

This is the html version of the file <http://www.unison.org.uk/acrobat/13824.pdf>.

Google automatically generates html versions of documents as we crawl the web.

To link to or bookmark this page, use the following url: http://www.google.com/search?q=cache:lQ24C_0rLp8J:www.unison.org.uk/acrobat/13824.pdf+agenda+for+change+radiographer+salary&hl=en&lr=18

8

Google is not affiliated with the authors of this page nor responsible for its content.

These search terms have been highlighted: **agenda change radiographer salary**

Agenda for change

A summary of the propo

2003/4

Page 2

Contents

Introduction	2
– Early Implementers	
Overview of the proposed new pay system	3
– Where can I get more information?	
What would the new pay structure look like?	4
What is job evaluation and how would it operate?	6
List of functionally equivalent job profiles and bands	7

LIST OF nationally agreed job profiles and bands	/
Proposed new arrangements for working hours, annual leave and overtime	9
How would work outside normal hours be paid?	10
What about pay in high cost areas?	11
What are recruitment and retention premia?	12
What is the NHS Knowledge and Skills Framework and what would it mean for career and pay progression?	13
How would staff move onto the new system? (Assimilation)	14
How would new pay and conditions of service be agreed nationally in the future?	16
Further information	17

Introduction

Agenda for Change, the proposed new pay and

There's a partnership agreement

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.

unions and managers are working through the changes. Under the current scheme UNISON is able to raise concerns. The current scheme is working in practice but some issues are not working out for staff. UNISON will seek further negotiations.

UNISON has already identified areas for further discussion with the employers, including the need for more job protection arrangements for unsocial hours and overtime payments. Other issues will be discussed as they arise.

Early Implementer trusts:

- Aintree Hospitals NHS Trust
- Avon and Wiltshire Mental Health Partnership NHS trust
- Central Cheshire Primary Care Trust
- City Hospitals Sunderland
- East Anglian Ambulance NHS Trust
- 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 Partnership

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 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.
- Type of the new spines, both identical, each with

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

Personal Development Plan

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

Proposed New Terms and Conditions

- There would be one set of terms and conditions which would apply to all posts covered by the agreement
- These new conditions would cover the number of hours worked in a week and the number of days and

- 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
 - If your terms and conditions in the new system there would be a period of time to make the
- Enhancements to Basic Pay**
In addition to basic pay there
- Supplements for working out of hours
 - Extra pay for staff who work in special circumstances
 - Additional pay for posts where retention of staff is especially important (recruitment and retention)

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

The NHS Job Evaluation Scheme is designed to be rewarding people fairly by measuring their related skills, knowledge, and experience. The Job Evaluation Scheme has been designed to ensure that staff receive equal value for equal work.

The detailed assessment of each post under the Job Evaluation Scheme would result in a pay band for each post and so a national job profile for a range of posts. To assist with this process, national job profiles for a range of posts have been agreed and these are listed in the booklet. Further national profiles will be agreed as work going on in the Early Implementation

Job Evaluation Scheme.

Pay Bands and Job Weights

Review Body Spine

Non Review Body Spine

Pay Band	Job Weight	Pay Band	Job Weigh
1	0 – 160	1	0 – 160
2	161 – 215	2	161 – 215
3	216 – 270	3	216 – 270
4	271 – 325	4	271 – 325
5	326 – 395	5	326 – 395
6	396 – 465	6	396 – 465
7	466 – 539	7	466 – 539
8	within which	8	within which
8a	540 – 584	8a	540 – 584
8b	585 – 629	8b	585 – 629
8c	630 – 674	8c	630 – 674
8d	675 – 720	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
1	10,426	10,632*						
2	10,787							
3	11,148	11,148	11,303*					
4	11,458	11,458						
5		11,768	11,768*					
6		12,129						
7		12,490	12,335*					
8		12,852	12,852	13,058*				
9		13,316	13,316					
10		13,822	13,822	13,822*				

10	13,032	13,032	13,032				
11		14,142					
12		14,555	14,348*				
13		15,019	15,019				
14		15,381	15,381	15,381*			
15			15,948	16,000*			
16			16,516	16,516*			
17			17,032				
18			17,548	17,548			
19			18,064	18,064	18,322*		
20				18,581			
21				19,200	19,200*		
22				19,819			
23				20,387	20,129*		
24				20,955	20,955		
25				21,780	21,780	21,368*	
26				22,710	22,710	22,710*	
27					23,639		
28					24,464	24,051*	
29					25,290	25,290	
30					26,116	26,116	
31					27,045	27,045	
32					28,387	28,387	
33						29,213	29,213*
34						30,142	30,142*
35						31,174	31,174*
36						32,258	32,258
37						33,342	33,342
38							34,684
39							36,026
40							37,574
41							38,709
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							
52							
53							

* 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 would normally take place on an annual basis.At two defined points in each pay band, there would be a gateway, 1 months and the second one near the top of the pay band. See page 13 on Pay Progression to see how these gateway

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 or the Department of Health website www.doh.gov.uk/agendaforchange

The national job evaluation working party will continue to generate national job profiles to try

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

The 12 Early Implementers engaged in the following activities to implement Agenda for Change

- Matching jobs in the Early Implementers to national profiles and identifying additional profiles.
- Reviewing policies to ensure consistency with **Agenda for Change**
- Developing the Knowledge and Skills Framework (see page 13) implementation plan
- Agreeing local flexibilities within the national profiles
- Developing partnership working with staff
- Monitoring and tracking the progress of the implementation in the evaluation of the scheme

What if my job does not fit the profiles?

There are some jobs which may not fit the published profiles and would need to be evaluated locally. In this situation the postholder would complete a Job Evaluation Questionnaire. The information would be analysed, verified, and fed into the national evaluation computer system for scoring and weighting. This would be based on the locally agreed job profile. This process, involving trade union

to ensure most individuals know where they would fit on the proposed pay bands and to demonstrate how the scheme operates. UNISON

at local level – full details of t out in the proposals document website.

6

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 w on the nature of your particular job and whether or not the duties and responsibilities mat national profile. If your duties and responsibilities exceed those in the national profile the could be in a higher pay band. More profiles are being developed and will be published – UNISON’s website www.unison.org.uk/healthcare/a4c or www.doh.gov.uk/agendaforch

Please note that job titles appear as published in the Job Evaluation handbook and may i 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

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

Band 3

Building Craftworker
 Clinical Support Worker (Rac
 Consumer Services Officer

Band 2

Band 4

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

Cook (Supervisor)
 Cook (Team Leader)
 Cytology Screener
 Domestic Supervisor
 Healthcare Assistant (Higher
 Health Care Assistant – Comm
 Level)
 Healthcare Assistant – Higher
 Health)
 Maintenance Craftworker (Gas
 Mechanical)
 Medical Secretary
 Occupational Therapy Techni
 Payroll Team Leader
 Personal Secretary (Higher Le
 Physiotherapy Technician / C
 Worker (Higher Level)
 Qualified Dental Nurse
 Security Officer – Higher Lev
 Sewing Room Supervisor
 Support Worker, Podiatry (Hi
 Switchboard Supervisor

Page 9

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)

Specialist Medical Photograph
 Specialist Occupational Thera
 Specialist Orthoptist
 Specialist Physiotherapist
 Specialist Physiotherapist (Sp
 Specialist Podiatrist
 Specialist Practice Nurse
 Specialist **Radiographer** (Dia
 Specialist **Radiographer** (The
 Works Officer Section Manag

Band 5

Ambulance Paramedic
 Assistant Chaplain
 Biomedical Scientist
 Community Nurse Schools
 Dental Technician
 Dietician

Band 7

Ambulance Service Area Mar
 Biomedical Laboratory Sectio
 Chaplain Manager
 Community Psychiatric Nurse
 District Nurse (Team Manage
 Highly Specialist Therapy Ra
 Health Visitor (Community P

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

Health Visitor (Community)
 Health Visitor Team Manager
 Highly Specialist Nurse
 Highly Specialist Physiotherapist (Problems)
 Midwifery Section / Community Nurse Advisor (NHS Direct)
 Podiatry Section Manager
 Radiography Section Manager
Radiographer- Highly Specialist
 Registered Clinical Scientist (Registered Clinical Scientist (School Nurse Manager
 Sexual Health Advisory Service
 Specialist Midwife (Research)
 Specialist Midwife/Department
 Specialist Midwife (Specific)
 Specialist Pharmacist (e.g. Renal/Oncology)/Section Manager
 Specialist Physiotherapist (Community)
 Specialist Physiotherapist Team
 Specialist **Radiographer** (Reception)
 Ward Manager

Band 8

Consultant Clinical Scientist (Clinical)
 Consultant Clinical Scientist (Community)
 Consultant Midwife
 Consultant **Radiographer** (Specialist)
 Consultant Therapy **Radiographer**
 Nurse Consultant Back Pain
 Nurse Consultant Critical Care
 Principal Clinical Scientist (Medical)
 Professional Manager (Clinical Service, Social Services)
 Professional Manager (Clinical Service, Social Services)
 Professional Manager (Clinical Service, Social Services)
 Professional Manager (Clinical Service, Social Services)
 Professional Manager (IM&T)
 Specialist Registrar Podiatry

Proposed new arrangements for working hours.

annual leave and overtime

Annual Leave

Staff would receive the following entitlement to annual leave:

Length of service

On appointment
After 5 years service
After 10 years service

Annual leave + General Public Holidays

27 days + 8 days (+ 10 N.Ireland)
29 days + 8 days (+ 10 N.Ireland)
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 7 pm, Monday to Friday
- Any time before 9 am or after 7 pm or Sunday
- Any time on Bank Holidays

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

Average hours worked in defined periods

Up to 5
 More than 5 but not more than 9
 More than 9 but not more than 13
 More than 13 but not more than 17
 More than 17 but not more than 21
 More than 21

Value of supplement as percentage of basic salary

Bands 1–7 %	Band 8 %
By local agreement	
9	9
13	10
17	10
21	10
25	10

MORE THAN 21

23

10

On-call payments

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

Frequency of On-Call	Value of supplement as percentage of basic %
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.

10

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 the value of any long-term recruitment premia, but subject to a minimum level of extra pay as follows:

This system could, in principle, be extended to high cost areas in the future. Outside London and Fringe areas, recruitment and retention premia would be available to qualified nurses and some other health professionals.

	% of basic pay	Minimum*	Maximum*
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

There would be two types of r

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**.

retention premia:

Long-term recruitment and premia

- Would be pensionable
- Would be taken into account the level of unsocial hours payments, overtime and high payments

Short-term recruitment and premia

- Would not be pensionable
- Would usually be time-limit

What is the NHS Knowledge and Skills Framework 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. If a staff member had a personal development plan and the knowledge and skills required were established, would the pay gateway be operational. These gateway points would be two places on each pay band - one near the top and one near the bottom. Gateways would act as a means for staff to have access to the training required to apply the basic knowledge and skills to fulfil their job.

There would be a normal expectation of automatic progression through the framework with no national or local restrictions. Staff would be given equal opportunities to demonstrate the required standards and skills to progress through the framework.

Qualified staff joining pay bands would have accelerated progression. The first two points in six-monthly meetings would be relevant professional

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

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

Hours

There would be phased protection arrangements as below, for full-time staff with working hours are below 37.5 hours per week. Staff on an equivalent pro rata basis would be protected. 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.

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.

Annual Leave

There would be a five-year period for annual leave arrangements to be harmonised with national entitlements.

On-call

Transitional arrangements would provide appropriate protection for staff currently on special local arrangements for stand-by.

Table A
Current full-time standard hours

37 hours
 36.5 hours

 36 hours

Proposed Protection arrangements for staff currently working less than 37.5 hours

Three years on 37 hours
 Three years on 36.5 hours
 One year on 37 hours
 Three years on 36 hours

-----	-----
35 hours	Two years on 37 hours Four years on 35 hours
33 hours	Two years on 36 hours One year on 37 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 hc

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 responsibility for NHS-wide terms and conditions. This would replace the relevant functions of 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. 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 UNISON*Direct* help line on 0845 355 0845 or the web 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 workplace?

Do you have a local UNISON in your workplace? If not, you may consider being a rep or contact UNISON. UNISON provides all the necessary support. You would also have the right to elect a rep to enable you to carry out your work. If you're interested, talk to your local branch, your UNISON rep or the UNISON*Direct* help line on 0845.

Is your membership record up to date?

In preparing for the 2004 ballot on **Change**, we want to ensure that every member affected by the proposal has the opportunity to vote on whether the system should be extended across your workplace. If you've changed jobs or moved to a new workplace, you may not have advised us that your records need to be changed. To ensure that you receive a ballot when the time comes, check that your membership record is up to date. Contact your local branch or UNISON*Direct* on 0845.

branch or call the UNISON Di
355 0845 – lines are open Mo
to midnight, and Saturday 9ar

Designed and produced by UNISON Communications Department.
Published by UNISON, 1 Mabledon Place, London WC1H 9AJ. Printed by UNISON.
CD/November 03/13824/Stock number 2184 www.unison.org.uk