



States
of Jersey

Health and Community
Services

JOB EVALUATION
Root Cause Analysis
Report

EXECUTIVE REPORT

OFFICIAL - SENSITIVE

Root cause analysis June 2018

Introduction and background

The root cause analysis review was commissioned by Darren Skinner, Interim HR support to Health and Social Services Department (HSSD) in early June 2018. The purpose of the review was predominantly to establish the facts that led to the decision to evaluate a limited number of Allied Health Professionals (AHP) posts under business as usual (BAU) ahead of the Workforce Modernisation (WFM) results being published in early November 2017.

The full terms of reference are attached as **Appendix 1**.

It was agreed with key stakeholders including senior managers, staff and trade union representatives that the review would be undertaken by an independent investigator with no prior involvement in WFM or job evaluation in Jersey.

It was important to the stakeholders that the review should be conducted in a fair, comprehensive and impartial manner and would identify improvements and learning which would be reported into the Health and Social Services Department (HSSD) Management Executive team.

Furthermore, upon completion of the review the findings would be shared with staff.

Methodology

The root cause analysis started on 6 June and was completed in early July 2018.

Darren Skinner and the investigator identified initially thirteen staff members as key people who should be interviewed. Other people were invited to interview as the investigation progressed and further information came to light, which needed to be explored with individuals not originally identified as interviewees. Some people were also invited back for a second interview as necessary. In addition, an email went to all staff in HSSD to inform them that the investigation had commenced and they were invited to make contact with the investigator if they wished. Seven of these staff were also interviewed. 22 people were interviewed and 24 interviews were conducted in total as two people were interviewed twice (either face to face or by telephone) from 6th June to 4th July 2018.

Information was collected from a range of sources, including interviews with staff, emails, circulars, reports, letters etc.

The full 'cast list' is attached at **Appendix 2**

Investigation

The WFM project started in 2014 under the auspices of a well-documented project management methodology reporting in to the States Employment Board (SEB), Treasury and the Council of Ministers. Briefings, workshops etc. were conducted across all stakeholders throughout the process.

However, throughout 2017 the WFM team were meeting with key stakeholders to help them to understand the new approach and giving them more detail culminating in them giving the Chief Officers specific information of how this would look regarding the staff in their own departments.

In August 2017, [REDACTED] wrote to [REDACTED] to express her “considerable concerns at some of the costs and impacts of the implementation of WFM in its current state” for HSSD. See **Appendix 3**.

Her main concerns were:

1. Cost pressure created by Family Nursing and Home Care (FNHC).
2. Increase in annual leave entitlements.
3. Out of hours cost.
4. Charge hand issue i.e. where team leaders and managers being graded at the same level as their team member.
5. Proposal to assimilate all nurses to the target rate immediately.
6. Issue of stand-by/on-call.
7. Unsocial hours for 24/7 nursing services.
8. The ‘read-across’ approach.

A comprehensive response was prepared by the WFM team offering possible options to help alleviate the concerns raised by [REDACTED] (**Appendix 4**) this was followed by a number of meetings to work through the issues. [REDACTED] said at interview that she received no response to this letter but she must have misremembered, as there was a comprehensive report back from the WFM team and several meetings with HSSD Corporate Directors Team thereafter.

[REDACTED] then wrote to [REDACTED] and [REDACTED] at the beginning of October 2017 acknowledging that the WFM team had been trying to address her concerns but she wanted to “seek ways of ameliorating before necessarily going live across the board with the changes”.

In this letter, she referred to work being undertaken by “*Finance Directors clarifying a serious concern relating to future recruitment, particularly relating to starting salaries and pay ranges of some staff currently employed on the civil service pay group.*” Her concern was by compressing Civil Service pay (an intended consequence of the new WFM model); it would impact mostly on HSSD, as the majority of the civil servants in HSSD are health and social care, professional/clinical staff, who need to be recruited from the UK.

Specifically these were:

- Physiotherapists
- Occupational Therapists
- Social Workers
- Scientists
- Bio Medical Scientists
- Pharmacists
- Radiographers
- Dieticians
- Orthoptics
- Several other professions allied to medicine.

There were discussions happening with some members of the HSSD Corporate Directors Team (CDT) to try to address these issues, prior to the implementation of WFM in early November 2017. The main protagonists were [REDACTED] [REDACTED] was not invited or involved in these meetings. I cannot offer any explanation for that. If she had been present, she would have highlighted the potential issues this decision would make with regards to the nurses and midwives and the drive for equal pay for work of equal value.

I have reviewed the Corporate Directors Meeting minutes for April, May, June, August, September, October and December 2017 and [REDACTED] was present at some of these meetings. There were no meetings in July and November. However, there was no meaningful feedback or update on the WFM project from [REDACTED] at any of those meetings as one might expect, as it was perceived as so problematic for the Department.

In July 2017, the Jersey Care Inquiry highlighted issues with Children's and Community Social Workers being 'undervalued' so this was also very prominent issue (particularly for [REDACTED]) at this time.

It is fair to say that there were several 'false-starts' with WFM implementation in the past so maybe the HSSD CDT did not think it would ever happen on schedule.

However, the project was moving at pace to deliver the personal salary statements on the 8th November 2017 and the team were working extremely hard to achieve this. Several people have acknowledged that they were working very long hours and at weekends in order to meet the deadline.

Two weeks prior to this, the WFM team was asked to attend a meeting with HSSD CDT (namely [REDACTED]) as they were concerned about the adverse effects of the read-across approach on AHP's and Social Workers. The WFM team were asked to find a solution to this problem at the eleventh hour although these issues had been known for some time.

Clearly, the options offered by the WFM team were unacceptable. They were specifically requested by HSSD to evaluate 50 AHP posts in their department (including Social Workers and Senior Practitioners), as business as usual (BAU) evaluations, at grades 7, 9, 10 and 11 prior to the implementation of WFM.

They confirmed that [REDACTED] was aware of this and they were also speaking on her behalf. The WFM team told them that if they waited until post-WFM these roles may well be uplifted with the proviso that WFM was agreed. The WFM team did expect WFM to be accepted by Nurses and Midwives but not by Civil Servants as the premise behind WFM was to bring these two groups closer together in terms of pay so the Civil Servants were getting relatively less in the offering.

However, the HSSD CDT would not accept this as a good enough solution and threatened to withdraw their support for WFM (according to several interviewees from the WFM team).

Although some of the HSSD CDT later said that the “timing was unfortunate” the WFM team said that the timing was deliberate on the part of the HSSD CDT as they wanted it resolved prior to the WFM statements being delivered to staff.

The WFM team (the reward specialists) advised that this was a poor decision but the HSSD CDT were very concerned about the ‘noise’ that would result from the staff in their department once the WFM statements went out. The WFM team described themselves as being “put under pressure” by CDT.

Other solutions were offered by the WFM team i.e. a market supplement if they could prove that recruitment and retention was the issue.

However, the HSSD CDT wanted the roles to be re-evaluated and specifically requested that happen as soon as possible.

In his statement, [REDACTED] described it as ‘perceived pressure’ from HSSD. However, the decision to agree to do this was ultimately his otherwise; he feared that they would not support the implementation of WFM. As this is the largest group of staff in the States CS and the WFM team were very concerned that the WFM project could be de-railed.

When [REDACTED] was asked if this was within his delegated authority to agree this he was clear that it was. I asked if he thought that he should have checked this with anyone else i.e. [REDACTED], as his line manager and a key member of the WFM project and get ‘sign-off’ as a ‘belt and braces’ exercise, he said not as this was a BAU request. Although this is true, the impact of his decision and action was a risk to the WFM project so it was intrinsically linked.

There is an email from [REDACTED] (copied to [REDACTED]) stating “the position seems quite strongly polarised in that the Reward team’s research convinces them that the WFM proposals are consistent with the necessary benchmarking and alignment with the NHS whereas the senior AHP’s in HSS are strongly of the view that WFM have got this wrong”.

I have yet to see any evidence from HSSD regarding the AHPs to support this view although the WFM team had done much benchmarking and data analysis work on this. However, this may have been the trigger for the decision to ask for the roles to be re-evaluated.

It is worth noting that at least one other department had asked for their roles to be re-evaluated prior to the implementation of WFM, i.e. Social Security and this had been refused by [REDACTED].

The HSSD job evaluations were undertaken externally by Hay (the agreed job evaluation mechanism for Civil Servants). 36 roles were evaluated. I believe that the WFM refused to put all 50 roles forward. I do not know why and I have no evidence apart from comments in an interview with one of the WFM team. The Job Information Templates (JIT's) that had been written for WFM purposes some time earlier, checked, agreed and signed-off by line managers, were used by Hay to conduct the evaluations. This would have been the first time that Hay had seen these JITs, as the usual process in Jersey is to convene in-house panels to do evaluations. These JIT's were looked at in isolation of other roles in the department or the States, which was normal practice.

The results came back from Hay, which were:

- Five of the grade 10 posts had been uplifted to 11 (Social Workers)
- Twenty five of the grade 11 posts had been uplifted to Grade 12
- One grade 11 post was uplifted to 13
- Four grade 7 posts were uplifted to grade 8
- One grade 9 post was uplifted to grade 10

There were 109 employees who received uplifts as a result of this so the financial impact was substantial.

This information was relayed by the WFM team to the HSSD HR Business partners on 3 November 2017 for them to follow their normal process for the administration of the pay uplifts. [REDACTED] were asked to *“support the department to inform the affected staff of their newly evaluated position prior to delivery of WFM personal reward statements on 8th November 2017”*. It is clear from my interviews with the HRBP's that they had no prior knowledge that this was going to happen and were extremely surprised when they received the email instruction They queried the effective implementation date which was finally agreed as 1 November 2017.

The uplifted positions were then factored in to the WFM personal reward statements. It was also agreed by the WFM team to continue recognising previous experience and the incremental positioning within the higher band and that was as follows:

- Those on increments 0 and /or 1 on the CS lower grade would be uplifted to the minimum increment point of the higher grade (e g. CS 10.0 and 10.1 uplifted to CS 11.0.
- Those on increment 2 on the current CS lower grade will be uplifted to increment point 1 of the higher grade (e.g. CS 10.2 uplifted to CS 11.1)

- Those on increment 3 (i.e. the maximum) on the CS lower grade will be uplifted to increment 2 of the higher grade (CS 10.3 uplifted to CS 11.2)

There would also be an additional increment awarded in January 2018 in line with the Pay Policy.

Some interviewees said that the positioning in the new band was incorrect so this also formed part of the investigation. The normal approach at that time (although there were no clear rules in the Pay Policy that were consistently applied) would be to move staff to the minimum of the higher band but because bands 10 and 11 had been merged in WFM the new WFM approach was applied, as above. This may have compounded the pay increase issues.

An email dated 6 November from [REDACTED] suggesting “a message to staff” said the following:

“The WFM methodology has indicated some real dissonance with how some jobs were being managed in the read-across approach and particular concerns were perceived in terms of future proofing effective recruitment exercises. In order to resolve these future challenges it has been agreed to revisit the read-across methodology and this has meant that the grade applied in the Read-Across formula will be X rather than Y and this will be reflected in your personal letter and material on the WFM portal”. I cannot find any evidence that affected staff or their line managers were informed before they received their WFM personal reward statements apart from [REDACTED] staff who were called to a meeting and told by her directly.

Her recollection of that meeting was that she asked those in attendance to handle this information sensitively as not all their colleagues had received pay uplifts. This has been translated by some as “keep it secret”.

It is also clear that [REDACTED] focus had been on Children’s Social Workers, Senior Practitioners and Team Leaders. The former two were uplifted, the latter not. When [REDACTED] was given the list of people who had been uplifted in her department it included AHP’s, of which she states she had no prior knowledge that these posts had been put forward for re-evaluation so she was put in a position of meeting with these people with no background information.

When [REDACTED] was interviewed, he stated:-

[REDACTED] asked all of her Executive Directors to compile a list of what is going to cause us the most grief in running this service because of WFM as it’s currently configured. I was charged with collating my colleagues’ lists and putting them into some kind of clusters and groupings and arranging some meetings with the Reward Team over here to say can we put any of this right, can we solve any of this before we land WFM”.

I can see no evidence that [REDACTED] shared that list with his senior colleagues when they might have realised how many posts were involved. If this had been co-ordinated and communicated better they might have realised the full impact of their requests. In fact, [REDACTED] said that the first time she realised this was when she was asked to convene a

meeting with the staff who had received uplifts to inform them before they received their WFM statements. I can find no evidence that [REDACTED] informed her staff but I have been unable to interview her as she has left the States.

An email from [REDACTED] and [REDACTED] on 6 November, confirmed that [REDACTED] had agreed that the financial impact of the evaluations outcomes would be WFM funded and will not fall to the department. However, a later email from [REDACTED] with the caveat that this only applied if WFM went through, otherwise the cost would revert to the department. Consequently, these costs have now fallen to the department.

There was a meeting convened by the recognised Trade Unions with [REDACTED] on 6th December, to discuss the impact of what had happened. There are brief notes of that meeting prepared by [REDACTED] and agreed by [REDACTED]. In those notes it says *“Management explained that the review of pay for social workers as a result of Care Enquiry (sic) recommendations. Identified social work as undervalued/underpaid within the Island. At the same other professional roles in community and hospital difficult to recruit and using HAY evaluation a grade increase indicated.”*

The actual numbers or roles was not mentioned and [REDACTED] had no idea of the large numbers of posts involved so it came as a shock when information trickled out from their members over the following few months.

It has also become evident that AHP managers were not aware or involved in the process prior to the job evaluations being conducted.

Furthermore, I can see no evidence that there was any consideration of the potential impact of the BAU Job Evaluations on Nurses and Midwives and other AHP posts/grades not included, in relation to equal pay for work of equal value by the HSSD managers when they pushed for some of the AHP posts/grades to be evaluated prior to the WFM personal statements being released.

Findings

- The decision to evaluate the AHP posts immediately prior to the launch of WFM was taken by [REDACTED] at the behest of HSSD senior managers, that being [REDACTED]. I believe that this was done with the best intentions, as they were genuinely concerned about the WFM outcomes for some of their staff and their ability to deliver front-line services as a result.
- However, I can see no evidence why these posts/grades were chosen and not others.

- [REDACTED] should have briefed his line manager [REDACTED] and the Project Board, that he had been placed in this position by HSSD as it was a potential risk to the success of WFM, and asked for their agreement, back-up and support. The risk register, dated September 2017, for the project clearly states, “*Not to react to requests for BAU re-evaluations prior to WFM outcomes and appeals (senior social workers/social security roles)*” so he might reasonably have expected to receive backing from the Project Board to refuse the request from HSSD.
- The drive to deliver WFM on the deadline date may have clouded [REDACTED] judgement when he feared that HSSD Executive team would withdraw their support for the implementation.
- The WFM project was highly complex and although there is evidence that lots of information was being shared with stakeholders and senior staff many did not engage with it or may not have understand it sufficiently. This should have been on the risk register and action should have been taken to check understanding at key milestones during the project.
- The HSSD CDT may not have engaged, understood or given enough attention to the implications of WFM for HSSD until too late in the day.
- Although HSSD CDT staff were advised to wait (by the Reward Specialists) until WFM had been launched and any appeals could be dealt with then but they pushed to go ahead with the job evaluations even though I have not seen any evidence from them to show that AHP’s were underpaid or that they had a recruitment and retention issue. It appeared to be based on “who was shouting the loudest” according to [REDACTED].
- When questioned about the lack of evidence provided by HDDS CDT [REDACTED] said that as senior managers he would expect them to know about salaries in their areas of specialism. I find this at odds with the amount of data analysis that was being conducted for WFM.
- The AHP’S, nor their line managers, had no prior knowledge that their roles were even being put forward for re-evaluation.
- Once the job evaluation results came back from HAY there was no proper mechanism of communicating the outcomes to staff who received uplifts, or their line managers, or any other stakeholder, for that matter, including the HRBP’s and [REDACTED].
- Those staff who had received uplifts thought that there had been an error on their WFM personal statements. They were advised to contact the People Hub who had not been informed or briefed so that caused further confusion.

- When staff who had not received an uplift queried what had happened with their line manager, HSSD HRBP's or [REDACTED] they were given different, incomplete or incorrect information, as there had been no pre-agreed messaging.
- The CDT in HSSD had been raising their concerns about the implications of WFM for their department for several months but the decision to re-evaluate these posts was made at the eleventh hour.
- The issue with AHP's was presented as a reward, recruitment and retention issue so why the WFM team were asked to re-evaluate the roles does not make sense. I have yet to see any evidence to support this. If there was evidence of a recruitment and retention issue with this group of AHP's a recruitment and retention allowance or some form of market allowance could have been applied rather than a re-evaluation.
- The 'benchmark' figures used by HSSD for above seems to be posts in the UK using London salaries plus. [REDACTED]
[REDACTED]
- It is hard to believe that the [REDACTED] of HSSD [REDACTED] and the [REDACTED] in the WFM team [REDACTED] could not foresee that by evaluating posts in isolation it would not have had the effect that it has i.e. staff 'leapfrogging' their managers in terms of pay etc.
- The very issues raised by HSSD as concerns relating to the outcomes of WFM have now come to fruition by the actions they instigated (e.g. More junior staff leapfrogging their line managers pay-wise).
- The WFM project was a huge complex project over many years, however the final few months were hurried and this may have resulted in some questionable decisions. There should have been a review of the resources required in the run up to the WFM personal statements being released.
- The HAY job evaluation process had been in place for over 30 years and the process used was to convene in-house panels using JIT's that were not consistent and quality assured. The reliability and validity of any job evaluation system this old would be questionable, especially if there had been little or no quality assurance of the process. Once it went to HAY and they looked at the roles in isolation, this may have caused further problems.
- Although the HSSD senior managers asked for the AHP roles to be evaluated prior to the WFM personal statements being released (against professional advice) they appear to take no accountability or have no understanding that this decision was instrumental in the chaos that ensued. They took no

personal responsibility or played little active part in trying to put this right as far as I have been able to ascertain. I would have expected more intervention by ██████ in particular.

- The view by ██████ is that this whole situation has been caused by mischief-making amongst some staff in HSSD. This is disingenuous at best. ██████ has completely failed to see that it was the action taken by HSSD CDT and subsequent action by the WFM team that has caused the issue.
- It goes without saying that the outcome of this has been disastrous for industrial relations and staff engagement in HSSD. At a time when a new set of values were being introduced in HSSD ██████ this came to light. It was raised at an 'Our Values Our Actions' Workshop in March 2018 when ██████ was present. Even though he suggested that it be discussed at the end of the meeting when the workshop had concluded he left the workshop early and ██████ had to 'pick up the pieces' in his absence. It has set colleague against colleague (nurse against AHP), staff suspicious of "secret deals being done at the eleventh hour", HSSD managers against the WFM team and their HR colleagues, union members against their representatives as they thought they were 'in on it', unions against management and staff against management

Appendices

Appendix 1 – Root cause Analysis Brief

Appendix 2 - -list of interviewees.

Appendix 3 – letter from JG to RS

Appendix 4 – WFM team response to letter from JG above.

Root Cause Analysis Terms of Reference

Terms of reference

- 1) The review will be undertaken by an investigator with no prior involvement in WFM or job evaluation in Jersey
- 2) The review will be conducted in a fair, comprehensive and impartial manner.
- 3) Identify improvements and learning
- 4) The findings will be reported into the HSSD Management Executive
- 5) Upon completion of the review the findings will be shared with staff

The purpose of the review is :

- 6) To establish the facts that led to the decision to evaluate a limited number of AHP posts under BAU ahead of the WFM results being published.
- 7) To clarify the governance arrangements that were followed in the lead up to the decision in relation to union involvement, management oversight, approval and enactment of the evaluation of a limited number of posts under BAU
- 8) To clarify the process that was followed in relation to the Job Evaluation of the Limited number of AHP posts and to ascertain if this process was undertaken in accordance with the SOJ policy regarding Job Evaluation.
- 9) To establish the extent to which AHP managers were aware and involved in the BAU Job evaluations and the subsequent impact on departmental budgets.
- 10) To establish which mechanism was used for the Job Evaluation and if this was in line with the SOJ comms in relation to Job Evaluation in the lead up to the WFM results being released.
- 11) To determine the facts surrounding how and when staff were informed of the outcome of the job evaluation in CSS and the Hospital and to ascertain the facts as to what was said to staff when they were informed
- 12) To determine if there was any consideration of the potential impact of the BAU Job Evaluations on Nurses and Midwives and AHPs, including social workers, in relation to equal pay for work of equal value.
- 13) To provide a chronology of events.
- 14) To make clear recommendations for action.

The reviewer will gather the information from a range of sources, including interviews with staff, emails, circulars, letters etc..

Appendix 2

ROOT CAUSE ANALYSIS – LIST OF INTERVIEWEES

Date	Time	Name	Title	Contact
06/06/2018	11:00	[REDACTED]	[REDACTED]	Invited
07/06/2018	11:00	[REDACTED]	[REDACTED]	Invited
11/06/2018	15:30	[REDACTED]	[REDACTED]	Invited
13/06/2018	11:00	[REDACTED]	[REDACTED]	Invited
15/06/2018	09:30	[REDACTED]	[REDACTED]	Self Referred
15/06/2018	11:30	[REDACTED]	[REDACTED]	Self Referred
18/06/2018	12:00	[REDACTED]	[REDACTED]	Self Referred
18/06/2018	14:00	[REDACTED]	[REDACTED]	Self Referred
19/06/2018	11:30	[REDACTED]	[REDACTED]	Invited
19/06/2018	14:30	[REDACTED]	[REDACTED]	Invited
20/06/2018	09:00	[REDACTED]	[REDACTED]	Invited

20/06/2018	14:00	[REDACTED]	[REDACTED]	Invited
20/06/2018	16:30	[REDACTED]	[REDACTED]	Invited
21/06/2018	14:30	[REDACTED]	[REDACTED]	Invited
22/06/2018	09:00	[REDACTED]	[REDACTED]	Self Referred
22/06/2018	13:15	[REDACTED]	[REDACTED]	Invited
25/06/2018	12:30	[REDACTED]	[REDACTED]	Invited
25/06/2018	14:00	[REDACTED]	[REDACTED]	Invited
26/06/2018	10:00	[REDACTED]	[REDACTED]	Invited
26/06/2018	13:00	[REDACTED]	[REDACTED]	Invited
26/06/2018	15:00	[REDACTED]	[REDACTED]	Self Referred
27/06/2018	11:00	[REDACTED]	[REDACTED]	Invited
04/07/2018	16:00	[REDACTED]	[REDACTED]	Invited
04/07/2018	14:00	[REDACTED]	[REDACTED]	Self Referred

Health and Social Services Department

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15 August 2017

[REDACTED]
Human Resources Department
6th Floor
Cyril Le Marquand House
St. Helier

Dear [REDACTED]

WFM

I am writing to you in my capacity of Accountable Officer for Health and Social services, to express considerable concerns at some of the costs and impacts of the implementation of WFM in its current state.

As you know, CMB and CoM have been repeatedly notified as to what the "cost" of WFM is and how it is accounted for in the WFM budget. However, as now acknowledged, in reality, the cost of WFM to the States will be the cost of implementing WFM to the WFM budget *and*, any costs created in Departmental budgets by unforeseen or unplanned consequences of WFM.

I am sure that you will be aware that, in conjunction with the Treasury and the WFM team, we have recently completed an initial assessment of WFM proposals against our budget. This is important, as it is our budget that reflects our forthcoming plans and on which all our funding is based. This assessment has indicated a significant difference between the cost reported from the WFM modelling and the funding that the department would require to maintain its operations after the implementation of WFM. This initial assessment shows the impact on the HSS budget as £6m in year 1 (£13m by year 4), being £2m more than the WFM modelling in year 1.

The findings of this assessment have been discussed with the Treasury and WFM team and most recently at the Finance Advisory Board (FAB). I understand that the Treasurer has commissioned further work from all Departments. The Treasury and HSS papers presented at FAB are available and provide more detail. There is more work to do to fully analyse the figures, but the majority of the differences are well understood and documented in the FAB papers.

There are three specific issues that I would like to draw to your attention. These are:

A very obvious **cost pressure will be created by FNHC** who will inevitably choose to adopt all or at least all the attractive elements of WFM with SoJ standing the cost, which is estimated to be approximately £210k in year 1 rising to £560k in year 4. The Reward team have confirmed that FNHC costs are not included in their WFM proposals although they have trained FNHC staff and used them as evaluators and have evaluated all FNHC jobs and the same read across methodology applies to FNHC roles.

The second cost related factor is that caused by the welcome and necessary **increase in annual leave entitlements**. Again, the WFM budget does not fund the cost implications of this. In just one small service, Ambulance, the capacity gap created will require an additional paramedic post to be created and funded. The impact across the department (nurses, paramedics, childcare staff etc.) amounts to approximately 15 fte (£900k in year 1).

The third relates to the change of approach to paying part time FM staff who work some of their time **out of hours**. These staff have always been prepared to work these hours at plain time and the approach developed by the WFM team gives a large number of these staff pay increases of over £10K which I am not prepared to accept as a cost pressure on the budget that am required to use to deliver care and services.

Moving on to other matters of concern. Whilst both understanding and supporting the adoption of the read across model, if only because of the significant and positive reduction of people facing a pay cut and pay protection we have, I suspect, all clearly underestimated the new and different problems that this approach has created.

The **"Charge Hand Issue"** which John Rogers has been raising for some time is caused by team leaders and managers being graded the same as their team members. This affects HSSD charge hands too but also affects all of the key professions, teams and roles across health and social care. This includes nurses, scientists, Allied Health Professionals, Social Workers and technical staff. Nurses are a good example. The key nurse leadership role is that of our seven, band 7 Senior Nurses, who will all be placed on the same grade as the large numbers of Band 6 nurses that they lead. Apart from the negative impact on these individuals and general morale and manageability of this situation, this will clearly impact on our ability to succession plan and to attract candidates for these roles in future.

There is an even more important strategic, productivity and workforce cost-related problem that this "2 into 1" factor creates. Internationally, the future workforce skill mix strategy in healthcare is to significantly increase the number of Band 7 nurses - who achieve that band not because of a leadership role but because they acquire higher levels of technical, professional skills so that they can carry out clinical procedures, diagnose, prescribe and run their own cost effective clinics and services. This allows the very expensive medical workforce to be restructured and or refocussed to the benefit of patients and the organisation. The WFM solution will make it difficult if not impossible for Jersey to develop such models to the detriment of both patient care and value for money workforce deployment.

I have also recently become aware of a further development, which has apparently been discussed with the unions but not with my senior team. This is a proposal to **assimilate all nurses to the target rate** immediately. We are unaware of the rationale for this but have a host of objections and challenges to this approach.

The **issue of standby /on-call** remains unresolved on several levels. My managers and heads of service have long sought to persuade the WFM team of the need to have the ability to make on-call contractual and although there is some progress on this, there is yet, no agreed resolution. We have some real concerns that some of the proposed rates are inadequate to incentivise safe effective out of hours' services. There has been talk of a 4th improved rate but as we approach go-live this has not yet appeared. The final point in relation to on-call is the cut off criteria, which bars bank staff and more senior staff from benefitting from on call and other unsocial hours payments. The logic behind this for senior staff seems derived from a position that senior and managerial staff should not receive such payments.

In HSSD we have a large number of staff in these grades who are in fact clinical, scientific or care subject matter experts and leaders who are required to work on call and other unsocial hours to ensure that Jersey has safe and high quality clinical, hospital, mental health, social work and children's services on a 24/7 basis. As for bank staff, we regularly deploy bank staff during unsocial hours to ensure safe skill mixes support services outside of office hours. These bank and senior staff must be rewarded and incentivised to make sure safe and effective services are sustainable.

A different but related aspect of the reward system is that of **unsocial hours for 24/7 nursing services**. These are known as off duty payments and the WFM model originally reduced these so significantly as to virtually negate any benefits nurses would see in increases to basic pay. There seemed to be an inevitable consequence that our overtime, bank and agency bill would increase significantly to offset the impact of the reduction in off duty pay. The WFM team have worked hard to resolve this and have succeeded to the extent that the problem has been moved from 2017 to the end of 2019. It is unsustainable to not have a permanent solution to this element of the reward package that supports care and treatment when Islanders need it, which is often outside normal working hours.

The "**read across approach**" will have a very negative impact on our ability to recruit newly qualified professionals from our natural talent pipelines of the NHS in a numbers of key professions. The entry-level grade in Jersey appears to be set lower than that in the UK and a key element of our recruitment strategy will be threatened. This is likely as a minimum, to affect pharmacy, radiology, laboratories and therapy services.

The read across is also producing some unsatisfactory grades for key personnel - where the pure JIT process would have not. There are a number of these but I would highlight that there are some of them in key leadership roles in CSS including Children's Services. When the Inquiry has just rightly condemned Jersey for under investing in these services and treating them in a "Cinderella" fashion it would seem to be unhelpful and unwise to treat key staff in this field in this way again.

Clinical and professional leaders across HSSD have long articulated their many concerns about the over use of post-assimilation appeals to resolve issues that are known to exist now. I understand that there is some movement on this following a recent SEB and I hope that this will be significant and effective. It remains unclear at present when WFM/EWFM will be launched but can I ask that, as the States Director for HR, you take these concerns seriously and that your team continues to actively work with mine to find sustainable solutions (and not just work arounds) during the few weeks that now remain before launch.

[Redacted]

C.C.

[Redacted]

Appendix 4

Strictly Private and Confidential

Employment Relations' response to Health and Social Services

September 2017

Confidentiality Statement: this document is not intended for onward circulation and for the Chief Officer of HSSD and their authorised personnel only. This document contains individual WFM outcomes that are identifiable to individuals and the latest Employer's WFM Offer that has not yet been shared with Unions



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1) Executive Summary

A cornerstone of the States of Jersey (SoJ) vision for the future of the Public Sector is to reform and modernise. The objective is to create an environment and framework in which the workforce is treated fairly and equally, can perform at a high level, efficiently and provide value for money to the community it serves. To achieve that aim it is recognised that the current employment infrastructure, pay, term & conditions and policies need significant modernisation. Fundamentally, this will act as an enabler to the organisation to implement a number of other reform initiatives.

This report has been produced by the Workforce Modernisation (WFM) team, Employment Relations in response to the letter from Health and Social Services (HSSD) dated 15th August 2017. The letter (attached in Appendix A) signed by the Chief Executive and Accounting Officer of HSSD, raises specific concerns over the implementation / costs of the Employer's final WFM offer. Each element identified has been considered by the WFM team, and extensive work has been carried out to date with the aim to resolve each perceived issue wherever possible. HSSD, from the onset of WFM has been a key focus area with it representing over half of the population in scope of WFM phase 1, with a vast majority of managers and staff having experienced similar modernisation projects (i.e. Agenda for Change - AfC), and played a crucial part of designing and delivering changes in the UK. The department's integrated knowledge and existing practices have therefore been pivotal in the research and development of the new WFM, pay, terms and conditions package.

It is unviable for a project of this size, impacting on some 5,500 employees, to be completely risk free. It is an inevitable consequence of any harmonisation project that where elements improve there will be a cost pressure and where removed, it could impact on motivation, recruitment and retention. However, the WFM Offer is intended to be considered as a whole package and provide the greatest good to the largest number of employees, whilst meeting the requirements of all key stakeholders and maintaining within a predetermined cost mandate, established at a time of pay restraint. This report provides the perceived status of each issue identified by HSSD, together with the papers produced by the team to date. The proposed next steps from this report are to identify the areas which HSSD can agree to work with or meet part way, using the WFM teams proposed solutions or identifying which elements can be reasonably reviewed under the "review clause" of WFM.

2) WFM model vs. the HSSD budget

HSSD Summary Concern: “There is a significant difference between the costs reported from the WFM modelling and the funding that the department would require to maintain its operations after implementation. The initial assessment shows the impact on the HSS budget as £6m in year 1 (£13m by year 4), being £2m more than the WFM modelling in year 1.”

Employment Relations Summary Response: [Issue ongoing discussion \(TBD by 11/09/17\)](#)

The WFM team have been working closely with Treasury and Finance across all departments to reconcile the figures between the WFM model and departmental budgets. Throughout June and July 2017 a member of the WFM team was assigned to assist the HSSD finance function with this process.

The latest reconciliation from HSSD is provided in Appendix B.

The WFM team are continuing to work together with Treasury and HSSD Finance representatives to understand the significant differences believed to have been identified between the WFM model and their own budgets (with the changes to WFM applied).

The differences reported by HSSD are significant and not replicated by other departments, which include differences in the following:

Basic pay – is being reworked by HSSD as there appears to have been a mixed method in costing whereby the WFM actuals were being used as opposed to the standard HSSD budgeting assumptions (i.e. budgeting on the penultimate increment point). Therefore this figure does not take into account any degree of turnover, which would account for between £1-2 million across all those in scope (not just HSSD) assuming a 10% attrition rate. It is understood that the HSSD Finance Director believes that the difference in basic pay is likely to be down to a technical modelling issue rather than a real cost (as confirmed in July 2017). Furthermore any on costs will reduce in line with any changes to basic pay.

Extra duty – is not an additional cost pressure as it will be funded under the same mechanisms as pay protection (i.e. earmarked by department’s prior year underspends and underwritten by the restructuring fund – as agreed by the Council of Ministers on the 11th January 2017).

Overtime – the HSSD finance model does not account for grade eligibility for premium rates and overall (which is within the WFM model and likely to be less). This basic assumption of cost increase

within HSSD is likely to lead to hundreds of thousands of pounds of difference across the organisation.

Standby / Oncall - the HSSD finance model is not showing grade eligibility (which is in WFM model). There will be some increase to grade-based standby for bands eligible at the target rate of the grade, estimated by the WFM team to be much less than that estimated by HSSD (i.e. half as a broad estimate of all standby). Again, taking HSSDs assumption on a generic percentage being applied to basic pay, to all employees will result in an over estimate as it does not consider other factors such as the number of employed necessary to cover rotas or their eligibility for payments.

Pension / Soc Sec - due to WFM model using actuals from the previous month, some pension / soc sec amounts are excluded from the baseline (e.g. start dates, unpaid leave, old nurses pension scheme etc.), which accounts for less than 3% in HSSD. A 7% increase (which mirrors the average increase to employer contributions across the HSSD department) on 3% of the total HSSD employer contributions in the WFM model would give c. £76k cost. When accounting for vacancies, therefore £200k is much too high as the base line and change figures are both understated.

Growth posts and vacancies – are not in scope of the WFM model, however, should be covered by budgeted pay awards for those staff (i.e. the vacancies are already in Treasury's baseline figures, the WFM model already extrapolates pay awards across them during the modelling process).

Family nursing and homecare (FNHC) – see section 3 of this document.

Capacity (annual leave vs. hours of work) - see section 4 of this document.

It is important for us to establish where HSSD finance have looked to several sources (contingency and ordinary mandate) to fund one cost.

3) Family Nursing and Home Care (FNHC)

HSSD Summary Concern: “A very obvious cost pressure will be created by FNHC, who will inevitably choose to adopt all or at least all the attractive elements of WFM with SoJ standing the cost. Estimated costs are approximately £210k in year 1 rising to £560k in year 4. The Reward team have confirmed that FNHC staff costs are not included in their WFM proposals although they have trained FNHC staff and used them as evaluators and have evaluated all FNHC jobs.”

Employment Relations Summary Response: [Issue resolved](#)

It is understood that there is no specific service level agreement between the SoJ and Family Nursing and Home Care (FNHC), and therefore the offer across their employees does not demand replication. Particularly in light of recent events where there was a deliberate decision by FNHC to pay their administrative staff differently to those within the SoJ. However, it is understood that there has been years of practice of replicating pay awards applied to the SoJ, which may well have set a precedent and this is of particular concern as it relates to qualified staff, as opposed to auxiliary staff.

In the early stages of job evaluation, FNHC submitted 45 JITs and towards the final drive to collect JITs there were still 26 outstanding. Of the 45 JITs submitted this included their admin roles, which would now be irrelevant. From this point forward, there has been relatively limited involvement of FNHC within WFM discussions, as there was an executive decision to scope out actual employees of the WFM model. The exclusion from the scope of WFM has been repeatedly communicated within CMB / Union meetings and in other general WFM briefings.

Despite the conscious decision to scope out FNHC employees from the WFM model, Employment Relations have recently confirmed with the HSSD Finance Director and Treasurer that the WFM model uses the HSSD total pay provision for 2017-2020. Treasury have confirmed that their WFM baseline figures include the £6.75m per annum FNHC budget, and these employees are not in the modelling of actuals; therefore the contingency methodology has already accounted for these employees receiving the average pay awards received by all departments. Therefore, the WFM contingency fund effectively assumes a pay rise to FNHC employees in line with the average rise across all other employees (c.5.5%). This does not, however, currently distinguish between qualified and administrative staff there – but the model does hold a proportion of the mandate for these and all other posts without the actual employees being in the WFM model.

4) Increases to Annual Leave

HSSD Summary Concern: “An increase in annual leave entitlements is a cost related issue. The WFM budget does not fund the cost implications of increased annual leave. For example, in Ambulance, the capacity gap created will require an additional paramedic post to be created and funded. This impact across departments (nurses, paramedics, childcare etc.) amounts to 15FTE/£900k in year 1.”

Employment Relations Summary Response: [Issue ongoing discussion](#)

The WFM team have worked closely with Treasury and Finance across all departments to explore the impact of increasing the maximum annual leave entitlement from 30 to 31 in the Employer's Final Offer. Undoubtedly, the benefits of increasing annual leave (i.e. increasing the chances of Trade Union Agreement, providing a more attractive package for recruitment & retention, reducing sickness rates) are recognised by HSSD, and the WFM team would be reluctant to reduce this entitlement (i.e. back from 31 to 30 days), although it could still be an option should the costs be considered too great / unaffordable.

The WFM team have provided HSSD with various working papers (see appendix C, D and E) and capacity analysis (by department and pay group) on numerous occasions reflecting the increase in hours vs. the increase in annual leave.

It is understood that the HSSD finance costs (Appendix B) are indicative of the impact of the additional leave, that requires cover to be in place for 15 FTE (namely 9 x nurses, 2 x RCCOs, 2 x CS, 1 x AHP and 1 x Ambulance Paramedic). There are a number of factors that need to be considered against this assumption:

- a) At worst this could be seen as a maximum transitional cost (i.e. it assumes that all nurses will need to be backfilled, and does not take account of any workforce planning);
- b) These figures do not account for the opportunity created by the increase in hours for specific pay groups (i.e. Manuals and Civils get more working hours, as well as some of the smaller groups). While it may not be possible to realise this in every instance, the leave (currently perceived as a cost risk) vs. the hours gained (opportunity) - see appendix F is significant;
- c) Departments will be encouraged to restructure their operations as appropriate without compromising services;
- d) Departments will be encouraged to re-roster shift patterns as appropriate without compromising services, in particular with the introduction of e-rostering where inevitable savings will be achieved (see appendix C);
- e) Savings on overtime are not considered by HSSD or the pay model, but would be significant – e.g. if every shift manual worker needs to work over 3 more hours before overtime kicks in, there would be significant savings;
- f) HSSD have advised that all Nurses work Halsbury days as if they are normal days. C. 1,000 FTE for two days at triple time (i.e. + double time on top of ordinary pay) is a significant saving that has not been considered;
- g) Potential savings on recruitment are not considered (with a more attractive reward package);
and
- h) Potential savings on sickness absence are not considered.

Therefore, the figures provided by HSSD only provide a one sided view of the likely costs, which in reality should be considered as a figure somewhere in-between their estimates, and those of the WFM team. All departments, together with Treasury, are encouraged to take a corporate view to reorganising budgets, which may mean that for example funding is redistributed.

5) Unsocial hours payment provisions

HSSD Summary Concern: “The change of approach to paying part time FM (facilities management) staff who work some of their time out of hours is an issue. These staff have always been prepared to work these hours at plain time and the approach developed by the WFM team gives a large number of these staff pay increases of over £10k. This is not acceptable as a cost pressure on the budget.”

Employment Relations Summary Response: **Issue resolved**

WFM has always been aimed at addressing current inequalities in pay and T&Cs practices by introducing new harmonised rules. As a result some employees will experience increases and others decreases in pay.

Unsocial hours' payments is only applicable for time worked out of hours as a result of a formal shift arrangement, as such this concern is not applicable to the reality of implementing the offer.

They are also not available to employees working under a Flexi-time Policy, or employees that otherwise have significant personal discretion regarding their working hours (e.g. senior management);

Unsocial Hours payments are also not normally received by zero hours or bank workers. In exceptional circumstances, where there is a genuine need to pay premium rates in order to ensure adequate cover in front-line service areas, management have the discretion (within their budgets) to give non-pensionable Unsocial Hours payments on the same basis described above to these workers. An example of a service need to make these payments currently exists for Bank Nurses and Midwives; these employees will continue to be eligible for non-pensionable Unsocial Hours premium payments during 'zero hours' working as long as this is required by Health and Social Services.

6) Supervisors and reports moving to the same band

HSSD Summary Concern: “The Read Across / Charge Hand Issues of team leaders and managers being graded the same as their team members. This affects all key professions, teams and roles including nurses, scientists, Allied Health Professionals, Social Workers and technical staff. It will

have a negative impact on individuals and general morale, but also will have an impact on succession planning.”

Employment Relations Summary Response: Issue resolved

The issue of supervisors and reports (currently on different grades) moving into the same band existed before, and in a greater number of cases, when we had JIT scores and not the “read across”. The read across was, in part, designed to resolve such issues and the greater problems of leapfrogging one’s manager entirely.

The WFM team have worked extensively with departments to identify instances where there are supervisors and reports (currently on different grades) moving into the same band and circulated a paper to CMB (12 May 2017) outlining the options to managers with the final offer at the time - see Appendix G.

The main emphasis of this paper is that the reduction of the number of pay bands from our existing was a direct result of reducing some 15 grades down to 10 at the request of CMB, politicians and external advisers to delayer the organisation, and therefore not an unforeseeable consequence.

In other similar modernisation exercises (e.g. Agenda for Change) the NHS also experienced a compression of ranks and generally accepted instances where specialist skills and responsibilities were evaluated equally to their supervisors’ additional managerial qualifications. The issue was considered with the former grading system not measuring clinical/specialist skills in the same way as managerial skills.

In any instance, the WFM team have communicated a number of options for managers to work with in instances where supervisors are evaluated in the same band as their reports and it is perceived to be an issue (see appendix G), which includes:

Option 1 – Maintaining a pay differential (within the new band)

Option 2 – Re-evaluating the role before WFM

Option 3 – Supporting an appeal

Option 4 – Re-evaluating after WFM

Option 5 – Applying a recruitment and retention supplement

The WFM team maintain their position that departments should be encouraged to work with these options and within the new reward structure to manage any perceived issues. It is not acceptable to maintain existing differentials and out of date practices in areas resistant to the proposed changes.

7) Band 7 Nurses

HSSD Summary Concern: “The WFM Read Across solution will make it difficult for Jersey to develop a future workforce skill matrix strategy – to increase the number of Band 7 nurses. Internationally, these Band 7 nurses will achieve the band not because of a leadership role, but because they acquire higher levels of technical, professional skills so they can carry out clinical procedures, diagnose, prescribe and run their own clinics and services.”

Employment Relations Summary Response: **Issue resolved**

The WFM team have worked extensively with HSSD to explore the perceived issue with Band 7 Nurses (relating to c. 8.8 FTE) and shared a paper in April that clarified the issue - see appendix H.

The main emphasis of this paper is that the new Job Evaluation approach does not change the outcome for Nurses and Midwives at band 7 as they were always going into a Band G (i.e. using their JIT outcomes). The average job evaluation score for both grades 6 and 7 was Band G, therefore it is logical that they move into the same new Band.

It is understood that again there is a desire to maintain a pay differential between some of the Band 7 nurses due to the difference (in extra responsibility) between some of the Nurses and Midwives appointments.

The WFM team have provided HSSD management with options within the paper circulated in April – see appendix H.

Again the WFM team maintain their position that departments should be encouraged to work with these options and within the new reward structure to manage any perceived issues. It is not acceptable to default back to the existing differentials and out of date practices.

8) Assimilating Nurses onto the Target Rate

HSSD Summary Concern: “Assimilating all nurses onto the target rate immediately. We are unaware of the rationale for this but have a host of objections and challenges to this approach.”

Employment Relations Summary Response: **Issue resolved**

The final offer was presented to CMB on 16th May 2017.

Due to Staff Nurses falling very slightly below an increment in their grade, they experienced a very, very small pay rise in year 1 compared to other pay groups, together with issues with Nurses and Midwives losing pensionable pay in the first one to two years, it was recommended to place all of this pay group on the Target Rate in year 1.

The final offer was signed off by CMB on 17th May 2017, inclusive of this provision.

This amendment to the Employer's final WFM offer was also more amendable to RCN, who have been actively involved and waiting for outcomes since the onset of WFM.

9) Contractual Standby / Oncall

HSSD Summary Concern: "Managers have long sought to persuade the WFM team to make on-call contractual, yet this had not been resolved or agreed. We have concerns that some of the proposed rates are inadequate to incentivise safe effective out of hours' services."

Employment Relations Summary Response: **Issue resolved – to review under "review clause"**

The WFM team have consulted extensively with HSSD management, via the WFM line management briefings and held specific one-to-one discussions with relevant Heads of Service and recognise the following main concerns with Standby / Oncall provisions, to which solutions have been offered:

- **Contractual vs. non contractual standby**

The WFM team acknowledge the need to retain existing contractual standby provisions for frontline services. The Employer's final WFM offer allows for both contractual and non-contractual standby and oncall. The proposed solution is to not specify that standby is 'non-permanent' within the WFM terms and conditions. This will allow flexibility within the framework (standby could be contractual or non-contractual). Employees who have contracts of employment or supplementary letters that state that they are contractually obliged to work standby will do so at management request. This does not require a new 'contractual' standby model to be created. The nature of a payment being contractual is not defined by the payment, but rather the contract. Calling a payment contractual within the terms and conditions does not make it so.

Management will decided on the model best fitted to their service and manage their areas according. Those employees currently working contractual standby will be required to work it in the future. If an employee is not currently on contractual standby they cannot be forced onto it; however, management may choose to consult with / and give notice in future to change this element within

contracts – which is no different to existing practice. Consultation with HSSD Heads of Service have indicated that this approach would be acceptable (i.e. Chief Ambulance Officer etc).

- **Standby / Oncall rates**

The WFM team have conducted extensive research and analysis into the rates to be applied to the standby / callout models, based on a number of scenarios particularly within HSSD. The rates for models 1,2 and 3 are broadly in line with existing rates of pay, and are already considered (by some) to give too much choice. Due to harmonisation some will increase and others decrease (which is also dependent on which model is used – which management have discretion over).

The WFM team have worked extensively with the MD of Community & Social Services to understand their working practices and it appears that only under certain instances, for a particular group of staff will there be a loss of standby payment experienced (i.e. if Management level Social Workers are called out for less than 5 hours, using model 2) – see Appendix I. Community & Social Services have only been able to provide a partial picture of the actual working practice (i.e. based on anecdotal evidence of the hours claimed by Social Workers), but it is believed that it is currently unusual for Managers to claim more than five hours call out. However, it is that understood hours may increase further in the future. Therefore, this does not provide us with a sufficient evidence base to create a 4th standby model for all groups within scope of WFM.

However, it is not beyond possibility to create a further standby / callout model at a later date, as the WFM offer includes a commitment to review all elements of the package on an annual basis (i.e. under the WFM review clause). Should HSSD find they cannot work within the three standby / callout models this can be looked into by further considering the future practices more widely across the organisation.

10) Unsocial hours for 24/7 nursing services

HSSD Summary Concern: “These are known as off duty payments and the WFM model originally reduced these so significantly as to virtually negate any benefits nurses would see in increases to basic pay. There seemed to be an inevitable consequence that our overtime, bank and agency bill will increase significantly. The WFM team have worked hard and have resolved this to the extent that the problem has been moved from 2017 to the end of 2019. It is unsustainable to not have a permanent solution to this element of the reward package.”

Employment Relations Summary Response: [Issue resolved](#)

As stated in the Employer's WFM final offer – see appendix J (section 2.8 on Unsocial Hours), the Nurses and Midwives (N&Ms) pay group is currently unique in that the extra duty payments (the equivalent of shift or unsocial hours) are not eligible for pay protection due to their variability and their treatment under the pensions schemes. This means that there is a chance that, due to the harmonisation of this element of pay, N&Ms could stand to lose pensionable pay in the first couple of years of assimilation if they worked the same or similar work patterns as before, but would not receive pay protection (unlike all other pay groups in scope).

The WFM team have worked hard to explore the possible solutions to this issue, and have proposed that during the first 3.5 years of assimilation (01/07/2017 – 31/12/2020) the existing extra duty system and rates will continue to operate for current N&Ms only (new recruits will be hired to the new terms and conditions from the date of implementation of the new pay, terms and conditions 'package').

From 01/01/2021, all N&Ms will be paid under the new Unsocial Hours payment terms described in this section of the WFM Final Package Offer. By 01/01/2021, the balance of all elements of the pay (excluding any assumptions of a pay award in 2021), terms and conditions will be such that practically all N&Ms will receive more pensionable pay than prior to assimilation when working the same or similar patterns as before, and as such this period of effective protection will no longer be necessary.

The existing system will be maintained by keeping the rates attached to extra duty working (31.25% for Nights, 41.25% for Saturdays, and 62.50% for Sundays) and multiplying these by the maximum increment of the employee's previous grade (on the latest pay scales prior to an agreement), to give an interim Unsocial Hours premium payment for these employees.

It should be noted that the current rates for N&Ms unsocial hours have been increased significantly overtime, and are considerably higher than the rates for Manual Workers and Civil Servants. It is not practical, nor possible to harmonise upwards with regards to unsocial hours rates for the following reasons:

- The Employer's WFM final offer uses all of the existing mandate and, unless other variables are altered (i.e. basic pay) to increase the unsocial hours rates of pay for all other pay groups is unaffordable and unsustainable;
- The approach to reduce unsocial hours payments and increase basic pay is in line with UK practice;
- These rates were designed with the input from HSSD of their long-term aim to run a 24/7 service, where unsocial hours will become more common among employees, which needs to be affordable and sustainable;
- Basic pay is significantly more than the UK equivalent rates, even when taking into account the higher cost of living (i.e. the Jersey Factor) – therefore suggesting that R&R issues are unlikely to be resolved by pay alone.

It is also important to note, that while the new percentages that will come into effect through WFM are lower, they are based on a higher level of basic pay with the average increase for N&Ms equating to 7.1% over the assimilation period.

11) The impact of the “read-across” on qualified professionals

HSSD Summary Concern: “The Read Across approach will affect the recruitment of qualified professionals. This will have a very negative impact on our ability to recruit newly qualified professionals from our natural talent pipelines of the NHS in a number of key professions. The entry-level grade in Jersey appears to be set lower than the UK.

Employment Relations Summary Response: [Issue resolved / review in appeals](#)

This is one of the areas for which the Read Across was developed. Band 5 is the entry level, not 6, in the NHS.

For instance, our current Pharmacists are successfully recruited on CS9, which is equivalent to Band E under the read across. While there are clear profiles for this profession, JITs were written to reflect the roles and responsibilities of our Pharmacists being one band higher. In addition, our existing grade 11 Senior Pharmacists were written to have JITs equivalent to Band 8a level (which would be equivalent to CS13 under current systems). The consistent theme of having all posts one band higher than their current grade equivalents was inexplicable, particularly where as there is no known existing R&R issue (observing the number of applicants to Pharmacy Assistants c. 80 applicants in 2016, Pharmacy Technicians c. 15 in 2016 and Trainee Pharmacy Assistants c. 40 in 2017) and more importantly it is consistent with other AHPs. Action was also necessary to resolve these issue as it was not reflective of equal pay, devaluing a female-dominated nursing career path, compared to a select few AHP groups with potentially overwritten JITs.

Below summarises the difference to Pharmacy that has occurred due to the Read Across.

Post Grade	Current Pay	Appointment Description	Current Results		Read Across	
			New Band	Difference in 2020 (pensionable pay)	New Band	Difference in 2020 (pensionable pay)
CS15	£88,074	[REDACTED]	J	£2,219	J	£2,219
CS13	£70,509	[REDACTED]	I	£4,550	H	£1,776
CS12	£61,536	[REDACTED]	I	£13,523	G	£1,551
CS11	£55,989	[REDACTED]	G	£2,593	F	£1,166
CS11	£55,989	[REDACTED]	G	£1,927	F	£867
CS11	£55,989	[REDACTED]	G	£2,593	F	£1,166
CS11	£55,989	[REDACTED]	G	£2,593	F	£1,166
CS10	£50,261	[REDACTED]	F	£1,266	F	£1,266
CS09	£45,612	[REDACTED]	F	£5,419	E	£1,149
CS09	£45,612	[REDACTED]	F	£5,419	E	£1,149
CS09	£41,340	[REDACTED]	F	£9,691	E	£3,750
CS07	£34,719	[REDACTED]	E	£10,371	C	£548
CS07	£34,719	[REDACTED]	E	£10,371	C	£548
CS07	£34,719	[REDACTED]	E	£10,371	C	£548
CS07	£34,719	[REDACTED]	E	£10,371	C	£548
CS07	£34,719	[REDACTED]	E	£10,371	C	£548
CS07	£33,373	[REDACTED]	D	£4,977	C	£841
CS07	£33,373	[REDACTED]	E	£11,717	C	£841
CS06	£30,837	[REDACTED]	E	£14,253	C	£1,818
CS06	£30,837	[REDACTED]	E	£14,253	C	£1,818
CS06	£29,819	[REDACTED]	D	£8,531	C	£2,836
CS06	£29,819	[REDACTED]	D	£8,531	C	£2,836
CS06	£29,819	[REDACTED]	E	£15,271	C	£2,836
CS06	£28,838	[REDACTED]	D	£9,512	C	£3,817
CS05	£27,885	[REDACTED]	B	£702	B	£702
CS05	£27,885	[REDACTED]	B	£702	B	£702
CS05	£26,073	[REDACTED]	B	£1,430	B	£1,430
CS05	£26,073	[REDACTED]	B	£1,430	B	£1,430
CS05	£25,210	[REDACTED]	B	£2,293	B	£2,293
CS04	£23,577	[REDACTED]	B	£3,926	B	£3,926
CS04	£22,793	[REDACTED]	B	£4,710	B	£4,710

In the above example, through the “read-across” approx.. 1/3 of roles have been moved down one band, and another 1/3 have been moved down by two bands. Only 30% are now at the same band as they were under current results, and none have been moved up a band. The overall average pay change per employee has moved from +16.9% down to +4.4% by matching the roles to the appropriate profiles.

Naturally the appeals process may change certain posts, but this is an area where the NHS profiles and current job descriptions are clearly at variance with the JE results as they stood and the accompanying JITs.

Where the job evaluation outcomes are genuinely at odds with the market data, then the provision of a recruitment and retention supplement can be applied – as per the new reward guidelines, as discussed extensively with management. However, the SoJ pay 50-100% more than the NHS for such professional careers, and will now be offering more competitive annual leave packages, and relocation support.

12) The “read across” results for key personnel

HSSD Summary Concern: “The Read Across approach is producing some unsatisfactory grades for key personnel where the pure JIT process did not. Key leadership roles in CSS including Children’s services are mainly affected.”

Employment Relations Summary Response: **Issue resolved**

The WFM Team have invested significant time into discussing the individual outcomes (i.e. line by line data) with the key stakeholders across the organisation, which has involved numerous Heads of Service within HSSD.

Any identified anomalies have been explored, and investigated further. It should be noted that the “unsatisfactory grades” are not a direct result of the read across, as there were undoubtedly more issues under the JIT process. In addition to this, the WFM team have invested further time to evaluate a number of the roles identified by Health under the existing job evaluation methodology (Hay) which confirmed the outcomes of the read across (i.e. in the case of Community and Social Service as being one grade lower than desired by the department). Under JIT scores, all social workers would have lost money by being in Band E. We have prevented this. The “read-across” solves countless problems and creates a handful.

It is however recognised, that moving forward, the nature of the roles in Community and Social Services will undergo changes in light of the Independent Care Inquiry and these new roles can be evaluated under business as usual to ensure they are appropriately remunerated for the level of work required.

13) The overuse of appeals post-assimilation

HSSD Summary Concern: “There are concerns regarding the over-use of post-assimilation appeals to resolve issues that are known to exist now.”

Employment Relations Summary Response: **Issue resolved / existing process in place**

The WFM team have been actively involved in discussions with HSSD to help to resolve any “live” issues concerning the grades of jobs, despite the recommendation to maintain a moratorium on job evaluation to prevent roles being considered in isolation and impacting on the WFM mandate.

However in light of further delays to the WFM project, it is recognised that a number of roles with significant change need re-evaluating. In June / July the following roles have been re-evaluated in HSSD alone and where appropriate regraded:

Role	Date requested	Previous Grade	New Grade
[REDACTED]	06/06/2017	15	A
[REDACTED]	06/06/2017	14	15
[REDACTED]	06/06/2017	N/A	15
[REDACTED]	06/06/2017	N/A	15
[REDACTED]	06/06/2017	N/A	15
[REDACTED]	06/06/2017	N/A	14
[REDACTED]	06/06/2017	N/A	13
[REDACTED]	06/06/2017	N/A	12
[REDACTED]	30/06/2017	N/A	8
[REDACTED]	25/07/2017	N/A	10
[REDACTED]	01/08/2017	N/A	8
[REDACTED]	08/08/2017	N/A	11
[REDACTED]	15/08/2017	N/A	10
[REDACTED]	23/08/2017	N/A	TBC
[REDACTED]	23/08/2017	N/A	TBC
[REDACTED]	31/08/2017	N/A	TBC
[REDACTED]	01/09/2017	N/A	TBC
[REDACTED]	01/09/2017	N/A	TBC
[REDACTED]	01/09/2017	N/A	TBC

14) Way Forward

The WFM team proposes to discuss this paper further with the HSSD, and to agree to a way forward on each issue to be added to the WFM Risk Register to be presented to the Council of Ministers on 20th September 2017.



Appendix A



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15 August 2017



Human Resources Department
6th Floor
Cyril Le Marquand House
St. Helier

Dear

WFM

I am writing to you in my capacity of Accountable Officer for Health and Social services, to express considerable concerns at some of the costs and impacts of the implementation of WFM in its current state.

As you know, CMB and CoM have been repeatedly notified as to what the "cost" of WFM is and how it is accounted for in the WFM budget. However, as now acknowledged, in reality, the cost of WFM to the States will be the cost of implementing WFM to the WFM budget and, any costs created in Departmental budgets by unforeseen or unplanned consequences of WFM.

I am sure that you will be aware that, in conjunction with the Treasury and the WFM team, we have recently completed an initial assessment of WFM proposals against our budget. This is important, as it is our budget that reflects our forthcoming plans and on which all our funding is based. This assessment has indicated a significant difference between the cost reported from the WFM modelling and the funding that the department would require to maintain its operations after the implementation of WFM. This initial assessment shows the impact on the HSS budget as £6m in year 1 (£13m by year 4), being £2m more than the WFM modelling in year 1.

The findings of this assessment have been discussed with the Treasury and WFM team and most recently at the Finance Advisory Board (FAB). I understand that the Treasurer has commissioned further work from all Departments. The Treasury and HSS papers presented at FAB are available and provide more detail. There is more work to do to fully analyse the figures, but the majority of the differences are well understood and documented in the FAB papers.

There are three specific issues that I would like to draw to your attention. These are:

A very obvious **cost pressure will be created by FNHC** who will inevitably choose to adopt all or at least all the attractive elements of WFM with SoJ standing the cost, which is estimated to be approximately £210k in year 1 rising to £560k in year 4. The Reward team have confirmed that FNHC costs are not included in their WFM proposals although they have trained FNHC staff and used them as evaluators and have evaluated all FNHC jobs and the same read across methodology applies to FNHC roles.

The second cost related factor is that caused by the welcome and necessary **increase in annual leave entitlements**. Again, the WFM budget does not fund the cost implications of this. In just one small service, Ambulance, the capacity gap created will require an additional paramedic post to be created and funded. The impact across the department (nurses, paramedics, childcare staff etc.) amounts to approximately 15 fte (£900k in year 1).

The third relates to the change of approach to paying part time FM staff who work some of their time **out of hours**. These staff have always been prepared to work these hours at plain time and the approach developed by the WFM team gives a large number of these staff pay increases of over £10K which I am not prepared to accept as a cost pressure on the budget that am required to use to deliver care and services.

Moving on to other matters of concern. Whilst both understanding and supporting the adoption of the read across model, if only because of the significant and positive reduction of people facing a pay cut and pay protection we have, I suspect, all clearly underestimated the new and different problems that this approach has created.

The "**Charge Hand Issue**" which John Rogers has been raising for some time is caused by team leaders and managers being graded the same as their team members. This affects HSSD charge hands too but also affects all of the key professions, teams and roles across health and social care. This includes nurses, scientists, Allied Health Professionals, Social Workers and technical staff. Nurses are a good example. The key nurse leadership role is that of our seven, band 7 Senior Nurses, who will all be placed on the same grade as the large numbers of Band 6 nurses that they lead. Apart from the negative impact on these individuals and general morale and manageability of this situation, this will clearly impact on our ability to succession plan and to attract candidates for these roles in future.

There is an even more important strategic, productivity and workforce cost-related problem that this "2 into 1" factor creates. Internationally, the future workforce skill mix strategy in healthcare is to significantly increase the number of Band 7 nurses - who achieve that band not because of a leadership role but because they acquire higher levels of technical, professional skills so that they can carry out clinical procedures, diagnose, prescribe and run their own cost effective clinics and services. This allows the very expensive medical workforce to be restructured and or refocussed to the benefit of patients and the organisation. The WFM solution will make it difficult if not impossible for Jersey to develop such models to the detriment of both patient care and value for money workforce deployment.

I have also recently become aware of a further development, which has apparently been discussed with the unions but not with my senior team. This is a proposal to **assimilate all nurses to the target rate** immediately. We are unaware of the rationale for this but have a host of objections and challenges to this approach.

The **issue of standby /on-call** remains unresolved on several levels. My managers and heads of service have long sought to persuade the WFM team of the need to have the ability to make on-call contractual and although there is some progress on this, there is yet, no agreed resolution. We have some real concerns that some of the proposed rates are inadequate to incentivise safe effective out of hours' services. There has been talk of a 4th improved rate but as we approach go-live this has not yet appeared. The final point in relation to on-call is the cut off criteria, which bars bank staff and more senior staff from benefitting from on call and other unsocial hours payments. The logic behind this for senior staff seems derived from a position that senior and managerial staff should not receive such payments.

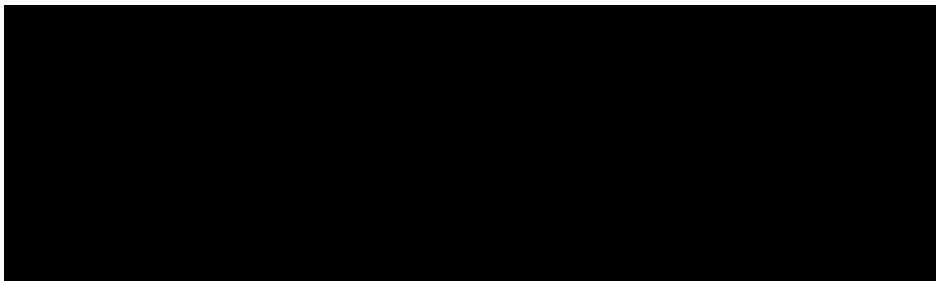
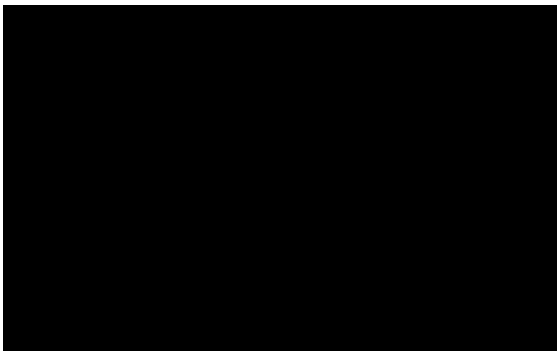
In HSSD we have a large number of staff in these grades who are in fact clinical, scientific or care subject matter experts and leaders who are required to work on call and other unsocial hours to ensure that Jersey has safe and high quality clinical, hospital, mental health, social work and children's services on a 24/7 basis. As for bank staff, we regularly deploy bank staff during unsocial hours to ensure safe skill mixes support services outside of office hours. These bank and senior staff must be rewarded and incentivised to make sure safe and effective services are sustainable.

A different but related aspect of the reward system is that of **unsocial hours for 24/7 nursing services**. These are known as off duty payments and the WFM model originally reduced these so significantly as to virtually negate any benefits nurses would see in increases to basic pay. There seemed to be an inevitable consequence that our overtime, bank and agency bill would increase significantly to offset the impact of the reduction in off duty pay. The WFM team have worked hard to resolve this and have succeeded to the extent that the problem has been moved from 2017 to the end of 2019. It is unsustainable to not have a permanent solution to this element of the reward package that supports care and treatment when Islanders need it, which is often outside normal working hours.

The "**read across approach**" will have a very negative impact on our ability to recruit newly qualified professionals from our natural talent pipelines of the NHS in a numbers of key professions. The entry-level grade in Jersey appears to be set lower than that in the UK and a key element of our recruitment strategy will be threatened. This is likely as a minimum, to affect pharmacy, radiology, laboratories and therapy services.

The read across is also producing some unsatisfactory grades for key personnel - where the pure JIT process would have not. There are a number of these but I would highlight that there are some of them in key leadership roles in CSS including Children's Services. When the Inquiry has just rightly condemned Jersey for under investing in these services and treating them in a "Cinderella" fashion it would seem to be unhelpful and unwise to treat key staff in this field in this way again.

Clinical and professional leaders across HSSD have long articulated their many concerns about the over use of post-assimilation appeals to resolve issues that are known to exist now. I understand that there is some movement on this following a recent SEB and I hope that this will be significant and effective. It remains unclear at present when WFM/EWFM will be launched but can I ask that, as the States Director for HR, you take these concerns seriously and that your team continues to actively work with mine to find sustainable solutions (and not just work arounds) during the few weeks that now remain before launch.



Appendix B

Financial Impact of new 'WFM Model'

	<u>2017</u>			<u>Validated Difference</u>	<u>Notes</u>
	<u>Actual</u>	<u>Budget</u>	<u>Difference</u>		
	<u>(WFM)</u>	<u>(HSSD)</u>			
	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>	
Basic pay (at target rate) *	1,412.8	1,870.9	458.2	500.0	• Vacancies not accounted for in WFM model (£60k); • Note 1 (£440k);
Long term transitional funding for average pay rates	1,030.4	1,028.2	-2.3		
Extra Duty and shift (inc. sleep-in and pay protection)	-298.8	0.0	298.8	298.8	• ED protected for 3 years, therefore nil impact Have also assumed nil in the longer term.
Overtime	-7.6	28.2	35.9	35.9	• Increase as a result of basic pay rate increase
Oncall / standby	-6.8	11.2	18.0	18.0	• Increase as a result of basic pay rate increase
Out of Scope payments	0.0	0.0	-0.0		
Pension (PECRS)	255.6	441.4	185.8	142.0	• On costs related to above and note 2
Social Security	101.5	204.7	103.2	65.0	• On costs related to above and note 2
£400 non-consolidated pay award	916.1	916.1	0.0		
Change of hours and leave	0.0	856.9	856.9	856.9	• Impact of additional leave that requires cover to be in place
Family Nursing and Home Care	0.0	210.0	210.0	210.0	• Impact on FNHC SLA cost
P82-2012 posts	0.0	28.5	28.5	28.5	• Growth posts not in WFM model
	<u>3,403.1</u>	<u>5,596.2</u>	<u>2,193.1</u>	<u>2,155.2</u>	
<u>Contingency Allocation (WFM):-</u>					
Appeals	483.9	483.9	0.0	0.0	
* Vacancies have been included in basic pay					
GRAND TOTAL	<u>3,887.0</u>	<u>6,080.0</u>	<u>2,193.1</u>	<u>2,155.2</u>	
			Unvalidated difference	37.9	

Notes:-

- 1) One of the differences between the WFM actuals model and the HSSD budget model relates to basic pay and in particular the pre-WFM basic pay. The table below shows that the pre-WFM average basic pay in the WFM actuals model is higher than the HSSD budget model.

	<u>WFM Actuals</u>	<u>HSSD Budget</u>	<u>Difference</u>	<u>Based on budgeted fte</u>
Average Basic Pay costs (£) - Pre WFM	£37,371	£37,193	-£178	-£440,000

The reason for the difference of £440,000 is because the WFM model has used the actual increment for each postholder at a point in time (in this case May '17). This is different to the HSSD model which budgets all posts at one below top increment. The reason for budgeting at one below top is that it takes account of the impact of vacancies and staff turnover, which has not been reflected in the WFM actuals model. This means that the WFM model is starting at a higher baseline than the comparative budget.

To further evidence this, detailed analysis of the basic pay costs for May and June '17 has been completed and the outcomes of the average basic pay (pre-WFM) are shown in the table below :-

	<u>May '17</u>	<u>June '17</u>
Average Basic Pay costs (£) - Pre-WFM	£37,350	£37,395

The detailed calculations to show how these numbers have been calculated are shown below :-

Negotiating Body	Description	Pay Frequency	May-17		Neg Group	FTE	Annual Basic Pay Cost	Average Basic Pay Cost
			Sum of Actual Basic Pay Hours	Total Basic Pay				
AB	Ambulance	M	5,618	124,970	AB	34.00	1,499,640	44,107
CB	Civil Servants	M	121,166	2,650,752	CB	753.11	31,809,020	42,237
DC	Nurses and Midwives	M	143,457	2,802,091	DC	882.81	33,625,090	38,089
EA	Family Support Workers	M	1,873	27,674	EA	11.52	332,090	28,827
MJ	Manual Workers	M	15,105	197,961	MJ	99.38	2,375,530	23,904
		W	37,924	505,542				
TA	Le Geyt Centre	M	803	16,182	TA	4.99	194,180	38,914
TF	RCCO	M	11,540	188,971	TF	71.72	2,267,650	31,618
Grand Total			337,485	6,514,143		2,107.03	78,698,000	37,350

May '17 annual basic pay cost based on HSSD budgeted fte (2,465) 92,068,250
HSSD Budget 91,680,850
-387,400

May '17 annual basic pay cost based on HSSD budgeted fte (2,465) 92,068,250
WFM basic pay based on HSSD budgeted fte's 92,119,515
51,265

Negotiating Body	Description	Pay Frequency	Jun-17		Neg Group	FTE	Annual Basic Pay Cost	Average Basic Pay Cost
			Sum of Actual Basic Pay Hours	Total Basic Pay				
AB	Ambulance	M	5,772	127,507	AB	34.93	1,530,080	43,804
CB	Civil Servants	M	121,835	2,670,968	CB	757.27	32,051,010	42,323
DC	Nurses and Midwives	M	142,681	2,789,621	DC	878.04	33,475,450	38,125
EA	Family Support Workers	M	2,035	30,095	EA	12.53	361,140	28,822
MJ	Manual Workers	M	16,000	212,410	MJ	105.26	2,548,910	24,215
		W	46,620	620,751				
TA	Le Geyt Centre	M	803	16,182	TA	4.99	194,180	38,914
TF	RCCO	M	11,510	188,449	TF	71.54	2,261,390	31,610
Grand Total			347,257	6,655,981		2,109.93	78,900,910	37,395

June '17 annual basic pay cost based on HSSD budgeted fte (2,465) 92,178,770
HSSD Budget 91,680,850
-497,920

June '17 annual basic pay cost based on HSSD budgeted fte (2,465) 92,178,770
WFM basic pay based on HSSD budgeted fte's 92,119,515
-59,255

This supports the assumptions that if the starting pay rates used in the WFM model (pro-rated up to full budgeted fte) are compared to the budget, it would show a budget shortfall (i.e. the WFM model is starting from a higher baseline).

The post WFM average basic pay in the HSSD budget model is very close to the WFM actuals model (see table below):-

	WFM Actuals	HSSD Budget	Difference	Based on budgeted fte
Average Basic Pay costs (£) - Post WFM	£38,328	£38,369	£41	£100,000

This shows that the average basic pay rates used in the HSSD budget model are correct.

2) The other difference between the WFM actuals model and the HSSD budget model relates to pension and social security changes.

The main difference on the pension contributions between the 2 models is that the WFM actuals model uses the actual percentage that is being paid (PECRS or PEPS) compared to the HSSD budget model which is all based on PECRS. This should result in the WFM model being higher than the HSSD budget model. Based on the analysis above the WFM model is in fact lower than the HSSD model.

Detailed analysis has therefore been completed for 3 business units by comparing line by line / post by post the WFM actuals model and the HSSD budget model. The aim of doing this was to identify if there are any obvious differences between the 2 models. The outcome of this piece of work is that 4 lines / posts have been identified as having no pension and social security contributions in the WFM actuals model (total cost would be £35,650). This would help to explain why the total costs for pension and social security are lower in the WFM actuals model than the HSSD budget model. The WFM team have been notified of these errors, but at this stage have decided not to update their model. HSSD have also requested the WFM team to review if there are any other lines / posts with no pension and social security costs in their model.

Appendix C

Annual leave – Nurses – HSSD – Capacity

1. Cost of recruitment

Of the main groups in HSSD Nurses take the longest to recruit. Over a one and half year period (January 2016 – May 2017) the average time to recruit a Nurse was 6.6 months.

Pay Group	Average Time To Hire	
	Days	Months
Civil Servants	116.7	3.8
Doctors & Consultants	156.5	5.1
Healthcare Assistants	119.5	3.9
Manual Workers	100.0	3.3
Midwives	163.4	5.4
Nurses	201.2	6.6
Social Workers	179.7	5.9
Average	147.9	4.9

The average reward package for a Nurse in Jersey will improve over the period of WFM. At a time when the UK Government has committed to 1% annual awards Nurses and Midwives in Jersey will receive an average increase of basic pay of 10%.

This will have at least some effect on the recruitment time (and therefore costs) of Nurses.

2. Vacancies

Similar to driving down the cost of recruitment it can be expected that increased reward packages should alleviate vacancies to some extent.

Role Categorisation	Budget	Actual	TalentLink	Vacancies	Vacancy % to Budget
Health Reserve	106.6			106.6	100.0%
Healthcare Assistants	354.1	321.9	31.0	1.2	0.3%
Midwives	60.0	58.7	7.0	-5.7	-9.5%
Non Nursing Roles	1.0	1.0			
Nurses	630.2	529.0	71.0	30.1	4.8%
Total	1,152.0	910.7	109.0	132.2	11.5%

3. Increased Annual Leave

There is a proven link between annual leave and sickness rates. Increases in annual leave entitlement generally translate into a decrease in sickness rates.



Whether the actually change net off or go even further it must also be recognised that planned absence is preferable to unplanned absence.

4. E-rostering

It is a known fact that savings can be achieved from e-rostering.

WFM has highlighted business units where shift employees work less than their current contractual hours per week.

Where Nurses are working less than their current contractual hours per week there is a chance that they may be working hours on the bank that in fact should be normal hours of work.

Certainly this was the case in the UK when trusts brought in e-rostering systems. For example Buckinghamshire Healthcare NHS Trust eliminated “staff claiming hours for bank shifts when on duty” when they introduced e-rostering.

E-rostering is also found to reduce sickness and therefore reduce reliance on bank to cover absences. Buckinghamshire found the sickness reduced by “0.8% for healthcare assistances and 1% for qualified nurses.”

5. Redesign

WFM aims to balance changes in annual leave with changes in working hours. Whilst certain groups may see a net loss in capacity others may see a net increase. Organisational redesign should allow savings to be achieved in areas of net increase in order to off-set areas with net decreases in capacity.

Appendix D

Dear all

WORKFORCE MODERNISATION **RECONCILIATION OF HOURS OF WORK WITH ANNUAL LEAVE**

Background

A meeting between Employment Relations and departmental Finance Directors (FDs) took place on 21st August 2017 to discuss the reconciliation of WFM modelled costs with the impact on departmental budgets.

One of the key considerations was the determination of costs/savings associated with changes in actual working hours in conjunction with increases in annual leave.

A number of FDs mentioned that it was difficult to determine whether increases in actual working hours could realise savings (through overtime costs or the number of employees employed) to offset costs attached to increases in annual leave. They specifically mentioned:

- that their managers could not make much use of an extra 6 minutes per day for Civil Servants yet were faced with the need to cover an extra 3 whole days in annual leave. This was especially true for some services, which operated on, or near a 24 hours basis and minimum manning levels.

At present it is difficult to determine the extent to which managers cannot, or are unwilling to, or don't have the time to implement changes to work patterns that could make the changed working hours and changes to annual leave work at minimal cost.

Proposal

In the event that managers require more time to determine their future working arrangements to minimise costs of movements in working hours and annual leave one proposal is to use increases in working hours to offset increases in annual leave before any operational changes are made.

For example under WFM, Civil Servants will be required to work an extra 30 minutes per week or 6 minutes per day, whereas they will be eligible for an average 3 days extra leave per year or 22.5 hours per year.

In the event that a business area finds it difficult to change their current working patterns, or needs more time to change their current working pattern, then the extra annual leave could be used to offset the extra hours not worked in the first instance before any net residual capacity is dealt with.

For Civil Servants the extra hours that are not worked i.e. ½ hour/week in broad terms almost exactly cover the total increase in annual leave of approx. 22.5 hours per year. Under this scenario, there would be no increase in cost or loss in capacity. E.g. Allied Health Professionals.

Clearly, departments still have the opportunity to:



- change their working patterns to reflect changes in working hours and annual leave without significantly increasing costs; and/or,
- **aggregate up increases in working hours not worked to whole days** (or manageable hours) which can be used to cover annual leave taken in whole days (or manageable hours).

Way Forward

For planning purposes, the suggestions in this paper attached to Civil Servants and Manual Workers may be of use to Financial Directors in trying to reconcile the impact of the WFM model with departmental budgets and the reality of operations.

It should be noted that under the latest WFM working hours/annual leave offer (where one can be used to offset the other):

- **Manual Workers Day Workers** in broad terms would owe the Employer approximately 1 day of capacity/year
- **Manual Worker Shift Workers** would owe the Employer significant extra hours and would in all probability have to be dealt with on a daily/weekly basis.

Employment Relations 23/08/2017

Appendix E

WORKFORCE MODERNISATION REPLACING HALSBURY DAYS WITH INCREASED ANNUAL LEAVE ENTITLEMENT

Background

A meeting between Employment Relations and Finance Directors (FDs) of States Departments took place on 21st August 2017 to discuss the reconciliation of WFM modelled costs with the impact on departmental budgets.

One of the key considerations was the determination of costs/savings associated with changes in actual working hours in conjunction with increases in annual leave.

Hours of work

As far as **Nurses and Midwives** are concerned, the proposed actual working hours under WFM at 37.5hours/week exclusive of all breaks is the same as current arrangements. There are therefore no operational, capacity or cost issues with hours of work.

Changes to Annual Leave

Under WFM it is proposed to remove two Halsbury Days for Nurses and Midwives and replace with 5 extra annual leave days (maximum of 31days/year). Given that, Halsbury Days are similar in status to Public or Bank Holidays the net difference when determining the impact is not 3 extra days/affected employee:

For instance **if a Nurse works 2 Halsbury days** the effect is that the employee will be paid double time for the 2 days worked plus two days off in lieu (i.e. equivalent of at least 6 days cost depending on how the 2 days in lieu are covered). Using this example:

- In **capacity terms** this means that 4 days are gained by the removal of 2 Halsbury Days not 2 days;
- In **cost terms** this means that the department saves 4 days in cost and in addition does not have to cover an additional extra 2 days off in lieu.

In practice, not all Nurses are required to work on 2 Halsbury days/year. H&SS would have a better idea of the split of the average numbers of Halsbury Days worked by Nurses.

In broad terms if you assume there are approximately 1,000 Nurses and:

- 1/3 (333 employees) are required to work 2 Halsbury Days/year
- 1/3 (333 employees) are required to work 1 Halsbury Day/year
- 1/3 (333 employees) are not required to work any Halsbury Days /year

In broad terms the net effect of removing 2 Halsbury Days and replacing them with 5 annual days is:

- (2 Halsbury Days worked) 333 employees at **saving** of 1 day/ee = 333 days **saved**



- (1 Halsbury Day worked) 333 employees at cost of 1 day/ee cost = 333 days
- (0 Halsbury Days worked) 333 employees at cost of 3 days/ee cost = 666 days

Net effect = 666 days cost /year
= approx. 3 FTE/year @ approx £50K/employee/year
= approx. Total **£150,000/year**

If the 2 Halsbury Days were inappropriately treated as simple annual leave days the total days lost to H&SS would be 3,000 days/year or 13.5FTE or **£675,000/year**.

Way Forward

Halsbury Days are similar in cost to Public and Bank Holidays. They cannot be treated on a one for one basis with annual leave days. The cost savings on the removal of Halsbury Days are up to 3 times higher than the removal of or changes to ordinary annual leave days.

Employment Relations 23/08/2017

Appendix F

All figures from August Model

DEPARTMENT CAPACITY - ACTUAL HOURS WORKED									
Department	Headcount	Hours	As FTE	Leave	As FTE	Net Change	As FTE	Total FTE	As %
Chief Minister's Department	185	4,588	2.3	-4,777	-2.4	-189	-0.1	175.9	-0.1%
Community and Constitutional Affairs	161	3,868	2.0	-4,376	-2.2	-508	-0.3	146.9	-0.2%
Department for Infrastructure	357	11,091	5.7	-10,456	-5.3	635	0.3	354.3	0.1%
Department of the Environment	120	2,918	1.5	-3,073	-1.6	-155	-0.1	111.2	-0.1%
Economic Development, Tourism, Spc	115	8,455	4.3	-2,883	-1.5	5,572	2.8	99.0	2.8%
Education Department	1,100	22,460	11.5	-20,321	-10.4	2,139	1.1	684.9	0.2%
External Relations	11	287	0.1	-237	-0.1	50	0.0	11.0	0.0%
Health and Social Services	2,407	57,494	29.4	-51,178	-26.2	6,316	3.2	2,150.8	0.1%
Jersey Car Parks	19	1,806	0.9	-605	-0.3	1,201	0.6	19.0	3.2%
Jersey Fleet Management	23	449	0.2	-696	-0.4	-247	-0.1	23.0	-0.4%
Non Ministerial States Funded Bodies	171	3,866	2.0	-4,362	-2.2	-496	-0.3	148.8	-0.2%
Social Security	249	6,019	3.1	-6,486	-3.3	-467	-0.2	231.9	-0.1%
States of Jersey Police	108	2,611	1.3	-2,926	-1.5	-315	-0.2	100.0	-0.2%
States Assembly	27	672	0.3	-734	-0.4	-62	0.0	25.8	0.0%
Treasury and Resources	185	4,668	2.4	-5,146	-2.6	-478	-0.2	178.9	-0.1%
			67.1		-60.4		6.5	4,461.4	

Total comp	Total comp per FTE
£11,218,164	£63,776
£9,085,394	£61,847
£18,316,857	£51,699
£7,044,859	£63,353
£5,160,052	£52,122
£29,929,999	£43,700
£754,561	£68,596
£111,767,669	£51,966
£774,703	£40,774
£973,076	£42,308
£8,093,088	£54,389
£11,475,669	£49,485
£5,150,682	£51,507
£1,423,268	£55,165
£9,635,664	£53,861
£230,803,706	£51,733

MAX RISK / (OPPORTUNITY)		
Hours opportunity	Leave risk	Net risk / (opp)
-£149,535	£155,695	£6,160
-£122,257	£138,313	£16,056
-£293,032	£276,255	-£16,777
-£94,475	£99,494	£5,018
-£225,215	£76,794	-£148,421
-£501,596	£453,826	-£47,770
-£10,061	£8,308	-£1,753
-£1,526,875	£1,359,140	-£167,735
-£37,633	£12,607	-£25,026
-£9,708	£15,048	£5,340
-£107,458	£121,244	£13,787
-£152,218	£164,028	£11,810
-£68,728	£77,020	£8,292
-£18,945	£20,693	£1,748
-£128,489	£141,646	£13,157
-£3,446,225	£3,120,113	-£326,112

PAY GROUP CAPACITY - ACTUAL HOURS WORKED									
Pay Group	Headcount	Hours	As FTE	Leave	As FTE	Net Change	As FTE	Total FTE	As %
Ambulance Service	35	-939	-0.5	-1,031	-0.5	-1,970	-1.0	35.0	-2.9%
Civil Servants	3,205	74,775	38.2	-77,034	-39.4	-2,259	-1.2	2,646.7	0.0%
Civil Service A Grades	7	183	0.1	-155	-0.1	28	0.0	7.0	0.0%
Crown Appointments	1	26	0.0	-25	0.0	1	0.0	1.0	0.0%
EfW Operations	27	2,818	1.4	-990	-0.5	1,828	0.9	27.0	3.3%
Family Support Workers	16	0	0.0	-524	-0.3	-524	-0.3	15.5	-1.9%
Le Geyt	5	130	0.1	-53	0.0	77	0.0	5.0	0.0%
Manual Workers	840	51,061	26.1	-22,541	-11.5	28,520	14.6	726.4	2.0%
Nurses and Midwives	984	0	0.0	-13,037	-6.7	-13,037	-6.7	895.7	-0.7%
RCCOs	85	3,199	1.6	-3,109	-1.6	90	0.0	80.6	0.0%
Youth Service	33	0	0.0	242	0.1	242	0.1	21.5	0.5%
			67.1		-60.4		6.4	4,461.4	

Total comp	Total comp per FTE
£2,273,813	£64,966
£140,865,245	£53,223
£766,060	£109,437
£119,907	£119,907
£1,633,058	£60,484
£563,554	£36,358
£232,374	£46,475
£27,743,278	£38,193
£51,680,726	£57,699
£3,666,661	£45,492
£1,259,029	£58,559
£230,803,706	£51,733

MAX RISK / (OPPORTUNITY)		
Hours opportunity	Leave risk	Net risk / (opp)
£31,176	£34,230	£65,406
-£2,033,856	£2,095,300	£61,444
-£10,235	£8,669	-£1,566
-£1,593	£1,532	-£61
-£87,105	£30,601	-£56,504
£0	£9,736	£9,736
-£3,088	£1,259	-£1,829
-£996,634	£439,967	-£556,668
£0	£384,422	£384,422
-£74,373	£72,280	-£2,092
£0	-£7,242	-£7,242
-£3,175,708	£3,070,755	-£104,954

Appendix G

Employees from different grades moving into the same band

Introduction

Workforce Modernisation (WFM) is creating 10 new pay bands for the States of Jersey.

These pay bands are much broader than previous States of Jersey grades.

The pay bands are broader in terms of pay; there are greater ranges between pay band minimums and maximums than in current grades. They are also broader in terms of the jobs that match to them. There is a more diverse range of employees matching to the same bands than in current grades, as the various pay groups in scope of WFM will assimilate onto a unified reward structure.

Why have fewer bands than current grades

Fewer and broader bands allow for more clearly identifiable levels within the organisation.

This in turn facilitates more modern and effective organisational design.

Where grades are many and narrow it can be difficult to identify differences between them. Lines become blurred. This allows for inconsistencies to develop across the organisation, limiting cross departmental functionality and causing inequality.

Job evaluation

It must be remembered that the main driving force behind WFM is to work towards equal pay for work of equal value. Where the average JIT score for multiple grades is the same, they will fall into the same new band.

Under the individual JIT approach the same outcome would have occurred, bar a few outliers, where the majority of employees currently in the same grade would have moved into the same band.

Transition

WFM involves a transitional period. Pay will gradually change over the course of three and half years moving towards achieving equal pay for work of equal value for employees in scope of the programme. This means that the current pay differentials between different grades matched to the same bands will not be removed with immediate effect, but will erode over the course of the assimilation period.

This is to say that the organisation will have time to adjust to the new reward structure and harmonised terms & conditions of service whilst maintaining organisation structures and pay differentials.

A pay differential is still required

In any instance where two grades have been evaluated to the same band, but the organisation requires a difference to be maintained between the employees in said grades in order to deliver services, there are four main options to achieve this outcome.

Option 1 – Maintain a pay differential

The intent is that eventually all employees who are fully competent and experienced will be paid at the Target Rate of their new pay band.

Employees who are proven high performers, or take on extra responsibility (such as management or supervision duties) could be paid above the Target Rate and potentially all the way up to the Maximum of the Band.

In well evidenced cases a differential could be maintained by keeping all the old lower grade employees close to the Target Rates and paying the previous higher graded employees closer to the Maximum.

Option 2 – Re-evaluate before WFM

Where justifiable in terms of the size of the role, there may be a possibility that current posts could be re-evaluated into different grades under the current structure to ensure a different WFM outcome. Now that employees are moving across into new pay bands as groups, one of the determining factor on where they go is their current grade.

Put simply if employees were re-evaluated under their current job evaluation methodology and moved into a higher grade then they would move into a higher pay band on implementation day.

Option 3 – Support appeal

Alternatively posts could be restructured through the appeals process. All employees will have a chance to appeal their job evaluation outcome. As part of the Appeals process, department SMTs will have the opportunity to support these appeals if they wish to.

If a Department wanted to change the band of specific jobs, they could encourage the incumbents to lodge an appeal. With a well evidenced and justifiable case and with the support of the Department it is likely that they would be successful in their appeal.

Option 4 – Re-evaluated after WFM

Posts could be re-evaluated into different pay bands under the new business as usual job evaluation process. With a well evidenced and justifiable case and with the support of the Department it is likely that they would be successful in achieving a re-evaluation to a higher position within the new reward structure.

Option 5 – Recruitment and retention supplement

Specific recruitment and retention supplements could be awarded to employees with additional managerial or supervision responsibilities.

Appendix H

Nurses and Midwives Grade 7

Currently Nurses and Midwives Grade 7 has a pay range of:

£56,287 (Minimum) - £59,510 (Maximum)

The grade is moving into Band G under WFM.

Band G has 4 increment points, including a target rate, and a pay zone above them.

In year 1¹ Band G has a pay range of:

£47,612 (Minimum) - £55,697 (Target Rate) - £65,612 (Maximum)

Some concern has been expressed regarding Nurses and Midwives grade 7 going into Band G.

Job Evaluation

It must be remembered that the main driving force behind WFM is equal pay for work of equal value. The average job evaluation score for both grades 6 and 7 was Band G, therefore it is logical that they move into the same new Band. In fact of the 9 appointments in Nurses and Midwives Grade 7 only 2 do not have individual JIT scores that match to a Band G.

The table below illustrates how the new Job Evaluation approach is not changing the outcome of Nurses and Midwives 7s as they were always going into a Band G.

¹ Under current offer

Appointment Description	FTE	Additional Information	Individual JIT Score	New Pay Band
Head of Nursing Older Adults Mental Health	1.00	Acting Up (NM08)	Acting Up (H)	Acting Up (H)
Lead Nurse - Emergency Care	0.80		G	G
Lead Nurse - Inpatients	1.00		G	G
Senior Sister/Charge Nurse - Mental Health/Elderly	1.00	Pay Protected (NM06)	G	G
Senior Sister/Charge Nurse - Oak Ward	1.00		G	G
Senior Sister/Charge Nurse/Specialist	1.00	Pay Protected (NM06)	H	G
Specialist Nurse Continence and Urotherapy	1.00		G	G
Team Leader Alcohol & Drugs Service	1.00		G	G
Team Manager - Primary Care Tier 2	1.00		G	G



Pay Differential

Despite the fact that Job Evaluation clearly shows that as grades Nurses and Midwives 6 and 7 work at the same level in the organisation there may be some desire to maintain a pay differential.

The current pay differential between NM07 04 and NM06 04 is £4,940.

This differential will be used as the reference point to track Nurses and Midwives grades 6 and 7 through the WFM process.

	Value	Percentage
Current Differential	£4,940	9.05%
WFM Differential - Year 1	£4,881	9.11%
WFM Differential - Year 2	£2,469	4.39%
WFM Differential - Year 3	£2,052	3.59%
WFM Differential - Year 4	£1,327	2.27%

What the table above shows is that the differential is eroded over the course of WFM. This is proper and appropriate in nearly all instances. Where grades have been job evaluated and determined to go into the same Band - WFM should drive towards delivering equal pay. This is achieved by revising the target rate at a greater rate than pay awards made to employees above the target rate.

The intent is that eventually all employees who are fully competent and experienced will be paid at the Target Rate of their new pay band. Employees who are proven high performers, or take on extra responsibility (such as management or supervision duties) will be paid above the Target Rate and potentially all the way up to the Maximum of the Band. The current offer suggests that the Employer and Trade Unions work towards developing a competency framework which will give much clearer definitions and guidance to pay above the target rate.

As the table above shows, a pay differential will remain between current NM07 04 and NM06 04 during WFM. If sufficient information is produced to evidence the difference (in extra responsibility) between some of the Nurses and Midwives appointments in new Band G and others it may be possible to increase this differential during WFM.

The precise value of the differential should be agreed by both HSSD and WFM Team.

The current maximums of Band G in each year and therefore the maximum possible differentials are seen below.



	Target Rate	Maximum	Maximum Possible Differential
Band G - Year 1	£55,697	£65,612	£9,915
Band G - Year 2	£56,260	£65,612	£9,352
Band G - Year 3	£57,117	£65,612	£8,495
Band G - Year 4	£58,582	£65,612	£7,030

Appendix I

Social Worker Standby / Callout Calculations

Current Agreement CS10/11:

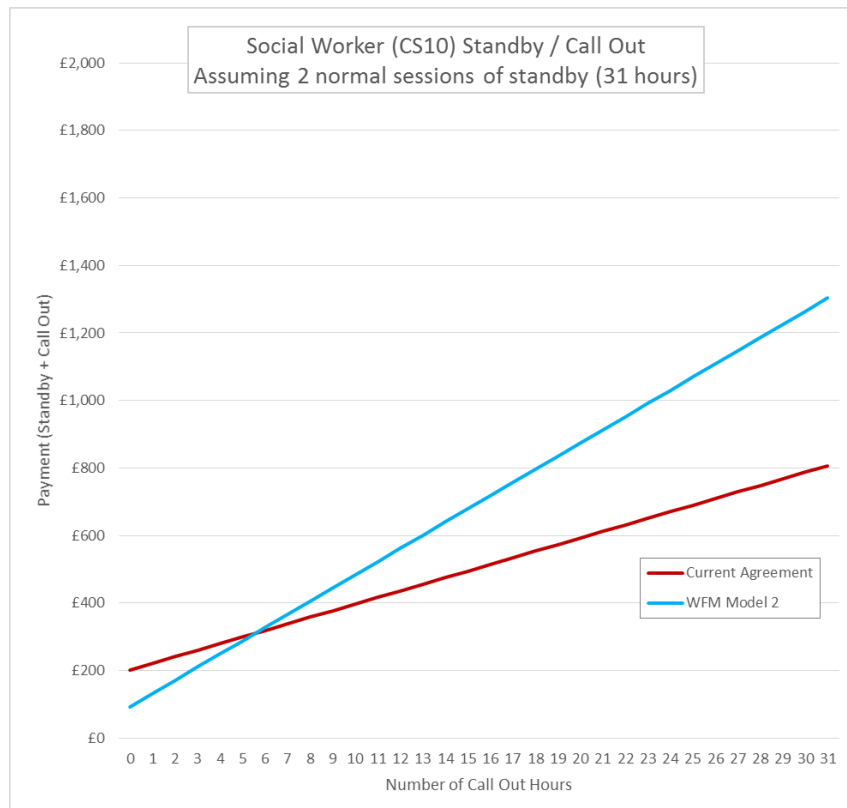
Standby = 1/4 of basis

Call Out = 3/4 of basis

WFM Model 2

Standby = £3.00

Call Out = Overtime Rates for band F employees, 1.5 x hourly rate (Monday to Saturday), 2.0 x hourly rate (Sunday).



Social Worker Grade 10/3 Standby / Call Out Calculator

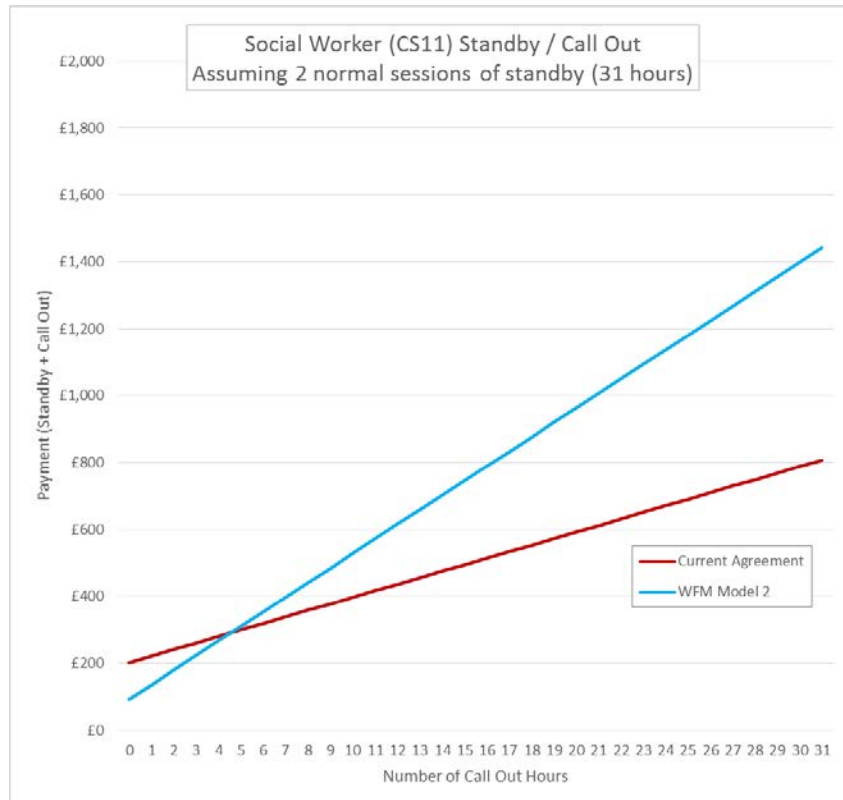
Agreement states no more than two sessions a week

	Hours covered
Normal Session	15.5
Friday Session	16
Weekend Session	24

Basis of current agreement	Basic Pay	Hourly Rate
10.3	£50,261	£26.03

Basis of WFM	Basic Pay	Hourly Rate
Year 1 Basic Pay	£50,261	£26.03

	Basic Pay	Standby Payment	Callout Payment
Current Agreement	£50,261	£6.51	£19.52
WFM Model 2	£50,261	£3.00	£39.05



Social Worker Grade 11/3 Standby / Call Out Calculator

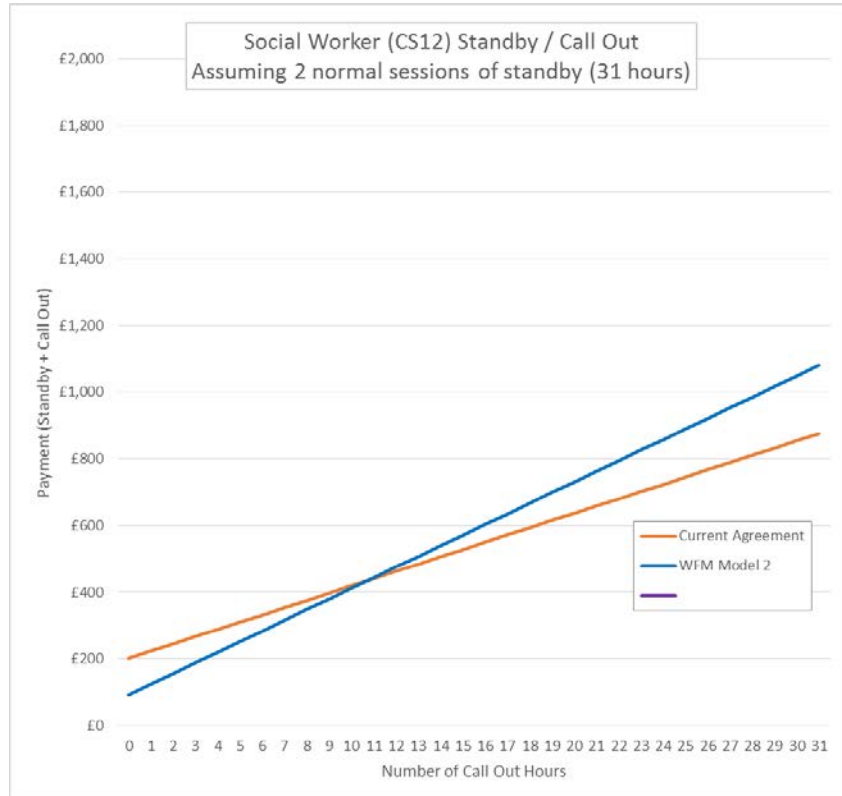
Agreement states no more than two sessions a week

	Hours covered
Normal Session	15.5
Friday Session	16
Weekend Session	24

Basis of current agreement	Basic Pay	Hourly Rate
11.3	£50,261	£26.03

Basis of WFM	Basic Pay	Hourly Rate
Year 1 Basic Pay	£55,989	£29.00

	Basic Pay	Standby Payment	Callout Payment
Current Agreement	£55,989	£6.51	£19.52
WFM Model 2	£55,989	£3.00	£43.50



Social Worker Grade 12/3 Standby / Call Out Calculator

Agreement states no more than two sessions a week

	Hours covered
Normal Session	15.5
Friday Session	16
Weekend Session	24

Basis of current agreement	Basic Pay	Hourly Rate
12	£55,989	£29.00

Basis of WFM	Basic Pay	Hourly Rate
Year 1 Basic Pay	£61,536	£31.87

	Basic Pay	Standby Payment	Callout Payment
Current Agreement	£55,989	£6.51	£21.75
WFM Model 2	£55,989	£3.00	£31.87

Workforce Modernisation (WFM) Programme

Pay, Terms and Conditions Package – Employer’s Final Offer (2017 – 2020)

This offer document applies to all pay groups in scope of WFM Phase 1:

Civil Servants, Manual Workers, Nurses and Midwives, Energy from Waste Operations, Family Support Workers, Le Geyt Centre, Residential Childcare Officers, Ambulance Service, and Youth Service

Title	WFM Package / Offer 3
Author	Employment Relations
Effective Date	01/07/2017
Review Date	31/12/2020
Version	v 1.7
These proposals supersede all previous circulars / agreements and offers connected with Pay, Terms and Conditions applicable to the above pay groups	



1. Introduction

This document describes the final proposed package of pay, terms and conditions for the period 01/07/2017 – 31/12/2020, to apply to all States of Jersey (SoJ) employees in scope of WFM Stage 1 (i.e. Civil Servants, Manual Workers, Energy from Waste Operations, Nurses and Midwives, Family Support Workers, Le Geyt Centre, Residential Childcare Officers, Ambulance Service and Youth Service).

1.1 Contents of the Package

The proposed 'package' of pay, terms and conditions should be viewed as a whole rather than as individual parts.

Many elements of the 'package' are interdependent; the hours of work, for example, will affect at what point an individual becomes eligible for overtime payments and the hourly rate upon which those payments are based.

The substantive elements of the 'package' comprise:

- Basic Pay
- Hours of Work
- Unsocial Hours
- Overtime
- Standby and Callout
- Annual Leave
- Sickness and Accident Pay
- Sleep-in Payments
- Additional Payments
- The Pilot Framework Agreement

These elements are addressed in detail in the following sections.

This document should be read in conjunction with:

- *WFM Pay Scales 2017-2020*
- *Reward Guidelines*
- *WFM Appeals Guidelines*
- *Quality Assurance and the new Job Evaluation approach*
- *Job Evaluation / Re-Evaluation Business as Usual Guidelines*

1.2. The Framework Agreement

The negotiations for WFM have been conducted under the auspices of the Pilot Framework Agreement. This is with the intent that discussions are held around a single negotiating table, with representatives from the agreed Unions present.



Voting on the final package will only be carried out by those Unions with specific bargaining rights for the pay groups in scope and whose members are directly affected by WFM.

The pilot Framework Agreement has been reviewed by the Joint Council to ensure that it is fit for purpose, and its acceptance forms part of the final package of pay, terms and conditions.

1.3. The States of Jersey Job Evaluation Scheme

A single job evaluation (JE) scheme has been implemented across the pay groups in scope as part of the 'package'. The scheme has been adapted from the NHS Agenda for Change (AfC) scheme in partnership between management and employee representatives.

A JE exercise was carried out between January 2014 and October 2016, during which Job Information Templates (JITs) were filled in by postholders in conjunction with line managers. This exercise involved the collection of JITs covering over 95% of all employees in scope of the project.

The JITs were sent to job matching panels, which used the JE scheme to assign a number of JE points to each role according to the requirements of that role across sixteen evaluated factors. For some roles, JITs were resubmitted or amended during the period of evaluation.

The JE scores for these roles were collated and analysed, and were used to determine the new pay band to which employees would be assigned.

The Final Offer is made on the basis of the new approach to Job Evaluation, which is explained in more detail in the *Quality Assurance and the new Job Evaluation approach* document.

All employees will be entitled to appeal their JE outcome using the agreed process, which may have a resultant impact on their new band and the pay, terms and conditions associated with that band. See the *WFM Appeals Guidelines* for more information.

1.4. Pay, Terms and Conditions

An employee's basic pay during each of the years 2017-2020 will be determined by two factors: their new pay band and their current pay. The majority of other elements of their pay, terms and conditions under the WFM offer are also based on either their band or their new basic pay rate.

Some elements of remuneration are independent from the JE process and individuals' evaluated pay bands, e.g.:

- Annual Leave;



- Additional Payments.

The reward structure has been designed in order to provide equal pay for work of equal value as well as the remaining Reward Principles, agreed by the States Employment Board (SEB) in 2013 and detailed below:

Total Reward Approach	To take into account all of the elements that make up the employment deal
Driven by Delivery	To link business plans into individual roles and outputs
Fair, Reasonable and Transparent	To provide equal pay for work of equal value
Linked to Differentiated External Markets	To inform all aspects of pay rates by appropriate market data
Flexible	To respond to the needs of the organisation
Recognise Sustained Contribution	To focus on delivery (not just 'how' the job is done but 'what' is achieved)
Recognise Exceptional In Year Delivery	To build a real performance and contribution-based culture
Encourage Personal Growth Improve Contribution	To support and recognise growth in contribution
Affordable and Sustainable	To focus costs where they add value

The remainder of this document sets out the provisions of the offer.

The impact of the provisions and of the 'package' as a whole on employees and organisational budgets will be explained and discussed separately from this document.

1.5. Funding and Inclusions

This offer uses all of the funding made available for pay / WFM by the States Employment Board during the period 2017-2020, including the new funds approved in January 2017.

The offer includes:

- Pay revisions to the structure (formerly 'cost of living' / pay awards);
- Changes to terms and conditions (impacts vary by pay group);
- Pay progression (formerly increments).

2. Principal Elements of Pay, Terms and Conditions

Basic pay is the most significant element of employees' pay, terms and conditions and forms the basis for a number of other payments as part of the total employee 'package'.

Basic pay is within a range determined by the pay band to which an employee has been evaluated. The upper and lower limits of pay bands are informed by



differential market forces including the local private sector and UK public sector.

2.1. Basic Pay: Pay Band JE Boundaries

There are ten pay bands in the WFM structure, which are labelled A to J in ascending order of seniority.

The boundaries between the pay bands in JE terms have been adapted from the NHS AfC structure, in which there are twelve bands labelled 1 to 7, 8a to 8d and 9 in ascending order of seniority.

The table below shows how the divisions have been drawn in terms of JE points; bands A to G mirror the NHS boundaries exactly, whereas bands H to J have been adapted based on analysis of the Job Evaluation point scores and a greater reflection of the organizational levels within SoJ:

NHS	1	2	3	4	5	6	7	8a	8b	8c	8d	9
SoJ	A	B	C	D	E	F	G	H		I		J
JE min pts.	86	161	216	271	326	396	466	540		601		661
JE max pts.	160	215	270	325	395	465	539	600		660		765

The NHS band boundaries were followed at the seven lowest bands because the role profiles and evaluation system as a whole were built around career frameworks and knowledge, training and experience (KTE) levels that are closely linked to the banding system until this point.

From NHS band 8a onwards, the majority of profiles span multiple bands and there is considerably less clarity in organisational levels. There are also much fewer JE points separating the bands in this area of the structure. This is because bands 8a – 8d were finalised during the negotiation process as a compromise with Unions, rather than for firm JE reasons.

Feedback from colleagues in the NHS and JE professionals from the Hay group, as well as the JE results and structures of the SoJ, have informed the decision to use three rather than five bands in this area.



2.2. Basic Pay: Pay Band Construction

After setting the JE boundaries for each new pay band, the monetary values attached to them have been determined. The pay bands are divided into two sections:

- the first is made up of Pay Points up to a **Target Rate**;
- the second, a **Pay Zone** from the Target Rate to a **Maximum pay rate**.

The Target Rate represents the 'rate for the job', and has been informed by local market pay rates amongst other factors.

The monetary boundaries attached to the pay bands at assimilation have been designed to ensure that:

- as few employees as possible are paid more than the maximum (Over Band) or less than the minimum (Under Band) of their new pay band;
- as many employees as possible are paid between the minimum and maximum of their new pay band (Band Fit);
- there is sufficient and appropriate incentive for employees to apply for promotion to higher pay bands (i.e. a significant increase between the Target Rate of one band and the next highest band);
- the overlap between pay bands is minimised as far as possible;
- progression from one Pay Point to the next is of equivalent value in each pay band, and there are the same number of Pay Points in each band in the structure;
- the Pay Zone is relatively smaller in lower pay bands and larger in the higher bands in the structure.

The combination of all of the above factors has led to the following pay rates, which, subject to negotiations, will apply with effect from 01/07/2017:

2017	Minimum	Target Rate	Pay Zone Range	Maximum
A	£18,045	£21,108	9.3%	£23,067
B	£22,374	£26,173	9.3%	£28,603

2017	Minimum	Target Rate	Pay Zone Range	Maximum
C	£26,564	£31,077	13.5%	£35,267
D	£31,197	£36,497	13.5%	£41,418
E	£36,680	£42,911	13.5%	£48,697
F	£41,513	£48,564	17.7%	£57,155
G	£47,657	£55,750	17.7%	£65,612
H	£53,986	£63,155	17.7%	£74,327
I	£61,060	£71,432	17.7%	£84,066
J	£69,020	£80,745	21.9%	£98,419

For the full pay scales, including all pay points within each new pay band, trainee and apprentice rates and Additional Payments, see *WFM Pay Scales 2017-2020*.

Several factors were considered in determining the rates of pay in the new pay structure, particularly:

- local market pay information
- existing SoJ grading structures
- impact on current employees: as few employees as possible are paid more than the maximum or less than the minimum of their new pay band
- the need to make progress towards equal pay for work of equal value
- the requirement to build in the facility to deliver contribution-related pay in the future
- the financial mandate available for pay as outlined in the MTFP2

2.3. Basic Pay: Pay Revisions

After the new pay structure is established with effect from 01/07/2017, in each year 2018-2020 there will be pay revisions applied to all pay points except the pay band maxima.

The maxima are maintained at a consistent level in order to allow employees currently paid under the Target Rate to 'catch up' to colleagues paid higher within the pay band during the assimilation process, in order to work towards achieving equal pay for current employees.

The following pay revisions will be applied during the assimilation period to **all pay points up to and including the Target Rates**, but excluding the pay band maxima. Each pay revision will apply with effect from 1st January in the given year:

	2018	2019	2020
Pay Revisions	1.00%	1.50%	2.50%

These awards do not apply to employees paid within the Pay Zone. The arrangements for these employees are discussed in the “Pay Progression” section below.

In 2020, the lowest Pay Point in each pay band will be removed. As a result of this and the pay revisions described above, the pay rates with effect from 01/01/2020 will be as follows:

2020	Minimum	Target Rate	Pay Zone Range	Maximum
A	£19,718	£22,180	4.0%	£23,067
B	£24,450	£27,503	4.0%	£28,603
C	£29,030	£32,655	8.0%	£35,267
D	£34,093	£38,350	8.0%	£41,418
E	£40,085	£45,090	8.0%	£48,697
F	£45,366	£51,031	12.0%	£57,155
G	£52,080	£58,582	12.0%	£65,612
H	£58,997	£66,363	12.0%	£74,327
I	£66,727	£75,059	12.0%	£84,066
J	£75,426	£84,844	16.0%	£98,419



2.4. Basic Pay: Pay Progression

Employees will ordinarily progress by one Pay Point towards the Target Rate on 1st January each year, subject to satisfactory performance (please see the Reward Guidelines for more detail on criteria; for the vast majority of employees this will be automatic).

Each Pay Point represents a 4.0% pay increase from the previous Pay Point; and when combined with pay revisions, employees may progress through their pay band by more than 5.0% in a year. This will enable their pay to ‘catch up’ with employees currently paid at a higher rate for roles of similar value.

During the period 2017-2020, employees will not ordinarily progress beyond the Target Rate and will instead only receive the annual pay revisions detailed above after they reach the Target Rate.

Employees paid **above the Target Rate** will ordinarily receive the following pay awards, which are lower than those applied to the Pay Points up to and inclusive of the Target Rate:

	2018	2019	2020
Pay Awards	0.50%	0.75%	1.25%

The awards above the Target Rate have been set at half the value of the revisions to the Pay Points up to and including the Target Rate.

This is to ensure that employees below and at the Target Rate will progress at a faster rate than higher paid colleagues at the same level of the organisation. This will make significant progress towards providing equal pay for work of equal value.

It is the intention that, during the assimilation period (2017-2020), the Employer would work in partnership with the Unions to explore the viability of introducing additional performance and/or competency based criteria for pay within the Pay Zone above the Target Rate.

If agreed, this will enable pay progression from 2021 to be influenced by contribution / competencies, as required by the Reward Principles. From this time, it would then be possible for employees to progress beyond the Target Rate and access the highest rates of pay within each pay band.

Should the contribution / competency framework system not be ready to influence pay decisions in 2021, it is intended that the system operated during the assimilation period (i.e. higher pay awards below and at the Target Rate than in the Pay Zone above it) will continue subject to collective bargaining.



Employees in the Pay Zone above the Target Rate will not receive a reduction in basic pay at the end of the assimilation period or in any subsequent year except for reasons of Organisational change – which would be governed by the business as usual pay protection policy – or unless a separate future agreement between the Employer and Unions determines this to be necessary. There is no provision to reduce these employees’ basic pay in this offer.

2.5. Basic Pay: Pay Protection

If an employee is paid more in Basic Pay than the maximum of their evaluated pay band, for example due to a recent redesign or historic arrangements, they will be subject to pay protection until the end of the assimilation period.

This will supersede any prior pay protection arrangements (e.g. pay protection for life or made under previous collective agreements).

The policy states that the difference between their current pay rate and the maximum rate for their band is protected as follows:

Year 1 (with effect 01/07/2017)	Year 2 (with effect 01/07/2018)	Year 3 (with effect 01/07/2019)	Year 4 (ending 31/12/2020)
100%	100%	100%	0%

After the final year of protection, employees will have their basic pay reduced to the maximum rate of their evaluated pay band. This means that pay protection will no longer apply to them.

During the assimilation period, current employees will be entitled to pay protection. The **total pensionable package** of each employee on assimilation will be used to determine the protection level required, if any, and the assimilation rules may result in protection ending earlier than the three year period.

The total pensionable pay package includes current basic pay, any pensionable supplements and pay protection currently, as well as permanent shift allowances and any other permanent pensionable payment. It does not include Nurses and Midwives’ Extra Duty payments, as these are variable and not subject to pay protection policy.

An employee’s current total pensionable package is compared to the total pensionable package under the new pay, terms and conditions. If the latter is lower than the former, an employee will be protected at 100% of the difference in each of the years 2017-2020, and that protection will be removed



on 31/12/2020. If the employee’s total pensionable package under the new structure exceeds their former package at any point during assimilation, e.g. due to Pay Revisions or progression through the pay points, the protection period will end on the date at which their new package exceeds the old.

During the assimilation period, employees covered by pay protection who are due to lose regular, pensionable pay on 31/12/2020 will be prioritised for redeployment to roles at their current rates of pay, where appropriate and where this is the desire of the employee.

During the assimilation period, employees are encouraged to discuss the effect on their pension of any loss of pensionable pay on or before 31/12/2020 with the Pensions team. There are various options available to employees affected in this way under the current pensions schemes, and information will be provided to employees where required.

2.6. Assimilation of Current Employees

At the point of assimilation, current employees will be categorised according to their pensionable rate of pay relative to the pay limits of their new pay band.

The current ‘rate of pay’ is defined by combining the Basic Pay, any Pensionable Supplements received (exclusive of those detailed later in this document as ‘additional payments’), and any Pay Protection currently applied.

The categories will determine the rules that will apply to them during the assimilation period 2017-2020. The **categories** are defined as follows:

Over Band	An employee’s rate of pay is higher than the Maximum of their new pay band
At Maximum	An employee’s rate of pay is equal to the Maximum of their new pay band
Band Fit – Over Target Rate	An employee’s rate of pay is between the Target Rate and the Maximum of their new pay band
At Target Rate	An employee’s rate of pay is equal to the Target Rate of their new pay band
Band Fit – Under Target Rate	An employee’s rate of pay is between the Minimum and the Target Rate of their new pay band
Under Band	An employee’s rate of pay is lower than the Minimum of their new pay band

N.B. it is extremely unlikely that any individual will be paid at precisely the Target Rate or the Maximum of a pay band at assimilation.



Based on the definition that applies to an individual at the point of assimilation, the **rules** that will apply to their **pay progression** are as follows:

	2017	2018	2019	2020
Over Band	Move to Maximum + Protection If Applicable	At Maximum + Protection If Applicable	At Maximum + Protection If Applicable	At Maximum (Protection No Longer Applies)
At Maximum	At Maximum	At Maximum	At Maximum	At Maximum
Band Fit – Over Target Rate	No Pay Increase	Pay Award (Detailed Above)	Pay Award (Detailed Above)	Pay Award (Detailed Above)
At Target Rate	At Target Rate	At Target Rate + Pay Revision	At Target Rate + Pay Revision	At Target Rate + Pay Revision
Band Fit – Under Target Rate	Move to Next Highest Pay Point	Move to Next Highest Pay Point (Until Target Rate) + Pay Revision	Move to Next Highest Pay Point (Until Target Rate) + Pay Revision	Move to Next Highest Pay Point (Until Target Rate) + Pay Revision
Under Band	Move to Pay Point 1	Progress to Pay Point 2 + Pay Revision	Progress to Pay Point 3 + Pay Revision	Progress to Target Rate + Pay Revision

The pay revisions described above will apply to the Pay Points as employees progress to them.

The cumulative effect will be that employees below the Target Rate may receive pay increases for both incremental progression and pay awards in each year of assimilation.

The following associated rules will also apply to employees during the assimilation process:

- Pay awards (to “Band Fit – Over Target Rate” employees) are applied before pay revisions (to the Pay Points in the pay structure); if after this process the Target Rate exceeds the pay rate of any “Band Fit – Over Target Rate” employee, they will be paid at the revised Target Rate. No employee that was paid above the Target Rate in 2017 will fall below the Target Rate by 2020;
- If, by receiving the pay award in a given year, an employee’s pay rate would exceed the Maximum of their pay band, they will be paid at the Maximum Rate. No employee will receive a basic pay rise beyond the



Maximum Rate of their pay band during the assimilation period 2017-2020;

- Nurses and Midwives will assimilate at an accelerated rate due to the unique circumstances regarding the protection of extra duty payments. All employees in this pay group will progress immediately and automatically to the Target Rate of their pay band on 01/07/2017 and will continue to receive the Pay Revisions specified above in each subsequent year.

2.7. Hours of Work

The standard working week for a full-time equivalent (FTE) employee will be 37.5 hours. This is exclusive of all breaks, whether for meals or other rest periods.

The standard working week may be calculated as an average across a reference period to be determined by management in consultation with employees, in order to allow for the effective rostering of employees. For example, if shifts are rotated on a six-weekly basis, a full-time employee would be expected to work 225.0 hours in each six week reference period. The reference period may not exceed one calendar year.

Upon moving to the unified reward structure, an employee who works reduced hours will maintain their existing FTE, if they work the appropriate number of hours. This ensures they are treated in line with all other employees in scope with regards to the change in actual hours worked.

Example: *A Civil Servant working reduced hours of 20 hours / week (with 0.54 FTE) will need to increase their working hours to 20 hours and 16 minutes / week to maintain their FTE.*

The employer will make every effort to ensure employees are able to maintain their FTE in line with the SoJ existing Flexible Working Policy. However, it may not always be possible or desirable for an employee working reduced hours to increase their actual hours of work (in line with their maintained FTE). In which case, line managers are responsible for discussing and agreeing with each employee their preferred working hours and advise where this results in a proportional reduction in pay, which will be subject to the WFM pay protection arrangements. This is distinct from an employee voluntarily choosing to change their working hours which would not be pay protected.

The following **additional provisions** are relevant to the standard working week:

- Changes to working hours for current employees **will begin to take effect from 01/01/2018**. This is in recognition of the impracticality of

'backdating' the effect of either increases or decreases to individuals' working weeks and the associated effect on other elements of their terms and conditions;

- During the assimilation period, Management are required to reasonably 'phase in' the changes to individuals' working hours in order to properly meet service need whilst allowing employees to adjust to the new hours of work. It is recommended that change be no more than one full hour's additional (or reduced) working time per year of assimilation, provided that all employees are working the appropriate proportion of a full-time 37.5-hour week as determined by their existing FTE and the needs of their service area by the end of 2020;
- Starting and finishing times, the duration of working arrangements, the length and timing of meal/rest breaks and the numbers of employees required to be at the site of work are determined by management in consultation with employees. Where meal breaks are given they should be no less than 0.5 hours and no greater than 2 hours;
- There are 52.18 working weeks in a standard working year. The annual rates of pay on the WFM pay scales are divided by 52.18 and then again by 37.5 in order to give the appropriate hourly pay rate, which is used for calculating overtime payments (where applicable) and the rate of pay for zero hours and bank workers;
- No employee will receive an Overtime multiplier on their basic pay until they have completed a standard working week of 37.5 hours, or where there is a longer reference period applied, until they have completed the standard number of hours across that period (e.g. 225.0 hours in a six week reference period);
- Rest periods will be determined by management in consultation with affected employees and their representatives, in accordance with the relevant legal frameworks and requirements;
- In exceptional circumstances, management have the discretion to recognise paid meal breaks as part of the normal working week, where employees are required to remain at their station and continue to carry out work tasks (e.g. monitoring). Chief Officers will have the final sign-off with respect any such arrangements, which must be rostered so as not to adversely affect service delivery;



- The working hours of term-time only employees will be subject to review on a case-by-case basis during the assimilation process. It is recognised that greater clarity and consistency is needed in the treatment of these employees, and that the interaction of changes to working hours and annual leave entitlement will have a uniquely direct impact on these employees' FTE and therefore basic pay. In the first instance, the FTE of these employees will be maintained at the point of assimilation until the review is completed and values recalculated according to the *Reward Guidelines*.

2.8. Unsocial Hours (Currently Shift / Extra Duty)

Employees will ordinarily receive additional, pensionable payments for time worked within the standard working week of 37.5 hours, but outside Normal Working Hours. **Normal Working Hours** are defined as Monday to Friday, 07:00 hrs until 19:00 hrs.

Unsocial hours payments are intended to recompense where employees are required to work a defined shift pattern due to service need as determined by management. They do not apply to ad hoc work outside of an employee's normal working hours.

Where an employee works outside normal working hours, the following premium payments for **unsocial hours** working will be made for each hour worked:

- Night-time Monday to Friday: + 30% of reference Pay Point
- Saturday: + 30% of reference Pay Point
- Sunday: + 40% of reference Pay Point

Where an employee is required to work on a General / Bank / Public Holiday as part of their rostered working pattern (i.e. within the standard 37.5-hour week), this will be remunerated as described under section 2.10 below.

General / Bank / Public Holiday working does not contribute to the calculation of an employee's Unsocial Hours premium.

The **reference Pay Points** for the **calculation of unsocial hours payments** vary by pay band, and are as follows:

New Pay Band	Reference Pay Point
A	Target Rate of Band A
B	Target Rate of Band B
C	Target Rate of Band C
D	Target Rate of Band D



New Pay Band	Reference Pay Point
E	Target Rate of Band E
F	Target Rate of Band F
G	Target Rate of Band F
H	Target Rate of Band F
I	Target Rate of Band F
J	Not eligible

These **provisions** can be applied in two main ways:

- Where there is significant variation in rostered shift patterns over time, for example in areas of the Nursing workforce, payments may be made hour by hour according to timesheets submitted by employees. Under this method of payment, Unsocial Hours payments will be pensionable but will contribute additional years to the accrued service of an employee rather than be calculable for their final salary under PECRS (as per current arrangements);
- Where there is more regularity in rostered shift patterns, or an average / rotating pattern can be described across a reference period not exceeding one year in length, an overall Unsocial Hours premium payment can be developed for the pattern.

Assimilation of current Nurses and Midwives:

- The Nurses and Midwives pay group is currently unique in that the extra duty payments (the equivalent of shift or unsocial hours) are not eligible for pay protection due to their variability and their treatment under the pensions schemes. This means that there is a chance that, due to the harmonisation of this element of pay, Nurses and Midwives could stand to lose pensionable pay in the first couple of years of assimilation if they worked the same or similar work patterns as before, but would not receive pay protection (unlike all other pay groups in scope);
- The Employer is sensitive to this issue, and therefore during the 3.5 years of assimilation (01/07/2017 – 31/12/2020) the existing extra duty system and rates will continue to operate (subject to any further refinements) for current Nurses and Midwives only (new recruits will be hired to the new terms and conditions from the date of implementation of the new pay, terms and conditions 'package' (as detailed in this final offer), including the provisions for unsocial hours payments and assimilation and progression rules);

- The existing system will be maintained by keeping the rates attached to extra duty working (31.25% for Nights, 41.25% for Saturdays, and 62.50% for Sundays) and multiplying these by the maximum increment of the employee's previous grade on the archived 2016 pay scales, to give an interim Unsocial Hours premium payment for these employees;
- From 01/01/2021, all Nurses and Midwives will be paid under the new Unsocial Hours payment terms described in this section of the WFM Final Package Offer. By this year, the balance of all elements of the pay (exclusive of any assumptions relating to a pay award in 2021), terms and conditions will be such that practically all Nurses and Midwives will receive more pensionable pay than prior to assimilation when working the same or similar patterns as before, and as such this period of effective protection will no longer be necessary (see section 2.5 on Pay Protection above; this approach is consistent with that taken to other employees' pensionable pay).

The following **additional provisions** are relevant to Unsocial Hours:

- Executives and employees evaluated in pay band J and above as part of Executive WFM are not eligible for Unsocial Hours payments;
- Unsocial Hours payments are not available to employees working under a Flexi-time Policy, or employees that otherwise have significant personal discretion regarding their working hours (e.g. senior management);
- Unsocial Hours payments are contractual, pensionable, but not permanent. Where an employee ceases to work outside 'Normal Working Hours' the payments may be removed by management subject to consultation with employees and the appropriate pay protection policy. Protection will not apply to payments made to irregular working patterns which are not calculable for an individual's final salary from a pensions point of view;
- Unsocial Hours payments **are calculable** for the following payments:
 - Sickness and accident pay
 - Annual leave
 - Parental leave pay including maternity, paternity and adoption
 - Severance payments including compulsory and voluntary redundancies and voluntary severance



- Where Unsocial Hours payments are received for irregular working patterns, an average rate for the year leading up to the calculation (or the total length of service of the employee if this is less than one year) will be used to determine the amount used in the calculation for other payments;
- Unsocial Hours payments **are not calculable** for the following payments:
 - Overtime
 - General / Bank / Public Holiday working payments
 - Standby and Callout
 - Sleep-in
 - Other allowances
- Unsocial Hours payments are not normally received by zero hours or bank workers. In exceptional circumstances, where there is a genuine need to pay premium rates in order to ensure adequate cover in front-line service areas, management have the discretion (within their budgets) to give non-pensionable Unsocial Hours payments on the same basis described above to these workers. An example of a service need to make these payments currently exists for Bank Nurses and Midwives; these employees will continue to be eligible for non-pensionable Unsocial Hours premium payments during ‘zero hours’ working as long as this is required by Health and Social Services.

It is recognised that any current split shift workers (e.g. school caretakers) may not be eligible for Unsocial Hours payments depending on their working patterns, it is recommended that after delivery of WFM results, Departments in consultation with any affected employees review the requirements and appropriateness for such practices to continue. Split shift working should not be encouraged moving forward.

2.9. Overtime

Overtime is classified as hours worked beyond the 37.5 hour standard week, which have been authorised by management, and are necessary to meet service need.

Management should determine whether overtime working is required in consultation with their employees.

Management has the discretion to determine whether to offer payments for Overtime – which may be at premium rates if appropriate – or to offer employees time off in lieu (TOIL). The mechanism for recompensing overtime should be agreed with the employee in advance of the overtime being worked, and employees have the right to refuse the offer made without prejudice.



The preferred option is to give TOIL where possible, but where service need will not allow employees to take the additional time away from the workplace, payments must be made within a reasonable timeframe.

The rate at which Overtime payments are made is dependent on the pay band of the job in which the employee is undertaking the additional work.

This may be below the individual's own band, for example where a supervisor is required to stay after their rostered shift in order to assist with the tasks ordinarily delegated to their team members.

Where work is performed at a different band from an individual's ordinary basic pay, the payment will be based on the Target Rate of the band applicable to the job worked.

The premium attached to the rate of payment is determined by two factors: the day on which the additional work is performed; and the pay band of the role performed during the period of Overtime.

The following table shows **which bands receive premium rates** of Overtime, and which bands do not:

New Pay Band	Overtime Payments
A	Premium rates
B	Premium rates
C	Premium rates
D	Premium rates
E	Premium rates
F	Premium rates
G	Plain time
H	Plain time
I	Plain time
J	Not eligible

Premium rates are defined as follows:

- Monday to Friday: 1.5 X hourly rate, or plain TOIL
- Saturday: 1.5 X hourly rate, or plain TOIL
- Sunday: 2.0 X hourly rate, or plain TOIL
- General / Bank / Public Holiday: 2.0 X hourly rate *plus* plain time TOIL
OR 3.0 X hourly rate



Where an employee is required to work on a General / Bank / Public Holiday as part of their rostered working pattern (i.e. within the standard 37.5-hour week), this will be remunerated as described under section 2.10 below.

The following **additional provisions** are relevant to Overtime:

- Changes to Overtime for current employees **will not be backdated**. This is in recognition of the impracticality of 'backdating' the effect of either increases or decreases to individuals' Overtime payments and the associated impact of other elements of their terms and conditions including working hours;
- Zero hours and bank workers are not eligible for Overtime payments;
- Executives and employees evaluated in pay band J are not eligible for Overtime payments;
- Overtime payments are not available to employees working under a Flexi-time Policy, or employees that otherwise have significant personal discretion regarding their working hours;
- Part-time employees, or employees in the process of 'phasing in' the changes to their working hours as described in section 2.7 above, will need to work the 37.5 hour standard week before they are eligible for Overtime (subject to the other conditions described above). Any time worked above their contracted part-time hours up to the standard 37.5 hours will be paid at plain time;
- Overtime payments will come into effect following a minimum 15 minute period after the end of the rostered shift. Any additional work performed for less than 15 minutes will not be separately remunerated;
- Overtime payments are not permanent, non-pensionable and are not calculable for any other payment;
- Employees that are required to work on Public Holidays in addition to their normal working week, but that are not eligible to receive premium overtime rates, will receive TOIL at plain time (equivalent to the hours worked) on another occasion, at the discretion of management subject to operational capacity. Accrual of TOIL should be strictly managed. TOIL must be taken during the calendar year and the timing of when it can be taken is at the discretion of Management.



2.10. General / Bank / Public Holiday Working

Where an employee is not required to work on a General / Bank / Public Holiday, they receive their ordinary rate of basic pay for the day.

Where an employee is required to work on a General / Bank / Public Holiday within their ordinary working hours, however, they will receive the following:

- their basic pay for the whole day AND EITHER
 - 1.0 X hourly rate plus plain time TOIL for the hours worked
 - OR 2.0 X hourly rate for the hours worked

The basic pay element above is pensionable, whereas the additional payments for General / Bank / Public Holiday Working are non-pensionable. These additional payments take precedence over any Unsocial Hours premium payments that might have been applicable to the hours worked on a General / Bank / Public Holiday.

An employee's basic pay for the purpose of calculating a General / Bank / Public Holiday payment does not include any Unsocial Hours premium which would ordinarily apply to their normal rostered hours.

Part-time employees will be entitled to General / Bank / Public Holiday payments / TOIL only for such days that fall on the days of the week within their working pattern.

2.11. Standby and Callout

A Standby and Callout arrangement is a formal arrangement required by management to be available for and deal with emergency / unplanned operational situations that occur outside of normal working hours.

For the purposes of this document, a call out is defined as any action that is required to address the particular emergency / unplanned operational situation that employees on standby arrangements are being summoned to respond to.

There are three models available for paying Standby and Callout. These range from a model with a relatively low Standby payment and a high Callout payment subject to a minimum value, to a larger Standby payment inclusive of all Callouts.

All Callout payments are made under the conditions described above for overtime. For example they may be replaced by TOIL dependent on service need, and are made at the rate appropriate to the pay band of the role performed, even if this differs from the ordinary rate of pay for the individual performing the work.

The Standby and Callout Models are as follows:

Model 1: Low Standby / High Callout

- Standby payments are made at a fixed rate of £1.60 per hour to all employees on the rota;
- Overtime rates are paid for the hours worked as part of a Callout, and are paid at the appropriate rate for the work performed (see the conditions attached to Overtime working above);
- There is a minimum period of two hours paid for each Callout, regardless of the amount of time required to complete the work.

Model 2: Medium Standby / Medium Callout

- Standby payments are made at a fixed rate of £3.00 per hour to all employees on the rota;
- Overtime rates are paid for the hours worked as part of a Callout, and are paid at the appropriate rate for the work performed (see the conditions attached to Overtime working above);
- There is no minimum period paid for each Callout.

Model 3: High Standby / Low Callout

- Standby payments are made at one quarter of the hourly Target Rate for the appropriate pay band of the job performed;
- No additional payment is made for Callouts or disturbances.

The following table shows which **Standby and Callout payment Model** should generally be used*, according to the employee's pay band:

New Pay Band	Standby Payments
A	Model 1
B	Model 1
C	Model 2
D	Model 2
E	Model 2
F	Model 2
G	Model 3
H	Model 3
I	Model 3
J	Not eligible



*Management have the discretion, in consultation with employees and their representatives, to vary the Model used (i.e. between Models 1 to 3) in their service area if this is necessary for operational effectiveness.

The following **additional provisions** are relevant to Standby and Callout:

- Changes to Standby and Callout payments for current employees **will not be backdated**. This is in recognition of the impracticality of 'backdating' the effect of either increases or decreases to individuals' Standby and Callout payments and the associated impact of other elements of their terms and conditions;
- Zero hours and bank workers are not eligible for Standby and Callout payments;
- Executives and employees evaluated in pay band J are not eligible for Standby and Callout payments;
- Standby and Callout payments are:
 - non-pensionable;
 - not calculable for any other payment.
- In service areas where there are existing contractual requirements for standby/callout, standby arrangements can be made contractual.
- As with ordinary Overtime payments, management have the discretion whether to make payments or to offer TOIL in agreement with the employee prior to the standby / call out being worked;
- Changes to the Standby and Callout arrangements may be made by management in consultation with employees and their representatives at any time in order to meet service need. These will generally be communicated to the affected employees at least six weeks before the proposed changes, unless exceptional circumstances arise whereby operational requirements dictate that changes must be made sooner;
- Management are required to ensure that an appropriate rest period compliant with the relevant Health and Safety Standards for the role / employee has been taken between the end of any Callout and the start of the next period of work. In these circumstances, management are expected to make reasonable adjustments to the work rosters in order to accommodate appropriate rest periods; if for any reason this is not possible an employee will not experience a loss in pay as a result.



The rates for Standby / Callout Models 1 and 2 will increase in line with annual pay revisions applied to the Target Rate (i.e. 1% with effect from 01/01/2018, 1.5% with effect from 01/01/2019, 2.5% with effect from 01/01/2020).

Model 3 is directly linked to the Target Rate and therefore is increased by the respective pay revisions throughout the period of assimilation.

2.12. Annual Leave

Annual Leave entitlement will be calculated in hours, and is dependent on the length of continuous service of each employee.

Where entitlement levels are described in 'days', these indicate an ordinary working day (7.5 hours per day, five days per week), and are provided purely for context.

Actual entitlements must be expressed and used in hours in order to ensure consistency across all employee groups especially those working uneven work patterns.

Annual Leave entitlement accrues to full-time employees as follows:

- On appointment: 187.5 hours per annum (25 'days')
- After 5 years' service: 210.0 hours per annum (28 'days')
- After 10 years' service: 232.5 hours per annum (31 'days')

Normally, employees are expected to take their full annual leave entitlement within each particular year. The timing of annual leave will be subject to management approval, taking into account the needs of the service and operational requirements.

Should an employee not take all of their annual leave entitlement in a year, subject to prior management approval up to 37.5 hours (5 'days') may be carried forward to the following year.

These carried forward hours may be taken with management approval, but must be taken by the end of March in the following year or they will be removed from an individual's entitlement.

The following **additional provisions** are relevant to Annual Leave:

- The changes to annual leave entitlement for current employees **will take effect from 01/01/2018**. This is in recognition of the impracticality of 'backdating' the effect of either increases or decreases to individuals' entitlements, and the fact that existing employees have already bought annual leave under current policies;

- Nurses and Midwives, whose working year for the calculation of Annual Leave runs from March, will have their new Annual Leave entitlement pro-rated for 2018 (i.e. 01/03/2018 – 31/12/2018).
- Annual Leave entitlement is pro-rated for part-time employees according to their FTE value;
- Annual Leave entitlement is pro-rated on the year of appointment or the year in which an individual leaves and is calculated according to the proportion of calendar days of that year covered by their contract;
- Zero hours and bank workers cannot take paid Annual Leave. An allowance equivalent to 9.9% of basic pay is paid in recognition of this, which is equivalent to the proportion of a full-time employee's working year that is paid as annual leave at the minimum entitlement level (25 / 252 working days in an average working year);
- Employees will no longer be eligible for Halsbury Days. These were two additional holidays that were granted to Registered Nurses, who would receive premium rates in line with public holidays should they be rostered to work on those days. The increase in annual leave entitlement (i.e. by five days at the maximum level) is considered to have fully recompensed employees for the loss of the two public holidays;
- For recruitment and retention reasons, specific employee groups may be given higher entitlement than the "On appointment" value above. This may not exceed the maximum entitlement after 10 years' service, and must be approved by the Reward Team in central Human Resources.
- The effect of the changes to annual leave entitlement for term-time only employees will be subject to review on a case-by-case basis during the assimilation process. It is recognised that greater clarity and consistency is needed in the treatment of these employees, and that the interaction of changes to working hours and annual leave entitlement will have a uniquely direct impact on these employees' FTE and therefore basic pay. In the first instance, the FTE of these employees will be maintained at the point of assimilation until the review is completed and values recalculated according to the *Reward Guidelines*.



2.13. Sickness and Accident Pay

Sick leave entitlement and pay will be calculated in hours although the equivalent entitlement in weeks and months are given for reference and comparison purposes.

Sickness entitlement is as follows:

- Sickness entitlement on appointment will be 225.0 hours (6 weeks) full pay and 225.0 hours (6 weeks) half pay in the first year of employment;
- Maximum sickness entitlement after 1 year of service will be 978.4 hours (6 months) full pay, 978.4 hours (6 months) half pay in any 2 year period.

The following **additional provisions** are relevant to Sickness Pay:

- Sickness Pay will be calculated based on an employee's regular pensionable pay package (to include Unsocial Hours payments as described above);
- Chief Officers through their senior managers will have the discretion to extend Sickness entitlement by up to a further 489.2 hours (3 months) at half pay;
- Management retain the discretion to:
 - request a medical certificate on the first day and / or the second day of absence;
 - deny employees the opportunity for working Overtime where their absence levels and patterns of absence are a cause for concern.

Injury at Work:

- is separate from Sickness Pay
- is determined and calculated on the same basis as Sickness Pay, except for the following considerations:
 - Employees are eligible for the full Injury at Work Leave entitlement on appointment (i.e. 978.4 hours full pay and 978.4 hours half pay in any two year period), where the absence is caused by an accident at work;
 - An injury at work will be defined strictly according to the Health and Safety and Wellbeing Policy;



- Chief Officers through their senior managers will have the discretion to extend Accident Pay entitlement at either full or half pay on a case by case basis;
- Any compensation / insurance payments will be offset against the Injury at Work Pay paid by the Employer to the employee (except for compensation from the Criminal Injuries Compensation scheme).

2.14. Sleep-in Payments

A Sleep-in is defined as a period in which employees must stay at their place of work throughout the night, in order to be available to provide care for service users.

This may be in the context of a community-based care home, a hospital environment, or in association with looking after children.

Employees may be woken during the night and be required to undertake work.

Employees undertaking Sleep-ins will be remunerated consistently with employees on Standby Model 3. This means that:

- Standby payments are made at one quarter of the hourly Target Rate of the pay band for the role that they are performing during the Sleep-in. In addition, they will receive a 50% increase to the hourly rate associated with Standby Model 3. This means that they receive three eighths (0.375 X) of the Target Rate of the pay band associated with the work performed during a Sleep-in;
- Sleep-in Payments will therefore also be increased by the respective pay revisions throughout the period of assimilation.
- No additional payment is made for periods in which the employee is woken and required to undertake work.

3. Additional Payments

There are a number of other types of payment associated with work in the public sector in Jersey. Many of these are associated with additional roles and responsibilities that are not part of an employee's ordinary role. . Any that are not specifically addressed in this section of the offer can be assumed to continue unchanged from existing arrangements until such a time as they are

reviewed by the Employer and any amendments negotiated with employee representatives.

Additional Payment	Pensionable / Non	Action under the offer
Midwifery Supervision Allowance	Pensionable	Retain and review
Clothing Allowance	Non-pensionable	Retain and review
Abseil Allowance	Non-pensionable	Retain and review
Diving and Kitting Up Allowance	Non-pensionable	Retain and review
Confined Spaces	Non-pensionable	Retain and review
Underground Allowance	Non-pensionable	Remove
Travel Time	Non-pensionable	Remove
Fuel Time	Pensionable	Remove
First Aid Allowance	Pensionable	Out of scope of WFM
Legacy Responsibility Allowance	Non-pensionable	Remove
Legacy Paid Meal Break (Dept. Transfer)	Pensionable	Remove

3.1. Midwifery Supervision Allowance

This is a payment of £166.67 per month, paid to Senior Midwives carrying out additional supervisory responsibilities. It is not associated with a specific job evaluation or role, but does require evidence of defined level of competence and knowledge (to MSc level).

This payment will be **retained** at the same rate pending a separate review.

3.2. Clothing Allowance

Nurses and Midwives who do not need to wear a uniform are entitled to claim for up to £208.14 per annum towards purchasing appropriate attire for work. Most of the employees in receipt of this payment are not required to work in a clinical setting.

This payment will be **retained** at the same rate, and will be reviewed in due course following the assimilation of all employees onto the new 'pay, terms and condition package'.



3.3. Abseil Allowance

Trained employees receive a non-pensionable flat rate payment of £27.8212 per session (in addition to their basic pay) where they are required to perform any substantive job involving abseiling duties. Team Leaders of abseilers receive the sessional payment as well as an additional £1.5266 per hour for each hour worked leading the team.

This payment will be **retained** at the same rate, and will be reviewed in due course following the assimilation of all employees onto the new 'pay, terms and condition package'.

3.4. Diving and Kitting Up Allowances

The Diving allowances consist of:

- a non-pensionable retainer payment for trained staff, who may be asked to perform diving duties in addition to their substantive role;
- a sessional payment for divers (with a higher rate for supervisors) paid for each dive performed
- a Kitting Up allowance for the time taken getting changed into the appropriate equipment for a dive.

The retainer fee is £17.12 per week, and diving sessions are paid at £59.96 per session for divers and £68.50 per session for supervisors.

These payments will be **retained** at the same rate, and will be reviewed in due course following the assimilation of all employees onto the new 'pay, terms and conditions package'.

3.5. Confined Spaces and Underground Allowances

The Confined Spaces and Underground supplements are non-pensionable, fixed weekly allowances at various rates based on the frequency and level of risk associated with the particular job and the employee level of qualification.

Underground allowances are paid at £15.72 per week.

Confined Spaces payments are made according to the level of risk involved in the task performed:

- low risk is paid at £7.64 per week
- medium risk at £25.15
- high risk at £30.50 per week

The Underground Allowance will be **removed**, as this is a legacy arrangement that no longer appropriately reflects the kind of remuneration needed by the organisation.



The Confined Spaces payments will be **retained** at the same rate, and will be reviewed in due course following the assimilation of all employees onto the new 'pay, terms and condition package'.

3.6. Travel and Fuel Time

Manual Workers in HSSD and Dfl receive non-pensionable 15-minute **travel time** payments on a regular basis for specific occasions when they are required to travel to a separate work location.

Travel Time is paid based on an employee's basic pay and ordinary shift entitlement.

The **Fuel Time** allowance is paid as a pensionable payment to employees at Dfl who are responsible for fuelling and conducting technical checks on work vehicles outside of working hours prior to the start of the day, to ensure that the automotive fleet is ready for use at the beginning of the working schedule.

Fuel Time payments are made at premium Overtime rates of 1.5 X basic pay.

Both the Travel Time and Fuel Time allowances will be **removed**. As this payment is pensionable, it will be factored into the total pensionable pay eligible for pay protection as discussed in section 2.5 above.

Line managers will amend rosters in order to allow employees to carry out any travel or fuelling activities within their standard working week.

3.7. First Aid Allowance

First Aid Allowance is not in scope of the WFM package offer.

3.8. Recruitment and Retention

A small number of employees in scope of WFM receive pensionable or non-pensionable supplements to reflect specific market conditions and / or to ensure the right people can be recruited and retained to perform the public services required by the SoJ.

The policy and guidelines surrounding the creation and maintenance of these payments has been revised in line with best practice for such arrangements and the implementation of the WFM 'package'.

For current employees assimilating onto the new 'pay, terms and conditions' structure, the total value of an employee's basic pay and recruitment and retention (R&R) supplements will be maintained, which may comprise an increase in basic pay and an equivalent decrease to the supplement.



There will be no increase to total packages until a review of the market conditions and other concerns for each role is conducted by the Reward team in consultation with the affected department.

An **illustrative example** of dealing with an R&R supplement is provided below:

Pay element	Before assimilation	2020
Basic Pay	£50,000	£55,000
R&R supplement	£10,000	£5,000
Total package	£60,000	£60,000

In this example, if a review of the market conditions found that a total package of £65,000 were required in 2020, the R&R supplement could be increased to £10,000 in order to top up the total package.

R&R supplements are:

- non-permanent
- non-pensionable
- subject to regular review at the discretion of the Reward Team in central Human Resources in consultation with affected departments.

4. Non-consolidated payment

As part of the WFM Final Package Offer, the Employer will make a non-consolidated payment to each employee, dependent on their FTE value. This is a one-time payment that will be paid to employees with effect from the assimilation date for moving on to the new pay, terms and conditions of 01/07/2017. The non-con is *specifically to recognise* the first six months of 2017.

The non-consolidated payment will be of a **maximum value of £400** for a full-time employee (working 37.5 hours per week, 52.18 weeks per year) and will be pro-rated downwards for employees working less than the full-time equivalent.

Employees with multiple appointments will have their payment divided proportionately between their appointments, to a total maximum payment of £400 per employee.



5. Review clause

The Employer is committed to ensuring that the WFM pay, terms and conditions 'package' operates effectively and fairly during the assimilation period, and that issues that may arise during that time are not excluded from partnership discussions until the 2021 pay round.

As a result, in partnership with Unions, an annual review will occur on or as near as practicable to each anniversary of the effective date of assimilation (i.e. 01/07/2018, 01/07/2019 and 01/01/2020). The review will consider all aspects of the 'package' and its operation for both current and new employees, allowing both management and Unions to assess how well the 'package' has been meeting their expectations and requirements including where there might be areas for improvement or clarification.

The review will take place without prejudice to either party, and is not conducted in the assumption of any change to the overall financial mandate. It is the responsibility of both parties in the review to take into account all aspects of the offer including affordability and sustainability.