

**BRISTOL CITY COUNCIL
HUMAN RESOURCES COMMITTEE**

TO BE CONSIDERED – 16th OCTOBER 2008

**Title: Occupational Health Nursing Staff
Pay and Conditions**

Ward: City Wide

Report of: Head of Human Resources

Officers presenting report:

Chris Dagger, HR Manager

Andrew Stephens, Corporate Development HR Manager

Contact telephone numbers: (0117) 92 22680 or 22672

1. Purpose of Report

To consider whether or not the jobs listed below should remain on their existing pay scales or should they be assimilated into the National Health Service Agenda for Change pay scales.

Occupational Health & Counselling Service Manager
Assistant Occupational Health & Counselling Service
Manager
Senior Occupational Health Nurse
Occupational Health Nurse
Practice Nurse/Casual Nurse
Nurse Trainer

To advise Members of the Council's position regarding the "Agenda for Change" pay rates, as recommended for nursing staff in the National Health Service (NHS). The "Agenda for Change" pay rates are discretionary and may/may not be applicable for the City Council's Occupational Health and Counselling Service.

2. Recommendation

It is recommended that:

- a) The pay bands shown in Appendix A of this report are

continued for the foreseeable future, with any increases being in line with the NJC for Local Government Services pay awards. All other terms and conditions for these employees will remain unaltered as per the NJC Single Status Agreement (paragraph 5.1 refers).

- b) This matter will be further reviewed in future, if there are any significant changes in OH pay rates for nursing staff, which result in recruitment and retention difficulties, or other market rates issued.

3. Policy

The HR Committee on 13 September 2002 resolved that from 1 October 2002, the City Council's Occupational Health Managers and Nursing staff should be paid on the NHS, Royal College of Nursing (RCN) pay rates. The NHS "Agenda for Change" Pay Bands replaced those rates in 2006. Local Authorities have the discretion whether or not to adopt the "Agenda for Change" Pay Bands. The HR Committee on 7 December 2006 resolved that these employees should continue to receive the NJC for Local Government Services pay award and that further consideration be given to linking future pay awards for these staff to NHS Agenda for Change pay awards once the current business procurement review of HR services was consulted upon and completed and to resolve all outstanding issues impeding that process by October 2008. Current pay rates for the City Council's staff are shown in Appendix A.

4. Consultation

(a) Internal

The views of the employees affected and their trade union representatives are attached as Appendix F.

(b) External

Advice on the "Agenda for Change" pay rates and evaluation scheme was sought from the Department of Health and the RCN. Five county councils provide occupational health services in the South-West, they have assimilated their occupational health employees on to their "single status" pay scales.

5. Background and Assessment

- 5.1 To overcome severe recruitment and retention problems in 2002, the HR Committee resolved that the qualified occupational health nursing staff be paid RCN rates (instead of the National Joint Council for Local Government Services/Hay scales) and receive all other conditions of service (e.g. leave, sickness) in accordance with local agreements and/or the National Joint Council for Local Government Services national agreement on pay and conditions of service. The application of this decision helped to overcome the severity of those recruitment and retention problems.
- 5.2 Local NHS competitors have introduced the Agenda for Change pay bands and since the HR Committee of 7 December 2006, management have advertised on four occasions. Advertisements in 2007/8 did not lead to appointments, however, two appointments were made from the May 2008 advertisement for Senior Occupational Health Nurses.
- 5.3 There are 9 broad pay bands within the "Agenda for Change" pay scales. Assimilation on to these pay bands is discretionary for local government, but if adopted would be implemented using the "Agenda for Change" job evaluation scheme. The following jobs have been evaluated under the "Agenda for Change" job evaluation scheme:
- Occupational Health & Counselling Service Manager
 - Assistant Occupational Health & Counselling Service Manager
 - Senior Occupational Health Nurse
 - Occupational Health Nurse
 - Practice Nurse/Casual Nurse
 - Nurse Trainer
- The OH Doctors, who are engaged in part-time / ad hoc contracts, do not fall within the remit of this scheme.
- 5.4 The outcomes are shown in Appendix B. The costs of implementing these results at the maximum of the grade would be an estimated £30,000 plus on-costs, but would increase if existing employees successfully appealed against the job evaluation findings. A Job Evaluation appeals process would need to be established if this scheme was to be adopted in the future.

- 5.5 The broad “Agenda for Change” pay bands cause concern for the following reasons:
- The additional costs referred to in paragraph 5.4 above, cannot be sustained, whilst the service is implementing an Improvement Plan.
 - The proposed pay bands do not fit well with the City Council's 3 to 5 increment pay bands for its 9,500 single status employees.
 - The range of the scales (circa £8,000 to £10,000 between minimum and maximum incremental points) is broad and they do not adhere to best practice pay advice from the Equal Opportunities Commission/Commission Racial Equality.
 - Transactional HR Services are currently being ‘reviewed’ as part of the Business Transformation Programme. The OH&C service and training jobs may be considered to be transactional HR services. It would therefore be inappropriate to introduce a new pay/salaries agreement, until this matter is concluded.
 - The pay band 8b exceeds that of the pay for HR Managers (BG16) which is not ideal in terms of pay differentials. This is the proposed grade for the Occupational Health & Counselling Service Manager, who reports to an HR Manager at 3rd tier.
 - Pay bands overlap considerably.
- 5.6 Progression within the pay bands is another issue causing concern. It is by annual increments, provided the Knowledge and Skills Framework (KSF) "gateways" are crossed. To progress through a gateway an employee must satisfy their employer that they meet the agreed competencies of the job at each gateway – the “so called” KSF post outlines. Organisations that are adopting the “Agenda for Change” pay bands have found this to be a complex and time consuming process.
- 5.7 New employees seeking progression through the first KSF Gateway would normally apply after a year in post and successfully completing their induction or probationary period.

They would be expected to achieve Level 1 of the level descriptors. Existing employees should apply for progression through the second gateway when they reach that increment on the pay band. The competencies at the second gateway are challenging. The nursing employees will be expected to meet at least level 3 of the level descriptors for each of the core dimensions, the health and well being dimensions HWB1, HWB2 and HWB3, the information collection and analysis dimension IK2 and the learning and development dimensions G1 and G2. The Manager and Assistant Manager will be expected to meet the level 4 descriptors for each of the core dimensions, the health and well being dimensions HWB1, HWB2 and HWB3, the information and knowledge dimensions IK1, IK2 and IK3, the estates and facilities dimension EF1 and all of the general dimensions G1 to G8. Further information is shown in Appendix C.

5.8 Knowledge and Skills Framework (KSF) post outlines will need to be developed by management and the trade unions and/or professional bodies using the criteria set out in paragraph 5.5 of this report. The KSF gateways will need to be applied to each pay band and that progression through the Gateways is resolved as part of the annual Performance Management Development Scheme (PMDS) for each employee. For example the Occupational Health & Counselling Service Manager could be resolved by their manager (HR Manager) and for the other posts by the Occupational Health & Counselling Service Manager. Existing employees would not be expected to seek progression through the first KSF gateway and be assimilated on to a pay point similar to their existing pay rate. An appeals process against progression through the gateways would need to be established, for example, the Head of HR could hear them.

5.9 The financial business case for introducing additional staffing costs by applying the “Agenda for Change” pay bands is weak. This is further emphasised by the HR issues referred to above.

6. Views of the Head of HR

6.1 The Head of HR is concerned that the introduction of any changes for these employees should not take place whilst the service is subject to an extensive service improvement plan aimed at increasing its operational efficiency (see Appendix D).

- 6.2 Given the above the Head of HR does not recommend that the City Council adopts the new “Agenda for Change” pay bands, instead Members are asked to retain the existing pay structure and in future to link pay awards to those for single status employees.

7. Other Options Considered

- a) that the jobs be evaluated and paid under the single status agreement 2001. This option was discounted by this Committee in 2002 and 2006.
- b) that the “Agenda for Change” pay bands be adapted, in light of the concerns expressed in paragraph 5.4, to exclude progression to the upper echelons of the “Agenda for Change” pay scales. This option was discounted in 2006 on the basis that an adaptation of a national pay award may weaken a defence against an equal pay claim and it would also be unpopular with the staff concerned.

8. Risk Assessment

- 8.1 The service operates on a "net nil" budget and recoups its costs from clients. The Service's Business Plan and its service level agreements with clients have only taken into account the costs of the current pay scales.
- 8.2 In view of the business position, the introduction of high pay rates cannot be justified at the present time and will place the service's future at risk.

9. Equalities Impact Assessment

See Appendix E

10. Legal and Resource Implications

Legal: subject to anything significant arising from the staff and TU comments. (Appendix F)

There are no specific legal implications arising from this Report. The application of the Agenda for Change pay-scales are discretionary and there is no legal requirement to adopt them. (Husinara Islam, Solicitor)

Financial:

a) Revenue

There are no Financial Implications associated with the recommendation to continue with the current pay bands.

Occupational Health is a traded account, therefore any proposal to increase pay above current levels would need to be passed on to customers via increased charges. This would result in budget pressures to client departments within the Council and a possible reduction in external income as alternative providers become more cost competitive.

(Stephen Skinner, Head of Finance, CSS and CX Departments)

(b) Capital N/A

(Advice from designated Finance Officer)

Land: N/A

Personnel: As set out in this report

Appendices:

Appendix A	Current BCC Pay Bands
Appendix B	“Agenda for Change” Job Evaluation Pay Bands
Appendix C	Knowledge & Skills Framework
Appendix D	Occupational Health and Counselling Service Improvement Plan
Appendix E	Equalities Impact Assessment
Appendix F	Employee/Trade Union Views

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers: None

Pay Scales (1 April 2007)

OH&CS Nurses

Occupational Health and Counselling Manager

Scale B

Salary @ 1.4.07	Bristol Weighting allowance 2.5% (max £600)	Total Salary	“point”
£39925	£600	£40525	19
£41518	£600	£42118	20
£43169	£600	£43769	21
£44912	£600	£45512	22

Assistant Occupational Health & Counselling Manager

Scale C

Salary @ 1.4.07	Bristol Weighting allowance 2.5% (max £600)	Total Salary	“point”
£32817	£600	£33417	14
£34124	£600	£34724	15
£35492	£600	£36092	16
£36903	£600	£37503	17
£38382	£600	£38982	18
£39925	£600	£40525	19

Senior Occupational Health Nurse

Scale D

Salary @ 1.4.07	Bristol Weighting allowance 2.5% (max £600)	Total Salary	“point”
£26970	£600	£27570	8
£27997	£600	£28597	9
£29021	£600	£29621	10
£30051	£600	£30651	11
£31081	£600	£31681	12
£32049	£600	£32649	13

**Occupational Health Nurse
Scale E**

Salary @ 1.4.07	Bristol Weighting allowance 2.5% (max £600	Total salary	Point
£18557	£464	£19021	1
£19783	£495	£20278	2
£21019	£526	£21545	3
£22254	£556	£22810	4
£23490	£587	£24077	5
£24723	£600	£25323	6
£25959	£600	£26559	7

**Agenda for Change (AfC) Job Evaluation
1 November 2007**

OH & CS Manager

AfC Band 8b	KSF Bars
£42064	
	1 st bar
£43335	
£45530	
£48072	
£50616	
	2 nd bar
£52002	

Assistant OH&CS Manager

AfC Band 8a	KSF bars
£36112	
	1 st bar
£37326	
£38828	
£40330	
£42064	
	2 nd bar
£43335	

Senior OH Nurse

AfC Band 7	KSF bars
£28313	
	1 st bar
£29237	
£30277	
£31779	
£32704	
£33744	
	2 nd bar
£34899	
£36112	
£37326	

OH Nurse, Practice Nurse, Casual Nurse, Nurse Trainer

AfC Band 6	KSF bars
£23458	
	1 st bar
£24383	
£25424	
£26464	
£27388	
£28313	
	2 nd bar
£29237	
£30277	
£31779	

KNOWLEDGE AND SKILLS FRAMEWORK

The KSF defines and describes the knowledge and skills which employees need to apply in their work in order to deliver quality services. It provides a single, comprehensive and explicit framework on which to base review and development of employees.

Full details of the KSF can be found on

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4090843&chk=dyrb/a

The KSF is made up of 30 dimensions. They identify broad functions that are required to provide a good quality service. Each dimension has 4 levels and each level has a title, which describes what the level is about. Attached to the descriptions of level are indicators. They describe how knowledge and skills need to be applied at that level.

Six of the dimensions are core, which means that they are relevant to every post. They are:

- Communication
- Personal and people development
- Health, safety and security
- Service improvement
- Quality
- Equality and diversity

The other 24 dimensions are specific. They are:

Health and Wellbeing:

HWB1	Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing
HWB2	Assessment and care planning to meet health and wellbeing needs
HWB3	Protection of health and wellbeing
HWB4	Enablement to address health and wellbeing needs
HWB5	Provision of care to meet health and wellbeing needs
HWB6	Assessment and treatment planning
HWB7	Interventions and treatment

- HWB8 Biomedical investigation and intervention
- HWB9 Equipment and devices to meet health and wellbeing needs
- HWB10 Products to meet health and wellbeing needs

Estates and facilities:

- EF1 Systems, vehicles and equipment
- EF2 Environments and buildings
- EF3 Transport and logistics

Information and knowledge:

- IK1 Information processing
- IK2 Information collection and analysis
- IK3 Knowledge and information resources

General:

- G1 Learning and development
- G2 Development and information
- G3 Procurement and commissioning
- G4 Financial management
- G5 Services and project management
- G6 People management
- G7 Capacity and capability
- G8 Public relations and marketing

Only some of these apply to each job.

A KSF post outline sets out the KSF dimensions and levels that apply to a particular post. The combination of dimensions and levels gives a broad KSF outline for a post. They must be developed in partnership between management and the trade unions/professional bodies. The criteria for KSF post outlines for the nursing jobs and the managerial posts in the occupational health and counselling service are set out in paragraph 5.5 of the report.

Individual employees will need to produce a continuous professional development portfolio to show their competence and the levels required to progress through the gateways (see paragraph 5.5 of the report).

OCCUPATIONAL HEALTH AND COUNSELLING - IMPROVEMENT PLAN AS AT 23.09.08

Actions in 2007

Priority	Key Actions	Lead Officer	Implementation Date	Progress
Management Reports	Send direct to the line (referring) managing with a copy to the relevant HR Adviser.	GP	May 2007	Actioned May 2007
Format of Management Reports	Amend to give clearer recommendations and opinions to enable managers to take appropriate action in managing sickness absence cases.	CD / GP	May 2007	Actioned May 2007
Client Response Form	Introduce to identify where standards and expectations have not been achieved so that further improvements to the service can be made.	CD / GP	May 2007	Actioned May 2007
Case Conferences	Managers are recommended to make use of this option, particularly in complex sickness absence cases.	GP	May 2007 ongoing	Actioned May 2007
Pre-employment Questionnaires	Process to be improved with Recruitment Service.	GP	September 2007	Actioned September 2007

Future Actions in 2008

Priority	Key Actions	Lead Officer	Implementation Date	Progress
Management Reports	To be sent electronically via Groupwise	GP	In conjunction with up-graded / new IT system (if approved)	Awaiting COHORT approval and installation.
Referral Forms	For occupational health and counselling forms to be accepted electronically	GP	In conjunction with up-graded / new IT system (if approved)	Awaiting COHORT approval and installation.
Counselling	Opening and closing case and notification of appointment to managers to be sent electronically via Groupwise.	GP	Feb 2008	Completed
Telephone Consultations	To be introduced for some (initial) occupational health and counselling cases	CD / GP / NG	Start of pilot - February 2008	Commenced June 2008
Pre-employment Questionnaires	To be reviewed. Consideration to be given to introducing 2 levels of questionnaires: (i) standard form for key posts identified by departments; (ii) shortened version for remaining posts. Introduce on-line forms or (i) only and (ii) discontinued	CD / GP / NG	01 January 2009	Proposals under consultation with Management
Consultation Appointments	Reduce appointment times for occupational health consultations to enable more clients to be seen quicker.	GP	Target date June 2008	Achieved. From 01 July 2008.

Currently under consideration

Priority	Key Actions	Lead Officer	Implementation Date	Progress
New IT System	Consider options for introducing new IT system to include electronic storage of medical files. Options include up-grading existing system or purchasing new Occupational Health System.	CD /GP / ICT	01 January 2009	Awaiting final approval
Review Staffing in OH&C	To include consideration of allocating staff to department/function areas.		June 2008	Awaiting Business Transformation outcomes.
Physiotherapy	Formalise fast-track ad-hoc arrangement.		June 2008. Pilot ongoing.	AFA: Need to look at ongoing provision, to be reviewed by Dec 2008.
Healthcare Provision	To consider future health care provision for employees (Leeds Hospital Fund) finishing March 2008. Options to consider include an Employee Assistance Programme (EAP) and voluntary -v- employer funded scheme.			Continuing with Leeds Hospital Fund.
Absence Management System	Consideration of introducing an absence management system to reduce sickness absence. Possibility of introducing as a pilot in a department/division.	CD	1 Jan 2009	Pilot for ACC Provider Services and CSS Legal Services.

Equalities Impact Assessment (EqIA)

A: Summary Details

Directorate: **CSS**

Section: **Occupational Health and Counselling Service, HR**

Person responsible for the assessment: **Andrew Stephens, Corporate Development HR Manager**

Contact details: **Room G69 Romney House. Tel: 0117 92 22672**

Name of Policy to be assessed: **Pay for Managers and Nursing staff in Occupational Health and Counselling Service, HR**

Is this a new or revised policy: **Revised**

Date policy scheduled for Overview and Scrutiny/Cabinet/LAB: **Not applicable**

B: Preparation

It is important to consider all available information that could help determine whether the policy could have any potential adverse impact. Please attach examples of available monitoring information, research and consultation reports.

1. Do you have monitoring data available on the number of people (from different target groups) who are using or are potentially impacted upon by your policy? *Please specify what monitoring information you have available (your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service).*

All affected employees are women. The proposed pay scales range from £18,000 to £45,000.

2. If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data for this area? If not, specify the arrangement you intend to make; if not please give a reason for your decision.

Not applicable.

3. Please list any consultations that you may have had and/or local/national consultations, research or practical guidance that will assist you in completing this EqlA

C: Your Policy or Function

1. What is the main purpose of the policy or function?

To set the pay rates for managerial and nursing staff in the service.

2 Are there any other objectives of the policy or function, if so what are they?

To adequately recruit and retain staff.

3 Do any written procedures exist to enable delivery of this policy or function?

Pay Policy

4 Are there elements of common practice in the service area or function that are not clearly defined within the written procedures?

No.

5 Who are the main stakeholders of the policy?

HR Committee

Head of HR

HR Manager responsible for service

Employees affected

RCN and trade union representatives

Clients of service

6 Is the policy associated with any other Council policy (s)?

Yes. Pay Policy

7 Are there any areas of the service that are governed by discretionary powers? If so, is there clear guidance as to how to exercise these?

No.

8 Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, what responsibility, and which bodies?

No.

D: The Impact

Assess the potential impact that the policy could have on each of the target groups. The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will need to also assess whether that negative potential impact is high, medium or low – see glossary in the attached guidance notes for definitions.

1.

a) Identify the potential impact of the policy on men and women:

Gender	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Women			Yes	Pay scales are non-discriminatory
Men			Yes	ditto

b) Identify the potential impact of the policy on different race groups:

Race	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Asian (including Bangladeshi, Pakistani, Indian, Chinese, Vietnamese, Other Asian Background – please specify _____)			Yes	As above
Black (including Caribbean, Somali, Other African, Other black background – please specify _____)			Yes	
White (including English, Scottish, Welsh, Irish, Other white background – please specify _____)			Yes	
Mixed Dual heritage (White and Black Caribbean, White and Black African, White and Asian, Other mixed background - please specify _____)			Yes	
Other (please specify)			Yes	

c) Identify the potential impact of the policy on disabled people:

Disability	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
			Yes	As above

d) Identify the potential impact of the policy on different age groups:

Age Group (specify, for example younger, older etc)		Negative (please specify if High, Medium or Low)	Neutral	Reason
			Yes	As above

e) Identify the potential impact of the policy on lesbian, gay men, bisexual or heterosexual people:

Sexual Orientation	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Lesbian			Yes	As above
Gay Men			Yes	As above
Bisexual			Yes	As above
Heterosexual			Yes	As above

f) Identify the potential impact the policy on different religious/faith groups?

Religious/Faith groups (specify)	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Buddhist			Yes	As above
Christian			Yes	As above
Hindu			Yes	As above
Jewish			Yes	As above
Muslim			Yes	As above
Sikh			Yes	As above
Other (please specify)			Yes	As above

g) As a result of completing Question 1 a-f above what is the potential impact of your policy?

Low

Employee / Trade Union Views - AGENDA FOR CHANGE

RESPONSE

In the Equality Impact Assessment:

B - *all affected staff are women* should probably state that all affected staff are CURRENTLY women, because there is always a possibility that male staff could be appointed into one of the positions.

2. The pay bands shown in Appendix A of this report are continued for the foreseeable future

We cannot let our pay fall far below what nurses elsewhere are being paid or we will once more be in a situation where we cannot retain staff and we can't recruit staff because of poor pay levels. To maintain motivated staff is very important and if pay scales and development opportunities are not in line with those outside the organisation it will be difficult to continue to maintain the motivation of present staff to develop the service. Our pay must keep pace with external practitioners.

We accept that this is a time of great change for both the council and within the department. We would like this for a commitment for the pay scales to be reviewed in 18 months which we feel would be a reasonable time-frame to allow for evaluation of the department service improvement plan and fall within the planning period for a new financial year.

4.b Agenda for Change has been adopted across the NHS which is also a government organisation. We have recently recruited two Occupational Health nurses after two failed previous attempts, costing thousands of pounds. However there may be issues with recruitment and retention, as the nurses would be able to get higher paid posts elsewhere. For example a Senior Nurse post at the Bristol Royal Infirmary down the road is on an Agenda for Change grade 7.

Staffordshire County Council have been moved on to Agenda for Change pay scales to keep their nurses' pay in line their colleagues. Bristol City Council should be proactive and keen to develop the service along nationally agreed guidelines for the benefit of all Bristol City Council employees. Bristol could be seen as one of the flagships.

*5.5 *The range of the scales (circa £8,000 to £10,000 between minimum and maximum incremental points) is broad and they do not adhere to best practice pay advice from the Equal Opportunities Commission/Commission*

Racial Equality.

Not true as the Equal Opportunities Commission/Commission Racial Equality were part of the negotiations when Agenda for Change was first consulted on

**The pay band 8b exceeds that of the pay for HR Managers (BG16) which is not ideal in terms of pay differentials. This is the proposed grade for the Occupational Health & Counselling Service Manager, who reports to an HR Manager at 3rd tier.*

We do not feel that the Occupational Health department needs to be managed by a tier 3 HR manager and feel that the Occupational Health and Counselling Manager could adequately support us at this level.

5.6 Progression within the pay bands is another issue causing concern. It is by annual increments, provided the Knowledge and Skills Framework (KSF) "gateways" are crossed. To progress through a gateway an employee must satisfy their employer that they meet the agreed competencies of the job at each gateway - the "so called" KSF post outlines. Organisations that are adopting the "Agenda for Change" pay bands have found this to be a complex and time consuming process.

We have a system of annual PMDS review that the KSF could be based on that so need not be complicated. It is a way of ensuring that staff develop. There needs to be a recognition by the employer that Nursing as an occupation has Professional accountabilities. Agenda for Change means that all staff have clear and consistent development objectives, and can develop in such a way that they can apply up to date knowledge and skills. KSF helps with this structured development and will support not only the nurses career progression, but the quality service they are able to provide to and for the employer.