

PROPOSED AGENDA FOR CHANGE AGREEMENT SEPTEMBER 2004

INTRODUCTION

Work on Agenda for Change started in 1998 on a partnership basis between the UK health departments and the NHS unions. It has been led by the principles of pay modernisation, harmonisation of terms and conditions of service, equal pay for work of equal value and the development of career progression through a knowledge and skills framework. The Early Implementer Trusts (EIs) in England and the pilot sites in Scotland trialed the proposed agreement from June 2003. A review of their experience was conducted between April and August 2004. What follows is the outcome of that review.

PAY STRUCTURE

Agenda for Change has produced two pay spines: one for staff covered by the review body (all CPHVA members) and the other for staff not covered by the review body. The pay spines are identical. The pay banding is based on an equality proofed job evaluation process which provides for the following:

- This pay structure replaces all leads and allowances and is consistent with the principle of equal pay for work of equal value.
- Assimilation to the new pay structure will depend on basic pay immediately before assimilation (including any leads and allowances that are to be consolidated into basic pay), compared with the minimum and maximum of their new pay band:
 - Where basic pay before assimilation is between the new minimum and maximum of the new pay band, staff will assimilate to the next equal or higher pay point in the new pay band.
 - Where basic pay before assimilation is below the new minimum, staff in payband 1 will all move straight onto the minimum. Staff in other pay bands will assimilate either at the new minimum or, if they are significantly below the minimum, on to transitional points.
 - Where staff are above the maximum of the new pay band their pay will be protected. This will include one year's protection with a pay uplift followed by five years protection on a mark time basis.

All jobs in the NHS will be matched against national agreed job profiles or evaluated locally using the national job evaluation process. The following table lists national job profiles for Amicus members.

PROFILES

At present profiles have been agreed at the following levels:

Community Nursery Nurse
Band 4 £15,504-£18,647

Most Community Nursery Nurses (CNNs) are currently on Whitley Scale B £12,210-£14,390 (with S/NVQ III) or Whitley Scale C £13,900-£17,060.

CNNs in Great Yarmouth PCT have been re-matched against this profile. A typical member's maximum salary will now increase by £1,587 at today's salary rates.

Community Nurse Schools
Nurse Community
Band 5 £18,114 - £23,442

This is essentially the profile for staff nurses working in a community setting. We are confident this is the case as this compares with staff nurse profiles in a ward, theatre or mental health setting.

If matched in this way this represents a salary gain for nurses on Whitley Scale D £17,060-£18,830 and Scale E £18,230-£22,015.

*District Nurse
Health Visitor
School Nurse
Specialist Practice Nurse
Band 6 £21,630 - £29,302*

This represents a salary gain for nurses on Whitley Scales E £18,230-£22,015, F £20,220-£25,250 and Scale G £23,860-£28,070. Many District Nurses have been hit by inappropriate grade mix reducing the number of G grades and School Nurses by grade drift meaning many are on Whitley scales E or F.

Remember this gain is reduced by the value of any Discretionary Points (Scales F and G only in this case). Although, our surveys reveal less than 20 per cent of Amicus CPHVA members are in receipt of these. Now all members on Band 6 can access the Band maximum. Elimination of Discretionary Points was a bargaining objective of Amicus CPHVA.

It may also be that colleagues with Discretionary Points were incorrectly graded in the first place and we need to address how we can use the new evaluation system to ensure that they are correctly Banded.

Members have highlighted the apparent loss of pay for the newly qualified. Whether this is realised depends on where colleagues are on Band 5 when they qualify as a Specialist Practitioner. This can mean anything from a loss of £2,230 if they are on Agenda for Change Spine Point 22 (Band 5) or below to a gain of £541 if they are on Spine Point 25 (Band 5). All "losses" will be more than offset by better lifetime earnings and better pay in training. This "glitch" is caused in the short-term by the pay benefits of Specialist Practitioners in training moving onto pay Band 5. Within a number of years most people in this position will be nearer the maximum of Band 5 than the bottom so losses will not occur. Amicus CPHVA has advised representatives to locally negotiate movement onto Band 6 immediately above the maximum of Band 5 on employment as a Specialist Practitioner during this transitional period. This has already been negotiated in at least one Early Implementer site.

Health Visitors in Central Cheshire and Great Yarmouth have been matched against Band 6 bringing an immediate salary advance of £1,232. They are also seeking a review of matching outcomes.

*District Nurse (Team Manager)
Health Visitor Practice Teacher
Health Visitor Team Manager
School Nurse Manager
Band 7 £26,106 - £34,417*

This represents a salary gain for nurses on Whitley Scale H £26,650-£30,975. Remember this will be reduced by the value of any Discretionary Points. It may also be that colleagues with Discretionary Points were incorrectly graded in the first place and we need to address how we can use the new evaluation system to ensure that they are correctly Banded.

Health Visitor CPTs in Central Cheshire have been matched against the Band 7 profile resulting in an extra £3,442 per year within four years at today's salary rates. This is a substantive Band 7.

The complete list of all agreed national job profiles can be accessed on the Department of Health's website www.dh.gov.uk.

ADDITIONAL PROFILING WORK

The absence of a profile does not prevent Amicus CPHVA members seeking a higher Band provided they have the evidence to support their case.

This being said Amicus CPHVA is working on the following profiles:

- Health Visitor Higher (Enhanced Practice)
- Highly Specialist Nurse Community
- Nurse Practitioner
- Practice Teacher
- Specialist Health Visitor
- Specialist School Nurse

Relevant job information has been submitted for Health Visitor Higher (Enhanced Practice), Specialist Health Visitor and Specialist School Nurse.

We are committed to seeking greater opportunities for career advance under Agenda for Change so that a greater proportion of Health Visitors are on Band 7 than are currently on Whitley Scale H. This table help indicates those we believe should consider seeking a Band 7 outcome.

Specialist Practice	Higher/Enhanced Practice
<p>Key Elements</p> <ul style="list-style-type: none"> • Feeds into strategic planning processes • Refers to other disciplines/agencies • Receives referrals from generic health visitors/other disciplines/other agencies • Undertakes training of peers and others • Provides an expert resource for others. • Develops services specific to specialism • Demonstrates highly developed professional knowledge base and may have had additional training. 	<p>Key Elements</p> <p>Holds a generic health visiting caseload and participates in all activities that form the common core health visiting practice for that area.</p>
<p>List of common specialisms</p> <ul style="list-style-type: none"> • Looked after children (LAC) • Child Protection (Named and Designated) • Youth Offending Team (YOT) • Refugee/.Asylum Seekers • Travellers/Homeless • Sickle Cell • Domestic Violence • Children with special needs • Paediatric Liaison • Public Health Lead/Co-ordinator • Nurse prescribing Lead • Parenting Lead Cardiac Rehab • Substance Abuse • Breast Feeding Advisor • Practice Educator 	<p>Participates in several additional functions including some of the following:</p> <ul style="list-style-type: none"> • Implementing or leading projects to introduce new initiatives. • Participating in the corporate function of the organisation through membership of committees and/or working groups. • Developing or participating in the development of policies and or protocols. • Having a leadership role in professional fora. • Involvement in departmental working groups, strategic planning and/or modernisation activities. • Involvement in clinical governance activity. • Providing clinical supervision. • Providing child protection supervision. • Providing training and/or acting as a resource for peers in a specific area of expertise.

We have submitted five sets of job information for both Specialist and Higher/Enhanced Practice roles. We are confident that all meet the requirements for Band 7. An expert in the field has independently verified this.

PAY IN HIGH COST AREAS (HCA)

The system of London weighting fringe allowances and cost of living supplement is replaced by pay in high cost areas. The provision is as follows:

HCA supplements will be available in areas outside London.

Area	Level (1 October 2004)
Inner London	20% of basic salary subject to a minimum payment of £3,197 and a maximum payment of £5,328.
Outer London	15% of basic salary subject to a minimum payment of £2,664 and a maximum payment of £3,729.
Fringe	5% of basic salary subject to a minimum payment of £799 and a maximum payment of £1,385.

Area	Level (1 April 2005)
Inner London	20% of basic salary subject to a minimum payment of £3,300 and a maximum payment of £5,500.
Outer London	15% of basic salary subject to a minimum payment of £2,750 and a maximum payment of £3,850.
Fringe	5% of basic salary subject to a minimum payment of £825 and a maximum payment of £1,430.

The outcome of the review indicated that the current zoning of London Weighting should be based on PCTs but that staff who are employed in more than one high cost area can be subject to local agreement on a harmonised rate of payment. In order to minimise those requiring pay protection from the combination of the previous London weighting and the Cost of Living Supplements (COLS) payments provision has been made for assimilation to a higher point on the pay band on 1 October 2004.

Payments starts rising from minimum above Spine Point 11 (in Band 3) with maximum reached at Spine Point 29 (in Band 6).

To illustrate the impact using Inner London:

Community Nursery Nurses will be on a HCA of between £3197.00 and £3729.40, depending where they are on Band 4 in comparison with a fixed rate of £3441 currently. This calculation is made more complex by the fact that those CNNs on Whitley scale C (but not those on scale B!) should be in receipt of Cost of Living Supplement. This is offset by the fact colleagues in receipt of COLs will assimilate further up Band 4 and as a result also receive a higher HCA. The overall effect is positive.

Staff Nurses working in the community will be on HCA of between £3622.80 and £4688.40, depending where they are on Band 5 in comparison with a fixed rate of £3441 currently. This calculation is made more complex by the fact that those Staff Nurses should be in receipt of Cost of Living Supplement. This is offset by the fact colleagues in receipt of COLs will assimilate further up Band 5 and as a result also receive a higher HCA. The overall effect is positive.

Specialist Practitioners will be on HCA of between £4326 and £5328, depending where they are on Band 6 reaching the maximum of £5328 at spine point 29 in comparison with a fixed rate of £3441 currently. This calculation is made more complex by the fact that those Specialist Practitioners on Whitley grade G should be in receipt of Cost of Living Supplement. This is offset by the fact colleagues in receipt of COLs will assimilate further up Band 6 and as a result also receive a higher HCA. The net effect is that HCA will be higher than current payments on all points of G grade. The overall effect is positive.

Any CPHVA member assimilated to the new pay structure at spine point 29 and above will receive £5328 HCA in comparison with a fixed rate of £3441 currently. The overall effect is positive even taking into calculation COLs.

TERMS AND CONDITIONS OF SERVICE

HOURS OF THE WORKING WEEK:

These will be harmonised at 37.5 hours with protection up to 2011 for those working less than 37.5 hours currently. This no change for CPHVA members.

ANNUAL LEAVE AND GENERAL PUBLIC HOLIDAYS

All staff will see the following entitlement to annual leave and general public holidays in the following table

Length of service	Annual leave + General Public Holidays
On appointment	27 days + 8 days
After 5 years service	29 days + 8 days
After 10 years service	33 days + 8 days

- These leave entitlements include the two extra-statutory days available in England and Wales in the past, and therefore any local arrangements to add days on account of extra statutory days will no longer apply. In Scotland this entitlement includes the two additional days that could previously be designated as either statutory days or annual leave. In Northern Ireland this entitlement also contains the two extra-statutory days, however there are ten general public holidays.
- Length of service is based on total aggregated NHS employment.
- Staff whose current annual leave entitlement exceeds the above will receive five years protection.

The overall effect is positive.

SICK LEAVE

This has been harmonised to provide all staff with a maximum of six months full pay and six months half pay. Sick pay will be calculated on the basis of what the individual would have received had he/she been at work and therefore includes: unsocial hours payment, RRP and high cost area supplements.

The overall effect is positive.

TERMS AND CONDITIONS HANDBOOK

This is the new handbook which replaces the general Whitley Council Handbook and all the functional Whitley Council handbooks. It incorporates the terms of the September 2004 proposed agreement together with general Whitley provision which are not covered by the agreement.

A number of key improvements have been achieved from the review and incorporated into the terms and conditions handbook, including a new maternity leave agreement providing additional pay and the first national agreement on facilities for union representatives.

CAREER AND PAY PROGRESSION: THE KNOWLEDGE AND SKILLS FRAMEWORK

- To support personal development and career progression, there will be a NHS Knowledge and Skills Framework. The Framework will support the process of annual development reviews and agreeing personal development plans.
- The NHS Knowledge and Skills Framework will help staff develop their skills to the full in a particular NHS post. It will help ensure better links between education, development and career and pay progress for all NHS staff.

- Each member of staff will have a personal development plan, which will identify the development, and how it will be supported. Personal development plans will be used to help staff ensure that by the time they reach these gateways they are applying the appropriate knowledge and skills for the job.
- There are two identified points in each pay band known as gateways.
- Pay progression at these gateways will be linked to the demonstration of applied knowledge and skills following an assessment.
- The position of the second gateway will vary between pay bands but will fall between the top three points of the pay band.

The effective date for a national roll out of Agenda for Change dependent upon second union ballots is 1 October 2004 with the operational start date of 1 December 2004. No one will lose pay or annual leave entitlements as a result of 1 December operational date.

MONITORING, REVIEWS AND APPEALS

- A national framework will be agreed by the NHS Staff Council for national roll out, supported by the learning gathered during early implementation, to ensure that consistent information will be collected on:
 - The use of the job evaluation scheme and job profiles;
 - The use of the unsocial hours system;
 - The use of recruitment and retention premia against the agreed criteria.
 - The use of the KSF and development reviews;
 - The provision of support for training/development (including funding and protected time);
 - The progression of staff through payband gateways.

LOCAL REVIEWS

- The information will also be used locally to identify problems.

NATIONAL REVIEWS

- The NHS Staff Council can be consulted by local employers or staff representatives on the interpretation of the agreement where there is an issue that may have wider applicability. Additionally the NHS Staff Council will have a monitoring role in the identified areas and where inconsistencies are emerging, recommendations and advice will be given to local employers and staff representatives.

APPEALS

- Every effort will be made to ensure that locally managers and staff are able to resolve differences without recourse to formal procedures. They should agree in partnership a procedure to resolve differences locally.
- Where appeals are upheld the associated pay or benefits will normally be backdated to the date the appeal was lodged. But in the case of appeals relating to decisions in relation to assimilation they will be backdated to the effective date of assimilation provided the appeal was lodged within six months of the date on which the person was notified or could otherwise have reasonably been expected to be aware of the decision giving rise to the appeal.

PARTNERSHIP

Partnership working is a fundamental principle, which must be established at all levels in the health service. Only by partnership can the proposed agreement be implemented. At every stage of

implementation there must be an effective partnership approach involving management and union representatives.

HAVE YOU RECEIVED YOUR BALLOT FORM

If you have not received your ballot please call 0845 8504242.