Agenda for Change: Mounting a successful appeal

Lorna Bingham

ARTICLE POINTS

1 The pay banding awarded by the Agenda for Change can be appealed against.

2 Prior to appealing, one must be prepared and armed with documented facts in order to justify new banding.

3 It is easier, if appealing, to achieve a higher banding when working with colleagues who are working towards the same higher band.

4 If unsure of the appeal process, seek support from the union steward.

5 If still not happy with your band, then promotion, to match your skills and experience, could be sought.

KEY WORDS
- **Agenda for Change**
- **Job matching**
- **Appeal process**
- **Job evaluation**

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Introduction

Agenda for Change is a recent development in the NHS pay system aimed at ensuring fair pay, which is based on job evaluation, and a clear system for career progression as outlined in the Department of Health publication *Agenda for Change: What will it mean for you?* **(DoH, 2004a). In the author's primary care trust four specialist nurses from areas relating to respiratory, dermatology, coronary heart disease and diabetes were initially awarded band 7. This did not reflect the level to which they were working; therefore, they collectively appealed and subsequently received a banding of 8a. This article outlines the process of appeal that they went through.**

The process surrounding the Agenda for Change has various stages. Firstly, NHS staff, to whom it applies, must ensure their job description is up to date, accurate, agreed and signed off between them and their manager. The job profile is then matched against national profiles. From there a pay band is allocated. If individuals are dissatisfied with their banding outcome they can appeal against the decision. This article describes such an appeal process carried out by four specialist nurses in the author's primary care trust (PCT).

The appeal process: The supplementary evaluation form

The nurses appealed a few days after receiving their banding. It is important to note that the appeal process must be initiated within 3 months of the original banding decision. After informing the Agenda for Change project manager of their wish to appeal as a group, the nurses completed a supplementary job evaluation form for the matching panel. This form had 15 questions based on the job evaluation Factor Plan (see the *NHS Job Evaluation Handbook* for more information [Department of Health (DoH), 2004b]). These questions helped to tease out more information about the nurse's roles.

Improving the likelihood of a successful appeal

Before completing the supplementary job evaluation form, job descriptions were reviewed, taking into consideration the *NHS Job Evaluation Handbook*'s factor definitions and levels. The four nurses were then up to date with the variation between the different evaluation levels for each of the 16 factors.

For each factor approximately five examples of how the nurses' roles fulfilled the factor were given; this helped to illustrate the expertise and experience required in each role. *Table 1* shows two of the 15 questions asked, and the points which were included in order to clarify the roles further.

Initially, the author (the diabetes specialist nurse [DSN]) completed the form. The other three nurses then reviewed the form, and added points which had been overlooked (for example, helping people manage and live positively with a long-term condition). This highlights the importance of collaboration within the peer group, which is particularly relevant where people are working in professional isolation, as many specialist nurses do.

The DSN was happy to represent the nurse specialist group at the appeal, as she felt very strongly that the level at which they were working was better represented by band 8 rather than 7. Also, in the 18 months the DSN had been with the PCT she had collected many examples to illustrate the complexity of the DSN role, and the level of knowledge and skill required to perform the role effectively.

Having come from a fairly large team in the acute sector where she had been a DSN

Table 1. Two of the 15 questions asked by the supplementary job evaluation form and examples provided by the diabetes specialist nurse.

What is/are the most difficult communication(s) you have to do in your job?

- Informing/discussing potential misdiagnosis with GPs and people with diabetes, where this has not been identified.
- Negotiating with someone (who feels well and is from a minority ethnic group where English is not their first language) that for good health they need to have insulin injection therapy, and teaching them the complex skills and knowledge to do so safely.
- Emphasising, for people with diabetes and healthcare professionals, the serious clinical risks around diabetes, without causing anxiety. The safe management of sick days, and hypoglycaemia in more difficult groups of people such as with alcohol abuse or mental health issues.
- Finding out what is the right channel in the PCT to pursue if there is a problem, e.g. a safety issue with a patient and firearms.
- Informing people they have an incurable illness with the possibility of deterioration in the future.

What is/are the most difficult judgement(s) you have to make in your job?

- Which insulin regimen to start patients on, that will best fit with the individual's circumstances, for example, four injections per day versus two.
- Assessing competencies of healthcare professionals and people with diabetes to cope with day to day management, and emergency situations.
- When to discuss a case further with busy colleagues, as we largely work in isolation.
- Deciding if someone needs insulin therapy urgently, based on another professional's assessment, without having access to all the facts.
- Always having to think a few days ahead as we are not in the office every day.

for 11 years, the author found the role in the PCT more challenging in many respects, for example, the fact that she was not working in a multidisciplinary team but in 'diabetes specialist' isolation. The only other specialist member of the team was the dietitian, who worked at a different geographical location, allowing twice-weekly meetings.

The completed form was left for a few days, and then, having reflected on it, a few changes and additions were made before sending it to the Agenda for Change project manager, for the appeal matching panel to review.

It is important to remember that it is the role being evaluated, not the individual. We might be very good at what we do but could the role be done as well by someone with less knowledge or experience? If so, we should be looking for a higher level post that utilises our skills and experience more fully and pays us accordingly.

Face to face interview

Following the matching panel receiving the supplementary information form, an interview was held with the panel, which consisted of three people (two union representatives and one management representative). The author's line manager was also present to support and verify issues around the role.

At the interview a range of questions were asked, such as, 'do you ever work in unpleasant conditions, or have to get into physically awkward poses?' This particular question was a bit baffling – what did they mean by awkward poses? One of the panel explained further: poses such as having to get down on the ground, or bend over to examine feet. The author was able to answer, saying that during home visits, the conditions can be challenging (which had been the case during a home visit on the previous day).

PAGE POINTS

1 The DSN job description had been written after consultation with several other DSNs, from both primary and secondary care. There were some highly relevant points that the others had included in their job descriptions that had been overlooked.

2 It was disheartening to hear from many people that their managers wrote their job descriptions, and that they had no input except to sign it off.

3 It is imperative that the appeals are adequately presented in the first instance and the appeal case is watertight.

Where the question was not understood, assistance from the panel was forthcoming to elaborate in order give a fuller answer.

During the matching panel review, the process felt fair. This is important as it underpins the whole Agenda for Change process – if one feels the process is not fair then urgent discussion with the union steward is essential.

A few weeks later the panel rebanded all four nurses to band 8a.

Importance of a clear process

Following the successful appeal, and having attended the *Diabetes UK Annual Professional Conference* in April 2005, the author learned that other DSNs were not expecting to get above a band 7, and some seemed resigned to this grading. Why was this?

- Was the job description not updated or did it not reflect the actual practice?
- Did line managers not support their re-grading?
- Were some practitioners not working to a specified standard?
- Were some practitioners working at a level lower than their capabilities?
- Were we in our PCT working to a higher level than others?
- What other reason could there be?

Agenda for Change process is nationally standardised

After being asked to write this article the author discussed the Agenda for Change process with the project manager at the PCT. This was because having heard other viewpoints she wondered why the specialist nurses in the PCT had been successful in getting the banding they deserved compared to what appeared to be happening elsewhere.

The project manager reassured her that the trained job matcher's appeal panel had no problem in deciding to award the nurse specialists an 8a as the case was well substantiated and supported by evidence of clinical practice. The specialist nurse roles in the PCT were largely autonomous, their input to policy is at a high level, the work undertaken would otherwise be done by a doctor and there was a lot of freedom to act. All of these were critical components for our successful 8a banding according to the project manager.

It was encouraging to hear that the process in the PCT was rigorously quality controlled (as it should be in other areas), and that when cross-checked by another panel for consistency our re-grading stood up to scrutiny.

The secret of success?

Success was partly due to the fact that we were using updated and comprehensive job descriptions that were written by the nurses. The DSN job description had been written after consultation with several other DSNs, from both primary and secondary care. There were some highly relevant points that the others had included in their job descriptions that had been overlooked. This again highlights the importance of working in close consultation with our peers.

It was disheartening to hear from many people that their managers wrote their job descriptions, and that they had no input except to sign it off.

The majority of the people on the job-matching appeal panel will be different to those on the original panel, and there is no right of appeal beyond the second matching. This is why it is imperative that the appeals are adequately presented in the first instance and the appeal case is watertight.

In this case the nurses did not involve the support of their trade union representatives. They had forgotten this was an option referred to in correspondence in January 2005 from the PCT. In hindsight, this could have proven useful. In one PCT they have involved a Royal College of Nursing (RCN) steward to support a DSN who is also appealing against a banding of 7. The outcome was not available at the time of publication.

A recent *RCN Bulletin* (RCN, 2005) outlined what to do if a nurse's job does not match his/her Agenda for Change banding. It highlighted the importance of documenting why his/her present post needed a review, and recommended that he/she should show areas of your post that have not been considered or that need re-evaluation. The publication also said it would be helpful to read the review policy and procedures of the organisation in which you work.

Conclusion

An experienced DSN has many clinical skills and a wealth of knowledge to call upon to

help provide excellent clinical practice. As with any profession it is important that he/she is using his/her experience and skills in a role at an appropriate level, and that he/she is remunerated accordingly. Agenda for Change is a national Government-driven process which has allowed for the nurse specialist role in the PCT to be appropriately remunerated.

As specialist nurses we will not be handed an appropriate grade on a plate, and as professionals we have to work together to demonstrate what is involved in the role, and to provide evidence for our claim for a higher banding if it is justified.

If we are not satisfied with the grading we receive, then there is one opportunity to appeal. It is imperative that this appeal be put together well and evidenced properly. If the evidence is there in accordance with the Job Evaluation Factor Plan (DoH, 2004b) then it should follow that grading is appropriate for the work being done.

The appeal process has worked in our case, and the process appears to be fair, as it should be nationally. Do have confidence and conviction, and put in the effort to reap the justified reward!

Where the grading for the role is not high, perhaps for some it is time to move out of our comfort zone and to use our expertise in new roles and ways (such as working with the PCTs). Hopefully, in the future, following on from Agenda for Change, everyone will be remunerated nationally at a level appropriate for their experience and skills.

The next process is to apply the Knowledge and Skills Framework (DoH, 2004c) to the role, so it's back to the drawing board. ■

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