

## **Principles for negotiating inclusive pay arrangements for new continuity care teams**

These principles have been developed to support employers in England where they are setting up midwifery continuity of care teams and are proposing an inclusive pay arrangement. These principles would also be applicable where employers are considering a similar arrangement for other services.

### **Context**

NHS trusts are able to agree local variations to standard NHS terms and conditions of service (NHS TCS) with respect to payment systems for hours worked, for example, annualised hours, prospective payments of unsocial hours, local on-call payments. Whilst it is recognised that NHS Foundation Trusts have additional freedoms as set out in Annex 11 of the NHS Terms and Conditions of Service Handbook (Agenda for Change), the principles set out in this document would still apply.

### **Principles**

1. The overarching principle for this type of local variation is that employees should not be at a disadvantage, (i.e. paid less than their actual hours worked, through locally agreed arrangements). Policies for monitoring employee hours should be in place to ensure that employees are paid fairly for the work that they undertake.
2. It is imperative that any variation to terms and conditions are negotiated and approved by the local partnership group of recognised trade unions.
3. When an employer is looking to develop a continuity care team and implement local pay arrangements which deviate from the standard arrangements set out in the NHS Terms and Conditions of Service Handbook, then they should engage with the relevant trade unions via their local negotiation committee.
4. Detailed modelling of the options should be undertaken in advance of any proposals and shared with trade unions and staff as part of the engagement and negotiation process.
5. A risk assessment and benefits analysis of proposals should be carried out in partnership with the locally recognised trade unions.
6. In the case of the midwifery continuity of care model, this has the potential to improve a range of outcomes for maternity service users, as evidenced by research. Any such improved outcomes are also of benefit to the organisations

providing care. Organisations may therefore consider recognising this potential through developing payment and uplift proposals that could incentivise staff to work in this way.

7. Proposals should be clear and transparent as to what is included, for example, whether an uplift is inclusive of on-calls alone or on-call plus unsocial hours.
8. A fundamental change to terms and conditions must be subject to both individual and collective consultation with affected members of staff.
9. Employers and local trade unions will need to agree how regularly a review of the pay arrangements is undertaken to ensure staff do not suffer a detriment. This review will need to:
  - agree a methodology to identify any underpayments or equal pay risks which may arise, and consider any other remuneration and pension implications;
  - determine whether any corrective action to the payment arrangements is needed.
10. Any change that is agreed and implemented must be subject to a joint review process and equality impact assessment (EqIA). Employers should undertake an EqIA and share the results with trade unions as part of policy development and update the EqIA in light of the review.

**NHS Staff Council Executive**  
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