



BOURNEMOUTH & POOLE



ANTI CUTS COALITION

We reject the cuts as simply malicious ideological vandalism hitting the most vulnerable the hardest - Join us in this struggle

28 REASONS TO SAY NO TO THE SOUTH WEST NHS PAY CARTEL

The measures the cartel is discussing:

- 1. Reduce APA rates** - the cartel is proposing to reduce the rates paid for what is effectively consultant overtime.
- 2. Reduce annual leave** - the cartel is considering reducing staff's holiday entitlement and calculating a saving of £150 per employee for each day's leave reduced, as well as a saving on the 50% of staff that are typically covered during holidays.
- 3. Bonus scheme** - the cartel is considering incentivising all staff based on cost-savings overall, to exceed the 'planned surplus' that each Trust typically aims for and saves for capital projects. To help balance this bonus cost out, measure 4 would be implemented:
- 4. Clinical Excellence Awards** - the cartel is valuing CEA points at c£3k per employee – and wants to connect these to 'desired service activities' instead of to clinical excellence. These activities would be more oriented to efficiency than excellence – bad news for patient care.
- 5. Reduce consultant on-call supplements** - consultants are paid for being on call on-site and off-site. The cartel is considering reducing these rates – expecting them to be equally available for less money.
- 6. Extra hours - a big one for staff at all levels** - the cartel is considering adding 1 hour on top of typical 37.5 hours (AfC) contracts which will reduce overtime opportunities that are invaluable to NHS workers facing pay freezes and escalating living costs.
- 7. Flexible 'benefits'** - the cartel is considering 'selling' stolen annual leave back to staff in return for a reduction in pay!
- 8. Flex-release (voluntary hours reduction)** - the cartel is considering offering staff the option of working 25% fewer hours and receiving 25% less pay – and then only replacing 50% of the lost hours to save cost.
- 9. Reduce/withhold increments** - the cartel is considering reducing annual salary increments – and withholding a percentage of them completely.

10. Junior medical staff contracts - the cartel is thinking of changing the contracts of junior doctors to 'limited working' employment contracts that mean most of their hours and activities would be considered education – ending their access to any enhancements for long, anti-social hours and being on call

11. Locum & retired consultant SPA - the cartel wants to end guaranteed SPA (supporting professional activities) time – time which is required for admin, refresher courses etc required for revalidation of professional qualifications and competence.

12. Knowledge and Skills Framework (KSF) reform - the cartel proposes to change the current rewards for gaining increased professional skills and knowledge into a 'KS Performance Framework' – in which staff are only paid for gaining knowledge and skills when they are actually using them.

13. New consultant roles – direct clinical care - the cartel wants to establish 'static consultant roles' where contracts mainly recognise 'DCC' PA-units (90%), in order to pay less and save money.

14. New employer models – the cartel is proposing to create '2nd class employees'. This concept means new terms and conditions for staff considered easily replaceable – at rates 20-25% lower.

15. Zero pay inflation (uplift) - the cartel is considering imposing zero 'cost of living' increases (except for very low paid staff)

16. Reduced pay levels - the cartel wants to reduce pay

17. Reduce/eliminate pay protection policy – the cartel wants to remove or reduce the current 2-3 year pay protection when moved into lower band jobs

18. Reduce/remove preceptorship increment fast-track - the cartel is considering removing in-band increments or reducing this reward structure.

19. Flat-rate sick pay - the cartel plans to award sick-pay at a flat, reduced rate

20. Recruitment and retention premia (RRP) - some key types of staff are paid at higher rates to prevent losing them. Under this proposal, these improved rates would be terminated as soon as any protections expired.

21. Reduction in working week and income - the cartel is considering imposing a 10% reduction in the working week – and of course reducing pay accordingly. This is expected to save £14m per typical Trust – but cannot possibly be implemented without adverse effects on patient care.

22. Redundancy payments - current redundancy payments are equivalent on average to 1-2 years of salary costs given typical length of service (plus early retirement financial commitments). It is proposing to reduce these important benefits.

23. Remuneration for extra clinical work - staff undertake extra clinical work, for example to help reduce waiting lists. This would be reduced/eliminated

24. Unpaid sickness absence (short term) - the cartel is considering making the first 2 days of any sickness absence unpaid.

25. Reduce sick-pay entitlement - the proposal is to reduce sick pay for new staff and long term benefits from 6 months full pay and 6 months half pay after 5 years' service to 3 months of each.

26. Supporting Professional Activities (SPAs) - the cartel wants to reduce time spent on SPA activity by consultants.

27. Temporary staffing rates 10% reduction - the cartel proposes to reduce the rate paid to temporary staff by at least 10%.

28. Reduce unsocial hours allowances – the cartel is considering reducing the financial recognition of the dedication of staff and the adverse effects of unsocial and variable hours.