

Pay Circular (AforC) 2/2013

Changes to the NHS Terms and Conditions of Service Handbook (amendment number 28): pay and conditions for NHS staff covered by the Agenda for Change agreement

To: All NHS employers

Summary

This pay circular informs employers of the NHS Staff Council's agreements on:

- changes to the arrangements for pay progression in Sections 1 and 6: see the new Sections 1(a) (England), 6(a) (England) and the new Annex W (England);
- changes to pay during sickness absence in Section 14: see the new Section 14(a) (England) and related references;
- the introduction of a new agreement on injury allowance: see the new Section 22;
- the introduction of a new agreement on workforce re-profiling: see the new Annex X (England).

Sickness absence payments and Annex E

There is still further work to do to clarify what the sections of the Agreement relating to unsocial hours means for employers who operate the prospective arrangements for payment of unsocial hours as set out in Annex E. This will be dealt with as a matter of urgency.

Action

Changes to the NHS Terms and Conditions of Service Handbook

1. New arrangements for pay progression, linked to employee performance, apply to appraisal objectives from April 2013 for incremental pay progression post April 2014. Employers should ensure that performance appraisal procedures are in line with the new requirements in the new Sections 1(a) England, 6(a) England and Annex W (England).
2. The changes to pay during sickness absence in the new Section 14(a) (England) are effective from 31 March 2013. Employers should implement the changes so that they take effect from this date.
3. A new agreement on the payment of injury allowance is effective from 31 March 2013. Employers should ensure that they make the necessary arrangements to pay this allowance to eligible employees in line with the provisions in the new Section 22.

4. Employers undertaking workforce re-profiling should ensure that their procedures are in line with the guidance in the new Annex X (England).

Pay progression: Sections 1(a) (England); 6(a) (England) and Annex W (England)

5. The changes to Section 1 and Section 6 set out in the new sections 1(a) (England), 6(a) (England) and the new Annex W (England) are:
 - the abolition of the two pay gateways (previously in Section 6: “foundation” and “second”) and the introduction of an explicit requirement that progression through all pay points is conditional upon meeting the required local level of performance;
 - pay progression through the top two pay points in pay bands 8C, 8D and 9 will be annually earned;
 - a new national set of agreed principles and criteria (see the new Annex W (England)) underpinning pay progression within locally developed performance systems;
 - in pay band 5, accelerated pay progression linked to *preceptorship*, is removed.

Sickness absence (Section 14 (a) (England))

6. The current definition of full pay in paragraph 14.4 includes regularly paid supplements e.g. unsocial hours payments. The new definition in Section 14(a) (England), applying to staff on pay spine points 9 to 54 with effect from 31 March 2013, includes only basic pay and high cost area supplements.

Injury allowance (effective from 31 March 2013)

7. A new agreement on injury allowance is introduced in a new Section 22. This is effective from 31 March 2013. An injury allowance will be payable to eligible employees who, due to a work related injury, illness or other health conditions are on authorised sickness absence or phased return to work, with reduced pay or no pay.

Assimilation and protection (Section 46)

8. The arrangements in Section 46 for the protection of pay and certain conditions of service on assimilation to Agenda for Change, e.g. hours of work, ended on 30 November 2011. Section 46, in previous copies of the Handbook, will be archived on the NHS Employers web site.

Transition to new unsocial hours payments (Annex X)

9. The arrangements in Annex X, for transition to new rates of unsocial hours payments, ended on 31 March 2011. This Annex X, and references to these arrangements elsewhere in the Handbook, have been removed and replaced by the new Annex X (England) on workforce re-profiling. The old Annex X was in amendment 27 to the Handbook which will be archived on the NHS Employers web site.

Workforce re-profiling (Annex X (England))

10. The new agreement is intended to support organisations undertaking workforce reform and provides advice on the consistent application of job evaluation.

National recruitment and retention premia: transitional protection arrangements

11. Pay Circular (AforC) 3/2011 contained arrangements, in a revised Annex R, for national recruitment and retention premiums to be phased out. On 1 April 2013 all payments will cease.

Balancing work and personal life (Section 35): parental leave

12. As part of the Government's response to the Modern Workplaces Consultation, unpaid parental leave increased from 13 to 18 weeks with effect from 8 March 2013. This is in line with the EU Parental Leave Directive. Paragraph 35.5 is amended in line with these developments.

Equality assessments

13. The amendments to the Handbook in this Circular have been the subject of an equality assessment by the NHS Staff Council. Local employers should review the national equality assessment (which will be available on the NHS Employers web site) and undertake their own assessments in line with their public sector equality duty, in partnership with trades unions, before implementing changes to pay and conditions.

Effect of this amendment

14. The changes which are made effective by this circular are described in detail in the attached Annex. Copies of the new Sections 1(a) (England), 6(a) (England), 14(a) (England), 22 and the new Annexes W (England) and X (England) are attached.

27 March 2013

The NHS Terms and Conditions of Service Handbook

Pay Circular (AforC) 2/2013

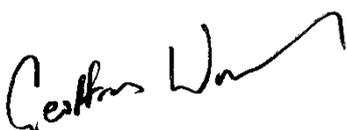
15. **Sections and annexes with the suffix "(a)" apply in England from 31 March 2013:**

- Employers in **England** will need to print pages: 1–16, 21–24, 29–38, 47–64, 69–232, 235–240, 243–258, 265–282
- Employers in **Scotland, Wales and Northern Ireland** will need to print pages: 1–20, 25–28, 33–46, 51–68, 73–178, 193–234, 237–242, 251–264, 273–282

Enquiries

16. Employees must direct personal enquiries to their employer.
17. Employers should direct enquiries to: agendaforchange@nhsemployers.org
18. Copies of this circular can be downloaded from: www.nhsemployers.org
19. A copy of the NHS Terms and Conditions of Service Handbook can be downloaded from the NHS Employers website at the following web address:
www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-AtAGlanceRP.aspx
20. Prior to the establishment of NHS Employers in November 2004, responsibility to inform the NHS of changes to pay and allowances for staff on Agenda for Change contracts rested with the Department of Health. Changes were published in Advance Letters. Copies of Advance Letters going back to 1995 may be obtained from the Department of Health website.

Issued by



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Head of Agenda for Change/Non-Medical Pay
NHS Employers

Annex

Pay Circular (AforC) 2/2013

NHS Terms and Conditions of Service Handbook, amendment number 28

The changes made effective by this circular are:

Title Page

"Pay Circular (AforC) 1/2013" is changed to "**Pay Circular (AforC) 2/2013**".

Introduction

The first paragraph is deleted.

The last sentence in paragraph 2 beginning "staff on contracts" is deleted.

A new second paragraph is inserted as follows:

" This Handbook is published on the Agenda for Change web site. It is not published in hard copy. It is amended whenever new agreements are reached in the NHS Staff Council. Amendments to the Handbook are published in numbered pay circulars which set out details of the changes, including the effective date(s) of changes to pay and conditions. The title page shows the number of the latest amendment and the number of the pay circular which announced it. Footnotes refer to the pay circular which contained the last amendment to each Section".

A new third paragraph is inserted as follows:

Sections and annexes with the suffix "(a)" apply in England from 31 March 2013 (Pay Circular (AforC) 2/2013):

- **Employers in England will need to print pages: 1–16, 21–24, 29–38, 47–64, 69–232, 235–240, 243–258, 265–284**
- **Employers in Scotland, Wales and Northern Ireland will need to print pages: 1–20, 25–28, 33–46, 51–68, 73–178, 193–234, 237–242, 251–264, 275–284**

Contents

A new entry is inserted after "Section 1, Pay structure," as follows:
"Section 1(a) (England): Pay structure"

A new entry is inserted after "Section 2, Maintaining round the clock services," as follows:
"Section 2(a) (England): Maintaining round the clock services"

A new entry is inserted after "Section 6, Career and pay progression," as follows:
"Section 6(a) (England): Career progression"

A new entry is inserted after "Section 14, Sickness absence," as follows:
"Section 14(a) (England): Sickness absence"

A new entry "**Section 22: Injury allowance**" is inserted.

The entry: "Sections 22-24 (Unallocated)"
is changed to:
"Sections 23 -24 (Unallocated)"

In Part 4, "Employee relations" the first entry is Section 25, "Facilities for staff representatives". This is changed to:
"Section 25: Time off and facilities for trades union representatives"

The entry "Sections 28–29 (Unallocated)" is changed to:
"Sections 28 and 29 (Unallocated)"

"Section 30 General statement on equality and diversity" is changed to:
"Section 30: General equality and diversity statement"

The entry "Section 40: new bodies and procedures" is changed to
"Section 40: National bodies and procedures"

"Sections 41 to 45 (Unallocated)" is changed to:
"Sections 41 - 46: (Unallocated)"

The entry "Part 7, Transitional arrangements", is changed to:
Part 7: Maintenance

The entry "Section 46, Assimilation and protection" is deleted.

The entry "Section 47, Monitoring, reviews and appeals" is changed to:
"Section 47: Reviews, appeals and job evaluations."

The entry Annex B: Pay bands and pay points from 2004 is changed to:
"Annex B: Pay bands and pay points on the second pay spine in England from 2004."

The entry "Annex C: Latest pay bands and pay points" is changed to "**Annex C:
"Latest pay bands and pay points in England."**

The entry "Annex E, Provisions for unsocial hours payments for ambulance staff and available to early implementer sites" is changed to:
"Annex E: Provisions for unsocial hours payments for ambulance staff."

The entry Annex F: Examples of special cases under the provisions for work outside normal hours" is changed to "**Annex F: Provisions for unsocial hours payments for ambulance staff: examples of special cases."**

The entry Annex K: Additional freedoms for trusts with earned autonomy" is changed to "**Annex K: Additional freedoms for NHS foundation trusts and other trusts with earned autonomy in England."**

A new entry is inserted after "Annex S, Local appeals procedures", as follows:
Annex S(a) (England): Local appeals procedures

"Annex W: (Unallocated)"
is deleted and the new entry:
"Annex W (England): Pay progression"
is inserted.

"Annex X: Working or providing emergency cover outside normal hours"
is deleted and the new entry
"Annex X (England): Guidance on workforce re-profiling"
is inserted.

A new entry is inserted after "Annex A2, Guidance on frequently asked questions", as follows:

"Annex A2(a) (England): Guidance on frequently asked questions"

Part 1: Principles and partnership

In paragraph 4 bullet number 7 is:

- implement the new pay system within the management, financial and service constraints likely to be in place.

This bullet is deleted.

Part 2: Pay

Section 1: Pay structure

Paragraph 1.2: line 1: The words "Part 2 and Part 7 of" are deleted. The word "set" becomes "**sets**".

In line 2: the entry "(Part 6)" is deleted.

In line 6: the word "below" in brackets is deleted and replaced with the words "**in this Section**".

Paragraph 1.3: line 2: the words "on assimilation" are deleted and replaced by the new words "**be assigned.**"

Paragraph 1.4: line 3: the word "assimilate" is deleted and replaced by the new words "**be assigned.**"

Paragraph 1.5: line 1: the words "**(third edition)**" are inserted after the word "Handbook".

In line 2: the words "the new" are deleted and replaced by the word "**this**".

In line 4: the words: "The process for assimilation is set out more fully in Section 46." are deleted.

In line 4: the words:

"The process for assimilation is set out more fully in Section 46." are deleted.

In footnote number 1 attached to paragraph 1.5 the web site link is:

www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en

This is deleted and replaced by:

www.nhsemployers.org/Aboutus/Publications/Pages/NHSJobEvaluationHandbookThirdEdition.aspx

Paragraph 1.6: line 2: the word "below" is deleted.

Table 1: the heading is:
“Review body spine”
This is changed to:
“**NHS Pay Review Body (NHSPRB) spine**”

Paragraph 1.9: line 1: the word "new" is deleted.
In line 2 the reference to "Section 6" and the word "the" after the word "gives" is deleted.

Paragraph 1.10: line 2: the words "**in England**" are inserted after the words "pay spine".

The heading "Transitional arrangements" and paragraph 1.11 are deleted.

A new heading "**Incremental dates**" is inserted above two new paragraphs as follows:

"1.11 For newly appointed or promoted staff the incremental date will be the date they take up their post.

1.12 All other staff will retain their current incremental date."

A new **Section 1(a) England: Pay structure** is inserted.

Section 2: Maintaining round the clock services

The existing paragraph 2.1 is deleted: following paragraphs are re-numbered.

In the existing paragraph 2.2: lines 4 and 5: the words “percentage enhancements should be paid” are deleted and replaced by the new words “**they should receive unsocial hours payments.**”

In existing paragraph 2.3: lines 1 and 2: the words “paragraphs 2.1 to 2.12 of the previous agreement” are deleted and replaced by the new words “**the interim regime**” **previously set out in this Section.**”

In line 4 the words "set out" are deleted.

In existing paragraph 2.4: line 1 the word "or" is deleted and the word "**and**" is inserted.

In lines 2 and 3: the reference to “paragraphs 2.4 to 2.30 below” is deleted and replaced by “**paragraphs 2.4 to 2.23 in this Section.**”

The existing paragraph 2.5 is deleted: all following paragraphs are re-numbered.

The existing paragraph 2.8 is deleted: all following paragraphs are re-numbered.

In existing paragraph 2.9 the words "Section 10" are deleted and the reference to "paragraph 10" is changed to "paragraph 10.1".

In existing paragraph 2.10: line 1: the words “percentage enhancement” are deleted and replaced by the new words “**unsocial hours payment.**” The second sentence beginning “Annex X. . .” and the remainder of this paragraph are deleted.

The existing paragraph 2.11 is deleted: following paragraphs are re-numbered.

In existing paragraph 2.12: line 1, the words "Premium payments" are deleted and replaced by the new words "**unsocial hours payments.**"

The existing paragraph 2.13 is deleted: following paragraphs are re-numbered.

In existing paragraph 2.14: line 2: the reference to "paragraphs 2.33 to 2.57" is deleted and replaced by "**paragraphs 2.24 to 2.26 in this Section.**"

In Table 2 the words "**Unsocial hours payments**" are added above the line "Column1: Column 2: Column 3".

In existing paragraph 2.15: line 1: the word "enhanced" is deleted.
In line 2 the word "or" is deleted and the word "and" is inserted.

In existing paragraph 2.17: line 1: the words "percentage enhancement" are deleted and replaced by the new words "**unsocial hours payment.**"

Existing paragraph 2.18: line 4: the words "percentage enhancement for" are deleted and the new word "**payment**" is inserted after the words "unsocial hours".

The heading above existing paragraph 2.19 "Occupational sick pay" is changed to "**Occupational sick pay and contractual maternity pay**".

In paragraph 2.19: line 1: the words "percentage enhancements" are deleted and the word "**payments**" is inserted after the words "unsocial hours".

In lines 2 and 3 the words "**in line with paragraph 14.4**" are inserted after the words "sick pay".

In lines 3 and 4 the words "paragraph 4 in Section 14" are changed to "**Section 15.**"

The existing paragraph 2.20 is deleted: following paragraphs are re-numbered.

In existing paragraph 2.21 the words "Section 13" are deleted.

In existing paragraph 2.22 the words "percentage enhancements for" in line 2, are deleted, and the new word "**payments**" is inserted after the words "unsocial hours".

The existing paragraph 2.23 is deleted: following paragraphs are re-numbered.

In existing paragraph 2.24 the words "percentage enhancements for" in lines 1 and 2, are deleted, and the new word "**payments**" is inserted after the words "unsocial hours" in line 2.

The heading "Staff working overtime" and existing paragraph 2.25 are deleted: following paragraphs are re-numbered.

The heading "On-call and other extended service cover" and existing paragraphs 2.32 to 2.53, including Table 3, are deleted: following paragraphs are renumbered.

Existing paragraph 2.55: line 1: the new words "**From 1 April 2011**" are inserted at the start of the second sentence.

Existing paragraph 2.56: line 1: the reference to “paragraphs 2.35 to 2.51” is deleted and replaced by the new words “**this Section.**”

A new "**Section 2(a) England: Maintaining round the clock services**" is inserted.

Section 3: Overtime payments

Paragraph 3.6: line 2: the words in brackets “(see Section 2, paragraph 2.45)” are deleted.

Section 4: Pay in high cost areas

Paragraph 4: line 8: the word "new" is deleted.

Paragraph 5 is:

"Current payments for London weighting, fringe allowances and cost of living supplements in these areas will be discontinued once the new arrangements are in force."

It is changed to:

"Current payments for London weighting, fringe allowances and cost of living supplements in these areas will be discontinued once the arrangements in this Section are in force."

Paragraph 4.9: bullet number 3: the words "staff organisations" become "**trades unions/staff organisations**".

Bullet number 4: is deleted.

In paragraph 4.10: line 3: the words "and strategic health authorities" are deleted.

The heading “Transitional arrangements” above paragraph 4.11 and the paragraph itself are deleted.

Section 6: Career and pay progression

The footnote attached to paragraph 1 is:

“Available at:

www.dh.gov.uk/PolicyandGuidance/HumanResourcesandTraining/ModernisingPay/AgendaForChange/KnowledgeAndSkillsFramework.htm
and at www.scot.nhs.uk/sehd/paymodernisation/afc.htm”

It is changed to:

“**Available at:**

“**<http://www.nhsemployers.org/Aboutus/Publications/Pages/KnowledgeandSkillsFrameworkNHSstaff.aspx>**
and at www.scot.nhs.uk/sehd/paymodernisation/afc.htm”

In paragraph 6.3: line 1: the word "above" is deleted and replaced with the words "in this Section." The word "paragraph" is inserted before "6.2".

In new line 3: the word "below" is deleted and replaced with the words "**in this Section**".

In paragraph 6.5: line 3: the word "below" is deleted and replaced with the words "**in this Section**".

In paragraph 6.9: line 6: the word "above" is deleted and replaced by the words "**in this Section**".

In paragraph 6.18: line 2: the words "Table 4 below" are deleted and replaced with "**Table 3**".

In paragraph 6.21 the word "new" is deleted.

In paragraph 6.25: line 4: the word "new" is deleted.

In paragraph 6.32: line 4: "from long-term sick leave" is changed to "**from long-term sickness absence**."

In paragraph 6.33: line 6: "long-term sick leave" is changed to "**long-term sickness absence**".

The heading above paragraph 6.36 "Transitional arrangements" and paragraph 6.36 are deleted.

A new **Section 6(a) England: Career progression** is inserted.

Section 7: Payment of annual salaries

In paragraph 1: line 2: the words "Table 5 below" are deleted and replaced by "**Table 4**".

In paragraph 2: line 2: the words "Table 6 below" are deleted and replaced by "**Table 5**".

Part 3: Terms and conditions of service **Section 10: Hours of the working week**

Paragraph 10.1: lines 2 and 3: the words "subject to the protection and assimilation arrangements set out in Section 46" are deleted.

The heading above paragraph 10.3 "Transitional arrangements" is deleted, as are paragraphs 10.3 and 10.4.

Section 11: Part-time employees and employees on fixed-term contracts

In paragraph 1: line 2: the words "in Section 13" are deleted.

Section 12: Contractual continuity of service

In paragraph 12.5: lines 2 and 3: "entitlement to sick leave" is changed to "**entitlement to sickness absence**".

Section 13: Annual leave and general public holidays

In paragraph 13.1: line 2: the words "Table 7 below" are deleted and replaced with "**Table 6**".

In line 2: the word "governing" is deleted and is replaced by the word "**on**".

Paragraph 13.4: line 4: the reference in brackets "(see Section 2 and Annex A3)" is changed to "**(see Sections 2 or 2(a) (England) and Annex A3).**"

Paragraph 13.8: line 4: the words "the new" are deleted and the word "this" is inserted.

The heading above paragraph 13.10 "Transitional arrangements" and paragraph 13.10 are deleted.

Section 14: Sickness absence

In paragraph 14.2: line 3: the word "governing" is deleted and is replaced by the word "**on**".

In paragraph 14.6: bullet point 2 is:

"injuries or diseases sustained to members of staff in the actual discharge of their duties, through no fault of their own"

It is changed to:

"injuries, diseases or other health conditions sustained or contracted in the discharge of the employee's duties of employment, as defined in Section 22;"

Bullet point 3 is:

"injury resulting from a crime of violence, not sustained on duty but connected with or arising from the employee's employment, where the injury has been the subject of payment by the Criminal Injuries Compensation Board (England and Wales), the Criminal Injuries Compensation Authority (Scotland) and the Compensation Agency (Northern Ireland)"

It is changed to:

"injury resulting from a crime of violence, not sustained on duty but connected with or arising from the employee's employment, where the injury has been the subject of payment by the Criminal Injuries Compensation Authority (England, Wales and Scotland) and the Compensation Agency (Northern Ireland);

Bullet point 4 is:

- as above, but an injury which has not been the subject of payment by the Board on grounds that it has not given rise to more than three weeks' loss of earnings or was not one for which compensation above the minimum would arise.

It is changed to:

- **"as above, but an injury which has not attracted payment of an award as it has not met the loss of earnings criteria or was not one for which compensation above the minimum would arise."**

In paragraph 14.7: line 4: the word above is deleted and replaced by "**in this Section**".

In paragraph 14.12: line 2: the word "**paragraph**" is inserted after the words "set out in" and the words "**in this Section**" are inserted after "14.2".

In paragraph 14.15: line 7: the word "above" is deleted and replaced by "**in this Section.**"

Paragraph 14.19 is:

"Payment of NHS Temporary Injury Allowance for workplace injuries or disease should be in accordance with the NHS Injury Benefit Scheme regulations."

It is changed to:

"Staff who are on sickness absence due to a work related injury, disease or other health condition may also be entitled to payment of an injury allowance as defined in Section 22."

A new "**Section 14(a) (England): Sickness absence**" is inserted.

Section 15: Maternity leave and pay

In paragraph 15.4: line 3: the word "below" is deleted.

In paragraph 15.7 (ii) (b): line 4: the word "below" is deleted.

In paragraph 15.9: (iii): line 3: the word "below" is deleted.

The heading above paragraph 15.11 "Work during the maternity leave period" is changed to "**Keeping in touch during the maternity leave period.**"

The heading below this "Keeping in touch days" is deleted.

In paragraph 15.26: line 8: "shall be treated as sick leave" is changed to "**shall be treated as sickness absence**"

In paragraph 15.33: line 2: "normal sick leave provisions" is changed to "**normal sickness absence provisions**".

In paragraph 15.40: line 2: "normal sick leave provisions" is changed to "**normal sickness absence provisions**".

In paragraph 15.41: line 3: the word "above" is deleted.

In paragraph 15.44: line 3: the word "above" is deleted.

In paragraph 15.45: line 2: the word "above" is deleted.

In paragraph 15.48: the words "**/increment (in England)**" are inserted immediately after the word "gateway."

In paragraph 15.61: sub-paragraph (i): line 2: the words "primary care trusts" are deleted "

In paragraph 15.66 the following links to web sites are deleted:

www.dti.gov.uk/employment/workandfamilies/maternity-leave-pay/guidance/page21116.html

www.dwp.gov.uk/lifeevent/benefits/statutory_maternity_pay.asp

<http://jobcentreplus.gov.uk/JCP/Customers/WorkingAgeBenefits/Dev008115.xml.html>
and replaced by the new link:
<http://www.gov.uk>

The link:
www.hse.gov.uk
is changed to:
www.gov.uk

Section 17: Mileage allowances

In paragraph 17.7: line 5: the word "below" is deleted.

In paragraph 17.12: lines 5 and 6: "prolonged sick leave" is changed to "**prolonged sickness absence**".

In paragraph 17.15: line 2: the word "above" is deleted.

In paragraph 17.21: line 3: the word "above" is deleted.

Section 20: Mutually agreed resignation schemes: principles.

The footnote to paragraph 20.21 (footnote number 2) starts "For SHAs, PCTs and NHS Trusts". It is changed to "**For NHS Trusts**".

In paragraph 20.22: lines 1 and 2: the words "local Strategic Health Authority" are deleted and replaced with "**NHS Trust Development Authority (NHS TDA)**".

Paragraph 20.26: line 2: the reference to "Section 5" is deleted and replaced by a new reference "**paragraphs 20.19 to 20.23**".

In existing paragraph 20.30: line 1: the word "Impact" is deleted and "Equality Assessment" is re-written as "**equality assessment**".

A new "**Section 22: Injury allowance**" is inserted.

The title page: "Sections 22-24 (Unallocated)"
is changed to:
"Sections 23-24 (Unallocated)"

Part 4: Employee relations

Section 25: Time off and facilities for trades union representatives

Paragraph 2: line 7: the words "to this Section" are deleted.

Paragraph 25.20: bullet number 9: line 1: the words "**this would be**" are inserted after the word "which".

Paragraph 25.21: the link www.staffgovernance.scot.nhs/what-is-staff-governance/staff-governance-standard
Is deleted and replaced by
www.scotland.gov.uk/Resource/Doc/179320/0051009.pdf

Section 27: Working time regulations

Paragraph 27.13: line 6: the reference in brackets" (see also paragraph 27.8 and Section 2)" is changed to "**(see also paragraph 27.8, Sections 2 or 2(a) (England) and Annex A3)**".

The title page "Sections 28 - 29: Unallocated" is changed to "**Sections 28 and 29: Unallocated**".

Section 31: Recruitment, promotion and staff development

In paragraph 8: line 4: the words "**or other relevant competency framework**" are inserted after "KSF".

In line 5: the words "**or 6(a) (England)**" are inserted after "Section 6".

In paragraph 31: lines 2 and 3: the words "**and/or, in England, relevant local policy documents**" are added to the end of the sentence.

Section 34: Flexible working arrangements

Paragraph 1: line 5: the words "**or 2(a) (England)**" are inserted after "Section 2".

Section 35: Balancing work and personal life

In paragraph 35.5: line 3: the number "13" is changed to "**18**" and the words in brackets "(18 weeks if child is disabled)" are deleted.

The headings below paragraph 35.31 "Keeping in touch"; "Work during the adoption leave period" and "Keeping in touch days" are deleted and replaced with "**Keeping in touch during the adoption leave period.**"

Section 40: National bodies and procedures

In paragraph 9: line 3: the word "new" is deleted.

The page "Sections 41 to 45 (Unallocated)" is changed to "**Sections 41 to 46 (Unallocated)**".

The title page:
Part 7: Transitional arrangements
Is changed to
Part 7: Maintenance

Section 46: Assimilation and protection

This Section is deleted.

Section 47

The heading to this Section is "Monitoring, reviews and appeals." This is changed to "**Reviews, appeals and job evaluations**".

Existing paragraphs 47.1 to 47.7 are deleted: following paragraphs are re-numbered.

In existing paragraph 47.9: line 4: the words "**or Annex S(a) (England)**" are inserted after the words "Annex S".

In line 7: the reference in brackets "(see paragraph 47.11 below)" is changed to "**(third edition)**" and the words in brackets "**(see paragraph 47.3)**" are inserted at the end of the sentence.

In existing paragraph 47.10 the second sentence is deleted.

Existing paragraph 47.12 is deleted.

Annexes

Annex A: NHS Employers

In the list of employers in England the following entries are deleted:

"Primary Care Trusts (until 31 March 2013)

Strategic health authorities (until 31 March 2013)"

The following new entries are added:

"The Health and Social Care Information Centre

National Institute for Health and Clinical Excellence"

In the list of employers in Northern Ireland the following entries are deleted:

"HSS health boards

HSS trusts

HSS special agencies"

The following entries are added:

"HSC Board

HSC Trusts

Public Health Agency

Business Services Organisation

Patient and Client Council

HSC Special Agencies"

Annex B

"Annex B: Pay bands and pay points from 2004"

is changed to: **Pay bands and pay points on the second pay spine in England from 1 October 2004**

A new paragraph 1 is created as follows:

"This Annex is an archive of pay bands and pay points in England since 1 October 2004. The pay tables are reproduced in exactly the form in which they appeared in the Handbook when they were published. Consequently, they

contain references to Sections which have been deleted e.g. Section 46: Assimilation and protection.”

A new paragraph 2 is created as follows:

“Current pay bands and pay points are in Annex C.”

The heading “Table 11” is deleted and replaced by **“Table 7.”**

The heading “Table 11a” is deleted and replaced by **“Table 7a.”**

The heading “Table 11b” is deleted and replaced by **“Table 7b.”**

The heading “Table 11c” is deleted and replaced by **“Table 7c.”**

The heading “Table 11d” is deleted and replaced by **“Table 7d.”**

The heading “Table 11e” is deleted and replaced by **“Table 7e.”**

The heading “Table 11f” is deleted and replaced by **“Table 7f.”**

The heading “Table 11g” is deleted and replaced by **“Table 7g.”**

The heading “Table 11h” is deleted and replaced by **“Table 7h.”**

A new **Annex B: Table 7(i)** is inserted into Annex C: **“Pay bands and pay points on the second pay spine in England from 1 April 2012.”**

Annex C

A new **Table 8** is inserted into Annex C: **“Pay bands and pay points on the second pay spine in England from 1 April 2013.”**

Annex D: Working or providing emergency cover outside normal hours

Paragraph 1 is deleted: following paragraphs are re-numbered.

Existing paragraph 2: line 1: the words “have already opted to stay with Whitley” are deleted and the new words **“are reviewing on-call in line with Sections 2 or 2(a) (England) and Annex A3”** are inserted after the word “who” in line 1.

The entry:

“Speech and language therapists

is changed to:

“Speech and language therapists

No provision: see Section 2, paragraph 33”

No provision”

The entry:

“Clinical psychologists and child psychotherapists

is changed to:

“Clinical psychologists and child psychotherapists

No provision: see Section 2, paragraph 33”

No provision”

The title “Annex E: “Provisions for unsocial hours payments for ambulance staff and available to early implementer sites” is changed to “Annex E: **“Provisions for unsocial hours payments for ambulance staff”**”

In paragraph 1: the last sentence is deleted.

The heading “Table 13” is deleted and replaced by **“Table 9”**.

In paragraph 8: line 9: the reference to "Table 13 above" is deleted and replaced by "**Table 9**". The word "above" is deleted.

In paragraph 10: line 4: the word "above," in brackets, is deleted and replaced by "**in this Section**".

The heading "Table 13" is deleted and replaced by "**Table 9**".

Paragraph 8: line 9: "Table 13 above" is deleted and replaced by "**Table 9**".

Paragraph 20: Line 3: "long term sick leave" is changed to "**long-term sickness absence.**"

The title "Annex F: Provisions for unsocial hours payments for ambulance staff and available to early implementer sites" is changed to "**Annex F: Provisions for unsocial hours payments for ambulance staff**"

In line 9: "Table 13" is deleted and replaced by "**Table 9**".

Annex G: Good practice guidance on managing working patterns

Paragraph 4 is:

The Improving Working Lives (IWL) website at:

<http://www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/Modелеmployer/Improvingworkinglives/index.htm>

includes a good practice database, which provides examples of how flexible working is used to cover both normal hours and the provision of care outside normal hours. There are comparable initiatives providing similar information in each of the other countries (e.g. the PIN Guidelines in NHSScotland).

<http://www.nhsemployers.org/HealthyWorkplaces/ImplementingBoorman/Pages/Improvingworkinglives.aspx>

It is changed to:

NHS Staff Council guidance on Improving Working Lives (IWL) is at:

<http://www.nhsemployers.org/HealthyWorkplaces/ImplementingBoorman/Pages/Improvingworkinglives.aspx>

It includes a good practice database, which provides examples of how flexible working is used to cover both normal hours and the provision of care outside normal hours. There are comparable initiatives providing similar information in each of the other countries (e.g. the PIN Guidelines in NHSScotland).

Annex H: High cost area payment zones

Paragraph 1: line 2: the words "the current" are deleted.

The heading "Table 14" is deleted and replaced by "**Table 10**".

The heading "Table 15" is deleted and replaced by "**Table 11**".

The heading "Table 16" is deleted and replaced by "**Table 12**".

Annex I: High cost area supplements

The heading "Table 17" is deleted and replaced by "**Table 13**".
The heading "Table 17a" is deleted and replaced by "**Table 13a**".
The heading "Table 17b" is deleted and replaced by "**Table 13b**".
The heading "Table 17c" is deleted and replaced by "**Table 13c**".
The heading "Table 17d" is deleted and replaced by "**Table 13d**".

In the footnote below "Table 17d", in line 3, the reference to "Table 17e" is deleted and replaced by "**Table 13e**".

The heading "Table 17e" is deleted and replaced by "**Table 13e**".

A new Table 13f is created "**From 1 April 2010**"

The heading "Table 18" is deleted and replaced by "**Table 14: From 1 April 2013**".

Annex J: Local recruitment and retention premium criteria

In paragraph 5: line 1: the word "above" is deleted.

In paragraph 6: lines 1 and 2: the words "the strategic health authority" are deleted.

In paragraph 9: lines 1 and 2: the words "the strategic health authority" are deleted.

Annex K: Additional freedoms for NHS foundation trusts and other trusts with earned autonomy in England

In paragraph 1 the first sentence is deleted. The second sentence begins "But where. . ." The word "But" is deleted so that it begins "**Where NHS organisations. . .**"
In sub-paragraph (i): line 2: the words "and any contractual agreements with PCTs" are deleted.

In sub-paragraph (iii) lines 2, 3 and 4 the words "and where appropriate with the explicit agreement of their strategic health authority" are deleted.

In paragraph 2: sub-paragraph (iii) line 3: the words "or strategic health authority" are deleted.

Annex N: Subsistence allowances

In paragraph 1: line 2: the words "of Section 18" are deleted.

Annex P: Coverage of NHS Pay Review Body

The letters "**(NHSPRB)**" in brackets are added at the end of the heading.

Implementation annexes

Annex R: Withdrawal of nationally agreed recruitment and retention premia and transitional arrangements

Paragraph 1: line 6: the reference to “Table 19 below” is deleted and replaced by “**Table 15**”.

The heading “Table 19” is deleted and replaced by “**Table 15**”.

Annex S: Local appeals procedures

In paragraph 1: line 3: the word “new” is deleted.

In sub-point (i): the words “unsocial hours” are deleted and the words “**of unsocial hours payments**” are added after the word “system.”

Paragraph 12 is deleted.

A new “**Annex S(a) England: Local appeals procedures**” is inserted.

Annex U: Arrangements for pay and banding of trainees

In paragraph 2: sub-point (ii): line 8: the words “**when this is in use in an organisation**” are inserted after the word “gateway”.

In paragraph 3: line 1: the word “above” is deleted.

The title page “Annex W (Unallocated)” is deleted.

Annex W

Annex W has been an “unallocated” Annex. A new **Annex W (England): “Pay progression”** is inserted.

Annex X: Working or providing emergency cover outside normal hours

The existing Annex X is deleted. A new “**Annex X (England): Guidance on workforce re-profiling**” is inserted.

Annex Y: Arrangements for general and public holidays over the Christmas and New Year holiday periods

The heading “Table 22” is deleted and replaced by “**Table 16**”.

The heading “Table 23” is deleted and replaced by “**Table 17**”.

The heading “Table 24” is deleted and replaced by “**Table 18**”.

Annex Z: Managing sickness absences – developing local policies and procedures

A new heading “**Absence reporting**” is inserted above the existing heading “Structured review”

A new paragraph 7 and a new paragraph 8 are inserted as follows:

7. "Local policies should define how and when staff notify their employer of their sickness absence."

8. "Early notification that the absence is work related will enable an employer to make a timely determination of future injury allowance entitlement, as defined in Section 22".

The following paragraphs are renumbered.

In paragraph 8: sub-paragraph 4: is:

"sick pay entitlements – review and decision dates should be determined taking account of the individual's sick pay entitlements and there should be a review before their sick pay ends. Procedures should make reference to the NHS Injury Benefit Scheme and, in particular, the circumstances when NHS Temporary Injury Allowance should be paid;"

It is changed to:

"sick pay entitlements – review and decision dates should be determined taking account of the individual's sick pay entitlements and there should be a review before their sick pay ends. Procedures should make reference to provisions in Section 22 and the amended NHS injury benefit scheme regulations;"

Annex A2: Guidance on frequently asked questions (FAQs)

Part 2: Section 1: Pay Structure

Paragraph 7

Footnote number 3

Which senior managers in England are covered by Agenda for Change?

The NHS Terms and Conditions of Service Handbook makes clear that there will be separate arrangements for the most senior managers working in the NHS. These will be defined as chief executives and those senior managers at board level who report directly to them. The Agenda for Change provisions will be available to all other managers who should be offered the opportunity to move onto Agenda for Change pay and terms and conditions, backdated to 1 October 2004.

This is changed to

Part 2: Section 1: Pay Structure

Paragraph 7

Footnote number 3

Which senior managers are covered by Agenda for Change?

The NHS Terms and Conditions of Service Handbook makes clear that there will be separate arrangements for senior managers working in the NHS. The Agenda for Change provisions will be available to all other managers.

All the FAQs relating to Section 2 are deleted except:

Part 2: Section 2: Maintaining round the clock services

Paragraph 6

Footnote number 2

Do the provisions for unsocial hours payments in Annex E apply just to staff working on ambulances or to all staff?

Paragraph 2.6 makes clear that the arrangements in Annex E should apply to ambulance staff (i.e. those who would have been subject to the provisions of the Ambulance Whitley Council had they been on national contracts). Paragraph 2.5 describes arrangements for transferring staff in former EI sites from the Annex E payments to the new payments in Section 2.

This is changed to:

Part 2: Section 2: Maintaining round the clock services

Paragraph 4

Footnote number 1

Do the provisions for unsocial hours payments in Annex E apply just to staff working on ambulances or to all staff?

Paragraph 2.4 makes clear that the arrangements in Annex E should apply to ambulance staff (i.e. those who would have been subject to the provisions of the Ambulance Whitley Council had they been on national contracts).

The first FAQ relating to Section 3 is:

Part 2: Section 3: Overtime payments

Paragraph 2

Footnote number 1

How is overtime pay calculated for staff on “*protected pay*”? As an example: if staff are on Agenda for Change pay point £18,000 but the protected level of pay is £20,000, is overtime paid on £20,000?

Yes, overtime is not off-set against protected pay. Overtime payments are calculated by taking the annual rate of basic pay and working out the rate of pay per hour. In this case the annual rate of pay used will be £20,000. All overtime is payable at one and a half times the hourly rate, except overtime worked on general public holidays which is payable at twice the hourly rate (paragraph 3.1).

This FAQ is deleted.

The second FAQ relating to Section 3 is:

Part 2: Section 3: Overtime payments

Paragraph 3

Footnote number 2

Under Agenda for Change when does overtime start for a part-time member of staff?

For staff working a portion of the standard 37½ hours, overtime starts when these staff work over 37½ hours (paragraph 3.3). Where standard hours are as in Tables 9 and 10 in Section 46 overtime starts when the hours in the right-hand column in each table are exceeded.

This is changed to:

Part 2: Section 3: Overtime payments

Paragraph 3

Footnote number 1

Under Agenda for Change when does overtime start for a part-time member of staff?

For staff working a portion of the standard 37½ hours, overtime starts when these staff work over 37½ hours (paragraph 3.3).

Part 2: Section 4: Pay in high cost areas

Paragraph 7 (see also paragraph 46.5)

Footnote number 1

Where a member of staff is in receipt of a COLs based RRP (4.7 and 46.5) and is promoted within the same Trust does he or she retain the RRP?

Yes, providing the person is still in a staff group meeting the eligibility criteria.

This is changed to:

Part 2: Section 4: Pay in high cost areas

Paragraph 7

Footnote number 1

Where a member of staff is in receipt of a COLs based RRP (4.7) and is promoted within the same Trust does he or she retain the RRP?

Yes, providing the person is still in a staff group meeting the eligibility criteria.

Part 3: Section 13: Annual leave and general public holidays

Paragraph 1, Table 7: Leave entitlements

Footnote number 1

What happens to my two public holiday days when Easter is in March and when, therefore, if Easter was in April the previous year, I have already had two days for Easter in the current twelve-month period?

The Agenda for Change annual leave and general public holiday entitlements are set out in Section 13. In normal circumstances all staff are entitled to 8 general public holidays in a twelve-month period. Sometimes Easter will fall in March. This may mean that in some organisations there will, in effect, be two Easter holidays in the same twelve-month period. In such circumstances the local partners will need to decide on the appropriate action to take. Pragmatically, this might mean anticipating the two public holidays falling in the next twelve-month period.

This is changed to:

Part 3: Section 13: Annual leave and general public holidays

Paragraph 1, Table 6: Leave entitlements

Footnote number 1

What happens to my two public holiday days when Easter is in March and when, therefore, if Easter was in April the previous year, I have already had two days for Easter in the current twelve-month period?

The Agenda for Change annual leave and general public holiday entitlements are set out in Section 13. In normal circumstances all staff are entitled to 8 general public holidays in a twelve-month period. Sometimes Easter will fall in March. This may mean that in some organisations there will, in effect, be two Easter holidays in the same twelve-month period. In such circumstances the local partners will need to decide on the appropriate action to take. Pragmatically, this might mean anticipating the two public holidays falling in the next twelve-month period.

Part 3: Section 13: Annual leave and general public holidays

Paragraph 4

Footnote number 2

Does paragraph 13.4 provide an entitlement to equivalent time off at plain time rates, plus the appropriate payment, on top of the standard entitlement to 8 general and public holidays (see table 7)?

No – paragraph 13.4 preserves the right to 8 general public holidays. It does not provide additional entitlements.

This is changed to:

Part 3: Section 13: Annual leave and general public holidays

Paragraph 4

Footnote number 2

Does paragraph 13.4 provide an entitlement to equivalent time off at plain time rates, plus the appropriate payment, on top of the standard entitlement to 8 general and public holidays (see table 6)?

No – paragraph 13.4 preserves the right to 8 general public holidays. It does not provide additional entitlements.

Part 3: Section 14: Sickness absence

Paragraph 4

Footnote number 2

How is the reference period for calculating sick pay determined under Section 14?

This is the average pay for the three month period ending on the day before an employee commences sick leave – or any other locally agreed reference period.

Is changed to

Part 3: Section 14: Sickness absence

Paragraph 4

Footnote number 2

How is the reference period for calculating sick pay determined under Section 14?

This is the average pay for the three month period ending on the day before an employee commences sickness absence – or any other locally agreed reference period.

A new FAQ is inserted as follows:

Part 3: Section 22: Injury allowance

Paragraph 4

Footnote number 2

What guidance will be produced on how sickness and injury is judged to be work related?

Section 22 of the NHS terms and conditions of service handbook says that *the attribution of injury, illness or other health condition will be determined by the employer who should seek appropriate medical advice*. Accompanying Section 22 the Staff Council has published *Supporting guidance for the introduction of the new injury allowance*.

All the FAQs relating to Section 46 are deleted.

Implementation annexes: Annex A3: Principles for harmonised on-call arrangements

Interim regime

Paragraph 48

Footnote number 1

Does the protection for on-call arrangements include protection for the “rate of pay”. For example, if the local protected agreement says that Sunday is double time is this protected under 2.8.

Yes, all current on-call arrangements may be protected for groups of employees irrespective of whether they were nationally or locally agreed (paragraphs 2.8 and 2.48). It is the totality of the local national on-call agreement that is protected. Pay circular (AforC) 1/2009 announced that where flat rate on-call allowances continue to be paid in accordance with Section 2 these should be increased by 2.4%. This protection does not prevent local agreements on alterations to working patterns to meet changing service needs.

This is changed to:

Implementation annexes: Annex A3: Principles for harmonised on-call arrangements

Interim regime

Paragraph 48

Footnote number 1

Does the protection for on-call arrangements include protection for the “rate of pay”. For example, if the local protected agreement says that Sunday is double time is this protected under 2.48.

Yes, all current on-call arrangements may be protected for groups of employees irrespective of whether they were nationally or locally agreed (paragraph 2.48). It is the totality of the local national on-call agreement that is protected. Pay circular (AforC) 1/2009 announced that where flat rate on-call allowances continue to be paid in accordance with the former interim regime in Annex A3 these should be increased by 2.4%. This protection does not prevent local agreements on alterations to working patterns to meet changing service needs.

Implementation annexes: Annex A3: Principles for harmonised on-call arrangements
Interim regime
Paragraph 48
Footnote number 1

On what date does the period of protection of current on-call arrangements start?

It starts from 1 October 2004 – the effective date for new pay and conditions, except hours of work (see paragraph 46.6).

This is changed to:

Implementation annexes: Annex A3: Principles for harmonised on-call arrangements
Interim regime
Paragraph 48
Footnote number 1

On what date does the period of protection of current on-call arrangements start?

It starts from 1 October 2004.

A new "**Annex A2(a) (England): Guidance on frequently asked questions (faqs)**" is inserted.

Annex A3: Principles for harmonised on-call arrangements

Paragraph 1: line 1: the first sentence is:

"Paragraphs 2.1 and 2.32 identify that from 1 April 2011, payments for on-call will need to be agreed locally and consistent with the principles set out below".

This is changed to:

"Paragraph 2.25 in Section 2 and paragraph 2.27 in Section 2(a) (England) confirm that from 1 April 2011, payments for on-call will need to be agreed locally and consistent with the principles set out below."

Paragraph 2: line 1: the reference to paragraph 2.54 is deleted and replaced with a new reference to "**Paragraph 2.24 in Section 2 and paragraph 2.26 in Section 2(a) (England).**"

The heading "Table 25" is deleted and replaced by "**Table 19.**"

Existing Table 25: Principles for harmonised on-call arrangements

1. Equal pay: right-hand column: "Principles" bullet 2: is:
 - All employing organisations will need to undertake an Equality Impact Assessment (EqIA) of their proposals.

This is changed to

- **"All employing organisations will need to undertake an equality assessment of their proposals."**
2. Commitment or availability payment

In the right-hand column In line 12: third bullet: the word "grade" is deleted and replaced with the word "**band**".

In the last paragraph the reference to "paragraphs 2.27 to 2.28" is deleted and replaced with a reference to "**paragraphs 2.19 to 2.20 in Section 2 and paragraphs 2.21 to 2.22 in Section 2(a) (England)**".

11. Agenda for change interim regime

In line 2 in the right hand column the word “are” is deleted and replaced by the word “were”.

12. Transition

The third bullet point, in the right-hand column is:

- “As an example of some of the above elements in practice, Section 2 and Annex X set out how transition was approached when new unsocial hours provisions were introduced”.

It is changed to:

“The transitional arrangements which were agreed as part of the new, harmonised unsocial hours payments were an example of this sort of approach. New lower and higher levels of payments were introduced in stages over three years. ”

Introduction

The terms and conditions of service set out in this handbook apply in full to all staff directly employed by NHS organisations, except very senior managers and staff within the remit of the Doctors' and Dentists' Review Body. NHS organisations include Health and Social Care organisations in Northern Ireland. References to the NHS throughout this document should be read as including these organisations where appropriate.

The Handbook is published on the Agenda for Change web site. It is not published in hard copy. It is amended whenever new agreements are reached in the NHS Staff Council. Amendments to the Handbook are published in numbered pay circulars which set out details of the changes, including the effective date(s) of changes to pay and conditions. The title page shows the number of the latest amendment and the number of the pay circular which announced it. Footnotes refer to the pay circular which contained the last amendment to each Section.

Sections and annexes with the suffix "(a)" apply in England from 31 March 2013 (Pay Circular (AforC) 2/2013):

- Employers in **England** will need to print pages: 1–16, 21–24, 29–38, 47–64, 69–232, 235–240, 243–258, 265–284
- Employers in **Scotland, Wales and Northern Ireland** will need to print pages: 1–20, 25–28, 33–46, 51–68, 73–178, 193–234, 237–242, 251–264, 275–284

Section 1(a) (England): Pay structure

Pay spines

- 1.1 The NHS pay system as a whole will have two pay spines or series of pay bands: pay spine one for staff within the remit of the Doctors' and Dentists' Review Body and pay spine two for staff within the extended remit of the NHS Pay Review Body (NHSPRB).
- 1.2 This Handbook sets out pay and conditions for staff within the remit of the NHSPRB. Section 40 explains the role of the NHS Staff Council, its Executive and the NHS pay review bodies. Annex P sets out the extended coverage of the NHSPRB. Pay and conditions for the most senior managers are outside the scope of this Handbook (see paragraph 1.7 in this Section).
- 1.3 The pay spine for staff covered by the NHSPRB will be divided into nine pay bands. All staff covered by this pay system will be assigned to one of these pay bands on the basis of job weight, as measured by the NHS Job Evaluation Scheme.
- 1.4 To assist this process, a set of NHS jobs have been evaluated and national job profiles drawn up where the job evaluation score is agreed. Staff whose jobs match these profiles will be assigned on the basis of the profile score. Other jobs will be evaluated locally on a partnership basis. When new posts are created or existing posts re-designed the principles set out in the Job Evaluation Handbook (third edition) will apply.
- 1.5 The NHS Job Evaluation Handbook (third edition)¹ sets out the basis of job evaluation, which underpins the pay system and includes the factor plan, the weighting and scoring document and a guide for matching posts locally.
- 1.6 The nine pay bands and their corresponding job evaluation scores are set out in Table 1(a)². Within this structure, pay band 8 is sub-divided into four ranges.

¹ Available, together with the nationally evaluated job profiles, on the Agenda for Change web site at:

www.nhsemployers.org/Aboutus/Publications/Pages/NHSJobEvaluationHandbookThirdEdition.aspx

x

² See the question and answer guidance in Annex A2(a) (England).

Table 1(a)
Pay bands and job weight

NHS Pay Review Body (NHSPRB) spine	
Pay band	Job weight
1	0 – 160
2	161 – 215
3	216 – 270
4	271 – 325
5	326 – 395
6	396 – 465
7	466 – 539
8a	540 – 584
8b	585 – 629
8c	630 – 674
8d	675 – 720
9	721 - 765

- 1.7 There are separate arrangements for Chief Executives and directors at board level whose posts are not subject to the pay system in this Handbook.³ These alternative arrangements may also apply to other senior posts which, in this pay structure, have been assessed as having a job weight over 630 points⁴.

Pay progression

- 1.8 Incremental pay progression for all pay points, within each pay band, will be conditional upon individuals demonstrating that they have the requisite knowledge and skills/competencies for their role and that they have demonstrated the required level of performance and delivery during the review period, as determined locally in line with Annex W (England).
- 1.9 Provided the appropriate level of performance and delivery has been achieved during the review period, individuals will progress from pay point to pay point on an annual basis⁵. For pay bands 1 to 7, 8A and 8B this will apply to all the pay points in each pay Band. For pay bands 8C, 8D and 9 this will apply for the first 4 pay points in the band (see Annex C and paragraph 1.11 to 1.15 in this Section).
- 1.10 Ordinarily, pay progression should not be deferred on performance grounds unless there has been a prior documented discussion between the individual and the person undertaking their review, regarding failure to meet the required level of performance, and the employee has been

³ See the question and answer guidance in Annex A2(a) (England).

⁴ See the question and answer guidance in Annex A2(a) (England).

⁵ See the question and answer guidance in Annex A2(a) (England).

given a reasonable opportunity to demonstrate the required improvement before the decision on pay progression is taken. This prior discussion would need to identify areas for improvement and any reasonable developmental support the individual may require to operate at the required local level of performance.

Annually earned pay points

- 1.11 Pay progression beyond the first four pay points in pay bands 8C, 8D and 9 will be dependent upon the achievement of locally determined levels of performance. Staff will progress through the last two pay points in these pay bands only when they are assessed as having met the required level of performance.
- 1.12 Pay progression for this level of performance will be non-recurring and reviewed on an annual basis⁶. When an individual who holds an annually-earned pay point has not met the required level of performance and delivery for a given year, they will have one annually earned pay point withdrawn. The last two pay points in pay bands 8C, 8D and 9 (the annually earned points) will not be subject to pay protection⁷.
- 1.13 Where incremental points are withdrawn, this does not preclude normal capability and disciplinary procedures being followed and appropriate action taken, when appropriate.
- 1.14 Annex W (England) sets out the principles which will underpin these systems and provides guidance on their operation.
- 1.15 This will apply to appraisal objectives after April 2013 for incremental pay progression post April 2014.
- 1.16 Annex B sets out the values of the pay points in the pay bands and the pay spine in England, in full, effective from 1 October 2004. The latest values of the pay points are in Annex C.

Incremental Dates

- 1.17 For newly appointed or promoted staff the incremental date will be the date they take up their post.
- 1.18 All other staff will retain their current incremental date.

⁶ See the question and answer guidance in Annex A2(a) (England).

⁷ See the question and answer guidance in Annex A2(a) (England).

Section 6(a) (England): Career progression

- 6.1 The NHS Knowledge and Skills Framework (KSF),¹ and other relevant competency frameworks, are tools for describing the knowledge and skills staff need to apply at work in order to deliver high quality services. The KSF can be used to support the annual system of review and development for staff and it has been designed to apply to all staff covered by Agenda for Change contracts. Employers may use the NHS KSF or other skills/competency frameworks, which are in line with the KSF principles.

Simplified process

- 6.2 The NHS Staff Council guidance "Appraisals and KSF made simple-a practical guide" enables NHS organisations to develop and implement local arrangements that are consistent with the principles underlying the national KSF Framework.
- 6.3 The guidance detailed in paragraph 6.2 in this Section, supplements rather than replaces the full Knowledge and Skills Framework. Paragraphs 6.4 to 6.14 in this Section outline the processes for development reviews which were agreed as part of the original KSF documentation. Organisations may wish to continue to refer to the original provisions if the local partners wish to do so or to pursue the new guidance. The guidance could also be used to complement existing good local practice where the full KSF has not been implemented.

Development review process

- 6.4 The output from the NHS Knowledge and Skills Framework for an individual job will be a list of descriptions and/or standards (KSF post outline) specifying the minimum applied knowledge and skills required for a job and how this should develop during a person's time in post. It will provide prompts for action by individuals and their managers to update or develop their knowledge and skills, or address areas for development in the application of knowledge and skills. Development review procedures should be jointly agreed by management and staff representatives locally.
- 6.5 The KSF post outlines within an organisation will be available to all staff members to help them identify the knowledge and skills requirements likely to be needed for future career steps and identify the development needed to support them. These requirements are not, however, fixed and will be reviewed in partnership when posts become vacant or changes need to take place for service development and other reasons.

¹ Available at:
<http://www.nhsemployers.org/Aboutus/Publications/Pages/KnowledgeandSkillsFrameworkNHSstaff.aspx>
and at www.scot.nhs.uk/sehd/paymodernisation/afc.htm

- 6.6 All staff will have annual development reviews which will result in the production of a personal development plan. Similar to current practice, development reviews will take place between staff and their manager or, where appropriate, their supervisor, a professional adviser or another appropriately trained senior team member. Development review procedures should be jointly agreed by management and staff representatives locally.
- 6.7 The main purpose of the development review will be to look at the way a member of staff is developing with reference to:
- how the duties and responsibilities of the job are being undertaken, based on current agreed objectives consistent with the criteria and principles in Annex W (England);
 - the application of knowledge and skills in the workplace;
 - the consequent development needs of the individual member of staff.
- 6.8 The primary outputs of a development review for an employee will be a record of the above against the relevant KSF post outline (or other relevant framework outline) and an individual personal development plan, which links to the needs of the employee in the post. During the development review process, discussion should cover the duties and responsibilities of the job that is being undertaken, as outlined in paragraph 6.7 in this Section. This will help to define future objectives and learning needs.
- 6.9 The review of learning achievements demonstrated in the workplace will be demonstrated by reference to the current personal development plan.
- 6.10 Development will primarily focus on helping members of staff to carry out their current job to the standard specified in the KSF outline for the post, although personal interests and opportunities for career progression will also be taken into account. Approaches to development will not just consist of courses but will also involve distance learning, private study, opportunities to participate in particular projects or work areas, short secondments, work shadowing, peer review and other continuing professional development activities.
- 6.11 Development plans will distinguish between goals for the year ahead and those applying to the longer term. There will be a commitment from both parties to make all reasonable efforts to meet the developmental goals for the year ahead in that year and elements not completed through force of circumstance will be carried over to the following year, unless agreed otherwise.
- 6.12 Managers and staff will work together to fulfil agreed development plans. Employers will encourage staff members to progress and develop and, where training and/or development needs have been identified and agreed, employers will ensure sufficient financial support is provided.

Where appropriate, employers should ensure that staff have appropriate time to fulfil training and/or development needs related to their current job and appropriate financial and other support. If an employer fails to do this, they cannot defer pay progression. Wherever possible, employers will also provide similar encouragement and support for elements of the personal development plan which reflect personal interests or help staff prepare for a more senior role or transfer to a different area of work within the NHS.

- 6.13 Staff members will contribute to undertaking the agreed personal development plan through their personal effort. They may individually choose, where appropriate, to commit personal time and resources, especially in those areas relating to longer-term career development. It is the employer's responsibility to support individuals and their personal efforts appropriately. Where development needs essential to the post are agreed with the employer, there will not normally be any requirement for the employee to use his or her unpaid personal time.
- 6.14 Local development and review processes must be designed to ensure that part-time staff and those working outside normal hours, have equal access to them.

Development of professional roles

- 6.15 Guidance on the development of roles for healthcare professionals on pay band 5 is in Annex T.

Career development moves

- 6.16 Where a member of staff moves to another job in the NHS they will require a new set of objectives in line with the relevant employer's local appraisal framework. These will need to be consistent with the principles set out in Annex W (England) and applied so as not to disadvantage a member of staff joining part way through the performance review cycle.
- 6.17 Where an individual re-trains in a different area of work, for wider service or operational reasons, with the explicit agreement of the employer concerned, their existing level of pay should be subject to locally agreed pay protection arrangements (see Section 19 and Annex O). Once protection is agreed, it may not be withdrawn until the person concerned has had a reasonable opportunity to complete their re-training and progress to a point where pay protection is no longer required. Explicit employer agreement in this context cannot, however, be deemed to have been given solely because the employer has agreed to re-employ someone following redundancy.

Temporary movement into a higher pay band

- 6.18 Individuals may be moved into a higher pay band where it is necessary to fill a post on a temporary basis when a vacancy is unfilled, but being advertised, or the post is being held open for someone who is due to return, e.g. from long-term sickness absence, maternity leave, or from extended training.
- 6.19 Pay should be set either at the minimum of the new pay band or, if this would result in no pay increase (by reference to basic pay plus any recruitment and retention premium, if applicable) the first pay point in the band which would deliver an increase in pay. Temporary movement into a new pay band should not normally last more than six months or less than one month, except in instances of maternity leave or long-term sickness absence, where a longer period may be known at the outset. In circumstances where the individual is not required to carry out the full responsibilities of the post, pay will be determined by job evaluation.
- 6.20 Where temporary movement into a higher pay band results in only one extra pay point the incremental date remains the same. Where temporary movement results in more than one extra pay point the incremental date for the period of the temporary movement becomes the date the movement began.

Pay on promotion

- 6.21 Pay on promotion should be set either at the minimum of the new pay band or, if this would result in no pay increase, the first pay point in the band which would deliver an increase in pay (by reference to basic pay plus any recruitment and retention premium, if applicable).

Section 14(a) (England): Sickness absence

14.1 These arrangements are intended to supplement statutory sick pay to provide additional payment during absence due to illness, injury or other disability. This section is supplemented by Annex Z, which sets out a framework to support employers and staff in the management of sickness absence and in managing the risk of premature and unnecessary ill health retirements. Annex Z is reinforced by the POSHH guidelines which can be found at www.nhsemployers.org/HealthyWorkplaces. The POSHH guidelines supplement and reinforce Annex Z. Under "fast track" schemes employees may gain earlier access to health services provided by the employer. More information about this policy and local "fast track" schemes already in place is at www.nhsemployers.org

Scale of allowances

- 14.2 Employees absent from work owing to illness will be entitled, subject to the conditions of this agreement, to receive sick pay in accordance with the scale below (see Section 12 for provisions on reckonable service):
- during the first year of service – one month's full pay and two months' half pay;
 - during the second year of service – two months' full pay and two months' half pay;
 - during the third year of service – four months' full pay and four months' half pay;
 - during the fourth and fifth years of service – five months' full pay and five months' half pay;
 - after completing five years of service – six months' full pay and six months' half pay.
- 14.3 In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.
- 14.4 For staff on pay spine points 1 to 8 and those absent due to a work related injury or disease in the actual discharge of their duties (see paragraph 14.7 in this Section) and who are not in receipt of injury allowance, the definition of full pay will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements¹. Sick pay is calculated on the basis of what the individual would have received had he/she been at work.² This would be based on the previous three months at work or any other reference period that may be locally agreed³. Local

¹ See the question and answer guidance in Section A2(a) (England).

² See the question and answer guidance in Section A2(a) (England).

³ See the question and answer guidance in Section A2(a) (England).

partnerships can use virtual rotas showing what hours the employee would have worked in a reference period had he or she been at work.

- 14.5 From 31 March 2013, for staff on pay spine points 9 to 54, full pay in this agreement is pay which is in line with the appropriate pay point in the relevant pay circular, plus high cost area supplements (if these are in payment on the day before the sickness absence begins)⁴. The pay of staff who begin a period of sickness absence before 31 March 2013, and who remain absent on this date will, from 31 March 2013 and for the remainder of the absence, be in line with this paragraph. Their pay during subsequent sickness absences will be in line with this paragraph.
- 14.6 Full pay needs to be inclusive of any statutory benefits (so as not to make sick pay greater than normal working pay). The combined addition of statutory sick pay to half pay must not exceed full pay.

Calculation of allowances

- 14.7 The period during which sick pay should be paid and the rate of sick pay for any period of absence is calculated, by deducting from the employee's entitlement on the first day of sickness, the aggregate periods of paid sickness absence during the 12 months immediately preceding that day. In aggregating periods of absence due to illness no account will be taken of:
- unpaid sick absence;
 - injuries, diseases or other health conditions sustained or contracted in the discharge of the employee's duties of employment, as defined in Section 22;
 - injury resulting from a crime of violence, not sustained on duty but connected with or arising from the employee's employment, where the injury has been the subject of payment by the Criminal Injuries Compensation Authority (England, Wales and Scotland), and the Compensation Agency (Northern Ireland);
 - as above, but an injury which has not attracted payment of an award as it has not met the loss of earnings criteria or was not one for which compensation above the minimum would arise.
- 14.8 Sick pay paid to an employee under this scheme when added to any statutory sickness, injuries or compensation benefits, including any allowances for adult or child dependants, must not exceed full pay (see paragraphs 14.4 and 14.5 in this Section).

⁴ See the question and answer guidance in Annex A2(a) (England).

Conditions for contractual sick pay

- 14.9 Employees will not be entitled to an additional day off if sick on a statutory holiday.
- 14.10 Sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances:
- staff with more than 5 years reckonable service:- sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting for long term absence has taken place;
 - staff with less than 5 years reckonable service:- sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence.
- 14.11 Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.
- 14.12 These arrangements will be in accordance with local sickness absence procedures, established in accordance with Annex Z, and will only apply where the failure to undertake the final review meeting is due to delay by the employer. This provision will not apply where a review is delayed due to reasons other than those caused by the employer.
- 14.13 Employers will also have discretion to extend the period of sick pay on full or half pay beyond the scale set out in paragraph 14.2 in this Section:
- where there is the expectation of return to work in the short term and an extension would materially support a return and/or assist recovery, particular consideration should be given to those staff without full sick pay entitlements;
 - in any other circumstance that the employer deems reasonable.
- 14.14 During the rehabilitation period employers should allow employees to return to work on reduced hours or, where possible, encourage employees to work from home without loss of pay. Any such arrangements need to be consistent with statutory sick pay rules.
- 14.15 Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributable negligence is proved.
- 14.16 An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. Employers will advance to an employee a sum not exceeding the amount of sick pay

payable under this scheme, providing the employee repays the full amount of sickness allowance to the employer, when damages are received. Once received the absence shall not be taken into account for the purposes of the scale set out in paragraph 14.2 in this Section.

- 14.17 Employers may, at any time, require an employee absent from work due to illness to attend an examination by a medical practitioner. Furthermore, staff do not need to be off sick to be referred by their employer for a medical. The employer will meet the cost of any medical examination.
- 14.18 After investigation, consultation and consideration of other alternative posts, and where there is no reasonable prospect of the employee returning to work, employers will have the option to terminate employment before the employee has reached the end of the contractual paid sick absence period, subject to the employers' agreed sickness absence policies and procedures.
- 14.19 Notification procedures and payment of sick absence pay when injuries are connected with other insured employment will be for local determination.
- 14.20 Staff who are on sickness absence due to a work related injury, disease or other health condition may also be entitled to payment of an injury allowance as defined in Section 22.

Section 22: Injury allowance

- 22.1 This section contains provision for an injury allowance to be paid to eligible employees¹ who, due to a work related injury, illness or other health conditions are on authorised sickness absence or phased return to work with reduced pay or no pay. It also makes provision for the protection of pay in certain circumstances.
- 22.2 This section should be read in conjunction with Section 14 or Section 14(a) (England) and Annex Z. It does not confer an additional period of sickness absence entitlement to eligible employees.

Eligibility

- 22.3 Eligible employees who have injuries, diseases or other health conditions that are wholly or mainly attributable to their NHS employment, will be entitled to an injury allowance, subject to the conditions set out in this Section. The injury, disease, or other health condition must have been sustained or contracted in the discharge of the employee's duties of employment or an injury that is not sustained on duty but is connected with or arising from the employee's employment.
- 22.4 The attribution of injury, illness or other health condition will be determined by the employer who should seek appropriate medical advice.² In all cases the employer should use the civil burden of proof - "on the balance of probability" (more likely to than not) - to determine the outcome. Where the employee disagrees with the employer's decision then they are entitled to appeal the decision through local grievance procedures (see paragraph 22.16).
- 22.5 Employees claiming injury allowance are required to provide all relevant information, including medical evidence, that is in their possession or that can reasonably be obtained, to enable the employer to determine the claim.
- 22.6 Payment of injury allowance is not dependent on length of service.
- 22.7 The following circumstances will not qualify for consideration of injury allowance:
- injury whilst on a normal journey travelling to and from work, except where the journey is part of their contractual NHS duties;

¹ For employees not covered by the NHS Terms and Conditions of Service Handbook or who are no longer working for an NHS employer, the provisions in this Section will apply as specified in individuals' contracts of employment and should be read alongside the relevant contractual documents.

² See the question and answer guidance in Annex A2 or Annex A2(a) (England).

- sickness absence as a result of disputes relating to employment matters, conduct or job applications;
- injury, disease or other health condition due to or seriously aggravated by the employee's own negligence or misconduct.

Scale of injury allowance

- 22.8 Injury allowance will be paid to eligible employees as a top up to their sick pay or earnings, when on phased return on reduced pay. This calculation will include any contributory state benefits received by the employee to 85 per cent of pay as defined in paragraph 14.4 and paragraphs 14.4 and 14.5 in Section 14(a) England.
- 22.9 The injury allowance payment is subject to National Insurance Contributions and income tax but is not subject to pensions contribution deductions.
- 22.10 Contributory state benefits received for loss of earnings will be offset at the rate at which they are actually received by the employee. All other benefits or payments received should be ignored.
- 22.11 Eligible employees are required to claim any contributory state benefits they may be entitled to and to declare receipt of such benefit(s) to their employer. Timely notification will ensure that overpayments of injury allowance are not made. Employers will require repayment when an overpayment is made.

Payment period

- 22.12 The allowance will be restricted to a period of up to 12 months per episode, subject to local absence management, return to work and rehabilitation policies.

Using injury allowance to support return to work

- 22.13 Eligible employees who make a phased return to work can receive the injury allowance as a pay top up to 85 per cent of pay as defined in paragraph 14.4, and paragraphs 14.4 and 14.5 in Section 14(a) (England), if their pay is reduced during an employer approved period of rehabilitation, subject to the timescales set out in paragraph 22.12. (See also Annex Z for details of phased return arrangements).

Pay protection

- 22.14 Eligible employees who have to change jobs permanently to a position on lower pay due to a work related injury, illness and/or other health

condition, will receive a period of protected pay that is the same as local provision for pay protection during organisational change.

Recovery of overpayment of injury allowance

22.15 An employer can seek to recover any overpayments made to an employee. Where recovery is necessary employers should take into account the period of time the overpayment was in place when agreeing the programme of repayments.

Dispute resolution

22.16 Any disputes that arise due to the local application of injury allowance provisions should be handled via local grievance procedures.

Annex C: Pay bands and pay points on the second pay spine in England from 1 April 2013

Table 8

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8				Band 9
								Range A	Range B	Range C	Range D	
1	14,294	14,294										
2	14,653	14,653										
3	15,013	15,013										
4		15,432										
5		15,851										
6		16,271	16,271									
7		16,811	16,811									
8		17,425	17,425									
9			17,794									
10			18,285									
11			18,838	18,838								
12			19,268	19,268								
13				19,947								
14				20,638								
15				21,265								
16				21,388	21,388							
17				22,016	22,016							
18					22,903							
19					23,825							
20					24,799							
21					25,783	25,783						
22					26,822	26,822						
23					27,901	27,901						
24						28,755						
25						29,759						
26						30,764	30,764					
27						31,768	31,768					
28						32,898	32,898					
29						34,530	34,530					
30							35,536					
31							36,666					
32							37,921					
33							39,239	39,239				
34							40,558	40,558				
35								42,190				
36								43,822				
37								45,707	45,707			
38								47,088	47,088			
39									49,473			
40									52,235			
41									54,998	54,998		
42									56,504	56,504		
43										59,016		
44										61,779		
45									*	65,922	65,922	
46									*	67,805	67,805	
47											70,631	
48											74,084	
49										*	77,850	77,850
50										*	81,618	81,618
51												85,535
52												89,640
53											*	93,944
54											*	98,453

* Pay spine points 45 and 46 at the top of pay band 8C; pay spine points 49 and 50 at the top of pay band 8D and pay spine points 53 and 54 at the top of pay band 9 are annually earned (see paragraphs 1.11 to 1.15 in Section 1(a) England).

Annex W (England): Pay progression¹

1. Incremental pay progression for all pay points will be conditional upon individuals demonstrating that they have the requisite knowledge and skills/competencies for their role and that they have demonstrated the required level of performance and delivery.² This Annex sets out the principles and criteria for determining local incremental progression policies.³ Expectations around standards and performance, and how these will be measured, should be made clear.

Principles

2. The following principles will inform the development of local incremental progression policies:
 - (i) local appraisal, performance and development reviews will need to be consistent with the employer's local objectives and the NHS Constitution;
 - (ii) local performance and pay progression policies should be developed in partnership;
 - (iii) regular appraisal, performance and/or development reviews will continue to be the basis for determining whether an individual has met the standards required of them locally for pay progression, as set out in their local policies;
 - (iv) all those staff demonstrating and applying the required levels of performance and delivery consistently during the performance review period will benefit from incremental pay progression;
 - (v) in assessing an individual's performance, an organisation may consider not just whether the objectives have been achieved (or not) but also how they are achieved⁴;
 - (vi) local systems must be consistent with the criteria set out in paragraphs 3 and 4;
 - (vii) progression into the annually earned pay points, the last two pay points in pay bands 8C, 8D and 9, will be available to all members of staff in these bands subject to the criteria set out in this Annex;

¹ See the question and answer guidance in Annex A2(a) (England).

² See the question and answer guidance in Annex A2(a) (England).

³ See the question and answer guidance in Annex A2(a) (England).

⁴ See the question and answer guidance in Annex A2(a) (England).

- (viii) individuals will have the right to seek a review of any decision where the required level of performance is deemed not to have been met⁵;
- (ix) local systems must be equality assessed before implementation;
- (x) should apply equally to all staff covered by this agreement;
- (xi) every line manager undertaking appraisal should have access to appropriate training and development in relation to undertaking appraisal and their equality responsibilities.

Criteria for local schemes⁶

3. Organisations will need to operate an effective process for objective, evidence based performance appraisal, development and review, recognising team work wherever this is appropriate. Individual performance will need to be monitored throughout the year so that under performance is identified by all concerned and addressed appropriately as soon as possible. Local schemes for pay progression will take account of the following:
 - (i) the KSF/other relevant competency frameworks will continue to be the basis for the annual systems of review and development for staff;
 - (ii) information on performance throughout the year will need to be taken into account in the performance appraisal and development review process, so that undue influence of experiences close to the review are avoided. Timely recognition of accomplishment (or feedback about poor performance) is more effective/motivational. Managers and staff will need to build a picture of performance during the course of the review period;
 - (iii) in assessing an individual's performance, line managers should be mindful of factors that have been outside the control of individual staff⁷;
 - (iv) some organisations may wish to adopt team performance measures for some staff groups which could be linked to team indicators of quality of patient care. If this is part of the local solution those involved should consider whether these measures will need to be combined with individual performance assessment;
 - (v) local arrangements for determining pay progression, including through the last two annually earned incremental points in pay bands

⁵ See the question and answer guidance in Annex A2(a) (England).

⁶ See the question and answer guidance in Annex A2(a) (England).

⁷ See the question and answer guidance in Annex A2(a) (England).

8C, 8D and 9, will need to be jointly discussed, based on this guidance, and adequately communicated to all staff so that they fully understand the operation of the process and the role everyone plays in it.

4. In addition local schemes will need to:
 - (i) minimise the administrative burden on all staff;
 - (ii) be as simple as possible and focused on organisational values and objectives linked to patient care;
 - (iii) be jointly monitored and reviewed regularly⁸;
 - (iv) provide appropriate training and support for staff who fail to meet performance requirements.
5. The views of patients and colleagues may be used to inform performance reviews e.g. 360-degree tools and survey results may be helpful. Views of other managers and other staff can broaden, inform and validate line manager and staff experiences.

⁸ See the question and answer guidance in Annex A2(a) (England).

Annex X (England): Guidance on workforce re-profiling

1. This Annex is intended to support organisations undertaking workforce re-profiling by highlighting how the NHS Staff Council agreement can support organisational, service and workforce change, including the development of new roles. It provides advice on how the principles and processes of the NHS Job Evaluation (JE) Scheme can assist organisations in developing and implementing new ways of working and revised job structures. It also provides advice on the consistent application of these principles locally and how local partnerships can benefit from the Staff Council agreement.

Core principles

2. Re-profiling is a means of examining the content of job roles within a team or a patient pathway to determine the most efficient distribution of bandings needed to deliver the required service. Re-profiling should be undertaken in line with the following principles:
 - (i) as a joint exercise between the managers and staff working in that function and with the involvement of their Trade Union representative/s;
 - (ii) all functions across the organisation should be subject to re-profiling on a regular basis to ensure that the potential efficiencies within a system are identified. Explicit and documented consideration may need to be given to Extended Scope Practitioner roles, non-medical Consultant roles, and New Ways of Working;
 - (iii) the process and timeframe for undertaking re-profiling (either across the whole workforce or within particular functions) should normally be agreed with staff and their representative/s from the beginning of the review process;
 - (iv) all roles within a function should be subject to re-profiling, not just those in the most populous pay bands and should also include staff outside groups covered by Agenda for Change;
 - (v) the re-profiling exercise should look first at the skills, tasks and responsibilities needed to carry out roles rather than the bands required;
 - (vi) it should not be assumed that re-profiling will automatically result in a lower distribution of bands - a re-profiling exercise may well confirm that the current distribution of tasks and roles is the most efficient possible to deliver a clinically safe service to the expected standards of quality;

- (vii) the re-profiling exercise should be supported by and comply with the processes and guidance contained in the NHS Job Evaluation Scheme (or the appropriate system for staff outside Agenda for Change groups);
- (viii) before the re-profiling starts, agreement should normally be sought with staff and their representatives about the principles for managing the transition to any new structure, in line with the principles in 3 (i) to 3 (ii) below;
- (ix) where a workforce re-profiling exercise results in a member of staff being paid at a lower pay band, as established through job evaluation, then the member of staff should see a commensurate change in their role (or the work they undertake).

Practical implications

3. If a re-profiling exercise highlights that a different distribution of roles within a function could deliver a safe service to the expected standard of quality, the proposed new structure should be considered in light of the following:
 - (i) **does the proposed re-distribution of roles pose any risk to good practice?** A risk assessment of the new structure should be undertaken at an early stage of the exercise. A check should be made of the relevant professional codes of conduct and ethics (including those for non-clinical job groups) in addition to agreed local policies or protocols, to ensure that removing a task and/or group of tasks from a role does not compromise good practice or pose risks to patient care. There is a requirement on Employers to identify the precise differences between the jobs and make an explicit statement of what will no longer be done or done differently under the new structure;
 - (ii) **what AfC Bands will the new roles be in?** Revised job documentation for all roles should be put through the established joint job matching/evaluation process consistent with the Job Evaluation Handbook;
 - (iii) **has the proposed structure been subject to consultation with staff?** As well as being actively involved in the re-profiling exercise, staff should be made aware of the timing for - and encouraged to respond to - the relevant formal consultations on the proposed structure and new ways of working;
 - (iv) **do the changes have any discriminatory impact?** The potential impact of the re-profiled structure on different groups of

staff/patients/service users should be assessed using the agreed local procedure;

(v) **are staff prepared for an expansion or diminution of their role and/or to undertake new roles with new competencies?**

Plans should be put in place to ensure that staff undertaking new tasks are fully trained before the commencement of their new duties;

(vi) **is it obvious what each member of the team is responsible for and who is providing supervisory support?**

Clear lines of accountability and governance should be identified within the function and any elements of risk clearly highlighted and appropriate action agreed. Registered staff have a duty to ensure that staff to whom they are delegating tasks are appropriately trained and can deliver the task to the expected standard.

4. Principle 2 (viii) above identifies that local partnerships should seek to agree a process for managing the transition to new structures. In cases where the re-profiling exercise identifies that fewer staff are needed at particular pay bands, local partnerships will need to apply the following principles:

- (i) natural wastage should normally be the preferred means by which the number of posts are reduced;
- (ii) if it is not anticipated that there will be natural wastage of a level sufficient to move to the new structure within the agreed timeframe, agreement should be reached on plans to apply the relevant process for consultation on redundancy (see Section 16) or, in cases where more staff are required to work at lower bands, to agree the process for redeployment to new roles.

5. Where staff move to a post at a lower level in the revised structure, the local organisational change policy or a local agreement will apply. In the absence of such a policy, local partnerships should seek to agree an appropriate period during which the higher rate of pay will be protected (see paragraph 19.1).

