"Q&A session on Unsocial Hours and On-call - are you getting your entitlements?"

Focus Forum Interactive
12:00 Thursday 21 May 2009
Geoff Lester, Chair FCS
Principles

• National terms and conditions took effect for all under remit of AforC from 01 Oct 2004
Agenda for Change at a glance
20/02/2009

Agenda for Change is the most significant reform of NHS pay since the creation of the health service in 1948.

Supported by the NHS Job Evaluation scheme (JES) and the Knowledge and Skills Framework, the pay system was designed to:

- deliver fair pay for non-medical staff based on the principle of equal pay for work of equal value
- provide better links between pay and career progression using the new NHS Knowledge and Skills Framework
- harmonise terms and conditions of service such as annual leave, hours and sick pay, and more recently for work performed in unsocial hours.

How it works

Staff are placed in one of nine pay bands on the basis of their knowledge, responsibility, skills and effort needed for the job rather than on the basis of their job title. The assessment of each post using the Job Evaluation Scheme (JES) determines the correct pay band for each post, and so the correct basic pay. Within each pay band, there are a number of pay points. As staff successfully develop their skills and knowledge they will progress in annual increments up to the maximum of their pay band. At two defined “gateway points” on each pay band pay progression will be based on demonstration of the applied knowledge and skills needed for that job.

Benefits of Agenda for Change

The Agenda for Change, which started in April 2006, offers a number of benefits for both staff and the NHS:

- Agenda for Change handbook
- NHS Terms and Conditions of Service Handbook
- Agenda for Change frequently asked questions
- Agenda for Change pay Circular 2007
Principles

• Not all issues could be resolved at the outset – mainly because of the heritage of “local bargaining”

• Approach
  – Set **baseline** AforC terms (Interim Regimes)
  – Protect (time limited) former local arrangements if better for staff
  – Negotiate “harmonised” arrangements to apply to all
  – Affects “Unsocial Hours” and “On-call” (Section 2)
Definitions

Overtime:
Required to work (regularly or ad hoc) additional hours to your conditioned hours. (Band 8 & 9 have no provisions to pay for overtime.)

Conditioned hours:
The number of hours you are contracted to work. May be averaged over a period of time if not regular. Does not imply 5 days of 7.5 hours per day. Either 37.5 per week or, now, 36 (if formerly regarded as 35)
Definitions

Unsocial hours:

Required to work some of your normal conditioned hours during the times of the week defined as “unsocial”. Those unsocial hours are paid at an enhanced hourly rate.

Pay Circular 1/2008
Definitions

On-call:

Any other “Maintaining round the clock arrangements” not covered by overtime or unsocial hours – includes Pathology BMS “on-call” (which might otherwise be regarded as unsocial hours).

Protection in Pay Circular 5/2008

Protection of on-call allowances

6. The NHS Staff Council is reviewing on-call allowances. The Council has agreed that employers should continue to use existing local and nationally agreed systems of remuneration of on-call until the national review is finished.

7. Unless agreed otherwise by local partnerships, existing payments under local and nationally agreed arrangements will continue until 31 March 2010 when any new arrangements agreed by the Staff Council would start. This extended protection applies to existing staff and new starters.

Review of on-call allowances

7. The Agenda for Change agreement said that the NHS Staff Council might devise new harmonised arrangements during the four-year period of protection for on-call, based on further monitoring of experience in early implementer sites and evidence from national roll-out. The time taken to review unsocial hours arrangements means that the period of protection of existing on-call arrangements needs to be extended to give time for a thorough review of on-call arrangements.

9. The target date for completion of the review is September 2009. This will allow sufficient time for consultation and NHS preparation before new arrangements could be implemented in April 2010. The review will ensure that on-call arrangements are consistent with equal pay for work of equal value. Existing arrangements for on-call can remain in place until new arrangements are implemented.

Enquiries

9. Employers should direct enquiries to: agendaforchange@nhsemployers.org

Further copies

10. Copies of this circular can be downloaded from: www.nhsemployers.org

11. A copy of the NHS Terms and Conditions of Service Handbook can be downloaded from the NHS Employers website at the following web address: www.nhsemployers.org/payandconditions/agendaforchange.asp
Unsocial Hours - scope

- Saturday, Sunday and Public Holiday working
- Work may be on site or away from site (e.g. clinical validation form home.)

- Is NOT affected by the on-call discussions:

“The interim regime, preserving local and national on-call arrangements is not affected by these new arrangements for unsocial hours payments. The reference to “pathology” in paragraph 2.7 in Section 2 of the Handbook should be read to include all of laboratory medicine (e.g. biochemistry, haematology, microbiology, immunology, histopathology and cytology etc) and is not restricted to histopathology.”
Unsocial Hours - scope

Paragraph 2.7:

During the interim regime staff have been able to retain their existing oncall provisions (both national and local). This has been a particular feature in NHS pathology departments. These arrangements remain unaffected by this agreement and all pathology out of hours working provisions will be regarded as included in these arrangements and the provisions outlined in paragraphs 2.8 to 2.30 below will not apply. Protection will continue up to up to 31 March 2010.

But this does NOT mean exclusion from the USH provisions!
Has anyone in the audience been denied recognition of USH?
On-call - scope

• The “Interim Regime” gave all employees the choice to keep their Whitley arrangements temporarily or opt into the Interim Regime (percentage enhancements).

• Some employers have sought to deny these!

• 2008 Staff Council set up a sub-group to harmonise the on-call provisions, to report back with a model in Sept 2009 for implementation April 2010.

• Currently going fairly slowly.
On-call – next steps

• In partnership to undertake a survey of the current range of “on-call” arrangements.

• A statistically significant sample:
  – Different types of employer: Acute, mental, ambulance, PCT
  – Across the 4 UK nations
  – Wide scope of professions

• Objective: Models of solutions for 24/7 service cover
  Assess the “cost” of on-call

• Sub-group recognise lots of complexity and variety
On-call – next steps

• FCS will undertake its own membership survey.
• Assess coverage by Interim Regime (generally an improvement for clinical scientists)
• Assess alternative arrangements

• If your Trust is asked to participate in the joint data gathering local representatives should be involved.
• Both sides very keen that data is complete and accurate.
• DoH putting in resources to facilitate this.

• FCS guarding the position of those required to be on-call for advisory roles.
Any questions about these or any other AforC terms and conditions?