

FREQUENTLY ASKED QUESTIONS

23/09/04

1. Where did the Agenda for Change proposals come from?

UNISON has argued since the mid-90s that there is a need to overhaul the ways in which pay for NHS staff is set. Under the present system some staff have their pay fixed by Pay Review Bodies, some by Whitley Councils, some through local negotiations and some without any negotiations at all. The present grade definitions reflect the way in which the NHS was organised and staff worked over 10 years ago or more. NHS staff continue to suffer from low pay and unequal pay.

All this means that people doing the same or equal jobs can be, and are, paid differently and can have different conditions of service. It means that different groups of staff get different annual pay increases. These differences - in pay, in pay increases, in conditions of service - undermine the spirit of teamwork on which the NHS relies. They cannot be justified in a society that believes in 'equal pay for work of equal value'.

These differences stand as a barrier to delivering the best possible health care to the people of England, Scotland, Wales and Northern Ireland.

2. Where can we find the full details of the proposals?

The full proposals, including the updated proposed agreement, the Job Evaluation scheme and a range of national job profiles and are available for download from the Department of Health website www.dh.gov.uk Work is ongoing to develop further national profiles and new ones are being published as soon as they are jointly agreed – see the Job Evaluation link elsewhere on this site. The Knowledge and Skills Framework is being updated and a revised version will be available soon from the Department of Health website. Unison has a summary booklet of the proposals (with an insert containing the revisions to the proposals agreed in August 2004) available for branches to order. It is also available on the UNISON web site.

3. What were the key issues that emerged from the EI Review?

It was clear that under the original proposals tested in the EI sites, too many people would require protection, far beyond the 8% maximum set out in the proposed agreement. This came as no surprise to UNISON who had been arguing that the main problem was the changes to the method of payment of unsocial hours. The other cause of protection was the proposal in respect of High Cost Area allowances. The breakthrough came when the employers also recognised there was a problem in relation to unsocial hours and high cost area payments - recognising that the original proposals failed to provide

adequate reward for weekend and bank holiday working. Testing the scheme in the EI sites enabled us to demonstrate what UNISON had been saying all along. It forced the Management Side to agree to withdraw their proposals and look again at unsocial hours. In the meantime, most staff would continue to use their existing Whitley or locally agreed method of calculating pay for unsocial hours working.

4. Does this mean that staff would be paid for unsocial hours based on current Whitley rates and pick up the rest of the agenda for change benefits?

That's exactly what it means. The only exceptions being ambulance Staff in ambulance trusts and groups of staff in EI sites where it is agreed to stay with the original proposals Members will vote on the proposed AfC agreement in a ballot starting on 15th October 2004. The proposals include an interim arrangement whereby staff will continue to be paid for work in unsocial hours using the mechanism described in their relevant current Whitley Council provisions for each staff group i.e. time and a half on Saturday and double time on Sunday for Ancillary staff. Nursing staff would be paid at a rate of time and one third on Saturday and time and two thirds on Sunday. Nurses above pay band 6 would have their unsocial hours calculated in the same way but at a rate equal to the maximum of pay band 6 (this is better than the existing Whitley agreement). Under Agenda for Change all staff would also have unsocial hours paid during periods of annual leave and sick leave, an improvement on existing Whitley arrangements for many staff. See separate FAQs for more on unsocial hours.

5. What is meant by "interim arrangement" on unsocial hours?

The NHS Staff Council would review and negotiate a new harmonised arrangement on unsocial hours with the aim of any new agreement applying from April 2006. This would follow further monitoring of the EI sites and other Trusts in the event of national roll out of AfC.. New harmonised arrangements are necessary to be consistent with equal pay for work of equal value. Any new agreement around unsocial hours would be subject to further consultation with UNISON members.

6. What would the new minimum rate in the NHS be under Agenda for Change?

If Agenda for Change is accepted by members it would make a significant difference to low paid members in the NHS. The amended proposals have moved the bottom point of Band 1 up to £11,135 with increments rising to £12,147. This raises the hourly rate from the current £4.85 per hour to £5.69 per hour from 1 October 04 and to £5.88 per hour from 1 April 2005. Many ancillary members are either on the current basic rate of £4.85 or £4.93 per hour so these increases are significant and equate to increase of £21 - £25

per week as a minimum. Some staff on the current low rates would be assimilated to bands higher than band 1 so would be eligible for much higher increases after assimilation.

7. What does the proposal to deal with the High Cost Area (HCA) Allowance mean for staff ?

The proposal around the High Cost Area (HCA) Allowance was generally beneficial in that it got rid of the divisive “Cost of Living Supplements” and allowed for the introduction of a pay supplement in areas where no such supplement currently exists. This would be either as a recruitment and retention premia (RRP) or for all staff across a specific geographical area, by agreement and subject to certain criteria. However, the original agenda for change proposals on HCA allowance had a detrimental impact of around 20% of staff who currently receive London allowances. The revised agreement would mean that staff in London would be able to progress up to two pay points above that to which they assimilated in order to avoid the need for protection. This would reduce the number requiring protection in London significantly - to around 4%.

8. What happens to leads, allowances and bonus schemes?

Most leads and allowances would be taken into account by the Job Evaluation Scheme factors and would be consolidated into basic pay. Many bonus schemes appear to conflict with equal pay principles and so would be consolidated into basic pay on assimilation. However there would be some scope for new bonus schemes if they are fair, applied equally and contain measurable targets.

9. Can you clarify the proposed annual leave arrangements – including for staff that currently have their annual leave expressed as including public and bank holidays?

Different groups currently have their annual leave expressed in various ways combining different mixtures of statutory, extra statutory, bank and public holidays. The basis for the proposed new system is a simplified harmonised scheme. This would mean basic leave for all staff would be 27 days, after five years this would increase to 29 days and after 10 years to 33 days. In addition there would be eight public/bank holidays (10 in Northern Ireland).

10. What do the additional freedoms given to 'Foundation Trusts' mean?

Since the announcement of Foundation Trusts there has been considerable speculation that they would have total pay freedoms. This is not the case. In fact Agenda for Change would limit the freedoms of Foundation Trusts. If Agenda for Change were accepted, NHS Foundation Trusts would be implementing the same pay and conditions system.

Those freedoms identified in section 8 of the proposals (such as the ability to offer alternative packages of benefits or negotiate local subsistence and travel expenses) would have to be of equivalent value to the benefits set out in the proposed agreement. This means that Foundation Trusts would not be able to offer staff detrimental arrangements. Packages would be locally negotiated around expenses and subsistence where these differ from the proposals under agenda for change. The other main freedom, the ability to award Recruitment and Retention Premia at a higher level, is also subject to other rules. These are set out in the proposed agreement and include national criteria to be implemented locally based on partnership working. UNISON remains opposed to Foundation Trusts and has produced a booklet explaining why.

11. The proposals talk about "Gateways" - could these stop staff getting their incremental pay progression?

"Gateways" will occur only twice on each pay band. They will be linked to staff demonstrating that they possess the knowledge and skill requirements for their post.. UNISON made it clear that anything that looked like performance related pay would be unacceptable. It is agreed that staff would pass through the "gateways" without any problem at all, as the norm. Support, training and development opportunities must be available for all staff. The proposals set out strong safeguards that would prevent any abuse of the development review process by managers. Moreover, for the first time in the history of the NHS, the knowledge and skills framework gives all staff a right to staff development and training - a major breakthrough.

12. How would we ensure that members of different staff groups are correctly allocated to the right job profiles and how would we deal with disputes?

The Job Evaluation Handbook sets out in detail the matching process including the involvement of staff sides as equal partners. UNISON would be involved in the process of matching and evaluating those staff that do not fit within a national job profile. It is expected that most staff would be matched to a profile, except where their job is significantly different, in which case they would be evaluated locally. See UNISON's summary booklet for a list of nationally agreed job profiles. More profiles are being developed and are being published as and when they are jointly agreed.

Resolution of disputes by individuals or groups is dealt with in the JE handbook. This can involve reference to another matching panel if the postholder is unhappy with the first match/grading. A postholder could pursue a grievance if they believe the process was mis-applied but not on the basis that they disagreed with the grading decision.

13. In a number of the job profiles there is reference to qualifications. For instance Healthcare Assistant Higher Level refers to NVQ3. Does

this mean experienced staff who are working at a similar level could not make this grade?

No it doesn't mean that. The Job Evaluation Handbook includes a full Job Evaluation Factor Plan. If you look under Factor 2, Knowledge, Training and Experience, look at the levels and the definitions, which make it clear that experience can be counted as equivalent to qualifications. This factor has been clarified to reflect what is meant by equivalent experience. See separate link on the UNISON website on NHS Job Evaluation.

14. What happens to previous pay protections?

Staff with pay protection from other changes, who would also be eligible for protection under agenda for change, could choose to retain their existing protection.

15. The agenda for change proposals show the pay bands and pay points. What would happen to current pay if UNISON members agree to go forward with agenda for change?

If UNISON members vote to go ahead, the pay spines published in the proposals (see UNISON's summary booklet) would be backdated to October 2004 and implementation date would be 1 December 2004. This means that staff would be assimilated across onto the proposed pay spines and receive backdated pay to October 2004. The pay spines would then increase by a further 3.225% in April 2005.

16. How would agenda for change affect staff employed outside the NHS but providing services to the NHS and would UNISON ballot these members?

Paragraph 9.1 of the proposals states that "staff on national contracts and other contracts which incorporate, or permit employers to incorporate, national agreements on pay and conditions of service will assimilate to the new pay system on the effective date determined below". UNISON's position is that if the Agenda for Change proposals are agreed in the UNISON ballot, staff transferred from the NHS to the private contractor, under a TUPE transfer should be assimilated onto the proposed pay and conditions package upon national roll-out in 2004. In this situation, UNISON would campaign to bring all staff including new starters and non-TUPE transfer staff onto the Agenda for Change proposals, to bring an end to the two-tier workforce. This campaign would have two strands - on the political front we would pressure the Government to end the two-tier workforce by applying a similar Code to that which we have secured in Local Government under Best Value. Secondly, we would present private contractor employers with claims to introduce agenda for change for the whole of their workforce and would involve members in the process of pursuit of these claims.

The benefit of agenda for change proposals for this campaign would be that our claims would be based on a target of raising the basic rate paid by private contractors to at least the new minimum rate in the NHS. Under agenda for change this would rise from the current £4.85 per hour (current NHS minimum

rate) to £5.69 per hour (under agenda for change), then to £5.88 per hour from April 2005.

In addition, other staff groups such as student nurses would eventually be employed in the NHS. The agenda for change proposals, if implemented, would therefore affect staff in such groups. If Agenda for Change were to be agreed by UNISON members and become applicable across the whole NHS, this would affect members whose employers currently mirror "Whitley Council" pay and conditions of service as these employers would then mirror Agenda for Change.

Therefore, Agenda for Change would have knock-on consequences for most staff providing services in the health sector, whether or not they were directly employed by the NHS. For this reason, UNISON's intention is that our consultative ballot should include our total health membership.

17. Will all managers be covered by the new system?

Chief executives and board level senior managers will not be covered but will have separate arrangements. Other senior managers immediately below board level and in posts scoring 720 or more points under the Job Evaluation system may also be covered by the separate arrangements for chief executives and board level managers.

18. Why is the term "staff side organisations" used rather than "unions" and is there a danger that other non-union organisations could be recognised locally?

Some organisations which have a union function do not necessarily refer to themselves as such. However all the nationally recognised staff organisations/unions are listed in the document and they are the only ones who will be recognised for implementing the system.