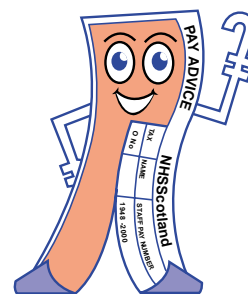


# NHSScotland PAY



## WHAT'S NEW?

In January 2001 the Scottish Pay Reference and Implementation Group (SPRIG) published its first newsletter covering developments on pay modernisation. Your feedback on this and on the series of roadshows we held across Scotland showed that you welcomed being kept informed about the new pay system and the progress being made by SPRIG.

This second newsletter aims to:

- Update you on UK-wide pay negotiations.
- Answer some Frequently Asked Questions.
- Cover some of the baseline work being carried out in preparation for pay reform.

### Joint Third Statement

A third Joint Statement of progress on *Agenda for Change* has been agreed on behalf of the four UK Health Departments, the NHS Confederation and all the unions and staff organisations recognised for negotiation purposes by the NHS. All parties remain fully committed to modernising the pay system across the NHS, to support a modern NHS and to do so using the principles of Social Partnership.

### Progress on Talks

Negotiations on a new NHS pay system have been underway between the UK Health Department, representatives of NHS employers and NHS staff organisations for nearly three years. Talks are being conducted on the basis that “nothing is agreed until everything

is agreed”. As we reach the concluding stages of these talks, some factual information about the proposed system can now be made available. The following focuses on two important parts of the new pay system – **Job Evaluation** and the **Knowledge and Skills Framework**. More detailed communications are planned on both of these in the near future but a summary of progress is given below.

### Job Evaluation

Established in November 1997, the JEW (Job Evaluation Working Party) purposely designed and developed a job evaluation scheme to cope with the range and diversity of NHS jobs. This was intended to be able to differentiate and rank NHS jobs, to be sensitive to the organisational environment in which it would operate and support equal pay for equal value principles. The resultant job evaluation scheme constructed and tested in partnership by JEW members contains job factors which cover skills, responsibilities and effort. Advice at each stage of design has been taken from the Equal Opportunities Commission and other equality bodies. This input has been essential to ensure that the scheme is objective, free from bias and fair to all staff. The scheme is now very close to completion, and **over four hundred jobs have now been benchmarked** which reflect a mix of representative organisations and geographical locations. Information gathering and evaluation has been carried out by panels of staff and management representatives. The benchmarks are now being used to create a library of profiles of key and most common NHS jobs. The scheme will, of course, be central to the final negotiation

of the new pay system and these reference points will help decide the appropriate pay band for the vast majority of NHS posts. More technical detail about the scheme will be available soon. Once agreed, the use of this scheme will only be approved once organisations have been fully trained in its use.

## Knowledge and Skills Framework

To support a consistent application of standards for all NHS jobs, a Knowledge and Skills Framework (KSF) is being developed. The aim is to produce standard descriptions of applied knowledge and skills that can be used for any post in the NHS. These will give employers, managers and staff a common currency for use in recruitment and staff development.

A great deal of progress has been made and an emerging framework will be tested in April 2002 to help managers and staff put together descriptions of the applied knowledge and skills appropriate for their current jobs, or planned future jobs, which can then be used in appraisal and development. To do this the KSF describes a number of “dimensions” of knowledge and skills. Of these some are described as “core”, for example oral communication, where all staff will need some skills though the level may vary between different types of job. Other dimensions would apply to some jobs but not others.

All parties to the negotiations support the development of this tool, and talks are continuing to define how pay progression should be linked to demonstration of applied knowledge and skills. Staff side remain committed to incremental progression until management can show that alternatives are more beneficial for their members.

## Implementation

SPRIG is very pleased to announce the recent appointment of **Janis Millar** as Implementation Co-ordinator for NHS Pay Modernisation in Scotland. Janis has wide experience of health service administration and management and she took up post in December 2001. Her role will include:

- Helping to establish an implementation programme, analysing costs, timing and training implications.
- Working closely with SPRIG to support rollout across Scotland of a new system of pay, terms and conditions.
- Developing a communications strategy to ensure messages about pay modernisation reach all NHS staff effectively.

SPRIG warmly welcomes Janis and look forward to working closely with her in the months ahead.



Janis Millar

## Your Questions Answered

### Q – What plans do you have to keep staff informed of progress, and why haven't we heard much from you recently?

A – To ensure that staff in all parts of Scotland are kept informed, we ran a successful round of roadshows in summer 2001. Because negotiations have yet to be finalised, there has been little to report so far. But our Implementation Co-ordinator Janis Millar is working to establish a Communications Strategy, building on similar events while making full use of technology to update staff as soon as information on progress is available.

### Q – Why the delays?

A – We recognise that staff have found these frustrating but we are involved in UK-wide negotiations on a sophisticated and wide-ranging system. We do believe that good progress has been made and we are ready to move into the final phases after the Government's Spending Review.

### Q – When will we know about future NHS resources?

A – The results of the Government's Spending Review should be available before summer 2002. This will enable final decisions to be taken about implementing a new pay system.

### Q – When will Agenda for Change be implemented in Scotland?

A – That depends on the timetable for completing UK negotiations but is unlikely to be before early 2004. We expect implementation of the new system to be piloted over 2002-2003 in some NHS Trusts

in England. We will be keeping a close eye on the system's performance, which will need to meet agreed success criteria before it is rolled out UK-wide.

**Q – Will I have the opportunity to comment on the new system before a deal is done?**

A – All of the main unions involved have indicated that they will consult, and where appropriate, ballot their members before agreeing any new system.

**Q – How will patients benefit from the new system?**

A – We believe that investing in an improved pay system for staff will deliver real improvements for patients. In Scotland the focus is on delivering the commitments set out in *Our National Health*, with strong links to modernising the way the service works and improving its performance.

**Q – How are you going to deal with issues that staff want addressed now – terms and conditions, continued use of trust contracts for new starts, etc.?**

A – We know that these issues need to be dealt with fairly and equitably and we will be working closely with employers and staff alike on dealing with them between now and the introduction of a new pay system. The Scottish Partnership Forum has recognised the need for a Scottish approach to terms and conditions and has proposed a new HR Forum to help take them forward.

**Q – Why can't we go it alone in Scotland and bypass the delays?**

A – Ministers are committed to a UK approach to pay – an important principle of a National Health Service. The proposals for pay modernisation offer a UK framework – including benefits such as the independent Pay Review Bodies – while retaining sufficient flexibility to meet local needs and circumstances.

**Q – Will anyone lose out under the new pay arrangements?**

A – Anybody whose job is evaluated at a lower level than their current post will be protected. An agreement on this will form an important part of the final negotiated UK deal.

**Q – Will all staff be covered by the new systems, including senior managers?**

A – Discussions are still taking place as part of the UK work to identify whether the job evaluation system can cover the most senior jobs. These jobs are currently evaluated using Hay job evaluation.

**Q – Will the Pay Review Bodies' remit be expanded?**

A – AfC proposals make it clear that some smaller groups of highly qualified staff should come within the scope of the Nurses and PAMs' Pay Review Body. Agreement on which groups will satisfy these criteria will form part of final UK negotiations.

## Other Pay Issues

For the coming year, UK negotiations for non-Review Body staff pay have taken place and offers have been made to respective staff groups. These offers are being considered and we are awaiting the outcome.

NHS pay reform is key to improving flexibility, enhancing skills, redesigning services, responding to legislation and improving quality of care. Those elements of AfC which will replace the existing General Whitley provision will apply to all NHS staff. Parallel talks for consultants and GPs will address other aspects of pay and conditions for doctors. Here are short updates on progress with discussions on the consultants' and GPs' contract:

### Consultant contract

Separate discussions are continuing between the four UK Health Departments and the British Medical Association (BMA) on the new consultant contract. The main objective remains to provide consultants with a career and remuneration system which rewards their commitment to embrace flexible working which most effectively meets patient and service needs.

### GP contract

Discussions are continuing on revising the GP contract. They are being taken forward on a UK basis between representatives of the GP profession and a team set up by the NHS Confederation. A main objective is to move towards a system rewarding quality more than at present. The new contract should also be flexible enough to address local issues.

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## **YOUR VIEWS**

We welcome your feedback on this newsletter and any aspects of NHS pay reform.

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