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From: A.QUAYLE (NHS146) Delivered: Wed 28-Sep-88 16:58 BST Sys 10075 (2)
 Subject: NEW CLINICAL GRADING STRUCTURE
 Mail Id: IPM-10075-880928-152790036

DEPARTMENT OF HEALTH
 HANNIBAL HOUSE
 ELEPHANT AND CASTLE
 LONDON SE1 6TE
 01-703 6380

Regional General Managers
 District General Managers
 General Managers of the Special
 Health Authorities for the London
 Post-graduate Teaching Hospitals

EL(88)P169

Dear General Manager

NEW CLINICAL GRADING STRUCTURE FOR NURSES MIDWIVES AND HEALTH VISITORS

As you know, a further meeting of members of the teams concerned with implementation of the new grading structure was held on 16 September. This was followed by a meeting of Regional General Managers on 23 September. A meeting of the Nursing and Midwifery Staffs Negotiating Council took place on 27 September. A number of points were identified at these meetings on which I have been asked to provide clarification.

BLOOD TRANSFUSION SERVICE (BTS)

Provisional returns show that there is considerable variation in the way in which BTS posts are being graded and authorities have indicated that further advice would be welcome. I enclose guidance which was produced earlier this year by a Working Group set up by the Blood Transfusion Directors to advise implementation of the clinical grading structure, which the Department endorses and which authorities may find helpful.

SCALE F

One of the definitions at Scale F refers to experience in Scale E. Clearly

no such grade existed before 1 April. Health Authorities will need to take commonsense view as to whether, prior to 1 April, the post in question equated to a Scale E post and would have met the grading definition. However experience in such a post would not, in itself, entitle a postholder to grading under the definition at F 2(a)(iii), unless such experience was a requirement of the post and the totality of the grading definition was satisfied. A similar approach should be adopted in considering whether the definition at F 2(b) is met and the requirement exists to lead a team of staff at Grade E and below.

MIDWIVES

At the meeting of the Negotiating Council the Staff Side raised the question of the grading of midwifery posts, and in particular sought assurances that management were not seeking to impose quotas for numbers going into particular grades. I gave them this assurance. There is no question of Authorities being required to place a specific percentage of staff in particular grades.

In view of these concerns, however, and in light of the comments from some health authorities, I feel it would be helpful to re-affirm the Department's position on the grading of midwifery posts, and in particular those currently occupied by staff midwives.

Our position is based on the fact that only one registerable qualification - that of "Registered Midwife" - is required to practise as a midwife. It has therefore always been our expectation that the proper application of the grading criteria would result in a significant number of staff midwife posts being graded at D. That remains our expectation.

Nonetheless, we have also always expected the proper application of the grading criteria to result in the majority of staff midwife posts being graded at Scale E or, exceptionally, above.

As with all other posts, therefore, the grading of individual midwifery post will depend on the actual duties and responsibilities carried on 1 April 1988. There will, therefore, be a range of grading outcomes; each post will need to be looked at in the context of the totality of the grading definitions.

RETURNS

As you know, we have asked Regions to submit revised grading returns by 7 October at the latest. I should be grateful if you could arrange for such returns to be provided on form CGS2 for each District, with a Regional summary. The returns should be based on the position as at 1 April 1988 and should record all posts, expressed as numbers of whole-time equivalents, filled by:

staff in post;

agency and bank staff where they were filling vacancies other than those created by maternity, sick or other leave.

Yours sincerely

N B J GURNEY

Expiry date: This letter will be cancelled and deleted from the current communications index on 28 September 1989.

NATIONAL BLOOD TRANSFUSION SERVICE
(ENGLAND, WALES AND NORTHERN IRELAND)

REPORT OF THE SUBCOMMITTEE ON CLINICAL NURSE GRADING WITHIN THE NBTS

INTRODUCTION

The NBTS subcommittee on clinical nurse grading was appointed by the Regional Transfusion Directors (RTD's) (England, Wales and Northern Ireland) to consider the implementation of the new clinical nurse grading structure with the Blood Transfusion Service as a whole and to make recommendations. Although it was appreciated that individual Regional Health Authorities have

the responsibility for making the final decision as to the clinical grading their nursing staff, the RTD's felt that it is important to achieve parity of NBTS nursing grades between Regions and to develop a career structure for nursing staff within the NBTS.

MEMBERS OF THE SUBCOMMITTEE:

Dr J F Harrison, Director (Chairman)
NE Thames Regional Transfusion Centre Brentwood.

Mrs Pat Mosley RGN, Senior Nursing Advisor, Yorkshire BTS.

Mr R Nessling RGN, Manpower Manager, NWT Regional Health Authority.

Mr P Hynes, Admin & Donor Services Manager, North Western BTS.

Recommendations

Donor Attendants (Current grade - Nursing Auxiliary)

Donor attendants should enter the Transfusion Service at grade A. These are unqualified staff members who carry out assigned tasks under the supervision of a team leader and in the presence of a doctor and/or a Registered General

Nurse (RGN).

The current grading definitions do not offer a career structure for donor attendants (DAs) which recognises the assumption of special responsibilities after appropriate training, eg DA's who work in apheresis units or those who act as deputy team leaders.

The requirement for some DAs to take on additional responsibilities requiring special skills and training, would indicate a need for a new definition or allowance above grade A for those senior/specialised DAs. On the current definition these staff members will have to be graded at grade A but the committee strongly recommends that the subject of the special skills/responsibilities of these DAs should be a matter for urgent further negotiations.

It is suggested that the problem of grading for deputy team leaders should be resolved by paying such staff members at team leader grade on the days on which they 'act up' in the absence of the team leader.

Team Leaders (Nursing Auxiliary or SEN trained)

The current definition clearly indicates grade B as the appropriate grade for this group of staff. This is because they lead a team of staff at grade A in

the presence of a doctor and/or RGN.

If a team leader is recruited on the basis that an SEN qualification is required, then the staff member should be graded at C. We recommend that 10% responsibility allowance should continue to be paid to all team leaders, whether unqualified or SEN trained staff.

Registered General Nurse working within the NBTS

Head Nurse

The committee recommends that grades G, H or I be used. Grading definitions for these 3 grades are quite specific and Head Nurses should be graded according to the duties and responsibilities of the post in the Region concerned. Regions may wish to use either the clinical specialist or managerial definitions when grading Head Nurse posts.

Deputy Head Nurses

The new clinical grading structure does not recognise the concept of deputy but, within the NBTS an RGN who has continuing responsibility for services on more than one site or has a specialist responsibility, eg a haemophilia co-ordinator, may be graded at G, H or I depending on the duties and

responsibilities of the post in the Region concerned.

Registered General Nurses (RGNs)

RGNs should enter the Transfusion Service at grade D.

After an appropriate training period and when taking responsibility, eg as nurse in charge of an apheresis unit for at least one session per week, RGNs may be graded at E.

In general, nurses at present in the siter II grade within the Transfusion Service, who are, for example, in charge of an apheresis unit, with a medical officer on site, should be graded at F.

Registered nurses who take charge of blood donor sessions in the absence of medical officer at sites remote from the Transfusion Centre, may be graded at G.

JEAN F HARRISON
CHAIRMAN

AUGUST 1988

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