a member?

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

So I thought - "I can save a few bob if I don't sign the bit about paying union subs!"



Who else is a member of UNISON?

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

How does UNISON work?

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

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

What do UNISON reps do?

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

The rep should be able to help members take up problems in their workplace and to provide support with any problems that members have to do with their work. All reps are trained to do this and receive regular update training.

How do you become a rep?

Contact the senior rep (convenor) with your employer (normally an NHS Trust but sometimes a private company).

If you are not sure who that is then phone the office on 01865 220317.

UNISON greatly supports training. Often we train UNISON reps who then go off to college! UNISON can provide an £800 grant for people going to Ruskin College (you have to apply), we also run courses on the internet, speaking to the press, and 'Return to Learn' courses for people who have missed out on chances for formal education.

How do I get information on what the UNISON does and its goals, etc?

UNISON's aims are decided democratically and we use a number of methods of communication:

- members get a quarterly magazine,
 - reps get a monthly paper called 'UNISON FOCUS',
 - the national UNISON website is at www.unison.org.uk,
 - the branch one is at www.unisonoxonhealth.org.uk.
- We also arrange meetings – and there is this branch newspaper and other local publicity.

What happens if I want to go to a UNISON meeting?

Talk to your UNISON rep – s/he will encourage you to get involved and let you know if the particular meeting is open to members, non members or if you'll need to be elected to go.

Who will know I've joined?

UNISON does not give out lists of

its members to the employers. If you go to a UNISON meeting, other members will know you've joined.

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

In most workplaces there are more members than non-members. In the NHS many doctors and senior managers are also in trade unions.

We have a right to be in a union too!

Will it affect my job/career?

Being a member of UNISON could improve the quality of your working life immensely and can help develop you and your skills! Discrimination against people for union membership is unlawful.

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

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

What do the government think of unions now?

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

How political is UNISON?

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

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

UNISON members can choose to contribute (or not) to the Labour Party through their monthly subs. Members recently voted to review our relationship with the Labour Party.

Don't Miss It! OXFORDSHIRE HEALTH BRANCH AGM Feb 20

The Branch Annual General Meeting will take place on Thursday 20th February at Nicholas Tingewick, John Radcliffe from 5pm-8pm: this will involve the election of stewards and officers.

There will be two guest speakers

■ One from UNISON Welfare, who will bring you up to date on the various types of help that can be given to members – including advice on debt.

■ And MARK NEW, one of the leaders of the Dudley Hospitals strike, will be speaking on the Private Finance Initiative.

A free buffet will be provided ... AND there will be a raffle in aid of the welfare fund.

Nomination forms, including your UNISON diary for 2003 will be arriving before the end of the year, giving you the chance to nominate a steward to represent you on workplace issues in the forthcoming year.

JR support staff celebrate release from private hell



Dave Robinson, in Mediclean uniform before the company was drummed out of the JR

UNISON colleagues who represent nurses and other professional staff often relate experiences of nurses breaking down because of the long hours, they are expected to work, the stress, poor pay, fatigue, and extra responsibilities constantly being put on them.

Many nursing staff are taking more and more sick leave because their workloads are being increased. Month after month, it's no wonder that we are losing so many of these under valued people.

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

At the John Radcliffe Hospital, these hard working people were for years employed by ISS Mediclean, whose Terms & Conditions are Dickensian to say the least. Now they are back in the NHS.

Their steward DAVE ROBINSON reports.

Unison Direct

Unison Direct was set up in order to ensure members get help faster from your union.

Call 0845 355 0845 Unison Direct.

Lines are open **6am-midnight** Monday to Friday and **9am-4pm** Saturdays.

SIX MONTHS ago, on May 18 2002 the Trust took Portering & Domestic Services at the John Radcliffe Hospital back in-house, dragging it back from the clutches of ISS Mediclean.

This was a brave act by the Trust, particularly in view of the trends nationally within the NHS, which has increasingly been putting out to contract most of the facilities departments inside the bigger hospitals.

The affected staff were delighted, with the transfer back to the NHS and after 12 years of living in the dark ages of the ISS regime they were to return to an employer that had enough confidence in them as a workforce, to put in a lot of investment in an increase in wages, and better conditions, an occupational pension, training and equipment, plus other benefits.

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

Pension

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

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

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

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

It astounds me that a Multinational company such



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

ISS made great a deal of fuss about giving their employees an increase of 5 days annual leave per year. It needed UNISON to point out that this was anything but a magnanimous gesture by ISS Mediclean: in fact they were legally obliged to increase the minimal holiday entitlement because of the European Working Times Directive, which laid down that we were entitled to 4 weeks leave.

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

Security

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

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

Sickness

(2) A porter was advised by

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

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

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

Certificated

(3) Another 60-year old employee suffered a stroke, and was off work for 5 months certificated sick leave. On his return to work was summoned to attend a Return to Work Interview with a view to Disciplinary action if he did not satisfy the company about his sickness.

This action caused him all

the more stress and could have slowed his recovery, UNISON intervened, and after some protracted argument ISS eventually backed down.

Sent home

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

Getting there

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

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

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

But what is the reality facing the NHS?

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

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

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

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

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

The one thing that is certain is that these private contractors will be the only winners for many years, creaming off massive profits PFI will fail us today and fail

Keep up-to-date ... by using the web and email.

The branch uses the internet and email very heavily. A lot of information can be found at

www.unisonoxonhealth.org.uk

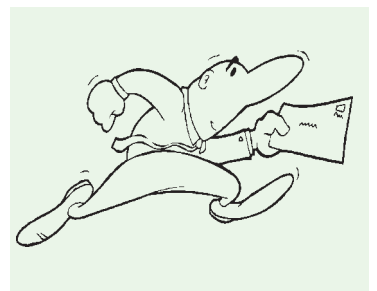
and by emailing

contact@unisonoxonhealth.org.uk

If you are interested in the latest information from the branch go to

www.unisonoxonhealth.org.uk/activists

and join the branch email list there.



UNISON

Out of hours? You can contact UNISON Direct on 0845 355 0845

6 BRANCHING OUT

UNISON's Safer Needles campaign What's it all about?

Needlestick injuries account for the highest number of accidents to staff in hospitals – over 100,000 a year.

Many incidents involve UNISON members in the health service being pricked by needles or other sharp instruments. These devices may have been in contact with infected blood or viruses such as Hepatitis B and C and HIV.

UNISON is calling for 'safer needle' legislation and better promotion of this problem by the NHS and Department Of Health.

The issues

Healthcare workers use a

range of equipment with sharp edges, points and needles. UNISON is particularly concerned about the number of accidents which involve needles: these are often called needlestick injuries.

Who is at risk?

There are increasing numbers of incidents where UNISON members in the health service are pricked by needles or other sharp instruments which may have been in contact with infected blood or other body fluids.

These include anyone – from nursing staff injured after giving injections, to cleaners or refuse workers dealing with poorly dis-

posed-of needles.

Dangerous pathogens

There are more than 20 different pathogens (viruses, bacteria etc) which have been transmitted from infected patients to workers via needles.

Three are particularly hazardous: Hepatitis B and C (which can lead to liver disease) and HIV (which can lead on to AIDS).

Inevitable?

The vast majority of needlestick injuries are preventable. Many workplaces maintain high safety standards and have put many

precautions in place to try to avoid injury. But these procedures alone cannot stop needlestick injuries. The introduction of specially designed safer needles would greatly reduce the current number of injuries.

Safer needles

The term 'safer needles' is broad and includes those where the needle retracts into the syringe after use, those that

have a protective shield over the needle and some that do not use needles at all. These have reduced injuries dramatically in the USA and would do the same here.

What can I do?

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

Tell us what you're doing!

UNISON's Needlesticks

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

Contact your MP

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

The Safer Needles Network Website

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

www.needlestickforum.net

All agreed in Plymouth



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

It all began with travelling down to Plymouth on Friday; it took only 3hrs, as traffic was almost non-existent for a Friday. When Sue and I arrived in Plymouth we had a short time to settle into our hotel and to register for conference.

Friday's conference session began with service group meetings and then regional meetings. The health service group had an interesting discussion on the plans to register non qualified nursing staff and what that means in terms of professional development and pay and conditions.

There was also a brief discussion on agenda for change which is the new proposed pay system for the NHS, even though at the time of writing this report it remains behind schedule, and it is still unclear who the early implementers will be. Friday evening was spent networking with other delegates at the conference social.

Saturday conference start-

ed with a speech from UNISON's president Nancy Coull and a guest speaker from the local Fire Brigade Union, Gary Jones.

Many motions were debated ranging from the Criminal Records Bureau to motions submitted regarding the sale of the Millennium Dome, which were all passed, to the only motion which needed a card count – which was on the campaign for payment of reparations for slavery.

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

Saturday afternoon was spent in individual group

workshops, which covered a range of issues relating to gay men & women.

Conference restarted around 4:45pm with another load of motions being debated: again there were no real motions that sparked any kind of debate, and hopefully next year will be different.

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

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

Why no action on Section 28?

That's the question UNISON is putting to the government in the light of the Queen's Speech setting out the legislative programme for the coming parliamentary year.

Despite a specific election manifesto commitment and recent indications from senior executive figures that a repeal of Section 28 – a piece of legislation that discriminates against homosexuality - would be included, it wasn't.

UNISON wants this omission explained and action on its overdue repeal finally taken.

Carola Towle, the union's national lesbian and gay officer says UNISON is stepping up the campaign for repeal of Section 28 with a conference in London on January 25 next year, organised with the Labour campaign for lesbian and gay rights and supported by the TUC.

Stress at Work - a new Guide for Safety Reps

UNISON has produced a new guide to tackling stress in the workplace. It replaces the previous popular guide first produced in 2000.

Published to coincide with the start of European Health and Safety Week, which this year focuses on the problem of stress, this 24 page booklet contains practical advice on preventing stress.

Work-related stress costs the UK economy £7 billion every year. This booklet emphasises the importance

of risk assessment in identifying and removing stress. It also provides practical resources such as a draft stress prevention policy and stress survey form.

This UNISON guide is the first specifically produced to complement the recent Health & Safety Executive advice to managers on tackling workplace stress.

Copies available via the UNISON website at: www.unison.org.uk/resource/s/publicity.asp



How to find your Branch officers

CHAIR: Mark Ladbrooke - chair@unisonoxonhealth.org.uk

SECRETARY: Anthea Parsons - secretary@unisonoxonhealth.org.uk

TREASURER: Jewel Bate - treasurer@unisonoxonhealth.org.uk

EDUCATION OFFICER: Michaela Vendy

EQUAL OPPS OFFICER: Anji Hall.

HEALTH AND SAFETY: Bryan Nicholls. Bryan.Nicholls@unisonoxonhealth.org.uk

LABOUR LINK: Liz Peretz.

LESBIAN & GAY OFFICER: Sue Cox - lesgayofficer@unisonoxonhealth.org.uk

PUBLICITY: Andrew Armsby - publicity@unisonoxonhealth.org.uk

WELFARE: Jane Alder

CONVENORS AND STEWARDS

OXFORD RADCLIFFE HOSPITALS TRUST

CONVENOR: Bryan Nicholls,

STEWARDS: Sneh Bahi, Mark Sandels, Usha Chohan, Anji Hall, Dave Robinson, Tony Kelly, Susan Isaac, Stuart Malpass, Sheila Snooks, Sheila Clarke, Winifred Watley, Glen Norris, Andrew Armsby, Virginia Trewin, Linda Howkins, Philip Baker, Lilian Butler.

OXFORDSHIRE MENTAL HEALTH CARE NHS TRUST

CONVENOR: Anthea Parsons,

STEWARDS: Jane Alder, George Pitson, Andy Armsby, Barry Hatcher (Health & Safety Rep Only)

OXFORDSHIRE AMBULANCE SERVICE NHS TRUST

CONVENOR: Phil Bolley,

STEWARDS: Brian Spicer, Roy Farrant, David Wallace, Simon Murphy, Michaela Vendy, Adrian Trew,

OXFORDSHIRE LEARNING DISABILITIES NHS TRUST

CONVENOR: Gail Hill & Ray Fazey,

STEWARDS: Mark Tenner

NATIONAL BLOOD SERVICE, CONVENOR: Caroline Baston and Michael John

STEWARDS: Claire Louise Daborn, Debbie Hopkins, Sally Howes, Janet Gardener, Deborah Hawley, Sue Platt

OXFORD CITY PCT

STEWARDS: Lynne Bell, Mark Ladbrooke,

SE OXON PCT, Carol Strange, Claire Nelson,

CHERWELL Vale PCT, Catherine Chester, Jacqueline

Rogers, Janet Ash, Nicola Hutching,

MILTON KEYNES PCT, Adele Wright, Carol

Lefebvre, Dawn Woodley (H&S rep) Katherine Lock (H&S rep),

GROUP 4 (N.O.C.): Andrew James, Ivor Ling, Barry Wainwright,

PARYS-SNOWDON: Nigel Deaney, Joanna Sheere, Karen Carter,

ISS MEDICLEAN (Churchill Hospital): Adam Clark, Lesley Moses.

STUDENT NURSE REP: Enrico Ferrari

■ Contacting a Steward or Convenor is simple. Either approach him/her directly, or ring UNISON Direct on 0845 355 0845

REGIONAL DELEGATES

Regional Council: Anthea Parsons, Diane Stocker, Jewel Bate (also Regional Committee), Mark Ladbrooke, Sue Cox & Tony Kelly.

Regional Health Care Committee: Andrew Armsby, Anji Hall, Anthea Parsons, Jewel Bate (Chair), Mark Ladbrooke, Phil Bolley & Sue Cox.

NATIONAL REPRESENTATIVES

Anthea Parsons & Mark Ladbrooke: Health Group Executive.

Anji Hall: National Admin and Clerical Committee

Phil Bolley: National Ambulance Committee



Milburn's latest market madness

Health Secretary Alan Milburn has borrowed more "modernising" ideas for his latest planned reforms in the NHS – this time from the disastrously unfair and expensive US health care system.

The new 'payment by results' policy, details of which were announced in October, amounts to a more extreme version of the "internal market" system introduced by Thatcher's government in the 1990s, at colossal expense and with miserable consequences.

Mr Milburn was one of the Labour ministers who boasted in 1997 that they were going to "scrap" this internal market: now he is bringing it back, big time.

Beginning next April, a steadily growing share of hospital caseload will no longer be funded on the basis of "block" contracts with local Primary Care Trusts, but commissioned on a case by case basis.

Hospitals would be financially penalised for every case they failed to deliver – while those that managed to attract and deliver additional work could retain the extra cash.

All this will cost money, time and effort to organise. But the decisive point which is set to destabilise the NHS as this system comes in is that no negotiation will be allowed over the price to be charged for each operation or treatment: these will be fixed nationally by a single "tariff", calculated by the

Department of Health, leaving only small regional variations.

This potentially means that dozens of major hospitals – including the Oxford Radcliffe Trust – whose costs per treatment are currently above the "average" will have to squeeze down their costs, or face losing money on every operation they carry out.

And since upwards of 70% of NHS spending is on staff, this means that nursing and professional staff are likely to come under the hammer.

The situation will be the sharpest in the new wave of PFI hospitals, where all support services such as cleaning, portering and catering are already subject to a separate, legally binding contract.

The only staff whose pay and conditions can be controlled by these Trusts are those clinical staff delivering patient care.

This relentless drive for a new, more savage internal market comes with the promise that patients can "choose" which hospital they want for their operations – though in many areas there is only one major provider of hospital services available.

But Milburn also plans to float off a new elite of 3-star hospitals as "Foundation Hospitals" – self-contained 'public interest' private companies (with extra powers to borrow capital from the private sector and to vary their pay levels to poach staff from



UNISON nursing students try to get Milburn to see sense

.....
Dozens of major hospitals – including the Oxford Radcliffe Trust – whose costs per treatment are currently above the "average" will have to squeeze down their costs.

elsewhere in the NHS).

Already the chief executives of some of the leading contenders for Foundation Hospital status, such as the University Hospitals Birmingham Trust, have admitted that they want to use this new "freedom" – to expand the number of private beds!

The result of the new, divisive system will be a return to competition, and increased privatisation.

The reforms are being rail-road through, regardless of the chorus of opposition from health unions, professional organisations and a conspicuous lack of public support.

To make matters worse, the statistics on which the new tariff of fees per operation will be based are notoriously unreliable: for example the

figures in 2000 for a basic hip replacement ranged from a reported minimum of just £566 (barely enough to pay for the replacement joint itself) to a maximum of almost £13,000.

Even the most carefully adjusted figures show a variation between almost £7,000 in Shrewsbury and £2,200 in Preston.

Any imposition of an "average" price will leave many stranded above the line looking for cuts.

Dozens of hospitals are already in – or almost in – the red: dozens more will be driven into crisis by these plans.

If the tariff is set too low, there is always the danger that local Trusts may opt out of providing certain treatments altogether, or decide to market their services to private patients who can be charged more for the same treatment.

Mr Milburn appears convinced that the private sector is better and more efficient than public services: millions of patients seem set to be used as guinea pigs in his new, mad experiment with market methods.

The health unions have to step up the fight to stop him.

Can you help us recruit more members?

Making progress

Bryan Nicholls, convenor, Oxford Radcliffe Hospitals Trust

In the last few months UNISON has succeeded in getting a new pay deal for security staff in Oxford Radcliffe Hospitals Trust, backdated to 18th May – a nice little Christmas present!

A new deal has also been done for theatre ODOs, giving them better terms and conditions.

However there have been an increasing number of cases of bullying within the Trust, and I am working with Helen Monroe to try and turn the tide. If anyone wishes to speak to me, or to one of the stewards about bullying, please contact me on bleep 1171 at the JR.

The transfer of all the Mediclean staff back in house has been completed at the JR – though this took many hours of stewards' time both at night at week-ends.

The end result has been the Trust recognising the Mediclean stewards – including the redoubtable David Robinson, who has a staggering 45 years experience in the trade union movement!

Disciplinary hearings still take up a large amount of my time, so please can I ask anyone who requires representation to contact us as early as possible.

There are still problems in A&E at the JR, and Andrew Armsby is taking the lead on this.

The J.R is reviewing all its policies at the moment. If anyone has comments on



Bryan Nicholls

any of them, please let me know, because I sit on the policy review group.

Sheila Snokes and Jean Butler are holding the fort at Banbury – and doing sterling work.

We will be starting a recruitment drive at the J.R on 16th December followed by Banbury, the Churchill and the RI.

If there is anyone out there who can spare a few hours to become a steward or contact, please get in touch, and we can arrange to get you all the training and support you need.

The Radcliffe Infirmary PFI relocation project has continued, and at the time of writing it is now down to three bidders.

The staff side have had the chance to visit some PFI hospitals, and we have been very depressed by what we have seen.

At one hospital the UNISON reps said they could not meet with us because they were scared what action would be taken against them if they did.

Cost of living campaign

Philip Bolley

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

Mr Smith opened the meeting saying he was sympathetic to the campaign and recognised the impact of the real take home pay on workers who were renting or buying a home in Oxfordshire.

Mr Smith made it clear that his responsibilities

within the Government were now centred on pensions. He went on to say that local pay initiatives were rising up the agenda at Westminster and was now an issue for a number of MPs.

Mr Smith also said that pay within the NHS had risen by 4.7% compared with 1.3% in the private sector.

He acknowledged that other initiatives would also be needed to make it possible for low paid workers to be in a position to buy or rent within Oxfordshire.

He personally advocated the release of green belt land specifically for low cost



housing.

The meeting ended with Mr Smith accepting petitions from a number of trusts. He encouraged all staff to continue to press their case for a cost of living allowance.

Parys-Snowdon staff on privatisation roller-coaster

The 30 staff who pay the wages for most Oxfordshire health workers know all about privatisation. Their current employer, Parys Snowdon, was the fifth to have taken over the payroll operations which were originally run by the Oxford Consortium, as part of the NHS structure covering the sprawling Oxford and Anglia Region.

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

Among the various organisations that have taken over since was the Welsh water company Hyder: Parys Snowdon still has another office in north Wales, and another in Scotland.

On one occasion the

change of ownership meant that staff all had to reapply for their own jobs: but on most occasion they have simply been bundled up and transferred as part of the company, with their terms and conditions protected by the TUPE (transfer of undertakings) procedure.

"We have seen jobs merged, and redundancies in the past," says one Parys Snowdon rep. "The most recent change of ownership was not covered by TUPE, but luckily we managed to retain our terms and conditions."

Some staff who have joined since the privatisation have come in on different contracts, but most are close to NHS terms and conditions – for instance on sick pay.

However new recruits have

not been offered the final salary pension scheme enjoyed by those who transferred from the NHS.

The Parys Snowdon staff in Oxford are now responsible for paying wages and salaries to 100,000 staff in nine Trusts in various parts of the country.

More than two thirds are union members, and UNISON is seeking recognition across the Parys Snowdon group, so that it can negotiate on pay and other issues. Oxford staff are keen to see movement on a local allowance to compensate for the sky high cost of living.

"We have done relatively well compared with many privatised staff, but we would still prefer to be transferred back to the NHS," says a UNISON rep.

BRANCHING OUT

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

THE GOVERNMENT has suddenly speeded up the stalled talks with the health unions over the restructuring of NHS pay – the so-called 'Agenda for Change'.

At the end of November ministers (and now our own Trust) claimed that agreement had been reached, on what they described as "ground-breaking reforms to working practices".

Reports have suggested that increases "worth an average 12.5% in basic pay" – or even as much as 16% – will be offered in exchange for new ways of working.

Many media reports ignored the fact that the deal was to be phased in over at least three years, and simply trumpeted the plan as a "10% pay deal for health workers".

In fact applications by Oxford Radcliffe Hospitals Trust and Oxfordshire PCTs to be "early implementers" of the scheme have been rejected, so unless there is a pay rise next April our members could get no more than the first 3.2% instalment of the package between now and October 2004.

It seems that in many cases the estimates of the increases are wildly exaggerated. While many lower-paid health workers seem likely to benefit from the move to a £10,100 minimum wage in the NHS – equivalent to £5.16 per hour – this would not begin to be phased in until the end of 2004 – by which point they might already have reached that level anyway.

UNISON's health group executive has insisted that no agreement has yet been given to these proposals, and that they will not do a deal while the firefighters are still in dispute.

No details

In fact no details of the final proposals, which emerged after over three years of talks between ministers and 17 organisations and unions representing NHS staff are yet available: so it is very difficult to assess exactly how much money is on the table for staff in Oxfordshire's Trusts.

Fuller facts will not be published until early next year.

One of the hugely contentious issues that has not yet been resolved is where all of the multitude of different jobs within the NHS, currently spanning 650 job titles, will be slotted in to the new 8-band pay structure. Some 200 job profiles have yet to be finalised, and until they are it is impossible to identify who will win or lose on the pay front.

UNISON at least is committed to holding a special delegate conference to discuss the proposals, followed by a ballot of all our 400,000-plus health members before any deal can be accepted.

What we can say from the available information is that the plan revolves around a limited injection of new money, meaning that there will be losers as well as winners.

The Health Service Journal has estimated that as many as one in six health workers could wind up worse off: the Department of Health claims the figure is one in 12: this could mean 100,000-200,000 staff.

For those who stand to lose out,



Rubbing his hands: Milburn

the proposal is that rather than face a cut in their pay, they will stand still for several years while other grades rise around them: the upshot could be years with no increase in pay even to keep pace with inflation.

Once the new jobs have been allotted their rank in the pay banding, staff will no longer get automatic annual increments: any increase or progression will require them to learn new skills, or pass a competency test to get through a "gateway" to a higher level.

But the deal also involves a standardisation of working hours – to 37.5 per week. While some such as paramedics will gain from this, many staff who currently work fewer hours 33, 35 or 36 hours will face a lengthening of the working week.

However paramedics and others who currently work longer weeks would benefit. These changes will again be phased in after a period in which existing hours will be protected.

And local weighting to compensate for higher living costs seems likely to be limited to 5% of pay outside London – well short of the £2,000 we are seeking in Oxfordshire.

Not enough?

It seems that the NHS unions are concerned that the basic pay increases on offer in the deal – of just 3.2% per year for three years – are insufficient to persuade staff to accept the many strings attached.

Any additional increases above the 10% over three years will depend upon agreeing "new ways of working".

But NHS pay increases for most staff over the last few years have jogged along at between 3-3.6% a year – without any of the strings attached to Agenda for Change.

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

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

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



Your chance to join Britain's biggest health care union

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APPLICATION FORM

Please fill in this form in BLOCK CAPITALS, and send it to us at the Joint Union Office, Warneford Hospital, Headington, Oxford OX3 7JX.

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

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● 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)

Signed

Date

YOUR SUBSCRIPTIONS

(rates current at 1 October 1999 and include your Political Fund payment) Please tick your annual pay before stoppages

Weekly pay	Annual pay	Band	weekly subs	Monthly subs
Up to £38.46	Up to £2,000	A1	£0.42	£1.81
£38.46-£96.15	£2001-£5000	A2	£0.90	£3.90
£96.17-£134.61	£5001-£7000	B	£1.23	£5.34
£134.62-£192.30	£7001-£10,000	C	£1.52	£6.59
£192.32-£288.46	£10001-£15000	D	£1.80	£7.78
£288.48-£384.61	£15001-£20000	E	£2.21	£9.57
£384.63-£480.76	£20001-£25000	F	£3.31	£13.57
£480.78+	Over £25,000	G	£3.88	£16.81
<input type="checkbox"/> Student members in full time education (including student nurses) £10 per year				

For UNISON use

Now please sign and date below and return this form to UNISON c/o the Joint Union Office, Warneford Hospital, Headington, Oxford OX3 7JX.

* POLITICAL FUNDS

UNISON's Affiliated Political Fund campaigns for members through affiliation to the Labour Party both locally and nationally. Those paying the affiliated levy can take part in APF activities and make their contribution on policy issues, including Labour Party policy.

The Fund sponsors 20 MPs and works closely with a number of MEPs. Levy payers also receive regular Labour Link newsletters.

ters.

UNISON's General Political Fund is used to pay for campaigning by branch, regional and national levels of the union, as well as for research and lobbying in Parliament. It is independent of support for any political party and liaises with a group of MPs to pursue UNISON's interests.

If you do not specify your choice of Fund, you will be allocated to one section of the Fund by the National Executive Council.