

## Part 2: Pay

# Section 1: Pay structure (England)

## 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 16 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. From the 1 December 2018 band 1 will be closed to new starters. Where staff who have chosen to stay in a legacy band 1 role after 31 March 2021, employers should periodically discuss the option of moving to a band 2 role with them and support them to do so should they wish to.

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 current version of the Job Evaluation Handbook will apply.

1.5 The NHS Job Evaluation Handbook 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) below. Within this structure, pay band 8 is sub-divided into four ranges.

**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. 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 points. See the question and answer guidance in annex 28 guidance on frequently asked questions (FAQs) (England and Wales) for more detail.

**Pay progression**

1.8 Pay progression for all pay points, within each pay band, will be conditional upon employees 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 23: Pay progression (England).

1.9 Provided the appropriate level of performance and delivery has been achieved during the review period, employees will progress to their next pay point on their pay step date. This is dependent on employees meeting all the required standards for progression as detailed in annex 23: Pay progression (England).

1.10 Ordinarily, pay progression should not be deferred on performance grounds unless there has been a prior documented discussion between the employee and the person undertaking their review, regarding failure to meet the required level of performance, and the employee has been 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 employee may require to operate at the required local level of performance.

### **Annually earned pay points**

1.11 Twelve months after an employee reaches the top of bands 8c, 8d and 9, 5 per cent or 10 per cent of basic salary will become re-earnable. Where the standards in annex 23: Pay progression, paragraph 19 are met, salary is retained at the top of the band. If standards are not met, salary may be reduced by 5 per cent or 10 per cent from the pay step date, subject to the provisions in annex 23: Pay progression, paragraph 23. The employee will be able to restore their salary to the top of the band at the end of the following year by meeting the required standards. The employee has the right to contest a decision to reduce their pay using the locally agreed procedure.

1.12 Staff on the top incremental pay points as at 31 March 2013 have reserved rights, please see annex 23: Pay progression, paragraph 43.

1.13 Annex 23: Pay progression (England) sets out the principles which will underpin these systems and provides guidance on their operation.

1.14 Annex 3: Pay bands and pay points on the second pay spine in England 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 2: Pay bands and pay points on the second pay spine.

### **Pay step dates**

1.15 For newly appointed or promoted staff their pay step date will be the date they take up their post.

1.16 Advancement to the next pay step point will be dependent on the length of stay at each pay step point within each band.

### **Pay on promotion**

1.17 Basic pay on promotion will be set at the minimum pay step point of the new pay band (see annex 23: Pay progression, paragraph 11). The pay step date will reset to the date the employee starts in the new pay band (see 1.15).

### **Pay on promotion - Unsocial hours and recruitment and retention premia payments**

1.18 On promotion the new starting salary (made up of basic pay and any unsocial hours payment and/or any long-term recruitment and retention premium (RRP)) should produce an increase in earnings. If it does not, the previous salary (basic pay plus any applicable unsocial hours payment and/or long-term RRP) will be maintained until the combination of basic pay, any unsocial hours payment and/or RRP in the new band does produce a higher salary.

1.19 In the case of unsocial hours payments the provisions in 1.18 will only apply if the unsocial hours working pattern in the new role remains substantially the same as in the previous role. Where this is not the case, the previous unsocial hours payment will not be taken into consideration

when determining the new starting salary.

1.20 The earnings calculations in 1.18 will be based on normal contractual hours excluding additional hours and will use unsocial hours payments averaged over the previous three months at work, or any other reference period agreed in partnership locally.

### **Temporary movement into a higher pay band**

1.21 Employees 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, for example, from long-term sickness absence, maternity leave, or from extended training.

1.22 Pay will be set at the minimum pay step point of the temporary higher band. If this would result in no pay increase (by reference to their substantive post earnings) then pay will be as per pay on promotion (see 1.17 – 1.20).

1.23 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, long-term sickness absence, adoption or parental leave and sabbaticals/career breaks where a longer period may be known at the outset. In circumstances where the employee is not required to carry out the full responsibilities of the post, pay will be determined by job evaluation.

1.24 On temporary movement into a higher pay band the pay step date will reset to the date the employee starts in the new pay band (see 1.17). Any time spent in the higher pay band will be credited towards the employee's substantive post's pay step date, for the purpose of progression, upon their return to their substantive post at the lower band.

*Amendment number 43: NHS TCS Advisory Notice 01/2021*

# Section 1: Pay Structure (Wales)

## Pay spines

### Pay structure Wales

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 16 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 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) below. Within this structure, pay band 8 is sub-divided into four ranges.

**Table 1 (a)****Pay bands and job weight**

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. 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 points.

See the question and answer guidance in [Annex 28 \(England and Wales\)](#) for more information.

**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 23 (Wales).

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 basis. 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 four pay points in the band (see annex 2 and paragraphs 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 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 basis. 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 protection.

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 23 (Wales) sets out the principles which will underpin these systems and provides guidance on their operation.

1.15 In Wales this will apply to appraisal objectives after April 2015 for incremental pay progression post April 2016.

1.16 Annex 3 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 2. Employers elsewhere will need to refer to the relevant documents in their countries.

## Section 1: Pay Structure (Northern Ireland)

### Section 1: Pay Structure (Northern Ireland)

1.1 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 paybands on the basis of job weight, as measured by the NHS Job Evaluation Scheme. From 15 January 2020 band 1 has been closed to new starters in Northern Ireland. Current band 1 roles have been reviewed and upskilled to band 2 roles since 31 March 2021.

1.2 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 redesigned the principles set out in the current version of the Job Evaluation Handbook will apply.

1.3 Within each pay band there are a number of pay points to allow pay progression in post. Staff will progress from point to point on an annual basis to the top point in their pay band or pay range, provided their performance is satisfactory and they demonstrate the agreed knowledge and skills appropriate to that part of the pay band or range. Staff who joined pay band 5 as new entrants prior to April 2020 had accelerated progression through the first two points in six monthly steps

(that is, they moved up one pay point after six months and a further point after 12 months) providing those responsible for the relevant standards in the organisation were satisfied with their standard of practice. This 12 month period was referred to as “Preceptorship”. Accelerated progression ceased to apply to those joining band 5 as new entrants on or after 1 April 2020.

## Section 1: Pay Structure (Scotland)

### Pay spines

1.1 This Handbook sets out pay and conditions for staff covered by the Agenda for Change system in Scotland. The effective date of the Agenda for Change system was 1 October 2004 and this system applies to all directly employed NHS Scotland staff except Doctors, Dentists and those within the Executive and Senior Manager cohorts.

1.2 The Agenda for Change pay system consists of nine pay bands. All staff covered by this system are assigned to one of these pay bands on the basis of job weight, as measured by the NHS Job Evaluation Scheme.

1.3 To assist with 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.

1.4 The NHS Job Evaluation Handbook explains the job evaluation process which underpins this pay system and includes the factor plan, the weighting and scoring document and a guide for matching posts locally.

1.5 The nine pay bands and their corresponding job evaluation scores are set out in Table 1<sup>1</sup>. Within this structure, pay band 8 is sub-divided into four ranges.

### Table 1

#### Pay bands and job weight

NHS 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

\*Band 1 has been closed in Scotland but some staff have chosen to remain on this Band locally.

1.6 The current structure of the Agenda for Change pay system in Scotland was agreed as part of a three year pay deal implemented in 2018. The full deal was set out in the Scottish Framework Document and subsequently agreed by NHS Scotland Staff Side, Employers and the Scottish Government.

1.7 Under these arrangements, Bands 2 to 9 are made up of at least two pay points to allow for pay progression in post. Staff will progress according to the timetable set out in Table 1a.

### Table 1a

#### Pay progression

Starting Point	Intermediate Point	Max Point
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	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Band 1	Spot point for those who have stayed on Band					
Band 2	Point 1		Point 2			
Band 3	Point 1		Point 2			
Band 4	Point 1			Point 2		
Band 5	Point 1		Point 2		Point 3	
Band 6	Point 1		Point 2			Point 3
Band 7	Point 1		Point 2			Point 3
Band 8a	Point 1					Point 2
Band 8b	Point 1					Point 2
Band 8c	Point 1					Point 2
Band 8d	Point 1					Point 2
Band 9	Point 1					Point 2

1.8 Annex 3 sets out the values of pay points in all pay bands from 2004 until last year. Annex 2 sets out the current values of all pay points. It should be noted that whilst in previous years staff progressed from point to point on an annual basis to the top point of their band, the approach agreed in 2018 and set out in Table 1a above means that staff can now stay on the same point for multiple years, depending on their band and their place on the agreed progression structure.

### **Starting salary for new staff**

1.9 Other than in exceptional circumstances, the starting salary for staff new to the NHS will be the bottom point of the band to which they have been appointed.

1.10 In the event a staff member is transferring from NHS employment in another part of the UK, Channel Islands or the Isle of Man, into the same AfC Band, for the purposes of their starting salary the staff member will be placed on the pay point they would have been on had they performed all of their previous service in NHS Scotland.

1.11 In the event a staff member is transferring from NHS employment in another part of the UK, Channel Islands or the Isle of Man, to a post at a lower band in the same role, they should be treated, for starting salary purposes, as if they had performed all of their previous service in NHS Scotland at that lower band

### **Pay on promotion**

1.12 If, on promotion, the working pattern remains substantially the same, staff will move to the first point on their promoted band producing an increase when basic pay, any long-term recruitment and retention premium and the unsocial hours payment are combined.

1.13 If the working pattern changes on promotion, pay 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).

### **Pay on regrading**

1.14 In accordance with NHS Scotland's job evaluation policy, if an individual's pay band increases as a result of a re-evaluation, their new pay should be set in line with paragraph 1.12 above.

### **Incremental dates**

1.15 For newly appointed or promoted staff the incremental date will be the anniversary of date they take up their post. Staff successful in securing a new post of the same band within the same Board retain their previous incremental date, providing there is no break in service <sup>2</sup>.

### **Temporary movement into a higher pay band**

1.16 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.

1.17 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.

1.18 Where temporary movement into a higher pay band results in the staff member receiving only one extra pay point the incremental date remains the same. Where temporary movement results in movement to more than one extra pay point the incremental date for the period of the temporary movement becomes the date the movement began.

### **Development of Professional Roles**

1.19 Guidance on the development of professional roles for healthcare professionals on pay band 5 is set out at Annex 20.

## **Section 2: Maintaining round the clock services (England)**

### **Maintaining round the clock services**

2.1 The NHS delivers patient services around the clock. Where staff are required to work to cover services in the evening, at night, over weekends and on general public holidays, the NHS Staff Council has agreed that they should receive unsocial hours payments. Section 33: Balancing work and personal life set out the principles underlying this.

2.2 This section is effective from 1 July 2018. It applies to all staff employed in NHS organisations in England on the terms and conditions of service in this handbook.

2.3 The pay of staff working evenings, nights or weekends, on and after 1 July 2018, will be worked out in line with paragraphs 2.4 to 2.24 in this section.

2.4 Effective from 1 September 2018, this agreement will apply to ambulance staff who start their employment (new entrants), or who change roles (including promotion) in an ambulance trust in England. From 1 September 2018 existing ambulance staff employed in England will be able to voluntarily choose to be paid under this section instead of under annex 5 of this handbook.

2.5 Ambulance staff in England who are not affected by a change of role and who do not wish to voluntarily move from annex 5:Provisions for unsocial hours payments for ambulance staff of this handbook to this section will continue to receive unsocial hours payments in accordance with annex 5 and annex 6: Provisions for unsocial hours payments for ambulance staff of this handbook.

2.6 The standard hours of work are set out in section 10: Hours of the working week paragraph 10.1.

2.7 Staff will receive an unsocial hours’ payment for their work during standard hours which is done at the times shown in table 2 in this section.

2.8 Unsocial hours’ payments will be worked out using basic salary. These payments will include any long-term recruitment and retention premiums. The payment will not include short-term recruitment and retention premiums, high-cost area supplements or any other payment.

2.9 Any extra time worked in a week, above standard hours, will be treated as overtime and section 3:Overtime payments) of this handbook will apply. Paragraphs 2.25 to 2.27 in this section and annex 29: Principles for harmonised on-call arrangements of this handbook set out the arrangements for on-call and other extended service cover. Staff cannot receive unsocial hours payments and payments for on-call and other extended service cover for the same hours of work.

**Table 2**

**Unsocial hours payments**

**From 1 April 2020 onwards**

Pay		
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band	All time on Saturday (midnight to midnight) and any week day after 8 pm and before 6 am	All time on Sundays and Public Holidays (midnight to midnight)
1	Time plus 47%	Time plus 94%
2	Time plus 41%	Time plus 83%
3	Time plus 35%	Time plus 69%
4 - 9	Time plus 30%	Time plus 60%

2.10 The rates shown in table 2, column 2, will be paid for all unsocial hours worked on a Saturday (midnight to midnight) and on weekdays between 8pm and 6am. The rates shown in column 3 will be paid for all hours worked on Sundays and public holidays (midnight to midnight).

2.11 Where a continuous night shift or evening shift on a weekday (other than a public holiday) includes hours outside the period of 8pm to 6am, the enhancements in column 2 should be applied to the whole shift if more than half of the time falls between 8pm and 6am.

2.12 Staff will only receive one rate of unsocial hours payment for each hour worked.

### **Occupational sick and contractual maternity pay**

### **Occupational sick and contractual maternity pay**

2.13 From 1 July 2018, for the purposes of occupational sick pay, unsocial hours payments will not be payable during sickness absences for:

- staff who first started their employment under the terms of this handbook on or after 1 July 2018.
- staff whose basic pay is above £18,160 (regardless of the start date of their employment).

Unsocial hours payments will be payable during sickness absence for:

- Ambulance staff employed prior to 1 September 2018, who choose to remain on annex 5 and 6: Provisions for unsocial hours payments for ambulance staff of this handbook;
- staff who were employed under the terms of this handbook, as at 30 June 2018, and have a basic salary of £18,160 or less, and
- those absent due to injuries, diseases or other health conditions sustained or contracted in the discharge of their duties of employment, (section 14: Sickness absence see paragraph 14.7 (England) and who are not in receipt of injury allowance.

2.14 Unsocial hours payments will be pensionable and will count for contractual maternity, adoption and shared parental pay, in line with section 15: Leave and pay for new parents (England, Wales and Scotland).

2.15 Unsocial hours payments will not be included in any part of the calculation of overtime payments, on-call payments nor any other payment described in this handbook.

## **Annual leave**

2.16 Pay during annual leave is set out in section 13: Annual leave and general public holidays paragraph 13.9.

## **Part time staff and other staff working non-standard hours**

2.17 Part time staff working less than 37.5 hours a week will be eligible for unsocial hours payments.

2.18 Staff on harmonised hours contracts will be eligible for unsocial hours payments as in table 2 of this section.

## **Self-rostering schemes**

2.19 Where teams of staff agree rosters among themselves, including who covers unsocial hours shifts, it will be for the team to decide how these shifts are allocated, provided the team continue to provide satisfactory levels of service cover.

### **Prospective application**

2.20 This agreement may be used retrospectively or prospectively. It will be for local partnerships to decide which option best meets local operational needs.

2.21 If this agreement is used prospectively it must comply with the principle of equal pay for work of equal value. It must produce broadly the same level of payments as a retrospective system, including for part-time staff. Local partnerships will need to agree a reference period that can be used to calculate the appropriate level of prospective payment.

2.22 Prospective systems are more likely to be satisfactory where work patterns are predictable. If rotas vary so much that it is not possible to predict working patterns accurately this is likely to be a good reason to choose to use the system retrospectively.

2.23 If operating the prospective system there will need to be periodic checks on the level of payments produced. These will need to be compared with the level of payments produced by the system in its retrospective form to ensure that the levels are broadly similar. This will allow early action to be taken in partnership if it does not.

2.24 Where the system is used prospectively an unforeseen change payment of £15 will be available. This will be used where it is necessary for employers to ask staff to change their shift within 24 hours of the scheduled work period. The payment is not applicable to shifts that staff agree to work as overtime, or that they swap with other staff members. It is not available, in any circumstances, in the retrospective system.

### **On-call and other extended service cover from 1 April 2011**

2.25 On-call systems exist as part of arrangements to provide appropriate service cover across the NHS. A member of staff is on-call when, as part of an established arrangement with their employer, they are available outside their normal working hours – either at the workplace, at home or elsewhere – to work as and when required.

2.26 Employees on-call are entitled to receive an on-call payment. From 1 April 2011 this payment will be determined by local agreement on harmonised payments for on-call and other extended service cover. Local agreements need to be consistent with the 12 principles set out in annex 29: Principles for harmonised on-call arrangements.

2.27 The interim regime formerly set out in this section is consistent with these principles. It is now in annex 29: Principles for harmonised on-call arrangements.

### **Christmas and New Year holidays at weekends**

2.28 General and public holiday entitlements are in section 13 Annual leave and general public holidays. These include Christmas Day, Boxing Day (26 December) and New Year's Day. When any of these holidays falls on a Saturday or Sunday arrangements will need to be made to ensure that the right of staff to three public holidays in the Christmas and New Year holiday period is preserved. annex 25 sets out what applies when staff work on general and public holidays in this holiday period.

*Information note number 1: amendment number 34*

## **Section 2: Maintaining round the clock services (Northern Ireland)**

### **Section 2: Maintaining round the clock services (Northern Ireland)**

2.1 The NHS delivers patient services around the clock. Where staff are required to work to cover services in the evening, at night, over

weekends and on general public holidays, the NHS Staff Council has agreed that they should receive unsocial hours payments. Section 34 Flexible working arrangements and Section 33 *Balancing work and personal life* sets out the principles underlying this.

2.2 This Section was effective from 1 April 2020. It applies to all staff employed on the terms and conditions of service in this Handbook.

2.3 The pay of staff working evenings, nights or weekends, on and after 1 April 2020, will be worked out in line with paragraphs 2.4 to 2.23 in this Section. The incremental dates of staff paid under these arrangements will not change.

2.4 This agreement will not apply to ambulance staff who are employed by ambulance organisations in Northern Ireland. These are staff who would have been subject to the provisions of the Ambulance Whitley Council had they been employed on Whitley contracts before Agenda for Change. They will continue to receive unsocial hours payments in accordance with Annex 5 and Annex 6. All other staff in ambulance organisations in Northern Ireland were moved to the system in Annexes 5 and 6 by 1 April 2011. The transitional arrangements were worked out in partnership in ambulance organisations.

2.5 The arrangements which will apply to ambulance staff in Scotland and Wales will be discussed and agreed in partnership in each country.

2.6 The standard hours of work are set out in paragraph 10.1.

2.7 Staff will receive an unsocial hours payment for their work in standard hours which is done at the times shown in Table 2.

2.8 Unsocial hours payments will be worked out using basic salary. This will include any long term recruitment and retention premiums. It will not include short-term recruitment and retention premiums, high cost area supplements or any other payment. For staff choosing to move to band 2 from band 1, they should continue to receive payment of unsocial hours payments at the rates applicable to band 1 until such time as their full time salary exceeds that which is received at band 1.

2.9 Any extra time worked in a week, above standard hours, will be

treated as overtime and Section 3 will apply. Paragraphs 2.24 to 2.26 in this Section and Annex 29 set out the arrangements for on-call and other extended service cover. Staff cannot receive unsocial hours payments and payments for on-call and other extended service cover for the same hours of work.

**Table 2 - Unsocial hours payment**

Pay band	All time Saturday (midnight to midnight) and any week day after 8pm and before 6am	All time on Sundays and Public Holidays (midnight to midnight)
1	Time plus 47%	Time plus 94%
2	Time plus 41%	Time plus 83%
3	Time plus 35%	Time plus 69%
4 - 9	Time plus 30%	Time plus 60%

2.10 The rates shown in table 2, column 2, will be paid for all unsocial hours worked on a Saturday (midnight to midnight) and on weekdays between 8 pm and 6 am. The rates shown in column 3 will be paid for all hours worked on Sundays and public holidays (midnight to midnight).

2.11 Where a continuous night shift or evening shift on a weekday (other than a public holiday) includes hours outside the period of 8 pm to 6 am, the enhancements in column 2 should be applied to the whole shift if more than half of the time falls between 8 pm and 6 am.

2.12 Staff will only receive one rate of unsocial hours payment for each hour worked.

## Promotion

2.13 if on promotion, the working pattern remains substantially the same, staff will move to the first incremental point producing an increase when basic pay, any long-term recruitment and retention premium and the unsocial hours payment, are combined. if the working pattern changes on promotion paragraph 6.35 will apply.

## **Occupational sick and contractual maternity pay**

2.14 All unsocial hours payments will be pensionable and will count for occupational sick pay in line with paragraph 14.4 and contractual maternity pay, in line with Section 15. They will not be included in any part of the calculation of overtime payments, on-call payments nor any other payment described in this handbook.

## **Annual leave**

2.15 Pay during annual leave is set out in paragraph 13.9.

## **Part time staff and other staff working non-standard hours**

2.16 Part time staff working less than 37.5 hours a week will be eligible for unsocial hours payments.

2.17 Staff on annualised hours contracts will be eligible for unsocial hours payments as in Table 2.

## **Self-rostering schemes**

2.18 Where teams of staff agree rosters among themselves, including who covers unsocial hours shifts, it will be for the team to decide how these shifts are allocated, provided the team continue to provide satisfactory levels of service cover.

## **Prospective application**

2.19 This agreement may be used retrospectively or prospectively. It will be for local partnerships to decide which option best meets local operational needs.

2.20 If this agreement is used prospectively it must comply with the principle of equal pay for work of equal value. It must produce broadly the same level of payments as a retrospective system, including for part-time staff. Local partnerships will need to agree a reference period that can be used to calculate the appropriate level of prospective payment.

2.21 Prospective systems are more likely to be satisfactory where work patterns are predictable. If rotas vary so much that it is not possible to predict working patterns accurately this is likely to be a good reason to choose to use the system retrospectively.

2.22 If operating the prospective system there will need to be periodic checks on the level of payments produced. These will need to be compared with the level of payments produced by the system in its retrospective form to ensure that the levels are broadly similar. This will allow early action to be taken in partnership if it does not.

2.23 Where the system is used prospectively an unforeseen change payment of £15 will be available. This will be used where it is necessary for employers to ask staff to change their shift within 24 hours of the scheduled work period. The payment is not applicable to shifts that staff agree to work as overtime, or that they swap with other staff members. It is not available, in any circumstances, in the retrospective system.

### **On-call and other extended service cover from 1 April 2011**

2.24 On-call systems exist as part of arrangements to provide appropriate service cover across the NHS. A member of staff is on-call when, as part of an established arrangement with his/her employer, he/she is available outside his/her normal working hours – either at the workplace, at home or elsewhere – to work as and when required.

2.25 Employees on-call are entitled to receive an on-call payment. From 1 April 2011 this payment will be determined by local agreement on harmonised payments for on-call and other extended service cover. Local agreements need to be consistent with the 12 principles set out in Annex 29.



2.26 The “interim regime” formerly set out in this Section is consistent with these principles. It is now in Annex 29.

### **Christmas and New Year holidays at weekends**

2.27 General and public holiday entitlements are in Section 13. These include Christmas Day, Boxing Day (26 December) and New Year’s Day. When any of these holidays falls on a Saturday or Sunday arrangements will need to be made to ensure that the right of staff to three public holidays in the Christmas and New Year holiday period is preserved. Annex 25 sets out what applies when staff work on general and public holidays in this holiday period.

*Pay circular (AforC) 2/2013: amendment number 28*

## **Section 2: Maintaining round the clock services (Scotland)**

### **Supporting staff who work evenings, at night, weekends and on general public holidays**

2.1 The NHS delivers patient services around the clock. Where staff are required to work to cover services in the evening, at night, over weekends and on general public holidays, the NHS Staff Council has agreed that they should receive unsocial hours payments. Section 34 *Flexible working arrangements* and Section 35 *Balancing work and personal life* set out the principles underlying this.

2.2 This section is effective from 1 April 2008. It replaces the “interim regime” previously set out in this Section. It applies to all staff employed on the terms and conditions of service in this Handbook <sup>1</sup>.

2.3 The pay of staff working evenings, nights or weekends, on and after 1 April 2008, will be worked out in line with paragraphs 2.4 to 2.23 in this

Section. The incremental dates of staff paid under these arrangements will not change.

2.4 The arrangements which will apply to ambulance staff in Scotland and Wales will be discussed and agreed in partnership in each country <sup>2</sup>.

2.5 The standard hours of work are set out in paragraph 10.1.

2.6 Staff will receive an unsocial hours payment for their work in standard hours which is done at the times shown in Table 2.

2.7 Unsocial hours payments will be worked out using basic salary. This will include any long term recruitment and retention premia. It will not include short-term recruitment and retention premiums, high cost area supplements or any other payment.

2.8 Any extra time worked in a week, above standard hours, will be treated as overtime and Section 3 will apply. Paragraphs 2.24 to 2.26 in this Section and Annex 29 set out the arrangements for on-call and other extended service cover. Staff cannot receive unsocial hours payments and payments for on-call and other extended service cover for the same hours of work.

**Table 2**

Unsocial Hours Payments		
Column 1	Column 2	Column 3
Pay band	All time on Saturday (midnight to midnight) and any week day after 8 pm and before 6 am	All time on Sundays and Public Holidays (midnight to midnight)
1	Time plus 50%	Double Time
2	Time plus 44%	Time plus 88%
3	Time plus 37%	Time plus 74%
4 – 9	Time plus 30%	Time plus 60%

2.9 The rates shown in table 2, column 2 will be paid for all unsocial hours worked on a Saturday (midnight to midnight) and on weekdays between 8

pm and 6 am. The rates shown in column 3 will be paid for all hours worked on Sundays and public holidays (midnight to midnight).

2.10 Where a continuous night shift or evening shift on a weekday (other than a public holiday) includes hours outside the period of 8 pm to 6 am, the enhancements in column 2 should be applied to the whole shift if more than half of the time falls between 8 pm and 6 am.

2.11 Staff will only receive one rate of unsocial hours payment for each hour worked.

### **Occupational sick pay and contractual maternity pay**

2.12 All unsocial hours payments will be pensionable and will count for occupational sick pay in line with paragraph 14.4 and contractual maternity pay, in line with Section 15. They will not be included in any part of the calculation of overtime payments, on-call payments nor any other payment described in this Handbook.

### **Annual leave**

2.13 Pay during annual leave is set out in paragraph 13.9.

### **Part time staff and other staff working non-standard hours**

2.14 Part time staff working less than 37½ hours a week will be eligible for unsocial hours payments.

2.15 Staff on annualised hours contracts will be eligible for unsocial hours payments as in Table 2.

### **Self-rostering schemes**

2.16 Where teams of staff agree rosters among themselves, including who covers unsocial hours shifts, it will be for the team to decide how these shifts are allocated, provided the team continue to provide satisfactory levels of service cover.

### **Prospective application**

2.17 This agreement may be used retrospectively or prospectively. It will be for local partnerships to decide which option best meets local operational needs.

2.18 If this agreement is used prospectively it must comply with the principle of equal pay for work of equal value. It must produce broadly the same level of payments as a retrospective system, including for part-time staff. Local partnerships will need to agree a reference period that can be used to calculate the appropriate level of prospective payment.

2.19 Prospective systems are more likely to be satisfactory where work patterns are predictable. If rotas vary so much that it is not possible to predict working patterns accurately this is likely to be a good reason to choose to use the system retrospectively.

2.20 If operating the prospective system there will need to be periodic checks on the level of payments produced. These will need to be compared with the level of payments produced by the system in its retrospective form to ensure that the levels are broadly similar. This will allow early action to be taken in partnership if it does not.

2.21 Where the system is used prospectively an unforeseen change payment of £15 will be available. This will be used where it is necessary for employers to ask staff to change their shift within 24 hours of the scheduled work period. The payment is not applicable to shifts that staff agree to work as overtime, or that they swap with other staff members. It is not available, in any circumstances, in the retrospective system.

### **On-call and other extended services cover from 1 April 2011**

2.22 On-call systems exist as part of arrangements to provide appropriate service cover across the NHS. A member of staff is on-call when, as part of an established arrangement with his/her employer, he/she is available outside his/her normal working hours – either at the workplace, at home or elsewhere – to work as and when required.

2.23 Employees on-call are entitled to receive an on-call payment. From April 2011 this payment will be determined by local agreement on harmonised payments for on-call and other extended service cover. Local agreements need to be consistent with the 12 principles set out in Annex 29.

2.24 The “interim regime” formerly set out in this Section is consistent with these principles. It is now in Annex 29.

**Note: On-Call arrangements in Scotland are set out in NHS Scotland Circular PCS(AFC)2015/3.**

**Further clarification on the issue of protection can be found in NHS Scotland Circular PCS(AFC)2013/6.**

**Pay and terms and conditions circulars for Scotland can be found on Scotland's Health on the Web (SHOW) website at:  
<https://www.publications.scot.nhs.uk/>**

### **Christmas and New Year holidays at weekends**

2.25 General and public holiday entitlements are in Section 13. These include Christmas Day, Boxing Day (26 December) and New Year's Day. When any of these holidays falls on a Saturday or Sunday arrangements will need to be made to ensure that the right of staff to three public holidays in the Christmas and New Year holiday period is preserved. Annex 25 sets out what applies when staff work on general and public holidays in this holiday period. In Scotland there are four public holidays over the Christmas/New Year period. Further information is available from [www.msg.scot.nhs.uk](http://www.msg.scot.nhs.uk).

## **Section 2: Maintaining round the clock services (Wales)**

## **Section 3: Overtime payments**

### **Overtime payments**

3.1 For the purposes of this section 3, overtime is those hours worked in excess of 37.5 per week. All staff in pay bands 1 to 7 will be eligible for overtime payments. There is a single harmonised rate of time-and-a-half

for all overtime, with the exception of work on general public holidays, which will be paid at double time.

3.2 Overtime payments will be based on the hourly rate provided by basic pay plus any long-term recruitment and retention premia.

3.3 Part-time employees will receive payments for the additional hours at plain time rates until their hours exceed 37.5 hours in the week that the additional hours are worked.

3.4 The overtime rates set out in 3.1 above will apply whenever overtime hours are worked, unless time off in lieu is taken, provided the employee's line manager or team leader has agreed with the employee to this work being performed as overtime.

3.5 Staff may request to take time off in lieu as an alternative to overtime payments. However, staff who, for operational reasons, are unable to take time off in lieu within three months must be paid at the overtime rate.

3.6 Senior staff paid in pay bands 8 or 9 will not be entitled to overtime payments.

3.7 Time off in lieu of overtime payments will be at plain time rates.

*Information note number 1: amendment number 34*

## **Section 4: Pay in high cost areas**

### **Pay in high cost areas**

4.1 High cost area supplements will apply to all NHS staff groups in the areas concerned who are covered by this agreement. The supplements will be expressed as a proportion of basic pay (including the value of any long-term recruitment and retention premium), but subject to a minimum and maximum level of extra pay.

4.2 High cost area supplements will be pensionable. They will not count as basic pay for the purposes of calculating the rate of overtime payments, unsocial hours payments, on-call availability payments or any other payment, excluding sick pay.

4.3 The level of high cost area payments are set out in annex 9: High cost area supplements. The value of the supplement is reviewed annually, based on the recommendations of the NHS Pay Review Body (NHSPRB).

4.4 The definitions of the Inner London, Outer London and the fringe zones for high cost area payments are set out in annex 8: High cost area payment zones. Where staff who were previously entitled to extra-territorially managed (ETM) payments do not fall within the inner, outer or fringe definitions, these payments should be converted into long-term recruitment and retention premia. If staff working in the designated inner, outer or fringe zones were previously in receipt of ETM payments, which have a higher value than the high cost area payment applicable, the difference should be converted into a long-term recruitment and retention payment.

4.5 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.

4.6 Employers who employ staff in more than one high cost area zone can agree locally a harmonised rate of payment across their organisation, provided they agree with neighbouring employers, if the proposed rate would exceed the average rate payable in their area.

4.7 Current entitlements for cost of living supplements in areas outside London and fringe zones will continue but will be re-expressed as long-term recruitment and retention premia.

4.8 It will be open to the NHSPRB to make recommendations on the future geographic coverage of high cost area supplements and on the value of such supplements.

4.9 It will be open to NHS employers or staff organisations in a specified

geographic area, to propose an increase in the level of high cost area supplement for all staff in that area, or (in the case of areas where no supplement exists) to introduce a supplement. This can only be implemented where:

- there is evidence that costs for the majority of staff living in the travel to work area, covered by the proposed new or higher supplement, are greater than for the majority of staff living in the travel to work area of neighbouring employers and that this is reflected in comparative recruitment problems;
- there is agreement amongst all the NHS employers in that area;
- there is agreement with trades unions/staff organisations.

4.10 The payment of a high cost area supplement will not impinge on the ability of local NHS employers in that area, in consultation with staff representatives to award recruitment and retention premia for particular staff groups in particular localities (see section 5: Recruitment and retention premia).

See the question and answer guidance in annex 28(England and Wales) or annex 28: Guidance on frequently asked questions (Scotland and Northern Ireland)

Note: It is recommended that organisations monitor / review the above payments / supplements on an annual basis to ensure there is no disproportionate / inequitable bias on the grounds of any protected characteristic.

*Information note number 1: amendment number 34*

## Section 5: Recruitment and retention premia

### Recruitment and retention premia



5.1 A recruitment and retention premium is an addition to the pay of an individual post or specific group of posts where market pressures would otherwise prevent the employer from being able to recruit staff to and retain staff in, sufficient numbers for the posts concerned, at the normal salary for a job of that weight (a job “weight” score which assigns a pay band through the job evaluation process).

5.2 Subject to the provisions below, NHS employers may apply a recruitment and retention premium to posts of a specific class or type. Premiums may also be applied to individual posts where the post is unique within the organisation concerned (such as the head of a department or service).

5.3 Recruitment and retention premia may also be awarded on a national basis to particular groups of staff on the recommendation of the NHS Pay Review Body (NHSPRB) where there are national recruitment and retention pressures. The Review Body must seek evidence or advice from NHS employers, staff organisations and other stakeholders in considering the case for any such payments. Where it is agreed that a recruitment and retention payment is necessary for a particular group, the level of payment should be specified or, where the underlying problem is considered to vary across the country, guidance should be given to employers on the appropriate level of payment.

5.4 Recruitment and retention premia will be supplementary payments over and above the pay that post holders receive by virtue of their position on their pay band, any high cost area supplements, or any payments for unsocial hours or on-call cover.

5.5 Recruitment and retention premia will apply to posts. Where an employee moves to a different post that does not attract a recruitment and retention premium, either within the same organisation or elsewhere in the NHS, their entitlement to any previous recruitment and retention premium will cease although the provisions for pay on promotion and long-term RRP in section 1.18 may apply.

5.6 NHS employers and staff representatives, in partnership, will follow the procedure set out in annex 10: Local recruitment and retention premia in deciding the award of a recruitment and retention premium.

## **Long-term and short-term recruitment and retention premia**

5.7 The body responsible for awarding a recruitment and retention premium shall determine whether to award a long-term or short-term premium.

5.8 Short-term recruitment and retention premia will apply where the labour market conditions giving rise to recruitment and retention problems are expected to be short-term and where the need for the premium is expected to disappear or reduce in the foreseeable future.

5.9 Long-term recruitment and retention premia will apply where the relevant labour market conditions are more deep-rooted and the need for the premium is not expected to vary significantly in the foreseeable future.

5.10 Short-term recruitment and retention premia:

- may be awarded on a one-off basis or for a fixed-term;
- will be regularly reviewed;
- may be withdrawn or have the value adjusted, subject to a notice period of six months; and
- will not be pensionable or count for purposes of overtime, unsocial hours payments or any other payments linked to basic pay.

5.11 Long-term recruitment and retention premia:

- will be awarded on a long-term basis;
- will have their values regularly reviewed;
- may be awarded to new staff at a different value to that which applies to existing staff; and
- will be pensionable, and will count for the purposes of overtime, unsocial hours payments and any other payments linked to basic pay.

5.12 Both long-term and short-term recruitment and retention premia will be expressed as cash sums and will be separately identifiable from basic pay, any high cost area supplement and any other component of pay.

5.13 The combined value of any nationally awarded and any locally awarded recruitment and retention premium for a given post shall not normally exceed 30 per cent of basic salary. It will be the responsibility of employers to ensure that any premia awarded locally do not normally result in payments in excess of this amount, taking into account any

national awards for the posts in question. See also the provisions concerning earned autonomy in annex 11: Additional freedoms for NHS foundation trusts in England.

*Pay circular (AforC) 3/2011: amendment number 24*

## Section 6: Career progression (England)

### **Career progression**

Equality of access to the annual system of performance appraisal review, development and career progression should be provided to all staff, regardless of their background, hours worked or any other non-standard term in the contract of employment. Information showing the completion of annual reviews each year should be reported within NHS organisations' statutory annual public sector equality duty (PSED) reports.

Information on training and development opportunities should be widely publicised. The outcome of the take up of such opportunities should be monitored as part of the diversity monitoring process and similarly included in organisation's statutory PSED report.

In addition, the annual system of performance appraisal review, development and career progression should be regularly monitored to identify where and how processes can be improved, and to enable the planning of potential positive action initiatives for under-represented groups

6.1 The NHS Knowledge and Skills Framework (KSF), and other relevant competency frameworks, are tools for describing the knowledge and skills staff need to apply at work to deliver high quality services. The KSF can be used to support the annual system of performance review and development for staff and has been designed to apply to all staff covered by Agenda for Change contracts..

## **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. Employers may use the NHS KSF or other skills/competency frameworks, which are in line with the KSF principles.

6.3 The guidance detailed in paragraph 6.2 in this section, supplements rather than replaces the full KSF. 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 KSF 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 employees 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.

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 23: Pay progression 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 must work collaboratively to fulfil agreed development plans. Employers will encourage staff members to progress and develop. 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 time to fulfil training and/or development needs related to their current job. Employers will also ensure staff members have financial and other support as required. 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. This is to help staff prepare for a more senior role or transfer to a different area of work within the NHS.

6.13 Staff members may choose, to commit personal time and resources, but cannot be required to do so. It is the employer's responsibility to support employees and their personal efforts appropriately. Where development needs essential to the post are agreed with the employer, there will not 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. Particular consideration should also be given to those staff working flexibly and with caring responsibilities.

### **Development of professional roles**

6.15 Guidance on the development of roles for healthcare professionals on pay band 5 is in annex 20: Development of professional roles.

### **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 23: Pay Progression (England) and applied so as not to disadvantage a member of staff joining part way through the performance review cycle. This process should be an integral part of the induction/ onboarding process.

6.17 Where an employee 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 15: Other terms and conditions ). 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.

*Amendment number 43: NHS TCS Advisory Notice 01/2021*

## Section 6: Career Progression Wales

### **Career progression**

6.1 The NHS Knowledge and Skills Framework (KSF)<sup>2</sup>, 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.

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 23 (England and Wales);
- 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 20.

### **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 23 (Wales) 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 15). 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, for example 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).

1 In Wales this section is part of a three year agreement. It applies there until 31 December 2017.

2 Available at: <http://www.nhsemployers.org/your-workforce/retain-and-improve/managing-your-workforce/appraisals/simplified-ksf>

*Amendment number 39: NHS TCS Advisory Notice 01/2018*

## **Section 6: Career and pay progression (Northern Ireland)**

### **Career and pay progression**

6.1 The NHS Knowledge and Skills Framework (KSF), is a tool for describing the knowledge and skills staff need to apply at work in order to deliver high quality services and includes an annual system of review and development for staff. It applies to all staff covered by Agenda for Change contracts.

### **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 6.15 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 It must be clear which elements, as identified in the NHS Knowledge and Skills Framework, should be demonstrated at both the foundation and second gateway (see paragraphs 6.16 to 6.20 in this section).

6.6 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.

6.7 All staff will have annual development reviews against the NHS Knowledge and Skills Framework (KSF) 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.

6.8 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;
- the application of knowledge and skills in the workplace;
- the consequent development needs of the individual member of staff.

6.9 The primary outputs of a development review for an employee will be a record of the above against the relevant KSF post 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 6.8 in this section. This will help to define future objectives and learning needs.

6.10 The review of learning achievements demonstrated in the workplace will be demonstrated by reference to the current personal development plan.

6.11 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.

6.12 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.

6.13 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.

6.14 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.

6.15 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.

### **Career development moves**

6.16 Where a member of staff moves to another job in the NHS covered by this agreement, pay progression will normally depend on demonstrating the knowledge and skills specified in the KSF outline for the post, within the first twelve months of appointment.

6.17 Where, however, 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 protected. 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).

*Pay circular (AforC) 2/2013: amendment number 28*



## Section 6: Career progression (Scotland)

### **The knowledge and skills framework, personal development planning and review**

6.1 The NHS Knowledge and Skills Framework is a tool for describing the knowledge, skills and learning and development that staff need to apply at work in order to deliver high quality services and includes an annual system of review and development for staff. It applies to all staff covered by Agenda for Change contracts.

6.2 The KSF is a broad framework which supports a fair and consistent approach to Personal Development Planning and Review. The principles of Personal Development Planning and Review are based on treating all staff fairly and equitably. In turn, individual members of staff are expected to develop and apply their knowledge and skills to meet the demands of their post and to work safely and effectively.

6.3 NHS Scotland has developed a full range of guidance and support which can be accessed at [www.ksf.scot.nhs.uk](http://www.ksf.scot.nhs.uk). In addition, the Partnership Information Network policy on Personal Development, Planning and Review provides further information and support.

### **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 Full information on these arrangements for NHS Scotland Agenda for Change Staff can be found at [www.ksf.scot.nhs.uk](http://www.ksf.scot.nhs.uk), and in the Partnership

## Information Network Policy on Personal Development, Planning and Review.

6.6 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.

6.7 All staff will have annual development reviews against the NHS Knowledge and Skills Framework (KSF) 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.

6.8 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;
- the application of knowledge and skills in the workplace;
- the consequent development needs of the individual member of staff.

6.9 The primary outputs of a development review for an employee will be a record of the above against the relevant KSF post 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. This will help to define future objectives and learning needs.

6.10 The review of learning achievements demonstrated in the workplace will be demonstrated by reference to the current personal development plan.

6.11 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.

6.12 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.

6.13 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.

6.14 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.

6.15 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.

## **Appraisal and Incremental Progression**

6.16 As part of the three year Agenda for Change deal agreed in 2018, NHS Scotland Employers and Staff Side agreed to review the current approach to Appraisal and Incremental Progression. All sides acknowledge the clear link between staff experience and patient outcomes, and want to ensure that any change to the current arrangements maintains and improves the staff experience. The key principles that have been agreed are:

- NHS Scotland will continue the cultural journey of focusing on meaningful discussions rather than KSF paperwork.
- All NHS Scotland Staff must be engaged in an appraisal dialogue on at least an annual basis.
- Statutory and mandatory training should be anchored within the appraisal process.
- We will create a uniform and consistent approach to statutory and mandatory training across NHS Scotland in order to meet our Staff Governance Standards. By adopting a Once For Scotland approach, staff will be able to transfer their training records between employers.
- Incremental pay progression will be automatic in all but exceptional circumstances. However, progression may be pause where:
- An employee is within a formal capability process at stage 2 or beyond.
- Through employee choice, required statutory/mandatory training has not been completed within agree deadlines.

## **Career development moves**

6.17 Where a member of staff moves to another job in the NHS covered by this agreement, their new manager will arrange to discuss with them their personal development plan based on their existing skills and their learning needs in the new post.

Where, however, 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 protected. 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.

## Section 7: Payment of annual salaries

### Payment of annual salaries

7.1 The annual salaries of full-time employees who are paid monthly shall be apportioned as set out in Table 4.

**Table 4**

For each calendar month	For each odd day (including Sundays and Saturdays, in the case of a working week of five days)
one twelfth of the annual salary	the monthly sum divided by the number of days in the particular month

7.2 The annual salaries of full-time employees who are paid weekly shall be apportioned as set out in Table 5.

**Table 5**

For each week	For each odd day (including Sundays and Saturdays in the case of a working week of five days)
7/365ths of the annual salary	the weekly sum divided by 7

### Part-time or "sessional" staff in month of joining or leaving

7.3. The annual salaries of part-time or sessional staff who are paid monthly or weekly should be apportioned as above, except in the months or weeks in which employment commences or terminates, when they should be paid for the hours or sessions worked.

### **Full-time employees leaving one NHS employer to join another**

7.4. Where full-time salaried employees terminate their employment immediately before a weekend and/or a public holiday and take up a new salaried post with another NHS employer immediately after that weekend and/or that public holiday, payment for the intervening day or days, i.e. the Saturday (in the case of a five day working week) and/or the Sunday and/or the public holiday, shall be made by the first employer.

*Pay circular (AforC) 2/2013: amendment number 28*

## **Section 8 and 9: (Unallocated)**

### **Unallocated**

*Amendment number 43*

*TCS Advisory Notice (01/2021)*

### **Chapter footnotes**

<sup>1</sup> a b See the question and answer guidance at Annex 28.

<sup>2</sup> a b See PCS(AFC)2007/3 (<https://www.sehd.scot.nhs.uk/pcs/PCS2007%28AFC%2903.pdf>) for further information.