AGENDA FOR CHANGE

Report by Anne Gent, Director of Human Resources and Donald Shiach, Pay Modernisation Manager

The Board is asked to:

- **Note** the progress with the implementation of Agenda for Change and the ongoing challenges in meeting National Timescales for Implementation.
- **Note** the position as of the end of January in ‘Old’ Highland and Argyll and Bute CHP as detailed in Appendix I, which has already been discussed at both the Pay Modernisation and Workforce Planning Board and the Staff Governance Committee.
- **Note** that the position at the end of February will be available for the Board Meeting.

Introduction

Agenda for Change is designed to provide a common grading, conditions and staff development system for all NHS staff apart from doctors, dentists and a small number of Senior Managers on Executive Pay Arrangements.

It has three strands:

- **A Job Evaluation Scheme** which applies to all staff and is designed to ensure equal pay across NHS organisations;
- **A common set of Terms and Conditions**; previously, even fundamental aspects such as hours of work, annual leave entitlement and sick pay arrangements varied between staff groups;
- **The Knowledge and Skills Framework** (KSF) which describes the competencies required for each role and supports the personal development planning cycle, thus ensuring staff development is linked to service needs.

Robust partnership processes are in place at UK level (Staff Council), Scottish level (Scottish Terms and Conditions Group or STAC) and NHS Highland level (HR Sub-group) to ensure that the new harmonised terms and conditions are applied fairly and consistently. KSF is being implemented throughout NHS Boards with the support of the Scottish Pay Modernisation Team and progress is reported separately.

**Job Evaluation Scheme**

The Agenda for Change Job Evaluation (JE) Scheme has been designed specifically for the use of NHS organisations across the UK. It is the first scheme that has successfully measured clinical skills and responsibilities in a healthcare setting as well as measuring common skills and responsibilities ranging from communication skills to responsibility for policy development, and from analytical skills to responsibility for budgets.

Working with you to make Highland the healthy place to be
It is unusual amongst JE schemes in that it does not measure each job from scratch; instead, it uses a series of over 300 National Profiles, which reflect commonly-occurring jobs throughout the NHS, and requires trained matchers to compare individual job descriptions with these National Profiles. The JE scheme is wholly computer-based, using bespoke software which can be interrogated locally and at Scottish level to ensure that the JE scheme is being applied consistently.

NHS Highland was involved in work around the design and early implementation of the JE scheme, for example in putting forward job descriptions which led to the establishment of National Profiles, in testing the draft JE scheme in a remote and rural area, and in assisting in developing some of the guidance to support the scheme (e.g. developing a standard job description template).

Based on the findings of the remote and rural pilot, NHS Highland expected there to be around 1200 separate jobs within the Board (this is based on the pre-April 2006 boundaries), and all our planning and resource allocation was based on this. However, once the matching process began in January 2005, we discovered that the likely number was somewhere in excess of 3000, in spite of strong advice from the AfC Project Team that managers should seek to “cluster” similar jobs to reduce the number of separate job descriptions. Other NHS Boards have encountered the same phenomenon, but not to the same extent as NHS Highland; we have the smallest ratio of staff per individual job in NHS Scotland, and this has consistently created problems for us in terms of keeping up with the timescales set down by SEHD. Specifically, it has meant scheduling approximately 600 matching panel days instead of the 240 we planned, with huge knock-on impact on other aspects of the process.

**Consistency Checking and Monitoring**

Once all the jobs in a particular job family (e.g. ancillary or acute nursing) are matched, NHS Boards are required to consistency check the outcomes. NHS Highland began this process in June 2005 and has completed it in February 2007, in spite of scheduling up to three sessions per week. This is a key quality control measure, and enables us firstly to ensure that matching has been carried out according to the agreed processes, secondly to feed back suggested improvements to the matching panels, and finally to ensure that comparable jobs within the same job family (and indeed across job families) have comparable outcomes. Once we have completed this work for a given job family, we submit a report to JEMG (Scottish Job Evaluation Monitoring Group) which will spot-check our submission to ensure that the JE scheme has been properly applied. It is not a specific part of JEMG’s role to compare outcomes across Scotland, but if the JE scheme has been applied properly and consistently, outcomes for similar jobs will be similar across Scotland. Looking at how jobs on a given Whitley Grade for a particular discipline, have translated into Agenda for Change outcomes is in any case a very crude measure, as it presupposes consistent historical application of Whitley Grades by all NHS Boards – and concerns about that, was one of the driving forces behind the development of Agenda for Change.

**Assimilation**

Once comments are received back from JEMG, we action these and the staff in these jobs can be assimilated on to the new Agenda for Change Pay Bands. Once again, we have been hampered by the sheer number of separate job descriptions submitted by managers, because we have had to track staff through every separate job they have occupied since October 2004, including secondments and periods of acting up, so that arrears of pay can be calculated. This
information is not available from the Pay Unit, and has to be sourced from individual managers many of whom will themselves, of course, not be in the same role they were in at October 2004. Given the targets set from SEHD, we have had to concentrate on staff who can easily be assimilated, especially those who have not changed job since October 2004, and to deal with more complex data as time allows.

This has caused significant frustration to staff whose colleagues may have been assimilated several months ahead of them; this is recognised, and as far as possible we try to assimilate work groups at the same time, but as stated above this is not always feasible.

A further delaying factor has been the long turnaround time between submitting information to JEMG and having it returned; this has been up to 12 weeks at times, and has meant that we have only been able to process small numbers of staff for assimilation during the period from October 2006 to January 2007.

We have, however, recently been able to increase the resource available for this important work and are on course to assimilate well over 1000 staff during February and March; this includes the first batch of Bank employees, many of who are also employed in substantive jobs within NHS Highland. Our delivery plan is based on assimilating at least that number in future months, even though this takes us beyond our assumed upper limit regarding payroll capacity. If payroll capacity becomes an issue, additional resources will be deployed to allow us to assimilate the maximum number of staff in each month, and help us to bridge the gap between where we are now and completion of the exercise.

**Arrears**

The majority of staff who are assimilated will be entitled to arrears going back to October 2004 (for staff who were in post at that date). This is calculated at the point of assimilation, but in many cases this highlights anomalies between entitlements under Whitley and entitlements under AfC. Much of this has to be calculated manually by experienced Pay Unit staff; this is particularly true for Bank staff, where different calculations for entitlement to increments means detailed individual calculations in each case. Staff who have left the organisation since October 2004 may be entitled to arrears too; managers have been briefed to advise these staff to contact the pay unit in writing so a calculation can be done.

**Quality**

Much of the attention has, understandably, been on the pace of assimilation and payment of arrears. However, the long-term benefits of Agenda for Change will only flow if the exercise is carried out fairly and consistently. It is difficult to measure quality, but the AfC Team has had positive feedback from the Scottish Pay Modernisation Team on the quality of the work submitted to date. As expected, implementation of Agenda for Change has been the first major test of partnership working, and all parties agree this has worked well both at governance and implementation levels; many matchers have gained a better understanding of jobs across the organisation and are thus able to play a fuller role in partnership working generally. Levels of review requests are well below levels for previous exercises – less than 10% at February 2007 – and this suggests that, for most staff at least, the outcome is felt to be both fair and acceptable.
Conclusion

Implementation of the Agenda for Change Job Evaluation Scheme has proved to be far more complex and time-consuming than anticipated. It has involved constant overhauls and reappraisals of project plans in order to meet the twin objectives of maintaining quality while delivering the project within a timescale acceptable to both SEHD and the staff of NHS Highland. It remains very challenging to complete this exercise by 31 March 2007, but the rapid strides we have made in the early months of this year mean we are now on target to have the majority of staff assimilated and arrears paid by late Spring of 2007; it is accepted that there will inevitably be a “tail” of jobs which are difficult to match and staff whose data is complicated to resolve, but work will continue in partnership on ways to complete this exercise as soon as possible.

Anne Gent
Director of Human Resources

Donald Shiach
Pay Modernisation Manager

23 February 2007
AGENDA FOR CHANGE DELIVERY PLAN JANUARY 2007

Background Statistics for ‘Old’ NHS Highland

- Total number of separate jobs as at January 2007: 3214. This includes all jobs which existed at 1 October 2004, plus new or significantly changed jobs added since then. New and significantly changed jobs notified to the AfC Team after 1 February 2007 will not be counted in these totals, and will be treated as part of the mainstreaming of Agenda for Change rather than as part of the project.

- Total staff covered by Agenda for Change as at January 2007: 10879.
  - The split between current staff and leavers is 8302 current, 2577 leavers.
  - The split between substantive staff and bank is 7641 substantive, 3238 bank.

Agenda for Change: Overall Summary of Progress

In January 2007 overall progress in ‘old’ NHS Highland was as follows:

- Number of staff assimilated at start of January: 4433
- Number assimilated during January (paid on first available date thereafter): 458
- Total assimilated by end of January: 4891
- Cumulative total of staff with arrears paid: 2628

In January 2007 progress in Argyll and Bute CHP was as follows:

- Number of staff assimilated at end of January: 953
- Total still to assimilate: 1372
- Cumulative total of staff with arrears paid: 200

Consistency Checking Programme, updated 16 February 2007

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<th>Staff Group</th>
<th>Approx Nos</th>
<th>Mismatches</th>
<th>Current Status</th>
<th>Timescales to JEMG</th>
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Notes:

1. Still about 300 jobs to be matched/evaluated on top of these numbers. Consistency checking these will be fitted in as time allows.
2. Miscellaneous includes small discrete job families such as orthotics, prosthetics etc.