

# **Agenda for change**

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A summary of the proposals

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## Introduction

Agenda for Change, the proposed new pay and grading system for the NHS, is the biggest thing to happen to NHS pay and conditions since the health service was first formed in 1948. The proposals would affect the pay and conditions of the vast majority of staff in the service – changing the whole system of pay, annual leave, overtime, working hours, sick pay and so on.

In May 2003, UNISON health members decided in a national ballot, to allow Agenda for Change to be tested in 12 “Early Implementer” sites across England. UNISON believes this is the best way of seeing how the scheme impacts on real people in real jobs in the NHS. Only by going through this process of testing and evaluating will we be able to see whether Agenda for Change is right for the NHS. Following this Early Implementer phase, UNISON members will be asked to vote in 2004 to decide whether Agenda for Change should be rolled out across the whole of the NHS.

The aim of this booklet is to provide a simple and brief overview of the proposed new NHS pay system. UNISON has also produced a booklet explaining the Key Features of the proposals in greater detail.

### Early Implementers

Twelve NHS trusts in England have been identified as Early Implementers (EIs). These sites are now in the process of putting the new system into practice to test its impact on the pay and grading of staff. The process is being monitored closely and the outcomes will be fully evaluated so that UNISON members will be clear about the effects of Agenda for Change before they are asked to vote in 2004 on whether to accept it.

There's a partnership agreement so that staff unions and managers are working together to see the changes through. Under these arrangements, UNISON is able to raise concerns about how the scheme is working in practice. If parts of the new system are not working out for staff, UNISON will seek further negotiations to put things right.

UNISON has already identified areas that require further discussion with the employers side, including the need for more job profiles and arrangements for unsocial hours and on-call payments. Other issues will be taken up as they arise.

### Early Implementer trust sites:

- Aintree Hospitals NHS Trust
- Avon and Wiltshire Mental Health Partnership NHS trust
- Central Cheshire Primary Care Trust
- City Hospitals Sunderland NHS Trust
- East Anglian Ambulance NHS Trusts
- Guy's and St Thomas' Hospital NHS Trust
- Herefordshire NHS Primary Care Trust
- James Paget Healthcare NHS Trust
- North East Ambulance Service NHS Trust
- Papworth Hospital NHS Trust
- South West London and St George's Mental Health NHS Trust
- West Kent NHS and Social Care Trust

# Overview of the proposed new pay system

## Where can I get more information?

As work progresses in the EI sites, regular reports go to our branches, with detailed information and feed back on the latest developments. UNISON's Early Implementer News bulletins and Agenda for Change newsletters are available from your branch secretary or the web [www.unison.org.uk/healthcare/a4c](http://www.unison.org.uk/healthcare/a4c) where full details of the proposed agreement can also be downloaded.

## Basic Pay

- Basic pay would be determined through Job Evaluation
- The Job Evaluation Scheme specifically designed for the NHS, would be used for all posts covered by the new pay system
- The correct pay band for each post would be determined after a detailed assessment process
- As many posts as possible would be matched to an appropriate national job profile and this would determine where they would be placed on the new pay bands (see page 6 for information on job profiles)
- Posts which did not fit a national job profile would be evaluated individually at local level.

## The Proposed New NHS Pay Structure

- There would be three new pay spines covering the majority of NHS staff.
- Two of the pay spines, both identical, each with eight pay bands, would cover staff within the remit of the Pay Review Body for nurses, midwives and allied professions and those groups outside of the Pay Review Body. (A separate pay spine for doctors and dentists would be subject to separate arrangements outside of these proposals.)
- There would be several pay points within each pay band
- Your post would be placed in the correct pay band as a result of job evaluation

- You would then normally progress up one pay point each year until you reach the top pay point for that pay band.

## Personal Development Planning

- Everyone would be expected to develop the skills and knowledge needed to ensure they are fully developed in their role
- The NHS Knowledge and Skills Framework (KSF) would help to identify the knowledge and skills needed for each post
- You would have a development review meeting with your manager each year to agree your development for the following year
- Jointly, you would agree a personal development plan which would describe how any development needs would be supported each year
- Developing the required skills for your job would allow you to progress through the pay points until you reach the top of your pay band. This would be assessed at two stages known as 'gateways.' For further information on gateways, see page 3.

## Proposed New Terms and Conditions

- There would be one set of terms and conditions which would apply to all staff groups covered by the agreement
- These new conditions would include the number of hours worked in a full time week and the number of days annual leave
- If your terms and conditions are very different in the new system there would be an agreed period of time to make the changes.

## Enhancements to Basic Pay

In addition to basic pay there would also be:

- Supplements for working outside normal hours
- Extra pay for staff who work in high cost areas
- Additional pay for posts where recruitment and retention of staff is especially difficult due to competition from outside the NHS (recruitment and retention premia).

## What would the new pay structure look like?

There would be three pay spines and a series of pay bands for:

- 1 Staff within the remit of the Doctors and Dentists Review Body.
- 2 Staff within the remit of the Pay Review Body for nursing and midwifery staff and other health profession groups.
- 3 Other directly employed NHS staff, with the exception of the most senior managers.

This booklet describes the arrangements for staff on the second and third of these pay spines.

The second and third pay spines would be divided into eight pay bands (see table below). You would be assimilated to one of these pay bands on the basis of how your post was measured by the NHS Job Evaluation Scheme.

The NHS Job Evaluation Scheme is a means of rewarding people fairly by measuring their job related skills, knowledge, and responsibilities. The Job Evaluation Scheme has been developed especially for NHS staff and is designed to help ensure that staff receive equal pay for work of equal value.

The detailed assessment of each post using the Job Evaluation Scheme would decide the correct pay band for each post and so determine basic pay. To assist with this process, a number of national job profiles for a range of NHS jobs, have been agreed and these are listed on page 7. Further national profiles will emerge from the work going on in the Early Implementer sites.

### Pay Bands and Job Weights

#### Review Body Spine

**Pay Band**                      **Job Weight**

1                                      0 – 160

2                                      161 – 215

3                                      216 – 270

4                                      271 – 325

5                                      326 – 395

6                                      396 – 465

7                                      466 – 539

8                                      within which

8a                                    540 – 584

8b                                    585 – 629

8c                                    630 – 674

8d                                    675 – 720

#### Non Review Body Spine

**Pay Band**                      **Job Weight**

1                                      0 – 160

2                                      161 – 215

3                                      216 – 270

4                                      271 – 325

5                                      326 – 395

6                                      396 – 465

7                                      466 – 539

8                                      within which

8a                                    540 – 584

8b                                    585 – 629

8c                                    630 – 674

8d                                    675 – 720

In order to enable staff to see how the proposed new system would work, many jobs have been evaluated nationally these can be found on page 7

## Pay bands and pay points on second and third pay spines

These figures are effective from 2003 and would be increased by 3.225% in 2004 and 2005

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Range A	Range B	Range C	Range D
1	10,426	<i>10,632*</i>										
2	10,787											
3	11,148	11,148	<i>11,303*</i>									
4	11,458	11,458										
5		11,768	<i>11,768*</i>									
6		12,129										
7		12,490	<i>12,335*</i>									
8		12,852	12,852	<i>13,058*</i>								
9		13,316	13,316									
10		13,832	13,832	<i>13,832*</i>								
11			14,142									
12			14,555	<i>14,348*</i>								
13			15,019	15,019								
14			15,381	15,381	<i>15,381*</i>							
15				15,948	<i>16,000*</i>							
16				16,516	<i>16,516*</i>							
17				17,032								
18				17,548	17,548							
19				18,064	18,064	<i>18,322*</i>						
20					18,581							
21					19,200	<i>19,200*</i>						
22					19,819							
23					20,387	<i>20,129*</i>						
24					20,955	20,955						
25					21,780	21,780	<i>21,368*</i>					
26					22,710	22,710	<i>22,710*</i>					
27						23,639						
28						24,464	<i>24,051*</i>					
29						25,290	25,290					
30						26,116	26,116					
31						27,045	27,045					
32						28,387	28,387					
33							29,213	<i>29,213*</i>				
34							30,142	<i>30,142*</i>				
35							31,174	<i>31,174*</i>				
36							32,258	32,258				
37							33,342	33,342	<i>33,342*</i>			
38								34,684	<i>34,684*</i>			
39								36,026	<i>36,026*</i>			
40								37,574	37,574			
41								38,709	38,709	<i>38,709*</i>		
42									40,671	<i>40,671*</i>		
43									42,942	<i>42,942*</i>		
44									45,213	45,213		
45									46,451	46,451	<i>46,451*</i>	
46										48,516	<i>48,516*</i>	
47										50,787	<i>50,787*</i>	
48										54,193	54,193	
49										55,742	55,742	
50											58,064	
51											60,903	
52											64,000	
53											67,096	

\* Pay rates in italics are special transitional points which apply only during assimilation to the new system. They are shown here for convenience.

Within each band, there would be a number of pay points. Progression from point to point, up to the maximum in your pay band, would normally take place on an annual basis. At two defined points in each pay band, there would be a gateway, the first after twelve months and the second one near the top of the pay band. See page 13 on Pay Progression to see how these gateways would operate.

## What is job evaluation and how would it operate?

One of the aims of the proposed system is to ensure that NHS staff are paid in a way which is fair and transparent. The new system proposes that each person will have their job evaluated using a new scheme designed specifically for the NHS. This means that there would be a nationally agreed transparent system for grading jobs, to ensure that where jobs were evaluated at the same level, the postholders would both receive the same rate of pay. For example, a domestic supervisor working at the same level as a healthcare assistant (see page 7) would be paid at the same rate according to published job profiles. This system would apply nationally. UNISON along with other NHS Unions has been involved in agreeing the national criteria used in the process to ensure that the proposed system is fair to all staff.

### How would my job be evaluated?

National job profiles have already been produced which cover many of the jobs within your workplace (see page 7). The core functions of each job are measured against 16 different factors in the Job Evaluation scheme and this is shown in the profiles. This produces a score which then translates to where the job would fit on the proposed pay bands. Full details of every national job profile can be obtained via the UNISON website [www.unison.org.uk/healthcare/a4c](http://www.unison.org.uk/healthcare/a4c) or the Department of Health website [www.doh.gov.uk/agendaforchange](http://www.doh.gov.uk/agendaforchange)

The national job evaluation working party will continue to generate national job profiles to try to ensure most individuals know where they would fit on the proposed pay bands and to demonstrate how the scheme operates. UNISON

is closely involved in the job evaluation working party to make sure that the profiles are as accurate as possible before publication.

### The 12 Early Implementer sites are engaged in the following activities to implement Agenda for Change :

- Matching jobs in the Early Implementer sites to national profiles and identifying the need for additional profiles.
- Reviewing policies to ensure they are in line with Agenda for Change
- Developing the Knowledge & Skills Framework (see page 13) implementation plan
- Agreeing local flexibilities within the agreement
- Developing partnership working
- Monitoring and tracking the outcomes to assist in the evaluation of the scheme

### What if my job does not fit any of the profiles?

There are some jobs which may not fit any of the published profiles and would therefore need to be evaluated locally. In this situation, the postholder would complete a Job Analysis Questionnaire. The information would be analysed, verified, and fed into a national job evaluation computer system for evaluation, scoring and weighting. This would result in a locally agreed job profile. This would be a joint process, involving trade unions and management at local level – full details of the process are set out in the proposals document on UNISON's website.

## List of nationally agreed job profiles and bands

**The following list details all currently agreed national profiles (as at November 2003), together with their pay band.**

Your post would not necessarily fit into the same band as one with the same job title. It would depend on the nature of your particular job and whether or not the duties and responsibilities matched the national profile. If your duties and responsibilities exceed those in the national profile then your job could be in a higher pay band. More profiles are being developed and will be published – see UNISON’s website [www.unison.org.uk/healthcare/a4c](http://www.unison.org.uk/healthcare/a4c) or [www.doh.gov.uk/agendaforchange](http://www.doh.gov.uk/agendaforchange)

*Please note that job titles appear as published in the Job Evaluation handbook and may not reflect UNISON terminology.*

### **Band 1**

Catering Assistant  
CSSD/TSSU/HSDU Support Worker Soft Packs  
Domestic Assistant  
Domestic Assistant (Hotel Services)  
Invoice Clerk  
Laundry Assistant  
Maintenance Support Worker – Lower Level  
Medical Records Clerk  
Porter  
Porter/Driver  
Telephonist  
Theatre Porter

### **Band 2**

Admissions Clerk  
(Ambulance) Call Taker/Control Assistant  
Biomedical Support Worker  
Clerk Typist / Clerical Assistant  
Clinical Coding Officer (entry level)  
Clinic Receptionist  
Clinical Support Worker (Occupational Therapy)  
Clinical Support Worker (Occupational Therapy)  
Mental Health  
Clinical Support Worker (Physiotherapy)  
Cook  
CSSD/TSSU/HSDU Support Worker (Full Range)  
Data Entry Clerk  
Dental Surgery Assistant/Dental Nurse  
(Unqualified)  
Domestic Assistant (Higher Level)  
Domestic Team Leader  
Finance Officer  
Health Care Assistant  
Health Care Assistant - Community  
HR / Personnel Assistant (Recruitment)  
Maintenance Support Worker – Higher Level  
Payroll Clerk  
Personal Secretary

Phlebotomist  
Porter Team Leader  
Patient Transport Services (PTS) Driver  
Receptionist (A&E)  
Residential Housekeeper  
Security Officer  
Storekeeper  
Stores Clerk  
Support Worker, Podiatry (Lower Level)  
Ward Clerk

### **Band 3**

Building Craftworker  
Clinical Support Worker (Radiography)- Higher  
Consumer Services Officer  
Cook (Supervisor)  
Cook (Team Leader)  
Cytology Screener  
Domestic Supervisor  
Healthcare Assistant (Higher Level)  
Health Care Assistant – Community (Higher Level)  
Healthcare Assistant – Higher Level (Mental Health)  
Maintenance Craftworker (Gas or Electrical or Mechanical)  
Medical Secretary  
Occupational Therapy Technician  
Payroll Team Leader  
Personal Secretary (Higher Level)  
Physiotherapy Technician / Clinical Support Worker (Higher Level)  
Qualified Dental Nurse  
Security Officer – Higher Level  
Sewing Room Supervisor  
Support Worker, Podiatry (Higher Level)  
Switchboard Supervisor

**Band 4**

Assistant Practitioner, Radiography  
 Cytology Screener (Higher Level)  
 Maintenance Supervisor  
 Medical Secretary Higher Level  
 Medical Secretary (Supervisor)  
 Multi-Skilled Maintenance Technician  
 Nursery Nurse (Community)  
 Nursery Nurse Neonatal Unit  
 Personal Assistant  
 Works Officer (Engineering Maintenance)

**Band 5**

Ambulance Paramedic  
 Assistant Chaplain  
 Biomedical Scientist  
 Community Nurse Schools  
 Dental Technician  
 Dietician  
 Fire Safety Manager  
 Mental Health Nurse Qualified  
 Midwife – New Entrant  
 Nurse (Qualified)  
 Nurse (Qualified, Community)  
 Nurse Working in a Practice  
 Occupational Therapist  
 Orthoptist  
 Payroll Manager  
 Physiotherapist  
 Podiatrist  
 Practice Manager (Small Practice)  
 Radiographer (Diagnostic)  
 Specialist Medical Technician (Audiology)  
 Specialist Works Officer (Building)  
 Specialist Works Officer (Electrical and/or Mechanical)

**Band 6**

Ambulance Station Officer (Team Leader)  
 Art Therapist  
 Biomedical Team Leader  
 Chaplain  
 Community Psychiatric Nurse  
 Deputy Ward Manager/Ward Team Leader  
 District Nurse  
 Health Visitor  
 Midwife (Community)  
 Midwife (Hospital)  
 Midwife (Integrated)  
 Nurse Adviser (NHS Direct)  
 Nurse Adviser (NHS Direct) Team Leader  
 Practitioner in Emergency Care (PEC)/Higher Level Ambulance Paramedic  
 Radiography Team Co-ordinator (Diagnostic)  
 School Nurse  
 School Nurse (Special Schools)  
 Sexual Health Advisor  
 Specialist Dietician  
 Specialist Nurse

Specialist Medical Photographer (Team Leader)  
 Specialist Occupational Therapist (Team Leader)  
 Specialist Orthoptist  
 Specialist Physiotherapist  
 Specialist Physiotherapist (Sports Injuries)  
 Specialist Podiatrist  
 Specialist Practice Nurse  
 Specialist Radiographer (Diagnostic)  
 Specialist Radiographer (Therapeutic)  
 Works Officer Section Manager

**Band 7**

Ambulance Service Area Manager  
 Biomedical Laboratory Section Manager  
 Chaplain Manager  
 Community Psychiatric Nurse Manager  
 District Nurse (Team Manager)  
 Highly Specialist Therapy Radiographer  
 Health Visitor (Community Practice Teacher)  
 Health Visitor Team Manager  
 Highly Specialist Nurse  
 Highly Specialist Physiotherapist (Respiratory Problems)  
 Midwifery Section / Community Manager  
 Nurse Advisor (NHS Direct) Team Manager  
 Podiatry Section Manager  
 Radiography Section Manager  
 Radiographer- Highly Specialist  
 Registered Clinical Scientist (Biochemist)  
 Registered Clinical Scientist (Medical Physics)  
 School Nurse Manager  
 Sexual Health Advisory Service Manager  
 Specialist Midwife (Research Projects)  
 Specialist Midwife/Departmental Manager  
 Specialist Midwife (Specific Group)  
 Specialist Pharmacist (e.g. Renal/Oncology)/Section Manager  
 Specialist Physiotherapist (Community)  
 Specialist Physiotherapist Team/Section Leader  
 Specialist Radiographer (Reporting Sonographer)  
 Ward Manager

**Band 8**

Consultant Clinical Scientist (Biochemistry)  
 Consultant Clinical Scientist (Medical Physics)  
 Consultant Midwife  
 Consultant Radiographer (Sonographer)  
 Consultant Therapy Radiographer  
 Nurse Consultant Back Pain  
 Nurse Consultant Critical Care  
 Principal Clinical Scientist (Medical Physics)  
 Professional Manager (Clinical, Clinical Technical Service, Social Services)  
 Professional Manager (Clinical, Clinical Technical Service, Social Services)  
 Professional Manager (Clinical, Clinical Technical Service, Social Services)  
 Professional Manager (IM&T)  
 Specialist Registrar Podiatric Surgery

# Proposed new arrangements for working hours, annual leave and overtime

## Annual Leave

Staff would receive the following entitlement to annual leave:

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

## Hours of the Working Week

Eventually all full time NHS staff would have a working week of 37.5 hours excluding meal breaks. Transitional arrangements are described on page 15.

## Overtime Payments

All staff in pay bands 1–7 would be eligible for overtime payments for work in excess of the standard 37.5 hours working week. There would be a single harmonised rate of time-and-a-half for all overtime, with the exception of work on the eight general public holidays (10 in Northern Ireland), which would be paid at double time.

## How would work outside normal hours be paid?

Under current arrangements each occupational group (ancillary staff, admin and clerical, nursing and midwifery, occupational therapy (Allied Health Professions), operating department practitioners, pharmacy technicians (professional & technical) and so on) has separate Whitley Council agreements for shift-working and unsocial hours. If the new proposals were implemented there would be only one system for calculating payments for working outside normal hours for all NHS staff.

### Unsocial hours payments

Under the proposals, for staff in bands 1–7, unsocial hours are defined as:

- Any time before 7 am or after 7 pm, Monday to Friday

- Any time on Saturday or Sunday
- Any time on Bank Holidays

For staff in pay band 8

- Any time before 7 am or after 10 pm, Monday to Friday
- Any time before 9 am or after 1 pm on Saturday or Sunday
- Any time on Bank Holidays

Supplements would be calculated on the basis of the average number of hours worked outside normal hours. For full time staff this would be translated into a fixed percentage supplement to basic salary. There would be equivalent arrangements for part-time staff.

Average hours worked in defined periods	Value of supplement as percentage of basic salary	
	Bands 1–7 %	Band 8 %
Up to 5	By local agreement	
More than 5 but not more than 9	9	9
More than 9 but not more than 13	13	10
More than 13 but not more than 17	17	10
More than 17 but not more than 21	21	10
More than 21	25	10

### On-call payments

Staff who provide on-call cover outside their normal working hours would receive a fixed pay supplement as follows:

Frequency of On-Call	Value of supplement as percentage of basic salary %
1 in 3 or more frequent	9.5
1 in 6 or more but less than 1 in 3	4.5
1 in 9 or more but less than 1 in 6	3.0
1 in 12 or more but less than 1 in 9	2.0
Less frequent than 1 in 12	By local agreement

Staff who are called into work during a period of on-call would receive recompense for the actual work done at the overtime rate.

## What about pay in high cost areas?

All existing schemes to recognise high cost areas would cease and be replaced by high cost area payments for London and Fringe areas (or recruitment and retention premia outside London.)

London, Fringe and Cost of Living Supplements (COLs) would be replaced by new harmonised allowances.

There would be extra increases in London pay, with gains for most staff.

High cost area supplements would be pensionable, and calculated on basic pay (plus the value of any long-term recruitment and retention premia), but subject to a minimum and maximum level of extra pay as follows:

This system could, in principle, be applied to other high cost areas in the future.

Outside London and Fringe areas, COLS payable to qualified nurses and some allied health professionals would be converted into recruitment and retention premia.

	<b>% of basic pay</b>	<b>Minimum*</b>	<b>Maximum*</b>
Inner London	20%	£3,097	£5,161
Outer London	15%	£2,581	£3,613
Fringe	5%	£774	£1,342

\*These are based on 2003/04 rates.

Current payments for London weighting, Fringe allowances and Cost of Living Supplements in these areas would be discontinued if the new arrangements came into force.

## What are recruitment and retention premia?

Recruitment and retention premia would provide additional payments for particular posts or groups of posts. The premia would be used to address recruitment and retention difficulties caused by external labour market pressures.

Where widespread recruitment and retention pressures affected a particular group of staff, premia could be decided on a national basis on the recommendation of the Review Body or the new Pay Negotiating Council for non-Review Body staff.

The total value of a recruitment and retention premium would not normally exceed 30 per cent of basic salary.

There would be two types of recruitment and retention premia:

### **Long-term recruitment and retention premia**

- Would be pensionable
- Would be taken into account when calculating the level of unsocial hours payments, on-call payments, overtime and high cost area payments

### **Short-term recruitment and retention premia**

- Would not be pensionable
- Would usually be time-limited

## What is the NHS Knowledge and Skills Framework and what would it mean for career and pay progression?

To support personal development and career progression, there would be a new NHS Knowledge and Skills Framework. This would help staff develop their skills to the full in a particular NHS post. It would improve links between education, development and career progression to give all NHS staff equal opportunities to develop their career.

The framework would develop a culture of lifelong learning in the NHS by:

- Giving staff clear and consistent development objectives
- Helping staff to apply the knowledge and skills appropriate to their level of responsibility
- Enabling staff to identify and develop knowledge and skills that would support their career progression

The Knowledge and Skills Framework would be used to support the process of annual development reviews. Each member of staff would have a personal development plan, to identify

support for their development. Only after each staff member had a personal development plan and the knowledge and skills framework was established, would the pay gateways become operational. These gateway points would occur in two places on each pay band – one after twelve months and one near the top of the band. Gateways would act as a means of ensuring that staff had access to the training and development required to apply the basic knowledge and skills to fulfil their job.

There would be a normal expectation of automatic progression through both gateways and no national or local restrictions would apply – all staff would be given equal opportunity to demonstrate the required standard of knowledge and skills to progress through the gateways.

Qualified staff joining pay band 5 as new entrants would have accelerated progression through the first two points in six-monthly steps subject to meeting relevant professional standards.

## How would staff move onto the new system? (Assimilation)

There would be special phased arrangements for staff transferring from the old to the new pay system, called assimilation.

### **Pay**

Staff on Whitley contracts and other contracts which incorporate Whitley, would assimilate to the new pay system. Staff on local contracts which do not incorporate national agreements would be offered the opportunity to move onto the new system with the same effective date.

How individuals assimilated into the new system would depend on their basic pay immediately before assimilation (including any leads and allowances to be consolidated into basic pay.)

- Where basic pay before assimilation is between the new minimum and maximum of the new pay band, staff would 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 pay band 1 would move straight onto the minimum. Staff in other pay bands would assimilate either at the new minimum or, if they are significantly below the minimum, onto proposed transitional points. Staff would then progress through the transitional points in annual steps until they reached the minimum of their new pay band, when the normal rules of progression would apply. There would be special arrangements for staff approaching retirement.

- Where staff are above the maximum of the new pay band their pay would be protected. This would include 1 year's protection with a pay uplift followed by 5 years protection on a marked time basis.
- The pay protection arrangements would also take into account normal earnings from unsocial hours payments.

### **Hours**

There would be phased protection arrangements, as below, for full-time staff whose current standard working hours are below 37.5 and for part-time staff on an equivalent pro rata basis.

See Table A below.

There would be phased arrangements for staff where current standard working hours are above 37.5 as detailed in Table B below.

### **Annual Leave**

There would be a five-year protection period for annual leave arrangements that exceed the new harmonised entitlements.

### **On-call**

Transitional arrangements would ensure appropriate protection for staff moving from special local arrangements for on-call and stand-by.

**Table A**  
**Current full-time standard hours**

**Proposed Protection arrangements for staff currently working less than 37.5 hours**

37 hours	Three years on 37 hours
36.5 hours	Three years on 36.5 hours One year on 37 hours
36 hours	Three years on 36 hours Two years on 37 hours
35 hours	Four years on 35 hours Two years on 36 hours One year on 37 hours
33 hours	Four years on 33 hours Two years on 35 hours One year on 37 hours

**Table B**  
**Current full-time standard hours**

**Proposed Protection arrangements for staff currently working more than 37.5 hours**

Up to 39	37.5 from the date of implementation
More than 39, up to 41	39 from the date of implementation 37.5 after 12 months
More than 41	40.5 from the date of implementation 39 after twelve months 37.5 after 24 months

## How would new pay and conditions of service be agreed nationally in the future?

The Whitley Councils would be replaced by two new bodies that would make national decisions on pay and terms and conditions of service.

*UNISON, as the largest trades union in the NHS, would clearly have a leading role in the new system.*

### **What would it be called?**

The NHS Staff Council

Pay Negotiating Council

### **What would it do?**

Oversee the operation of the new pay system and have responsibility for NHS-wide terms and conditions of service. This would replace the relevant functions of the General Whitley Council and the separate functional Whitley Councils.

Negotiate pay for staff on the third pay spine.

### **In addition**

The remit of the Review Body for Nurses, Midwives, Health Visitors and the Professions Allied to Medicine (the NPRB) would be expanded to include a wider number of registered health professionals and support staff.

*UNISON would continue to submit evidence on behalf of all our members covered by the expanded Pay Review Body. We would continue to negotiate on behalf of all our members covered by the Pay Negotiating Council.*

There would be new arrangements to ensure that the recommendations of the two NHS Review Bodies and the decisions of the Pay Negotiating Council were consistent with equal pay requirements.

## Further information

Full details of the proposed agreement, the job evaluation handbook and further national job profiles can be found on the UNISON website at [www.unison.org.uk/healthcare/a4c](http://www.unison.org.uk/healthcare/a4c). The website also contains news bulletins on the latest developments in the 12 Early Implementer sites, and other up-to-date information and briefings on Agenda for Change.

### **If you are not a UNISON member – join us today**

You will only be consulted on the proposals if you are a union member. Make your voice heard by joining UNISON and get a vote in the national ballot. Application forms are available from local stewards, via the UNISONDirect help line on 0845 355 0845 or the web [www.unison.org.uk](http://www.unison.org.uk)

If Agenda for Change is implemented in 2004, active UNISON members will be guiding staff through the process of moving onto the new system. If you are a member, you will have access to advice, information and support from a specially trained UNISON Agenda for Change representative.

### **Are you represented in your local workplace?**

Do you have a local UNISON representative in your workplace? If not, you might want to consider being a rep or contact point yourself? UNISON provides all the necessary training and support. You would also have legal rights to time off to enable you to carry out your trade union work. If you're interested, talk to someone in your local branch, your UNISON regional office or the UNISONDirect help line on 0845 355 0845.

### **Is your membership record up to date?**

In preparing for the 2004 ballot on Agenda for Change, we want to ensure that every UNISON member affected by the proposals is given an opportunity to vote on whether the new pay system should be extended across the NHS. If you've changed jobs or moved house recently, you may not have advised your UNISON rep that your records need to be changed to reflect this. To ensure that you receive a ballot paper when the time comes, check that your membership record is up to date. Contact your local UNISON branch or call the UNISONDirect help line 0845 355 0845 – lines are open Monday to Friday 6am to midnight, and Saturday 9am to 4pm.



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