

PERSPECTIVES ON 'AGENDA FOR CHANGE'

Abstract: Agenda for Change is in the process of being implemented throughout the NHS. Those chaplains who are directly employed are already involved in this process, and anticipate that for both full and part time chaplains it will have a profound effect on pay, terms and conditions of employment, and professional development. This article offers three perspectives on Agenda for change; they explore some of the benefits that it is expected to bring, but also touch on some of the difficulties along the way to implementation.

The Editors

Keywords : agenda for change; chaplaincy; direct employment;

AGENDA FOR CHANGE – A UK-WIDE INITIATIVE

Carol English

Why have it?

Applying Agenda for Change (AfC) across the UK, to all NHS employees other than doctors and dentists, seems a daunting challenge. It might help to remind ourselves of the fundamental principles underlying AfC. In 1997 the newly elected Labour government vowed to invest in the NHS, addressing problems of recruitment and retention, staff morale, delivery of service, clinical governance and professional regulation. The object was to address issues resulting from the cases of Beverly Allitt, Harold Shipman and Bristol Royal Infirmary, to reduce waiting times, and to deliver a skilled and more efficient service. Agenda for Change is one of the main routes towards achieving these ends.

Is it good for us?

“Equal pay for work of equal value” is the underlying principle of Agenda for Change. Chaplains have previously largely worked unconditional hours and been on-call, unpaid, for unreasonable periods. Agenda for Change aims to evaluate jobs so that individuals are rewarded for what they do. Chaplains will have the same working hours as all other health professionals in the NHS. Chaplains will be paid for unsocial hours work, being on-call at home and being called out. AfC is very good for chaplains and chaplaincy.

The move towards direct NHS employment for chaplains is good news. Service level agreements and sessional work are not mentioned in AfC. It is not appropriate that these arrangements are perpetuated now that Agenda for Change is in place. The purpose of Agenda for Change is to leave behind all the inequalities and anomalies of the numerous Whitley Councils and to recognise and reward individuals' contribution to the NHS.

Both chaplains and patients/clients will benefit from Continued Professional Development and Personal Development Plans that are part of the three strands of Agenda for Change.

How does it fit Chaplaincy?

It is especially important that we all engage with the AfC process. This is more challenging in Scotland because of the circumstances around the provision of religious and spiritual care prior to AfC. However, the potential gain for patients and practitioners is huge. It will fit chaplaincy so long as we have the will to make it happen.

Scotland has led the way in chaplaincy in other respects, producing its vision for the delivery of reli-

gious and spiritual care - SPIRITUAL CARE IN NHS SCOTLAND – HDL (2002) 76 in October 2002 - long before England. I am sure it won't balk at Agenda for Change.

What happens if we ignore it?

If chaplaincy turns its back on AfC we will end up with a disadvantaged, low-paid workforce that is not supported in career progression or continuing professional development. This could eventually result in disadvantaged patients and clients who will be receiving care from individuals whose practice may not be as well supported and developed as their AfC counterparts.

What are the problems?

A significant challenge in Scotland is gaining acceptance that chaplains should be fully included in AfC and that direct employment by the NHS is the only route for health care chaplaincy. This means that not only full-time chaplains should be directly employed, but also all part-time chaplains. Under the Part-time Workers (prevention of less favourable treatment) Regulations 2000 it is unlawful to treat part-time staff less favourably than full-time staff. If part-timers were to be treated differently it is likely that less favourable treatment would result. Added to this is the entitlement of the new Recruitment & Retention Premium (RRP) for chaplains. The AfC agreement states -

H15. "The agreement instituting the new pay system includes agreement that the chaplains' accommodation allowance should be replaced by a recruitment and retention premium. In the case of chaplains therefore, any premium agreed, in addition to meeting the normal rules on the minimum level of allowance set out above, must not be less than the level of any accommodation allowance already in payment."

CHCC has urged all chaplains not receiving the current Accommodation Allowance under the Whitley Council agreement, to seek it in order that it should be "already in payment", and therefore qualify them to receive the new RRP. The form of words used in para H15 of the agreement has not been tested. An interpretation of "already in payment" could be taken to mean that there is an assumption that be-

cause under Whitley an Accommodation Allowance exists, it must be being paid, and therefore the new RRP will apply to all chaplains not provided with a house or flat by the employing trust.

Chaplains are still being urged to seek payment of the Accommodation Allowance. December 2004 was the goal but need not be a cut-off date. On a weekly basis trusts are capitulating and agreeing to pay the allowance to chaplains, even backdating the payment to the commencement of employment. In January 2005 a full-time Roman Catholic Sister won the payment, backdated to 2001!

Those transferring into direct NHS employment will also need to resolve this matter, as non-payment of the new RRP is not an option if the national (UK) chaplaincy workforce is not to become regionally fragmented.

Should it apply to all of us?

The NHS is a UK-wide public service. Agenda for Change is a UK-wide initiative. It needs to apply to all chaplains in order to maintain professional standards, recruitment and retention and the highest possible level of care for service users.

Amicus/College of Health Care Chaplains in its role of professional body and trade union, has been leading the negotiations on behalf of health care chaplains in the UK. We have worked closely with other membership bodies in the UK, and the Scottish Association of Chaplains in Healthcare as well as the Association of Hospice & Palliative Care Chaplains have been kept fully consulted and informed.

Staff-side organisations across the UK have now voted in favour of national (UK) rollout for Agenda for Change. Revised editions of the "Terms and Conditions of Service Handbook" (November 2004), the "Job Evaluation Handbook (October 2004) and the Knowledge and Skills Framework and the Development Review Process" (October 2004) are now available (www.healthcarechaplains.org) to support and inform everyone in the process.

Carol English is Lead Officer for Health Care Chaplains in Amicus/College of Health Care Chaplains.

AGENDA FOR CHANGE: A PERSONAL PERSPECTIVE

Blair Robertson

When I have finished writing this piece I will be turning my attention to producing a pack of information about Agenda for Change (AfC) for those chaplains in the Division who are directly employed by the NHS; there are 5 of us including our two sessional Muslim chaplains who, under AfC arrangements will become part-time employees, paid on a pro-rata basis. This information pack will contain the outline job description which has to be completed by all members of staff, guidelines on the completion of this 'template,' copies of the Chaplaincy job profiles, a sample anonymised job description for a chaplain and finally a covering letter from myself explaining it all. I'm also putting it all on a floppy-disk as it will be easier for the job description template to be completed on a PC. All the documents I have listed are available on our Division's Intranet site or on the national AfC web-site (except for the sample job description and the covering letter.)

"Quite a bit of work to be done, then," I hear you say to yourself. Absolutely! If Agenda for Change is anything it has been a **huge** amount of work to bring it to this stage. It is a revolution in pay, terms and conditions for all NHS employees – including chaplains. The aim is to ensure that every NHS employee's job is assessed and remunerated by the same set of criteria (the Knowledge and Skills Framework.) The NHS is now at the stage of every employee ensuring that their job description is up to date, describes the job that they actually do (which might be different from the job they were employed to do some years previously) and is in the correct format. This will be used by a job-matching panel to match the job to a national job profile and so place that person in the correct pay band. Job matching has started – nurses were first – and chaplains will be done in June / July. Once job matching is complete and agreed each employee will receive notification of their pay band and new pay (pay is protected in Scotland so no-one goes down) and as October 1 2004 was the implementation date for

AfC I am looking forward to a good amount of back pay!

There are three job profiles for chaplains: Chaplain (entry level) at band 5: Chaplain at band 6 and Chaplain manager at band 7. These were prepared a few years ago on the basis of information sought by and submitted to amicus / CHCC; the first profiles did not do justice to our work so they were reviewed and in their present form are more accurate. In my opinion most chaplains in Scotland will end up on band 6 with those who have coordinating or line management responsibilities on band 7. I don't think anyone will go on band 5 as I can't think of anyone who is working as a trainee chaplain. This might happen in some of the big Trusts in England. The purpose of the three bands, however, is to create, for the first time, a career ladder for chaplains. It is envisaged that the trainee chaplain will be studying at the same time as working (perhaps for the Leeds MA in Healthcare Chaplaincy.) It is also possible that where a chaplain manager has considerable responsibilities they go into band 8. Everyone will have to wait and see – and appeal where necessary!

A significant feature of AfC for chaplains is that for the first time we will be paid for being on-call out of hours. A sliding scale of supplementary payments to salary has been agreed; for example, in my situation where I am on-call on a 1-in-3 rota I will receive an additional 9.5% to my salary. It is also clear that time worked out-of-hours as a result of being called out is eligible for time-off-in-lieu or other benefits. This supplement for being on-call also implies, it seems to me, that a chaplain could say 'no' to being on call. If you don't do it, you don't get the payment – but of course this might scupper the maintenance of the service.

Members of CHCC have recently received a briefing paper on the implications of the European Working Time Directive for being on-call – and this compli-

cates everything even further (especially as it is under review within the EC.) In essence what the EWTD states is that every worker must have 90 hours of rest time every week, taken as an average over a 17 week period. When you are on-call you are not in the 'at rest' category. This means that it is virtually impossible for two chaplains to sustain an on-call service (except if one worked one week and one did out-of-hours on-call one week then swapped around.) What all this really means is that the NHS can no longer rely on the goodwill of chaplains to meet the demands of a 24/7 service: if a hospital wants such a service they are going to have to ensure that it is properly resourced. Remember that it is the EWTD that is causing the big changes in the hours junior doctors work so I reckon that chaplains are entitled to take note of it too!

While AfC is a UK wide pay agreement the situation in Scotland is, of course, slightly different for those chaplains who are currently employees of The Board of National Mission and who are therefore not included in it. It would have been possible for the Church to have implemented AfC for its chaplains and negotiated with the NHS to receive all the nec-

essary payments. Instead the Board decided that it would cease to be the employer of chaplains and discussions are underway to seek the transfer of National Mission chaplains into NHS employ. If this happens it could mean much more work for us all! I will have two more chaplains to send my information pack to.

I have found it interesting when staff discover that chaplains are part of the AfC process. (It's also interesting when staff realise that (a) we are paid at all and (b) we are paid by the NHS!) Suddenly I am told how it's going to affect them – for good or for bad. Staff ask which band chaplains are on and then compare us with other staff groups on those bands – for example nurse team managers are on band 7 alongside Chaplaincy managers so both must be using similar skills and knowledge in their work! And if anyone makes the comment that chaplains surely have their minds set on higher things I want to respond that even chaplains have to eat and deserve a fair pay for what we do.

Blair Robertson is Chaplaincy Coordinator, South Glasgow University Hospitals Division

AGENDA FOR CHANGE: A NON-NHS CHAPLAIN'S REFLECTION

Tom Gordon

In good-tried-and-tested-sermon-structure style, I offer three personal reflections on "Agenda for Change" – one relating to structure, one personal and relating to process, and one flagging up a hoped-for outcome.

Firstly, a comment on the structure: "Agenda for Change" clearly indicates an agenda - prepared and ready to be worked through to expedite issues and aspects of an enterprise – and change - working towards agreed goals as an improvement on current circumstances. The problem with both these aspects of Agenda for Change is the implication of a set of understood tasks, agreed expectations and a shared outcome. My personal experience is that this devel-

opment has not been a shared one, and the implementation of it has failed to carry people with it. Its unfolding has been far from understood and owned by all who are affected by it. The "agenda" part has not been owned and the "change" part not agreed by all.

It is not that the NHS, Health Care unions, and, for our profession, chaplaincy organisations, haven't been working over many months to disseminate information, up-date web-sites and publish agreed job-profiles. It is not that there isn't a plethora of documents, manuals and working-papers to give people the required information. It is simply that somewhere along the line ownership of this whole

process has been lost by the whole of the constituency it set out to serve. As a consequence, rather than fostering togetherness through equity of reward for equity of responsibilities, Agenda for Change has often been divisive among colleagues and has further enhanced the “them and us” culture all too prevalent in health care.

I don't seek to apportion blame for this. I simply state it as an observation, and offer it as a reflection on what I have found as Agenda for Change has been embraced by my own organisation. Marie Curie Cancer Care did a great deal to prepare its staff for Agenda for Change. But this particular member of staff was simply not suitably prepared for what was to come. Maybe that's my fault, maybe someone else's, or maybe as a result of many factors. But I wonder if my own “unpreparedness” reflects the experiences of others.

Secondly, a personal reflection on the process of Agenda for Change, and, indeed, a word of warning for chaplains. The profiling exercise – which, in its equitable approach, takes the defined aspects of a job description, ascertains their “weighting” in overall responsibilities, and produces a banding appropriate to the job – is, as a backbone to the process, extremely worthwhile. Again, much good work has been done by management, unions and professional groups to prepare for the implementation of the profiling process. It assumes, however, for an individual member of staff, a job description which is not only current, but which accurately reflects the nature of the job. My own experience was that the job-profiling exercise was initially based on a job description which was five years out of date, too vague in its content, and which did not adequately reflect the roles and responsibilities which had developed with the job over the years. While these roles and responsibilities, and the content and value of the chaplaincy service, were well known and understood at a local level in the hospice, they were not available to the profiling panel which, therefore, only had the out-dated and vague job description to work with.

Not surprisingly, then, the original banding which was offered to me, reflecting the wording of this current job description, placed me in a training / assistant / unqualified chaplaincy banding. Thankfully, things have progressed more positively thereafter – though there is, as yet, in my own personal

circumstances no conclusion to the re-banding process. But it did leave me with two thoughts – first, it behoves us to be firmly rooted in an appraisal process through which our job descriptions can be regularly reviewed, this being both professionally important and personally satisfying; second, in such reviews, job descriptions should accurately reflect the current and developing nature of the chaplaincy service we provide. (My present manager used the phrase in the reviewing of my job description, “It's full of passive verbs! Where are all the active verbs which define what you actually do?” – a word of warning, and advice, for us all.)

Local knowledge and practices, and a chaplaincy service which is understood, affirmed and well utilised in the local context, are fine. But when the definition and the content of such a chaplaincy is exposed to external scrutiny, such as an Agenda for Change profiling exercise, it may not stand up to outside review, and chaplains may suffer as a result.

Thirdly, I am hopeful as to the outcome of all of this. Equity is all important. For too long hospice chaplaincy appointments have been perceived to be subject to both arbitrariness and unfairness. I had knowledge a few years ago of two hospice chaplains working full-time in same area who had an £8000 disparity in their salaries. Of course, not all hospices will sign up to Agenda for Change. If they do, however, there is the hope that, for all of us, a clear benchmarking process is in place, an agreed standard, if you like, against which local roles and responsibilities can be measured. There should, I believe, be a going-rate – and a suitable one – for the job. Once the implementation of Agenda for Change is well in place, no one need miss out because they are in the wrong hospice, at the wrong time, in the wrong place, with the wrong management. Equity and professional integrity should prevail.

In addition, there is the positive aspect of agreed salary increments in each banding which allows hospice chaplains, in financial terms at least, to proceed up a scale until they reach the top of their banding over a recognised number of years of service. It is difficult enough to be clear as to one's career progression once one takes on a hospice chaplaincy role. The pay-points on the chaplaincy banding give at least some recognition of a reward for and a progression over years of service. In addition, if the job

description changes to the extent that there are major extra responsibilities – an additional management role of a chaplaincy or multi-professional team, for example - this can be adequately recognised in a re-banding decision with access points to the next banding level, allowing the chaplaincy to operate in a new band when these responsibilities are taken seriously.

Having been at the start at the mercy of my own ignorance and the lack of sharpness of my own ap-

praisal process, I now feel more positively disposed towards Agenda for Change. It's there and it's happening. And if, in the hospice field, is it is embraced by management and chaplains alike, positive things might well ensue for us all. The structure is there, and if the process is appropriately and professionally handled, the outcome should be to everyone's benefit.

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