Annex 16 – 20
Annex 16: Coverage of NHS Pay Review Body (NHSPRB)

Coverage of PRB

The NHSPRB’s recommendations currently apply to all staff employed in the NHS on the pay spine and pay bands in Annexes 2 and 3, with the exception of doctors, dentists and very senior managers. (See Appendix A in the twenty third report of the Review Body [www.ome.uk.com](http://www.ome.uk.com)).

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

Annex 17: Classification of leads and allowances listed by staff group

Leads and allowances which relate to job weight as valued in the Job Evaluation Scheme:

**Maintenance staff**
Work in exceptional conditions
Care of patients allowance
Working with psychiatric patients allowance
Use of special equipment allowance
Smallpox and typhus

**Ambulance staff**
Extended trained staff – paramedic allowances

**Ambulance officers and control room assistants**
Extended trained staff – paramedic allowances

**Ancillary staff**
Care of patients allowance
Foul linen payments
Qualification allowances
Instructional pay
Local flexibility additions e.g. slaughtering, post mortem fees, boiler scaling and
flue cleaning and stoving

Administrative and clerical staff
ADP allowances
Proficiency allowances
Pricers' allowance (PPA staff only)
Computer assisted pricing allowance (PPA staff only)
Authorising clerks allowance (Dental Practice Board only)
Implementation annexes

Nursing and PAMs staff
Treatment of sexually transmitted diseases (nurses)
Nursing of patients with infectious communicable diseases (nurses)
Student training allowance (PAMs)
Radiation protection supervisors' allowance (PAMs)
Designated district physiotherapists (PAMs)
Responsibility allowance for teacher principals in NHS schools of
chiropracy (PAMs)
Blood transfusion team leaders' allowance (nurses)
Geriatric lead (nurses)
Psychiatric lead (nurses)

Allowances which relate to unsocial and flexible working patterns

Maintenance staff
On-call
Re-call to work
Rotary shifts
Alternating shifts
Night duty allowance

Ambulance Staff
Stand-by
Re-call to work
**Ambulance officers and control room assistants**
Stand-by (ambulance officers only)
Re-call to work
Rotary shifts (control assistants only)
Alternating shifts (control assistants only)
Night duty allowance (control assistants only)
Weekend working (control assistants only)
Unsocial hours (ambulance officers only)

**Ancillary staff**
On-call
Re-call to work
Rotary shifts
Alternating shifts
Night duty allowance

**Administrative and clerical staff**
On-call
Stand-by
Shift payment
Night duty allowance

**Nursing and PAMs staff**
On-call
Stand-by
Special duty payments
Sleeping in allowance (nurses)

**PTB and S&P staff**
On-call (PTB)
Emergency duty commitments allowance (pharmacists)
S&P unsocial hours payments (locally determined)

**Leads and allowances which relate to recruitment and retention premia are:**
Chaplains’ accommodation allowance
Special hospital lead
Regional secure unit lead
Annex 18: Withdrawal of nationally agreed recruitment and retention premia and transitional arrangements

Withdrawal of nationally agreed recruitment and retention premia

1. In the transitional period following the introduction of Agenda for Change, a list of jobs was agreed for which there was prima facie evidence from both the work on the job evaluation scheme and consultation with management and staff representatives, that a premium was necessary to ensure the position of the NHS was maintained during the transitional period. The jobs concerned are listed in Table 18.

Table 18

<table>
<thead>
<tr>
<th>Type of post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaplains</td>
</tr>
<tr>
<td>Clinical coding officers</td>
</tr>
<tr>
<td>Cytology screeners</td>
</tr>
<tr>
<td>Dental nurses, technicians, therapists and hygienists</td>
</tr>
<tr>
<td>Estates officers/works officers</td>
</tr>
<tr>
<td>Financial accountants</td>
</tr>
<tr>
<td>Invoice clerks</td>
</tr>
<tr>
<td>Biomedical scientists</td>
</tr>
<tr>
<td>Payroll team leaders</td>
</tr>
<tr>
<td>Pharmacists</td>
</tr>
<tr>
<td>Qualified maintenance craftspersons</td>
</tr>
<tr>
<td>Qualified maintenance technicians</td>
</tr>
<tr>
<td>Qualified medical technical officers</td>
</tr>
<tr>
<td>Qualified midwives (new entrant)</td>
</tr>
</tbody>
</table>
2. For staff requiring full electrical, plumbing or mechanical crafts qualifications, a single level of premium was specified (£3,277 as at 1 April 2010).

3. For chaplains, the premium was set locally at a level not less than the level of any accommodation allowance already in payment.

4. The Hartley Employment Tribunal determined that the NRRP in payment to maintenance craft workers was justified until 31 March 2011, but must cease after that date unless a review demonstrated continuing justification. The Tribunal also determined that any transitional protection would need to be justified.

5. The NHS Staff Council commissioned the Institute for Employment Studies (IES) to undertake an independent review of all the NRRP. The review recommended that all NRRP, including those paid to maintenance Implementation annexes Annex R: Withdrawal of National RRP's craft workers and chaplains, should cease after 31 March 2011 or be converted to a local RRP, where appropriate.

**Transitional arrangements**

6. All NRRP should cease for new starters from 1 April 2011 or be replaced by a local RRP, where it is considered to be appropriate. NRRP currently in payment should be protected for a transitional period of two years as follows:

- Year one: 100% - 100% of payment at current value;
- Year two: 50% - 50% of the payment at current value.

On 1 April 2013 all payments will cease, subject to the outcome of a Staff Council review demonstrating evidence to support continuation of a NRRP.

*Pay circular (AforC) 3/2013: amendment number 29*
Annex 19: Local appeals procedures (England)

Model local appeals procedures

1. All employers should agree procedures with their local staff representatives for dealing with differences over the local application of the national agreement, to their individual pay and terms and conditions of service, including:

   - the application of the system of unsocial hours payments
   - the use of local recruitment and retention premia
   - where applicable, the use of the NHS Knowledge and Skills Framework and development reviews
   - the provision of support for training/development.

2. The procedure should provide that an employee who wishes to appeal must first attempt to resolve the issues of concern informally before recourse to these procedures. Therefore, as a first step, the problem should be discussed between the employee and management and, if wanted by the employee, a union representative.

3. If, during the informal stage, it is agreed after having considered the issues that the matter can be resolved without recourse to the appeal procedure, then they should confirm the agreement in writing. This agreement may include a recommendation that the case should be linked with a number of similar cases and dealt with by local review, rather than by individual appeal.

4. The informal review should establish in particular whether:

   - the issue of concern is not based on incorrect information
   - the issue of concern is not based solely on opposition to the clear terms of the agreement
the issue of concern has already been determined (or is already under consideration) either by the NHS Staff Council, or on local review or in a preceding appeal in similar circumstances

- reasonable attempts have been made to first resolve the issue without recourse to an appeal.

5. Appeals may not be lodged more than six months after the employee was notified or could otherwise have reasonably been expected to be aware of the decision giving rise to the appeal.

6. Where an appeal proceeds it should commence with a statement in writing from the appellant. The appeal should then be heard using the locally agreed procedure. Organisations can use already established grievance procedures or develop a new system if deemed necessary.

7. The decision of the local appeal procedure is final and there will be no further levels of appeal. The local appeal panel or equivalent body may, however, consult the NHS Staff Council on the interpretation of this agreement before reaching a decision, and should do so where an issue of interpretation is material to the case and has not already been clarified by the council.

8. The decision of a local appeals procedure does not establish any precedents beyond the organisation concerned.

Job evaluations

9. There are separate protocols for locally resolving any disagreements that arise from the procedure for matching jobs against national job evaluation profiles, or from local job evaluations.

10. These protocols include provision for referring the matching decision or local evaluation to a second panel. There is no right of further appeal beyond the second panel.
11. These protocols are set out in the following sections of the Job Evaluation Handbook:

- Job matching procedure against national job evaluation profiles
- National protocol for local job evaluations.

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

**Annex 19: Local appeals procedures (Scotland, Wales and Northern Ireland)**

**Model local appeals procedures**

1. All employers should agree procedures with their local staff representatives for dealing with differences over the local application of the national agreement, to their individual pay and terms and conditions of service, including:

   (i) the application of the system of unsocial hours payments

   (ii) the use of local recruitment and retention premia

   (iii) the use of the NHS Knowledge and Skills Framework (KSF) and development reviews

   (iv) the provision of support for training/development
(v) the progression of staff through pay band gateways.

2. The procedure should provide that an employee who wishes to appeal must first attempt to resolve the issues of concern informally before recourse to these procedures. Therefore, as a first step, the problem should be discussed between the employee and management and, if wanted by the employee, a union representative.

3. If, during the informal stage, it is agreed after having considered the issues that the matter can be resolved without recourse to the appeal procedure, then they should confirm the agreement in writing. This agreement may include a recommendation that the case should be linked with a number of similar cases and dealt with by local review, rather than by individual appeal.

4. The informal review should establish in particular whether:

(i) the issue of concern is not based on incorrect information
(ii) the issue of concern is not based solely on opposition to the clear terms of the agreement
(iii) the issue of concern has already been determined (or is already under consideration) either by the NHS Staff Council, or on local review or in a preceding appeal in similar circumstances
(iv) reasonable attempts have been made to first resolve the issue without recourse to an appeal.

5. Appeals may not be lodged more than six months after the employee was notified or could otherwise have reasonably been expected to be aware of the decision giving rise to the appeal.

6. Where an appeal proceeds it should commence with a statement in writing from the appellant. The appeal should then be heard using the Implementation annexes Annex S: Local appeals procedures locally
agreed procedure. Organisations can use already established grievance procedures or develop a new system if deemed necessary.

7. The decision of the local appeal procedure is final and there will be no further levels of appeal. The local appeal panel or equivalent body may, however, consult the NHS Staff Council on the interpretation of this agreement before reaching a decision, and should do so where an issue of interpretation is material to the case and has not already been clarified by the council.

8. The decision of a local appeals procedure does not establish any precedents beyond the organisation concerned.

**Job evaluations**

9. There are separate protocols for locally resolving any disagreements that arise from the procedure for matching jobs against national job evaluation profiles, or from local job evaluations.

10. These protocols include provision for referring the matching decision or local evaluation to a second panel. There is no right of further appeal beyond the second panel.

11. These protocols are set out in the following sections of the job evaluation handbook:

| (i) job matching procedure against national job evaluation profiles |
| (ii) national protocol for local job evaluations |

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

**Annex 20: Development of professional roles**
Development of professional roles

1. The NHS Job Evaluation Scheme recognises that all healthcare professionals who have, as a base level, graduate qualification, evaluate sufficient to justify a different pay band. This means that it is very likely that they will be placed on pay band 5. Thereafter, most professionals will spend a period of several years in pay band 5, developing their role.

2. It is the case, thereafter, that for a minority of staff there is some divergence, as different professions follow different career pathways. There are also often different organisational structures in place to deliver healthcare.

3. There are groups of staff (such as midwives) who tend to move quickly to operate in roles that demand a level of autonomous decision making, in the overall delivery of care, that exceeds that normally associated with jobs allocated to pay band 5. Typically, these roles operate without the influence of other professional groups. Where supervision operates, it is generally management supervision and does not normally impinge upon clinical practice. In such circumstances job size should be reviewed no earlier than one year and no later than two years from the date of qualification, using the NHS Job Evaluation Scheme. If the evaluation demonstrates that the post holder’s job weight is of sufficient size to move to the next pay band (pay band 6) this should be affected without the need for application for a post at a higher level. It is not expected that the review will be widespread practice as the majority of staff will work in circumstances in which there is regular clinical supervision and the delivery of care and treatment is subject to control or influence from other healthcare professionals. There is no facility for this provision to operate in any other part of the pay structure. (See the question and answer guidance in Annex 28 (England and Wales) or Annex 28 (Scotland and Northern Ireland).

Information note number 1: amendment number 34