



## 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 £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 £1.4m 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.